ORGANISATIONAL MODULES 2024

MUCKAMORE ABBEY HOSPITAL INQUIRY
WITNESS STATEMENT

Statement of Andrea Sutcliffe
Date: 08/07/2024

I, Andrea Sutcliffe, make the following statement for the purpose of the Muckamore Abbey Hospital (MAH) Inquiry. This is my third statement to the Inquiry having previously provided statements to the Inquiry dated 20 March 2024 (MAHI – STM – 212 – 1) and 09 May 2024 (MAHI – STM – 247 – 1).

The statement is made on behalf of the Nursing and Midwifery Council (NMC).

I will continue the numbering of exhibited documents from my first and second statements so the first exhibit to this statement will be “Exhibit 33”.

1. I was grateful you accepted evidence from my colleagues Lesley Maslen, Executive Director for Professional Regulation and Sam Foster, Executive Director for Professional Practice on my behalf at the public hearing on 29 May 2024.

2. This statement provides additional evidence on areas where Ms Maslen and Ms Foster indicated during their oral evidence that we would provide additional information.

Background

3. The Inquiry Panel’s lines of inquiry at the public hearing on 29 May 2024 were based on the evidence I provided in my previous two statements but were not limited by this. We welcomed your consideration of what we do, how we do it, and why. We are grateful for the opportunity to now clarify the detail related to some of the more technical areas of your questioning.

Section one: Professional regulation

Considering past concerns about a professional in a current case

4. The Inquiry asked how Screening Decision Makers and Panellists consider previous concerns about a person on our register in new referrals about them (page 27, line 15 of the transcript here). The Inquiry also asked who decides whether a professional's history of regulatory concerns with us is relevant to a panel (transcript page 28, line 3).

Screening Decision Makers (SDM)

5. An overview of our screening process was outlined in paragraphs 104 – 106 of my first statement. The process to ensure that SDMs consider, where applicable, previous concerns about a professional when a new referral is opened about them is as follows:

    a. When we receive a referral or decide to open a referral ourselves, a data processing officer will log that new referral in our Case Management System (CMS).

    b. Once we have identified whether a referral relates to someone on our register, we check CMS to see if there have been any previous concerns about that professional.

    c. If we find previous closed or open cases relating to that professional, we will link previous cases to the new referral in our system and record this in the 'Case Record,' an internal document. This document includes a prompt to consider whether there are any linked cases, either for the same professional, or to other professionals. Anyone working on a case can click on the 'Linked Cases tab' of CMS to see all previous fitness to practise cases relating to a person on our register. All individual cases will have a case record, which is stored in CMS.

d. SDMs will then review the new referral to consider whether the concern is or may be relevant to a professional's fitness to practise. A matter is risk assessed to consider whether an interim order is needed at the point of entry. Risk assessments are undertaken on an ongoing basis thereafter. SDMs will assess the seriousness of a new referral, which includes considering previous closed and open concerns and approaching other parties to make sure we understand what happened and why. This helps us understand if there is any action we need to take in order to protect the public, or if a referral can be closed.

    i. Taking into account our screening guidance, the SDM will assess the relevance of any previous fitness to practise concerns by accessing accompanying information held on our system relating to all linked cases. This includes the new referral information, whether there are any open fitness to practise cases about the professional and the stage that these are at, responses from parties to whom enquiries were directed, decisions made by previous SDMs or Case Examiners, any legal advice provided, and any panel decisions. They are expected to liaise with any other case holder of other current referrals that are further along the fitness to practise process so they can assess with that case holder how and if the current new referral impacts upon those other referrals that may be further in the fitness to practise process. If they do impact upon them, they will need to decide how best to manage the cases holistically.

e. We were also asked about our lines of inquiry (transcript page 33, line 19). When we investigate a concern about somebody's fitness to practise, we recognise that it is important that we also look at the bigger picture. We will not just focus on investigating the actions of the nurse, midwife or nursing associate, but instead will also try to understand the context in which they were working at the time (**Exhibit 33**). This means we will listen to and fairly consider the accounts of relevant people

involved where it is appropriate, reasonable and proportionate to understand what happened. This may include a person using services, the professional, a Director of Nursing, employer, family member, or our own clinical advisors, (clinical advisors do not provide an account of events but can provide us with advice). For example, SDMs may contact a current and/or past employer, as appropriate, and seek information about a professional's previous practice to assess the nature of an incident. This can help them assess whether the incident was an isolated error, forms part of a pattern of conduct, or is indicative of a wider deep seated attitudinal concern. This information is important to help the SDM assess what risks are likely to arise if the nurse, midwife or nursing associate doesn't address or put the concern right. We plan to make our approach to considering allegations more explicit in an update to our guidance, which we aim to publish in September 2024.

f. SDMs record decision making related to a case and the rationale for those decisions on a case record. SDMs are expected to summarise the concerns raised and then assess whether they require further regulatory intervention or investigation against our guidance and policy principles. The case record, which sits on CMS, includes details of previous fitness to practise cases linked to a referral and provides a history of the decision making. Where we decide not to investigate, we may still take steps to alert others of the situation, including other professional regulators, the police, safeguarding, or relevant colleagues internally, and these should be recorded on the case record.

g. If the referral meets our screening threshold, the SDM will again complete a risk assessment and consider whether it is necessary to restrict the professional's practice while the matter is investigated further. If this is the case, they will apply for an interim order and at the same time, the case will also be referred to the investigations team. In accordance with our guidance (**Exhibit 28**), if a nurse, midwife or nursing associate is the subject of two or more separate open referrals, the panel considering an interim order will generally consider information about all

the relevant and open referrals. SDMs, with legal advice when required, will consider whether information relating to past cases should be put to a panel.

Panellists' consideration

6. Throughout the fitness to practise process it is necessary to identify and keep under review whether a case is linked factually to another case, either because there is another allegation against the same professional, or because two or more professionals are involved in the same or linked incidents.

7. The 'linked cases assessment' in the case record should be completed whenever the case is reviewed.

8. A Case Examiner can take previous concerns into account, that were concluded as 'no case to answer', when deciding if there is a case to answer in a new concern about the same professional. They will only do this if the decision on the previous case was made within three years of the new concern and following an assessment by the investigating team to determine if the older matters are relevant to the question of current impairment. In those cases, our investigating team will place the older case before the Case Examiners together with the new one (**Exhibit 34**).

9. If our Case Examiners do not reopen a past closed case, then it is unlikely we would disclose this to the Fitness to Practise Committee, in the interests of fairness to the professional. There are some limited circumstances where we would disclose this information to the Fitness to Practise Committee. For example, to correct a misleading impression by a professional that they had never previously been referred.

10. It is also unlikely to be fair on the professional for the Fitness to Practise Committee to be told that a professional has another open referral which has not yet been considered by our Case Examiners, except as a rebuttal, as per above.

11. It is likely we would disclose a professional's regulatory history at the impairment and/or sanction stage of a Fitness to Practise Committee hearing of the new case if the Fitness to Practise Committee had previously found allegations to have been well founded in an earlier case. This information is likely to be relevant and would enable the panel to make a holistic assessment of the professional's fitness to practise. This is in line with our guidance (**Exhibit 35**) which says that the nurse, midwife or nursing associate's fitness to practise history with us can be relevant to a decision on sanction. It's most likely to be useful in cases about similar kinds of concerns. If problems seem to be repeating themselves, this may mean that previous orders were not effective to help the nurse, midwife or nursing associate address them. If the panel is considering making a similar order to those made by previous panels, it may need to take this factor into account and reconsider if necessary.

12. If the professional has one or more open cases following case examination, Rule 29 of the NMC (Fitness to Practise) Rules 2004 allows for cases to be joined for hearing, but the power to allow it is discretionary. However, it may not be fair to hear the cases together if the matters are unrelated. It may also be practically undesirable, for example if joining two matters has the potential to result in an unwieldy, prolonged hearing.

13. If a case reaches a panel for a determination, a lawyer will review the evidence and decide which documents, or parts of documents, should be used in a meeting or hearing and shared with panellists.

14. Our Case Presenter places evidence, which we have obtained throughout the investigation before the panel (provided it meets the requirements of fairness and relevance set out in Rule 31 of our Fitness to Practise Rules). This evidence will be disclosed to the professional.

15. Fitness to Practise Committee panellists may consider previous concerns when making a decision on a professional's fitness to practise, where an NMC lawyer deems this to be fair and relevant, in accordance with Rule 31 of our Fitness to Practise Rules and our guidance (**Exhibit 36**).

Qualifications of our screening decision makers

16. The panel asked what qualifications we require of people in our screening team (transcript page 31, line 2). The Inquiry used the term ‘screeners’ in its questioning.

17. As outlined in our first statement, we have a Screening team. This team is comprised of various roles, specifically, Head of Screening, Screening Lawyers, Senior Case Managers, Decision Making Manager, Screening Decision Makers, Case Officers, Case Support Officers, Triage Officers, and Case Manager Administrators.

18. It is Screening Decision Makers (SDMs) who make decisions about whether there is evidence of a serious concern that could require us to take regulatory action, or whether there is evidence that a professional is currently fit to practise.

19. Our SDMs have experience of making difficult, evidence-based and fair decisions as well as experience of analysing large volumes of written evidence and understanding of evidential issues (**Exhibit 37**).

20. New SDMs are given a comprehensive induction when they join us and are supported with their decision making, which includes second checks, until more senior colleagues are satisfied they can make decisions autonomously. This can take up to six months but depends on the level of experience of the SDM.

21. All screening roles have access to clinical advice from our clinical advisors but SDMs are the most likely to request this advice.

Deciding if a nurse, midwife, or nursing associate has their case determined at a substantive meeting or a hearing

22. The panel asked what criteria we would use to decide if someone on our register has a meeting or hearing when a case is referred to a Fitness to

Practise Committee, as well as who makes that decision (transcript page 37, line 25).

23. To clarify, Case Examiners do not decide the forum in which an allegation of impaired fitness to practise is heard and determined. A professional is entitled to have their case determined at a hearing if they request one, otherwise an administrative panel of the Fitness to Practise Committee decides if a professional's case is heard and determined at either a meeting or hearing.

24. In accordance with our legislative framework, we will always hold a hearing to conclude a case if the nurse, midwife or nursing associate wants one and they ask for one within 28 days after notice of a referral to the Fitness to Practise Committee[1]. The notice of referral is sent to every professional following a decision by the Case Examiners that there is a case for them to answer. In practice, it is sent to the professional along with a case management form ('CMF'). The CMF has a section which explains the difference between hearings and meetings (namely that a meeting is held in private and the parties cannot attend; whereas a hearing is usually in public which the parties can attend). The CMF explains to the professional that they have a right to a hearing.

25. When a nurse, midwife or nursing associate has not asked for a hearing, or where we have not heard from them, we will hold a meeting unless a panel decides that a hearing is desirable. In all cases where a hearing has not been requested by the professional, we will undertake a legal review which will identify whether we recommend the case to be determined at a hearing or meeting. Such a recommendation should take account of our guidance, which indicates that a meeting is likely to be suitable where there is no material dispute between the parties. We put our recommendation, along with any relevant responses from the professional, to an administrative panel of the independent Fitness to Practise Committee. The administrative panel, sitting without a legal

[1] Rules 5(1)(a), 10(2)(a), and Rule 9(2)(d) of the Fitness to Practise Rules 2004 are relevant rules that determine our processes for hearings and meetings.

assessor but applying the relevant guidance, makes the decision as to whether the case will be determined at a hearing or meeting.

26. The seriousness of a case, or the complexity of a case does not determine whether a hearing, rather than a meeting, is desirable. Serious cases can be decided at either meetings or hearings.

27. Our guidance (**Exhibit 38)** provides more detail on the factors that are relevant to deciding when a hearing is desirable.

28. Whether an allegation is considered at a hearing or a meeting, the powers of the panel of the relevant practice committee are the same. All panel decisions are recorded in a written document, which is published on our website, unless information is considered private.

Deciding on whether a hearing is held in private or public

29. The Inquiry asked if there are circumstances in which a hearing may not be held in public (transcript page 38, line 12).

30. Rule 19 of the NMC (Fitness to Practise) Rules 2004 states that hearings will take place in public unless:

    a. the matter relates solely to an allegation concerning the professional's physical or mental health (Rule 19(2)); or

    b. the panel of the Fitness to Practise Committee is satisfied that holding all or part in private is justified by the interests of a party or a third party, or the public interest (Rule 19(3)).

31. An exception to this is when the panel decides that the public interest, or the interests of any third party, outweighs the need to protect the privacy or confidentiality of the nurse, midwife or nursing associate meaning that all or part of the hearing should be held in public.

32. In accordance with our guidance (**Exhibit 39**), when deciding whether to hear all or part of a hearing in private, a panel will take into account the advice of an independent legal assessor. The panel's published written decision will not contain any information that is considered private.

Making decisions on interim orders

33. The Inquiry panel asked us to explain what criteria we use to decide between interim suspension orders and interim conditions of practice and requested sight of the formal tool that guides panel decision-making (page 41, line 11).

34. Cases are subject to ongoing risk assessments throughout the fitness to practise process and applications for an interim order can be made at any point in proceedings should the risk profile of a case change. Decisions on the application of an interim order can be made by a range of roles across the fitness to practise process, including SDMs and lawyers in our Major Investigations Team, Investigations Team and Case Preparation and Presentation Team.

35. Decisions made by either the Investigating Committee or Fitness to Practise Committee, on the type of interim order to be imposed are based on an assessment of risk. Paragraphs 117-125 of our first statement provide detail on the interim order process and the guidance we use.

36. The same criteria for how we decide whether a substantive hearing is held in private, or public applies for interim order hearings. Hearings may be held in private due to ongoing criminal proceedings under Rule 19(3).

37. For interim order reviews, a suspension order will normally be reviewed at a meeting unless there has been a material change of circumstances or the professional requests a hearing.

38. Our guidance for interim orders was revised and published on 25 March 2024 and our second statement explains the changes and exhibits the revised guidance (**Exhibit 28**).

Fitness to Practise data

39. The Inquiry Panel asked several questions relating to our fitness to practise data, including questions about changes to how we recorded data in 2014, the number of cases before 2017, and the breakdown of 51 cases by referral type (page 39, line 28).

40. The way we have stored data about fitness to practise cases has changed over time and there are limitations to what we can access:

    a. The Nursing and Midwifery Council is established by Parliament under the Nursing and Midwifery Order 2001. It came into being on 1 April 2002 as the successor to the United Kingdom Central Council for Nursing, Midwifery and Health Visiting (UKCC) and the four National Boards.

    b. From 2002 to December 2009 fitness to practise data was held in paper form and we have only stored original paper records for that fitness to practise cases that reached the adjudication stage of our process. All other fitness to practise data from that period has been scanned into an archive system and collected against a professional's name and PIN only.

    c. Our case management system was introduced in December 2009. All fitness to practise information has been stored on our case management system since that date. It was initially designed to be able to search by professional name, PIN and registered address.

    d. Employer coding was introduced in 2017 which means that since that date, we can search our case management system by a professional's name, PIN, the employer at the time of the incident which led to the

referral, and the site of the incident. We also backdated employer information where we could back to 1 January 2014 but that data is less robust.

41. There have been 51 cases related to the Terms of Reference of the MAH Inquiry. Of these, 48 (94%) were referred to us from employers, 1 (2%) from the police, 1 (2%) was a self-referral and 1 (2%) was opened by us. We had no referrals from members of the public or colleagues.

42. We received four referrals before 2017 and the earliest referral we have found in our system dates to 2011. We do not have comprehensive employer data for all of our fitness to practise concerns and cases since we became the Nursing & Midwifery Council in 2002. Our employer coding for fitness to practise concerns, introduced in 2017 (and backdated back to 1 January 2014), has improved our ability to identify concerns/cases linked to specific employers.

43. We cannot provide data on fitness to practise concerns relating to learning disability practice at Muckamore Abbey Hospital from 2 April 2002 to 1 January 2017, beyond what we have already provided to the Inquiry.

44. We do have the field of practice data for all the 50 professionals involved in the 51 cases and we can confirm that 46 out of the 50 professionals are registered with a Learning Disabilities field of practice.

45. The full breakdown is as follows:

a.	Learning Disabilities:	36 professionals
b.	Learning Disabilities & General:	9 professionals
c.	Learning Disabilities, Adult & General:	1 professional
d.	Mental Health:	2 professionals
e.	Adult:	1 professional
f.	General:	1 professional

Timeliness of screening decision making

46. The Inquiry also asked us about the timeliness of screening decision making (transcript page 49, line 27).

47. The time it took for us to make screening decisions on these 51 referrals varied. The quickest decision was 1.6 weeks, the longest decision was 81.6 weeks and median time for a decision was 6.9 weeks.

Ensuring access to us for people with learning disabilities and their families

48. The Inquiry Panel asked how we inform people with learning disabilities and their families and loved ones of how to raise concerns about nurses through our fitness to practise process (transcript page 23, line 26). We were also asked if we regularly conduct an equality screen for accessibility of our website (transcript page 24, line 26) and whether we have an easy read part of the website (transcript page 25, line 21).

49. The website is a key mechanism for explaining to the public how to raise a concern with us. We have taken several steps to ensure our website is accessible to different audiences, including:

    a. When we redeveloped the website in 2015, we incorporated accessibility considerations into all designs and templates.

    b. Accessibility standards have continued to evolve since then. In 2020, we conducted an accessibility assessment to comply with the Government's Accessibility Standards, which identified some issues that were promptly addressed.

    c. The assessment in 2020 focussed on ensuring that online forms and key functionalities were accessible to users with disabilities, including those using screen readers and keyboard navigation. We have also made the language in our public-facing forms clear and understandable.

d. We plan to conduct another assessment in 2025. The upcoming assessment will include checks and updates to the website to maintain compliance with latest accessibility standards.

e. We developed a comprehensive Equalities Impact Assessment (EQIA) in 2023 for a planned website redevelopment, which included considerations for all protected characteristics and specific consideration of the needs of disabled people using the website. This EQIA guided our approach, including the recruitment and interviewing of research participants to ensure their needs were met. Although the website redevelopment is currently paused, we continue to apply the EQIA's recommendations in our ongoing website improvements.

50. We have produced a series of easy read guides on the 'Supporting you during our fitness to practise process' page of our website. These include guides on public support meetings (**Exhibit 40**), our fitness to practise stages (**Exhibit 41**), information for witnesses (**Exhibit 42**), how we see if a nurse, midwife, or nursing associate is safe to do their job (**Exhibit 43**), and the people involved in your case (**Exhibit 44**). We also produce easy read versions of corporate publications, and our public consultations. Although these are currently published on separate pages of our website, following the points raised by the Inquiry Panel we now plan to create an easy read section on our website to improve access. We plan to publish this new section in the coming months.

51. Another important route of contact with us is through our referrals helpline, launched in early 2023. It supports members of the public who are thinking about raising a concern about a nurse, midwife, or nursing associate. We explain to callers more about who we are, whether we are the right organisation to contact, how we can help and what support we can offer, which includes assistance tailored to access and communication needs. Our referral form and the associated pages state on each page that a person can telephone us if they require assistance to make a referral and we regularly record concerns on behalf of people where they are unable to submit a written referral personally, either online or in writing.

52. There are other measures we take to support people with learning disabilities and their families to access and engage with us:

    a. Our reasonable adjustments policy, updated on 27 November 2023, sets out how we will adjust our processes for disabled people and those with long-term health conditions and this is published in an easy read version on our website (**Exhibit 45 and Exhibit 46**).

    b. We are currently implementing training to customer-facing teams about our reasonable adjustments policy for disabled people using our services. This training has been delivered to our case investigators and corporate complaints team and it will be rolled out to other customer-facing teams.

    c. Our Public Support Service, launched in October 2018, exists to offer support to anyone involved in the fitness to practise process, with the exception of the professional referred. This includes any person using health and care services, patient, or family member who has raised concerns about someone on our register that we've decided to investigate or who we need to engage as they have information relevant to our investigation, whether they raised the concern or not. Support is tailored to a person's individual needs. Information about public support meetings is available in an easy read version on our website and includes a phone number for our Public Support Service (**Exhibit 40**). We have specialist colleagues in our team, who have experience of working with people with additional needs. We also have a framework in place that enables us to provide external advocacy and intermediary support to people who require it. We have examples of referring people with learning disabilities to this specialist support.

53. It is important to us that people with learning disabilities and their families and carers know how to raise a concern with us. We are progressing the following

work to ensure we are visible and accessible to all groups and that people have the opportunity to shape and inform our work:

a. We are building stronger and more consistent relationships with organisations that represent people using services, patients and the public, including charities that represent people with learning disabilities and their families.

b. We are also involving several learning disability charities in collaborative policy development projects such as our work on the regulation of advanced practice nursing and midwifery and review of practice learning requirements.

Revalidation

Post-registration education and practice (Prep)

54. Prior to April 2016, when applying to renew their registration every three years, professionals on our register had to complete a 'notice of practice' form. The Prep Handbook (**Exhibit 47**) sets out the continuing professional development framework for professionals. Those on our register had to self-declare:

a. They had worked in some capacity using their nursing or midwifery qualification during the previous three years for a minimum of 450 hours.

b. They had undertaken 35 hours of continuing professional development and recorded this over three years prior to the renewal of their registration.

c. Health and character.

d. Indemnity (from July 2014).

55. The Inquiry asked how our current revalidation process differs from Prep if it is not an assessment of a person's fitness to practise. The Inquiry also wanted to know why we changed the approach in 2016 (transcript page 84, line 28).

56. One of the key recommendations for the NMC from Sir Robert Francis QC's report into events at Mid-Staffordshire NHS Foundation Trust (February 2013) was that we should consider introducing a system of revalidation similar to that of the General Medical Council as a means of reinforcing the status and competence of registered nurses, as well as providing additional protection to the public (recommendation 229). Although the report focused on the England system, it had UK implications and was an important source of learning for us. That report, and many of the reports that followed, highlighted the need for us to play a more significant role in supporting improvements in nursing and midwifery practice and encouraging professionalism amongst nurses and midwives.

57. The report came at a time when there was a growing expectation from government, public patient groups, and the Professional Standards Authority (PSA) that individual nurses and midwives had in place arrangements for the revalidation of their professional registration, a proposal first introduced in the Department of Health's report "Trust, assurance and safety: the regulation of health professionals in the 21st century" in February 2007.

58. We committed to introducing an effective and proportionate system of revalidation for all nurses and midwives and in August 2013 shared our revalidation strategy with our Council, prioritising this work in our Corporate Plan 2013-2016.

59. We recognised that the existing Prep standards did not add any significant value to the quality of practice of nurses and midwives as the requirements were input based, not linked to the Code and did not encourage and support reflection, learning and improvement.

60. We also recognised that revalidation needed to reinforce the importance of professionalism amongst nurses and midwives and to raise awareness of our Code and the important professional standards it contains about candour, openness and honesty.

61. Finally, we were keen to develop a model which allowed us to build on existing appraisal systems for those in employment (which was another key recommendation from the Francis report) whilst also being achievable by those working independently and across the wide range of nursing and midwifery practice.

62. Like Prep, our current revalidation process introduced in 2016 is not an assessment of someone's fitness to practise. This means that if concerns are raised about a professional's ability to practise, they can still revalidate. Independently of this our fitness to practise process can then consider whether any concerns raised mean that they may need restrictions placing on their practice.

63. The purpose of revalidation is to encourage professionalism and promote good practice for all people on our register.

64. The primary difference to Prep is that our current approach seeks to encourage reflection and ensure people on our register are keeping up to date and practising safely and effectively. The model built on the previous Prep renewal process but introduced some additional requirements to support the development of more reflective practice and an increased sense of professionalism. These include collecting feedback, preparing written reflective accounts, having a reflective discussion with another registered nurse or midwife and obtaining confirmation that these requirements have been met.

65. Our approach to revalidation aims to:

    a. raise continuous awareness of our Code,

b. allow our professionals to reflect on the role of the Code in their practice and demonstrate they are living these standards,

c. encourage a culture of sharing, reflection and improvement,

d. encourage our professionals to engage in professional networks and discussions about their practice, and

e. strengthen public confidence in the professions we regulate.

Section two: Professional practice

Fields of nursing practice

66. The Inquiry asked several questions relating to fields of nursing practice. We welcome the opportunity to clarify our approach to fields of nursing practice in accordance with our legislative framework.

67. For clarity, fields of practice are not separate parts of the register. Rather, these are annotations to a professional's entry on the nursing part of the register, which reflect an area of specialism relating to their pre-registration nursing qualification. This is explained in further detail below.

Our register

68. The Nursing and Midwifery Order 2001 specifies that the register shall be divided into parts to be determined by the Privy Council, that each part shall have a title indicating a qualification, education and training and that the register must include a part or parts for specialist community and public health nurses (SCPHNs).

69. The Nurses and Midwives (Parts of and Entries in the Register) Order of Council 2004 defines four parts of the register and associated designated titles; these are midwife, nursing associate, SCPHN, and registered nurse, which is split into first and second level sub-parts. The SCPHN part of the register is

different from the other parts, as in order to register on the SCPHN part of the register you must already be a registered nurse or midwife. It is the only part that is not direct entry via pre-registration standards.

70. The Nurses and Midwives (Parts of and Entries in the Register) Order of Council 2004 also defines the fields of nursing practice, recordable qualifications and SCPHN qualifications.

    a. Our legislation defines the four nurse fields of practice for first level nurses as adult, children's, mental health, and learning disability nursing. To comply with the specific duty in our Education, Registration and Registration Appeal (ERRA) Rules 2004, we record the field of practice as it relates to the professional's education (where they trained in the UK) or test of competence taken for UK registration (where they trained elsewhere). An individual could be practising in a different field to that set out in their register entry because their scope of practice can develop over time through education, training and experience. However, the field of practice shown on their register entry does not change to reflect this, unless they gain another qualification which allows them to add the relevant annotation.

    b. Recordable qualifications are post-registration qualifications approved by the NMC, which can also be recorded on the register. These are: nurse independent prescriber, nurse extended and supplementary prescribing, community practitioner nurse prescriber, and specialist practitioner qualification (SPQ).

        i. SPQs include general practice nursing, community learning disabilities nursing, community mental health nursing, community children's nursing, district nursing and a new community nurse in health and social care SPQ introduced in 2022. The 2004 Order sets out that only first level nurses can have specialist practice qualifications (SPQs) noted against their register entry as a recordable qualification. We withdrew the standards for non-

community SPQ fields on 31 August 2023 and this included non-community learning disabilities SPQ qualifications.

ii. 'Teacher' was a recordable qualification until 2017, when we we stopped approving post-registration education programmes in teaching. We replaced the Standards for learning and assessment in practice (SLAiP) and introduced the Standards for Student Supervision and Assessment (SSSA) (**Exhibit 48 and Exhibit 3**). The SSSA standards set out the roles and responsibilities of practice supervisors, practice assessors and academic assessors, and how they must make sure students receive high-quality learning, support and supervision during their practice placements.

c. SCPHN qualifications are health visitor, school nurse, and occupational health nurse. People can also gain a SCPHN qualification as a public health nurse, but these professionals do not have a designated SPQ field of practice. We no longer set standards for the family health nurse field, which was historically only commissioned in Scotland.

71. As at 30 September 2023, there were 748,528 registered nurses in the UK and 16,806 were registered with a Learning Disability nursing qualification (2.25 percent) (**Exhibit 49**).

72. There were 26,723 registered nurses in Northern Ireland and 851 were registered with a Learning Disability nursing qualification (3.2 percent).

73. We are planning to publish our annual Registration data report for the year to 31 March 2024 in July 2024.

74. Our register is a list of those entitled to work as a nurse, or midwife in UK, or a nursing associate in England. As per paragraphs 69 – 72 of my first statement, a person must have undertaken a sufficient amount of practice over the preceding three years to remain on the register through our revalidation process (please also see paragraphs 53 – 64 above). However, our register is not a list

of those who are currently practising, nor does it provide information on which location they are practising at and in which nursing field.

Standards

Standards of proficiency for registered nurses

75. Our Standards of proficiency for registered nurses set out the proficiencies necessary for entry to the register (**Exhibit 9**).

76. The outcome statements for each of the seven platforms in these standards have been designed to apply across all four fields of nursing practice and all care settings. Registered nurses must be able to meet the person-centred, holistic care needs of the people they encounter in their practice who may be at any stage of life and who may have a range of mental, physical, cognitive or behavioural health challenges. As such. these standards apply to all fields of nursing, as all registered nurses may care for people with learning disabilities.

77. A registered nurse must be able to demonstrate a greater depth of knowledge and the additional more advanced skills required to meet the specific care needs of people in their chosen fields of nursing practice.

78. The annexes to these standards of proficiency are presented in two sections. The annexes provide a description of what registered nurses should be able to demonstrate they can do at the point of registration in order to provide safe nursing care. Annexe A specifies the communication and relationship management skills required, and Annexe B specifies the nursing procedures that registered nurses must demonstrate that they are able to perform safely. As with the proficiencies, the annexes also identify where more advanced knowledge, skills and evidence base that informs a professional's practice are required by registered nurses, working in a particular field of nursing practice. For example, people with learning disabilities also have physical, spiritual, cognitive needs requiring a holistic approach to person-centred care and this approach mitigates against the potential for diagnostic overshadowing.

79. It is the role of the employer to determine if a professional is competent to work in a field specific role/job specification within a specific setting and/or organisation. This will be informed by their education, training and experience, and will be in accordance with the legal framework they are working in.

Standards for pre-registration nursing programmes

80. All pre-registration nursing programmes must lead to a qualification in one of the four fields of practice (**Exhibit 5**). Our standards for pre-registration nursing programmes state that 'all programmes leading to registration must include routes within the programme specific to the relevant fields of nursing practice for which approval is being sought.'.

81. In accordance with these standards, Approved Education Institutions (AEIs) and practice learning partners must ensure all pre-registration nursing programmes:

    a. ensure the curriculum provides an equal balance of 50 percent theory and 50 percent practice learning using a range of learning and teaching strategies (standard 2.9)

    b. meet the equivalent of a minimum length of three (academic) years for full time programmes, which consist of a minimum of 4,600 hours (standard 2.12), and

    c. provide no less than 2300 practice learning hours, of which a maximum of 600 hours can be in simulated practice learning (standard 3.4).

82. AEIs and practice placement partners must design their own curriculum having decided the proportion of core and field-specific hours in each programme. In accordance with these standards, AEIs and practice learning partners must:

a. ensure that programme learning outcomes reflect the Standards of proficiency for registered nurses and each of the four fields of nursing practice (standard 2.3)

b. design and deliver a programme that supports students and provides exposure across all four fields of nursing practice (standard 2.4)

c. state routes within their pre-registration nursing programme that allow students to enter the register in one or more of the specific fields of nursing practice (standard 2.5)

d. ensure that field-specific content in relation to the law, safeguarding, consent, pharmacology and medicines administration and optimisation is included for entry to the register in one or more fields of nursing practice (standard 2.8)

e. ensure programmes leading to registration in two fields of nursing practice are of suitable length to ensure proficiency in both fields of nursing (standard 2.13)

f. provide practice learning opportunities that allow students to develop and meet the standards of proficiency for registered nurses to deliver safe and effective care to a diverse range of people across the four fields of nursing practice (standard 3.1)

g. provide practice learning opportunities that allow students to meet the communication and relationship management skills and nursing procedures, as set out in the standards of proficiency for registered nurses, within their selected fields of nursing practice (standard 3.3)

h. ensure throughout the programme that students meet the standards of proficiency for registered nurses and programme outcomes for their fields of nursing practice (standard 4.5)

i. ensure that students meet all communication and relationship management skills and nursing procedures within their fields of nursing practice (standard 4.7)

83. Prior to admission to the programme, AEIs must assess whether students are suitable for their intended field of nursing practice. They must also, along with practice placement partners, ensure that students meet the outcomes and proficiencies relevant to their anticipated field(s) of nursing practice by the end of the programme.

Revalidation

84. Over the three-year revalidation period, we require a registered nurse to practice for a minimum of 450 hours. We expect that a nurse's practice hours reflect their current scope of practice, and these do not have to be related to what they were originally doing when they first joined the register. The hours that count towards this requirement are those in which a registered nurse relies on their skills, knowledge and experience to do. This may include providing direct care to patients but can also include managing teams, teaching others and helping to shape or run a care service (**Exhibit 17, Exhibit 51, Exhibit 52**).

85. We do not require a professional to update information about or revalidate against their field(s) because we know that scope of practice can alter over time, irrespective of field information. In addition, in some settings, nurses will be caring for people with multiple needs, for example dementia care, A&E, social care and child and adolescent mental health.

86. Providing a professional is competent to expand their scope of practice in line with the Code, and is working within the relevant legal framework, we would not have concerns about them moving into another field. A professional will identify their development needs, support and Continuing Professional Development requirements with any change to role or setting.

Quality Assurance in Education

87. As referred to in paragraphs 16-18 of my original witness statement, our Quality Assurance (QA) delivery partner appoints lay and registrant visitors to assess whether our standard are being met. Registrant visitors who quality assure programmes must have 'experience in the relevant field of practice' (**Exhibit 2).**

88. As per section four of our Quality Assurance Handbook, introducing a new field of nursing practice to an existing programme is seen as a major modification which requires additional oversight and formal approval before this route can begin.

Fitness to Practise

89. A fitness to practise concern can relate to any aspect of a nurse's professional practice or competence. There is the potential for that concern to relate to their specific field of nursing practice, but we do not record that.

90. A Conditions of Practice Order (CoPO) could limit a professional's ability to practise in a nursing field.

91. Other sanctions, such as suspension or striking-off orders, relate to a nurse's entire registration rather than just a nursing field. We could not suspend practice in a field or strike field information off the register.

Reflecting changing practice in our standards

92. The Inquiry panel was interested in what we do to assure ourselves that changes in practice and in patient needs are reflected in the education standards we expect AEIs to follow. The panel asked us to provide an example of something in learning disabilities that led the NMC to give direction about a change in practice (transcript page 58, line 10).

93. In 2016, we began a programme of work to reform nursing and midwifery education across the four nations. This work ensured that our standards are outcome-based, proportionate, flexible, future-focussed, and emphasise public protection. As a result, they are able to account for any future changes in care delivery and practice.

94. As background, the Francis report (2013) also proposed we conduct a thorough review of our education standards. In response we commissioned an extensive evaluation of the effectiveness of our existing pre-registration nursing and midwifery education standards. This included considerable engagement with a range of stakeholders, including educators, students, nurses, midwives and people using health and care services, and was carried out in the context of increasingly differing approaches across the four countries of the UK with regard to the future shape of healthcare education, delivery and funding.

95. Stakeholders told us that future nursing programmes should enable students to learn high level core clinical skills and abilities and have an increased focus on areas such as leadership, autonomous practice, managing complex care and interdisciplinary and multi-agency working. It was felt that nurses and midwives should develop a greater awareness of the need to work within the limits of their own skills and knowledge and should focus throughout their careers on ongoing learning and development, especially in the development of evaluative skills. They also needed to show a greater ability and willingness to teach and support colleagues.

96. These findings shaped our approach to the review of nursing and midwifery education standards. We consulted widely as part of this work and between June and September 2017, we ran two consultations on drafts of the new education standards.

97. As part of the consultation, we produced two shortened versions of the consultation paper. One was aimed at patients and the public; the other was aimed at nurses and midwives. We had 544 responses from patients and the public and 368 responses from nurses and midwives. We also issued an easy

read version of the consultation, developed in conjunction with Mencap, aimed at enabling people with learning difficulties to contribute to the consultation exercise. We had 151 responses to this document.

98. Our response to our education standards consultation provides additional context (**Exhibit 52**).

Flexibility in curricula for SCPHN and SPQ qualifications and pre-registration qualifications

99. I stated in my first witness statement that “curricula for specialist community public health nurses and community nursing specialist practice qualifications may be flexible to accommodate opportunities for shared learning, but must be clearly tailored and relevant to individual post-registration student's intended field of SCPHN or community nursing SPQ practice.”.

100. The Inquiry asked if a similar degree of flexibility is permitted and accommodated for nurses specialising in roles where learning disability is their field of practice. It sought further clarification on whether we meant that a person could undertake a specialist community nursing qualification and/or a specialist community public health nurse qualification in the field of learning disabilities (transcript page 87, line 29).

101. A similar degree of flexibility is permitted for pre-registration nursing programmes in one of the four fields of nursing.

102. As I referenced at paragraph 42 in my original statement, the Standards framework for nursing and midwifery education and these programme requirements give AEIs, in partnership with practice partners, the flexibility to design their own curriculum and the autonomy to decide on the proportion of generic and field specific hours provided. In designing curricula for dual award (that is, a programme of study that leads to registration in two fields of nursing practice) the NMC expects the AEI to design and deliver a programme of

suitable length that ensures the student is proficient in delivering safe and effective care in both fields of nursing (**Exhibit 5**).

103. Please refer to paragraph 81 for an overview of programme requirements for fields in our pre-registration nursing programme standards.

104. A person cannot be awarded a SCPHN qualification in the field of learning disability because the SCPHN fields of practice are health visitor, school nurse, and occupational health nurse (**Exhibit 22**).

105. A person could be awarded a SPQ qualification in the field of community learning disabilities nursing.

Reviewing our Standards

106. The Inquiry asked what is the basis for any review of our standards, what governs the routine review and, how often we review a set of standards (transcript page 86, line 1).

107. The standards of proficiency for registered nurses were approved by our Council on 28 March 2018. Our updated Standards framework for nursing and midwifery education, which includes a new standard on safeguarding, was approved by Council on 25 January 2023.

108. On 30 April 2024, we made minor updates to the language, structure and layout to these standards, but did not include any new content or additional regulatory expectations.

109. Under Article 3(14) of the Nursing and Midwifery Order 2001 we are required to consult whenever we issue standards or guidance. There are also additional requirements to consult where we establish standards of education and training for education providers, and requirements for admission to and participation in education and training (article 15(4)).

110. As part of any review of our standards we are required to consult on any changes to our standards and actively seek the views of nursing and midwifery professionals, representatives from the wider health and social care community, advocacy groups and members of the public. Any updates must be approved by our Council.

111. We review our standards in line with our Standards development methodology (**Exhibit 53)**. We aim to base reviews on a continuous improvement cycle. This entails adopting a flexible and agile approach, updating standards or guidance as and when the need arises (i.e. to adhere to legislative changes, reforms in the healthcare landscape, to respond to recommendations from Inquiries or changes to the corporate strategic direction). Working in this way not only enables us to plan our work well in advance and allocate resources accordingly but also helps us to meet our Council and Corporate priorities as set out in our directorate business plan.

112. Following the launch of new standards we provide one to two years transition time and two to three years implementation time for the new standards. This helps to identify issues in the implementation that we consider for future reviews. We may also make consequential amendments at any time, for example if legislation changes or new evidence emerges.

Quality assurance of nursing programmes
Programme approval assessment of MAH

113. The Inquiry requested a copy of the programme approval assessments for MAH and the extent to which their assessment considered the sort of patients and conditions managed at MAH (transcript page 67, line 17).

114. In October 2023, we shared with the Inquiry five documents relating to programme approvals and three documents relating to programme modifications (**NMC-A-00116 – NMC-A-00123**). It is important to note, programme approval documents prior to 2018 would have been approved

against the programme standards of the corresponding time (**Exhibit 7 and Exhibit 8**).

115. Following the recent public hearing, we completed a second search to double check our records as we recognised that the limitations of how historic documents are saved in our system may have meant that relevant documents were not identified in the original search. We found an additional four documents of relevance.

a. The first document is an approval report from 1 December 2008 for the Part-Time Diploma in Learning Disability Nursing Studies programme offered by Queen's University Belfast, in partnership with Belfast Health and Social Care Trust (**Exhibit 54**).

b. The second document is the report of a monitoring review of performance in mitigating key risks identified in the NMC Quality Assurance framework for nursing and midwifery education undertaken. A monitoring visit on 11 to 13 May 2016 found the standard had not been met for several programmes delivered in partnership with Belfast Health and Social Care Trust, among other practice learning partners. A return visit to the university on 15 and 16 March 2017 confirmed that systems and processes were in place to address the not met issues (**Exhibit 55**).

c. The third document is a programme approval report for a pre-registration nursing programme delivered by Open University in partnership with Belfast Health and Social Care Trust, completed on 9 March 2020 against our new programme standards introduced in 2018 (**Exhibit 56**).

d. The final document is a programme approval report for a pre-registration nursing programme delivered by Ulster University in partnership with Belfast Health and Social Care Trust, completed on 30 March 2020, against our new programme standards introduced in 2018 (**Exhibit 57)**.

116. From 1 September 2024, the Quality Assurance Agency (QAA) will be our new Education Quality delivery partner, following the end of Mott McDonald's contract with us and our subsequent procurement exercise.

Health care assistants - clarity on suspension by NMC

117. The Inquiry explored the oversight of unregulated workers, namely health care assistants (transcript page 62, line 25). The Chairperson asked whether a suspended registered nurse could conceivably continue to work as a health care assistant. We confirmed that would be the case, so long as they were not using their nursing registration to secure employment.

118. Attaching conditions to a suspension is unlawful. We can either suspend a professional, or place conditions on their practice.

119. It is for employers to determine whether the matters which led to a person's suspension from the NMC register are relevant to their employment as a health care assistant or in any other role in health and care.

Declaration of Truth

The contents of this witness statement are true to the best of my knowledge and belief. I have produced all the documents which I have access to and which I believe are necessary to address the matters on which the Inquiry Panel has requested me to give evidence.

Signed: 

Date: 4 July 2024

List of Exhibits (Andrea Sutcliffe)

Exhibit	Description
Exhibit 33	Gathering information guidance
Exhibit 34	Reconsidering closed cases guidance
Exhibit 35	Factors to consider before deciding on sanctions guidance
Exhibit 36	Documents panels use when deciding cases guidance
Exhibit 37	Job Description - Screening Decision Maker
Exhibit 38	Considering cases at meetings and hearings guidance
Exhibit 39	Hearings in private and in public guidance
Exhibit 40	Easy read version of our public support meetings
Exhibit 41	Easy read version of our fitness to practise stages
Exhibit 42	Easy read version of information for witnesses
Exhibit 43	Easy read version of how we see if a nurse, midwife, or nursing associate is safe to do their job
Exhibit 44	Easy read version of the people involved in your case
Exhibit 45	Reasonable adjustments policy
Exhibit 46	Easy read version of our reasonable adjustments policy
Exhibit 47	Post-registration education and practice (Prep) handbook
Exhibit 48	Standards for learning and assessment in practice
Exhibit 49	The NMC register mid-year update
Exhibit 50	Revalidation guidance
Exhibit 51	Support to help you revalidate sheet
Exhibit 52	Education standards consultation response – May 2018
Exhibit 53	Standards development methodology – March 2023
Exhibit 54	December 2008 - Programme Approval Report - Queen’s University Belfast
Exhibit 55	2015-2016 – Monitoring review of performance in mitigating key risks identified in the NMC Quality Assurance framework for nursing and midwifery education – Queen’s University Belfast
Exhibit 56	9 March 2020 – Programme Approval Report - Open University
Exhibit 57	30 March 2020 – Programme Approval Report - University of Ulster

Gathering information

Reference: INV-1 Last Updated: 01/08/2023

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Overview

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Our investigation will usually begin by seeking documentary evidence of the factual issues and speaking to those involved.

When we investigate a concern about somebody's fitness to practise, we recognise that it is important that we also look at the bigger picture. We will not just focus on investigating the actions of the nurse, midwife or nursing associate, but instead will also try to understand the context in which they were working at the time.

We have developed a set of eight guiding principles that we will apply whenever we look into a concern. For more details, see our guidance on taking account of context.

We will continually assess what the information we receive is telling us, whether it changes the level of risk and what further investigative steps are required as a result.

If we are unable to obtain the information or documentation required in respect of the incident(s) giving rise to the concern, or key witnesses are not willing to assist, it is likely the case examiners will conclude that the concerns are not capable of being proved.

Requesting information from the nurse, midwife or nursing associate

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We always ask the nurse, midwife or nursing associate to send us a response to the regulatory concerns about their practice at the start of our investigation, and again at the end.

We'll also send them a form at the start of our investigation which focuses on information we would be interested to hear about so we can try and understand the context within which a concern may have arisen. The form does not provide an exhaustive list, and the nurse, midwife or nursing associate can tell us anything they think is important for us to know about the background to an incident.

The nurse, midwife or nursing associate does not have to send a response at these times, or provide a response to the concerns at all during our investigation.

However, a detailed response from the nurse, midwife or nursing associate received early on in our investigation can help us focus our investigation on the most serious issues, and any facts that are in dispute. It can also help us to understand the context in which the concerns came about, and help us to decide whether we need to make any further investigations specifically into any of the context raised.

If the nurse, midwife or nursing associate raises issues that we need to look into, we can follow up on them early on to make sure we have all the relevant background facts. Waiting until the end of our investigation to tell us about relevant information usually means we won't have the chance to properly look into it before case examiners

consider the case. **MAHI - STM - 304 - 35**

If the nurse, midwife or nursing associate does not provide us with a detailed response, or provides no response at all during our investigation, then this may mean that we are not aware of lines of enquiry that we need to make about context. It could also mean that we are not aware of the significance of information that we do have, which could have an impact on what further enquiries we think it is reasonable or proportionate to make.

We may be able to get evidence about context from other sources, such as from other people involved in an incident or from a nurse, midwife or nursing associate's manager. However, without the nurse, midwife or nursing associate's response, it may be difficult for us to establish a link between that background information and the concern. If we are unable to establish a clear link this could affect our decision on whether it is proportionate to look into that background information any further.

If nurses, midwives or nursing associates engage with us early on, it's also more likely that we'll be able to identify what they might be able to do to put the concerns in the case right (see our guidance on insight and strengthened practice). We encourage the nurse, midwife or nursing associate to send us evidence of any insight or reflection they've undertaken in relation to the concern, but they aren't required to do so (see Engaging with your case).

It may become clear that an outcome like undertakings, warnings or advice will be the appropriate way to resolve a case instead of sending it to the Fitness to Practise Committee. If the nurse, midwife or nursing associate doesn't send us a response about the concerns, these outcomes won't be appropriate.

We may share the nurse, midwife or nursing associate's response with the person who first raised the concerns with us, especially if that person is a patient, or a family member or loved one.

Whether they choose to respond to us or not, the nurse, midwife or nursing associate does have a duty, under the Code, to cooperate with our investigation. They must provide us with details of where they are working and any arrangements they have to provide nursing and midwifery services.

Requesting information from other parties

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Our referral forms will ask the referrer to provide us with information about a concern which includes any background information that could be relevant to the concern being raised. If the referrer is not the nurse, midwife or nursing associate's employer we may also send a form to their employer seeking information about context.

We may liaise with referrers, employers and witnesses to ensure we have a full picture of what happened and how serious it was. Given the sensitive nature of much of the information and documentation required, we consider that all requests for information should be relevant, reasonable and proportionate.

Our powers to request information are set out in Article 25(1) of the Nursing and Midwifery Order 2001. This authorises us to require any person, other than the nurse, midwife or nursing associate who is the subject of our concerns, to provide information and documents which appear relevant to our investigation.

We may require those who supply us with information or documentation to provide a witness statement which contains a statement of truth and confirmation that they are willing to attend a hearing to give evidence. If this happens, we will offer additional support or information to assist with this process. We will send the statements we obtain to the nurse, midwife or nursing associate.

Where we identify a potential witness who is already the subject of a linked referral or could be the subject of a referral, we will carefully consider whether we need to contact them to take a witness statement. We will always consider asking someone to provide a statement if it is necessary for us to establish what has happened whether it supports the allegations or not.

Reconsidering closed cases

Reference: CAS-3 Last Updated: 29/11/2021

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If we receive new concerns about a nurse, midwife or nursing associate within three years of a previous decision that they had no case to answer, the case examiners can take the original concerns (which led to the closed case) into account when they consider the new case. The case examiners can also refer both the closed case, and the new case, to the Fitness to Practise Committee.[1]

Whether or not case examiners will consider the closed case as part of their case to answer decision, and whether they will refer it on to the Fitness to Practise Committee will depend on:

- whether the concerns in the new case are similar to the concerns in the closed case
- whether the facts of the closed case were capable of being proved, and
- why the case examiners originally decided there was no case to answer in the closed case.

Similar concerns

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The case examiners are more likely to look at the concerns in a closed case if those concerns are similar to those raised in the new case. Similar concerns could indicate a pattern of conduct or practice that could cause harm to patients or undermine public confidence in the professions.

Was it possible to prove the facts of the closed case?

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Generally, it will not be fair for case examiners to consider a closed case if it was closed because there was not enough evidence that the incidents we investigated actually happened. The fact that there is a new, similar concern about the nurse, midwife or nursing associate's conduct or practice will generally not have any effect on the strength of evidence in the closed case.

Cases closed because of current fitness to practise

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The case examiners are more likely to take the closed case into account as part of their decision making in the new case if they previously found no case to answer because, at that time, there was no realistic prospect that the nurse, midwife or nursing associate's fitness to practise would be found to be currently impaired.

This is because as part of the case to answer decision, case examiners will look at the risk of concerns reoccurring. If it seems that similar concerns have reoccurred within a three years of a previously closed case, case examiners will be unlikely to decide that there is a low or acceptable risk of the concerns being repeated. This consideration will be particularly important if the closed case was based on what seemed, at the time, to have been an isolated incident.

Referring previously closed cases to the Fitness to Practise Committee

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If case examiners decide to take the closed case into account when considering the new case, and decide that the nurse, midwife or nursing associate has a case to answer, they next decide whether to recommend undertakings, or refer the case to the Fitness to Practise Committee.

If the overall risk of harm the nurse, midwife or nursing associate presents can be addressed by undertakings in the new case, then this outcome is likely be appropriate.

If the risk of harm to patients, public confidence in the professions, or proper standards and conduct, means that the appropriate outcome is to refer the new case to the Fitness to Practise Committee, then case examiners can also refer the closed case to the Fitness to Practise Committee at the same time.

It will generally be reasonable to consider the concerns in the closed case together with the concerns in the new case if they raise similar issues. The Fitness to Practise Committee will be best able to assess the risk the nurse, midwife or nursing associate presents if they are given more information that is relevant to the concerns about the nurse, midwife or nursing associate's practice.

When case examiners are deciding whether or not to refer the previously closed case to the Fitness to Practise Committee, their decision relates only to whether or not they should refer it. They are not reassessing the evidence, or making a second case to answer decision.

There will sometimes be cases where it's clear to case examiners that although there was previously evidence in a closed case to prove the facts, there are now difficulties that would prevent us from presenting that evidence to the Fitness to Practise Committee.

For example, the nurse, midwife or nursing associate denies the concern and the only evidence to support the concern was provided by one witness. Since the case examiners initially considered the matter, the witness has contacted us to say that their statement was incorrect on a key issue, and the incident didn't happen. This means that there no longer appears to be a realistic possibility that the Fitness to Practise Committee would find the incident took place. In cases like this, the case examiners' can decide not to refer the closed case to the Fitness to Practise Committee.

1 Rule 7 of the Nursing and Midwifery Council (Fitness to Practise) Rules 2004

Factors to consider before deciding on sanctions

Reference: SAN-1 Last Updated: 27/02/2024

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Proportionality

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Being proportionate means finding a fair balance between the nurse, midwife or nursing associate's rights and our overarching objective of public protection.[1] We need to choose a sanction that doesn't go further than we need to meet this objective. This reflects the idea of right-touch regulation[2], where the right amount of 'regulatory force' is applied to deal with the target risk, but no more.

The Fitness to Practise Committee has to be proportionate when making decisions about sanctions. It's under a legal duty to make sure that any decisions to restrict a nurse, midwife or nursing associate's right to practise as a registered professional are justified.

To be proportionate, and not go further than it needs to, the Committee should think about what action it needs to take to protect the public and address the reasons why the nurse, midwife or nursing associate is not currently fit to practise.

They should consider whether the sanction with the least impact on the nurse, midwife or nursing associate's practice would be enough to achieve public protection, looking at the reasons why the nurse, midwife or nursing associate isn't currently fit to practise and any aggravating or mitigating features.

If this sanction isn't enough to achieve public protection, they should consider the next most serious sanction. When the Committee finds the sanction that is enough to achieve public protection, then it has gone far enough.

They need to explain why the following most serious sanction is not necessary as it would be going further than is needed to achieve public protection – simply saying that it would be disproportionate isn't enough.

Aggravating features

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Aggravating features are aspects of the case that make it more serious. They might mean that the Fitness to Practise Committee needs to order a sanction that has a greater impact on the nurse, midwife or nursing associate's practice.

Some possible aggravating features are:

- any previous regulatory or disciplinary findings
- abuse of a position of trust
- lack of insight into failings

- a pattern of misconduct over a period of time
- conduct which put patients at risk of suffering harm.

If a nurse, midwife or nursing associate's actions put people at risk of being harmed, this risk makes their case more serious. However, keeping patients safe also includes avoiding a culture of blame or cover up, so we do not want to punish nurses, midwives or nursing associates for making genuine clinical mistakes.

Generally, whether or not harm did happen is less important than whether the nurse, midwife or nursing associate's actions caused a risk of harm. We explain why this is in our guidance on investigating what caused the death or serious harm of a patient. It confirms that the fact that someone did suffer harm will only make a nurse, midwife or nursing associate's conduct or failings more serious if they deliberately chose to take an unreasonable risk with the safety of patients or service users in their care. The fact that a professional has denied an allegation (and their defence has been rejected) might, in some cases, be regarded as an aggravating factor but panels must bear in mind the principle that professionals are fairly entitled to defend themselves. Panels should carefully consider the nature of the rejected defence before concluding that it can properly be regarded as an aggravating factor[3].

Mitigating features

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Mitigating features are aspects of the case that show it is less serious, and point towards a sanction with less impact on the nurse, midwife or nursing associate's practice being appropriate. The Fitness to Practise Committee will always look carefully at any evidence about mitigation when they are deciding which sanction, if any, to impose.

Mitigation can be considered in three categories.

- Evidence of the nurse, midwife or nursing associate's insight and understanding of the problem, and their attempts to address it. This may include early admission of the facts, apologies to anyone affected, any efforts to prevent similar things happening again, or any efforts to put problems right.
- Evidence that the nurse, midwife or nursing associate has followed the principles of good practice. This may include them showing they have kept up to date with their area of practice.
- Personal mitigation, such as periods of stress or illness, personal and financial hardship, level of experience at the time in question, and the level of support in the workplace.

In regulatory proceedings, where the purpose of sanctions is to protect the public and not to punish nurses, midwives or nursing associates, personal mitigation is usually less relevant than it would be to punishing offenders in the criminal justice system. In some cases, sanctions might have an effect that could be described as being punitive, but this is not their purpose.

As we explained in the section about aggravating factors, we take patient harm extremely seriously. Putting patients at risk of harm makes a nurse, midwife or nursing associate's failings more serious. If the nurse, midwife or nursing associate's actions put patients or members of the public at a real risk of suffering harm, and the reason they did not suffer harm was down to chance, the fact that nobody suffered actual harm is generally not a good mitigating factor.

Nurses, midwives and nursing associates can submit references and testimonials as mitigation evidence. The Fitness to Practise Committee will use our guidance on insight and strengthened practice when weighing up how useful these documents are to their decision making in each case.

Previous interim orders and their effect on sanctions

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Interim orders have a separate and different purpose from final sanctions.

The purpose of interim orders is to tackle risks while a case is being investigated and prepared, and before the Committee decides whether the nurse, midwife or nursing associate is fit to practise.

When making their decision on sanction, the Fitness to Practise Committee may be told that the nurse, midwife or nursing associate was under an interim order before they started deciding the case. The panel should consider the effect this might have.

Effects on which sanction to impose

If a nurse, midwife or nursing associate has been under an interim order they may have only had a limited chance to address the risks in their practice by working as a nurse, midwife or nursing associate.

If the nurse, midwife or nursing associate has followed the terms of the interim order, and made good progress under it, this can be relevant to questions about how much insight the nurse, midwife or nursing associate has shown, and how much of a risk they may present to the public in the future.

Equally, any evidence that the nurse, midwife or nursing associate did not fully comply with an interim order may be relevant to questions about insight, their attitude towards professionalism, and whether they are likely to comply with any order the Fitness to Practise Committee might make.

Effects on length of sanction

The fact that a nurse, midwife or nursing associate was previously under an interim order, and for how long, are relevant background factors in deciding on what a proportionate length of sanction might be.

However, it would usually be wrong to simply deduct or discount the length of time for which the nurse, midwife or nursing associate was previously restricted or suspended under an interim order from the sanction order the panel is thinking about making.

If a panel refers to a current risk to public protection as part of their decision about the nurse, midwife or nursing associate's fitness to practise, and has first decided on the appropriate period of suspension or conditions of practice to protect patients, then patients may be put at risk of suffering harm if the 'time served' under an interim order was simply taken off the original period of sanction. This decision could mean the order is not likely to be sufficient to achieve its purpose of public protection.

Previous fitness to practise history

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The nurse, midwife or nursing associate's fitness to practise history with us can be relevant to a decision on sanction. It's most likely to be useful in cases about similar kinds of concerns. If problems seem to be repeating themselves, this may mean that previous orders were not effective to help the nurse, midwife or nursing associate address them. If the panel is considering making a similar order to those made by previous panels, it may need to take this factor into account and reconsider if necessary.

The fact that a nurse, midwife or nursing associate doesn't have a past fitness to practise history in general may have some relevance when considering the decision on sanction, depending on the types of charges that have been found proved. For example, suppose the allegations relate to clinical failings and are shown to be one-off failings during a long career. In this case, this could be a relevant consideration for a panel when considering sanction alongside any evidence of insight, reflection and strengthened practice.

If the allegations relate to deep-seated attitudinal concerns, such as displaying discriminatory views and behaviours that the professional hasn't fully addressed, the absence of a fitness to practise history is unlikely to be relevant to a panel when considering sanction.

Unlike a criminal court, the panel is not punishing the nurse, midwife or nursing associate. Its role is to decide which sanction is needed to achieve public protection. This includes protecting patients, maintaining public trust and confidence and upholding the standards we expect of nurses, midwives and nursing associates.

Sometimes, the nurse, midwife or nursing associate's conduct may be so serious that it is fundamentally incompatible with continuing to be a registered professional. If this is the case, the fact that the nurse, midwife or nursing associate does not have any fitness to practise history cannot change the fact that what they have done cannot sit with them remaining on our register.

For these reasons, panels should bear in mind there will usually be only limited circumstances where the concept of a 'previously unblemished career'[4] will be a relevant consideration when they are deciding which sanction is needed, or in giving their reasons.

DBS barring decisions

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The existence of a DBS barring decision will be a legitimate consideration when approaching sanction – for example, when addressing the workability of conditions of practice. Where a fitness to practise panel is satisfied of the facts but decides that a professional subject to a barring decision shouldn't be struck off or suspended, it will need to explain carefully how it has reached that decision, with reference to public protection, public confidence and maintaining proper professional standards in the profession.

1 See the balance between the individual's rights and the public interest in Huang v Secretary of State for the Home Department [2007] UKHL 11

2 See Right-touch regulation, published by the Professional Standards Authority in 2015.

3 Sawati v GMC [2022] EHWC 283 (Admin)

4 For an example of a case where a panel's decision to rely on a 'previously unblemished career' and not impose a striking-off order was overturned on appeal, see Judge v Nursing and Midwifery Council [2017] EWHC 817 (Admin)

Documents panels use when deciding cases

Reference: PRE-3 Last Updated: 14/10/2022

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Overview

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In order to help panels of the Investigating and Fitness to Practise Committees consider allegations and make fair decisions, we provide them with the information we’ve obtained throughout the investigation. This is a group of documents called the document bundle.

This helps the smooth running of the decision-making process at a hearing or meeting.

In order to comply with our duties under information law, we sometimes need to remove information from documents which are going before a panel. We do this in line with our information handling guidance.

The ‘fair and relevant’ test

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Once a case has been referred to a Fitness to Practise Committee, one of our lawyers will review the evidence and decide which documents, or parts of documents, should be included in the document bundle.

The test as to whether information should be used in a meeting or hearing is that it is ‘fair and relevant’.[1]

We’ll only put material in the document bundle that we consider relevant to the charges being considered by the panel, and fair to include.

At a hearing, if there’s a disagreement about if evidence can be admitted, the panel will be provided with independent advice from the legal assessor. However, the panel will make the final decision about if the evidence, including all or part of the document bundle, can be admitted.

Findings of other organisations or bodies

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Often another body or organisation[2] will have carried out some form of investigation into the matters being considered by the panel.

The underlying evidence relied on by another body or organisation are admissible and can be presented to a panel (and may form part of the bundle) if they’re relevant to the issues being considered or the wider background.[3]

The weight that a panel will give to this evidence, which can include statements of fact and expressions of expert opinion, is a matter for the Fitness to Practise Committee to decide using its expertise and experience as an independent panel.

The findings of other bodies or organisations may be admissible as evidence before a panel.[4] However, before seeking to rely on them, we'll carefully consider their relevance and the fairness of doing so.

Nurses, midwives, or nursing associates can contest charges before a panel. If there's a significant overlap between the findings of another body and the issues before the panel, we won't usually include the other body's findings as evidence when we ask the panel to consider the charges.

The panel must not use the findings of another body as a substitute for reaching its own decision on the issues before it. The judgment or findings of another decision-maker on the issues before the panel are not relevant to the panel's decision-making. It may also be unfair for the judgments to be a significant influence on the mind of the tribunal on the crucial issues before it for the same reasons.[5]

In these circumstances, it will be sufficient to include the underlying evidence relied on by the other body in the bundle, rather than the findings themselves.

Witness statements

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Where we have obtained witness statements, and we want to use those statements in evidence, we will provide the panel with a copy of the witness statement.

The nurse, midwife or nursing associate's documents and evidence

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The document bundle we give the panel contains the documents we are relying on to prove the allegations. It does not usually contain the nurse, midwife or nursing associate's evidence or documents.

The nurse, midwife or nursing associate, or their representative, will often provide their own bundle of documents to present their side of the case.

We leave it to them to decide which documents to provide to the panel because we do not always know what documents the nurse, midwife or nursing associate might choose to use for their final hearing. They may have sent us information at earlier stages which they no longer wish to rely on, and it's unfair for us to decide for them whether or not they should rely on any particular piece of evidence. We ask them to share as much as possible with us in advance. We may hold a telephone conference and a preliminary meeting in advance of the hearing.

However, as set out in the notice of hearing, if the nurse, midwife or nursing associate has sent in admissions or responses to the allegations, we'll provide these to the panel.

The panel can then consider whether the nurse, midwife or nursing associate admits or denies any factual allegations, and may find allegations proven on the basis of the admissions which the nurse, midwife or nursing associate has made.

Documents not originally in the hearing bundle

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Sometimes, documents that are not originally included in the document bundle become relevant during the course of the hearing. This could be as a result of evidence given by a witness or the nurse, midwife or nursing associate. In these circumstances we try to provide the document to the panel.

If the nurse, midwife or nursing associate, or their representative, does not agree on the addition of the document, the panel, after hearing the advice of the legal assessor at the hearing, will consider whether it is fair and relevant for it to be considered as evidence.

Informing the nurse, midwife or nursing associate

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Before the case begins, we'll inform the nurse, midwife or nursing associate, or their representative, what we

propose to provide to the panel as the document bundle.

We do this either by sending a copy of the bundle, or an index, listing the documents. The nurse, midwife or nursing associate can use the index because we'll already have given them copies of the documents earlier on in our investigation.

This allows the nurse, midwife or nursing associate the opportunity to object to any documents or request further material be added to the bundle with the result being the content of the hearing bundle may change through the preparation of the case.

Where a nurse, midwife or nursing associate objects to us using a document, and we can't agree the issue between us, we won't include the document in the bundle we provide to the panel in advance of them deciding the case.

Instead, we will apply to the panel to decide whether we can include the document as part of our evidence. The panel will be provided with the document so that they can decide whether it is fair for them to consider it as part of the evidence. If the panel agrees that the evidence is admissible and it accepts the document into evidence, we'll provide it to the panel separately. If the panel considers that the evidence isn't admissible, the professional panel will put the document out of its mind and will not rely on it in any way when making its decision.

Sending documents to the panel in advance

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In some circumstances we may also send the document bundle to the panel in advance of the case.

We do this if the panel is deciding the case at a meeting.

If we do this for a substantive hearing, we will inform the nurse, midwife or nursing associate that we intend to give the hearing bundle to the panel in advance of the hearing.

If the panel does not see the hearing bundle in advance, the panel will be provided with it during the course of the hearing. Our case presenter, and the nurse, midwife or nursing associate or their representative, will guide the panel as to the best way to be go through the hearing bundle as they hear the evidence in the case. The legal assessor can also give advice about this.

1 Rule 31 of the Nursing and Midwifery Council (Fitness to Practise) Rules 2004 ("the Rules")

2 Possibilities include criminal proceedings, civil proceedings, family court proceedings, inquests, internal investigations by employers, and external investigations or inquiries such as those conducted by ombudsmen or commissioned by local authorities or other public bodies.

3 Enemuwe v NMC [2016] EWHC 1881 (Admin)

4 Squier v General Medical Council [2016] EWHC 2793 (Admin) and Towuaghanste v GMC [2021] EWHC 681 (Admin)

5 Hoyle v Rogers [2014] EWCA Civ 257

Job Description

NMC Nursing & Midwifery Council	**Job Title**	Screening Decision Maker
	Directorate	Professional Regulation
	Department	Fitness to Practice
	Grade	6
	Standard/Premium	Standard
	Reports to	Screening Manager – Decision Making Team
	Team Management	No

Role purpose

The purpose of this role is to make high quality screening decisions that support our commitment to being person-centred, transparent and proportionate.

You will be accountable for making high volumes of critically important screening decisions on behalf of the Registrar and it is essential that you explain decisions clearly and empathetically to the people involved.

You'll work collaboratively with screening colleagues, supporting the delivery of a high quality and efficient screening function.

This is an important role for one of the UK's largest health regulators, and one which often requires an assessment of sensitive cases or matters that are-subject to media attention.

Key accountabilities

- Key decision maker in the initial stages of the NMC's fitness to practise process
- You will be required to make confident and independent written decisions that stand up to scrutiny.
- You will evaluate information and evidence gathered to provide a clear and timely decision on complex and, at times, emotive issues.

- You will refer to and apply the relevant sections of the NMC's legislation, policy and guidance.
- You will be expected to draft decisions on cases that are appropriate, balanced and compliant with the NMC's guidance and legislative requirements.
- You will provide clear and focused case direction to ensure cases progress effectively and efficiently through our fitness to practise processes.
- You will provide professional guidance to colleagues on whether the level of risk on a case requires the imposition of an interim order**.**

Standard responsibilities

There are a number of standard duties and responsibilities that all employees, irrespective of their role and level of seniority within the NMC, are expected to be familiar with and adhere to.

- Comply at all times with the requirements of health and safety regulations to ensure their own wellbeing and that of their colleagues.
- Promote and comply with NMC policies including diversity and equality both in the delivery of services and treatment of others.
- Ensure confidentiality at all times, only releasing confidential information obtained during the course of employment to those acting in an official capacity in accordance with the provisions of the General Data Protection Regulation and the Data Protection Act 2018.
- Comply with NMC protocols on the appropriate use of telephone, email and internet facilities.
- Comply with the principles of risk management in relation to individual and corporate responsibilities.
- Comply with NMC policies and procedures as compiled on the organisation's intranet.

DBS Status	Check required
Does this role attract any special conditions, e.g. on call, other allowances?	No

Person Specification

Job Title: Screening Decision Maker **Grade:6**	**To be identified by:** Application Form (A) Test/Assessment (T) Interview (I)
• Experience in making tough, evidence-based and fair decisions.	A / T / I
• Experience of working quickly and accurately with minimal supervision.	I
• Proven experience of analysing large volumes of written evidence and understanding of evidential issues	A / T
• An effective communicator who produces comprehensive case evaluations that all our customers are able to understand.	T / I
• Able to prioritise and balance your workload effectively, managing your own time and caseload efficiently and working to required deadlines.	A / T / I

Considering cases at meetings and hearings

Reference: CMT-4 Last Updated: 13/01/2023

In this guide

Overview

This guidance applies to final decisions in fitness to practise and fraudulent or incorrect entry cases.

It explains the similarities and differences between hearings and meetings, and the factors that are relevant to deciding when a hearing is desirable.

We'll always hold a hearing to conclude a case if the nurse, midwife or nursing associate wants one.[1]

If the nurse, midwife or nursing associate asks for a meeting (explained below), or if they don't respond when we ask them how they'd prefer us to conclude their case, we'll usually hold a meeting rather than a hearing, unless the panel (or in a case about fraudulent or incorrect entry, the Registrar (or one of our Assistant Registrars who also make decisions on behalf of the Registrar)) decides that a hearing would be desirable.[2]

This guidance explains the similarities and differences between hearings and meetings, and the factors that are relevant to deciding when a hearing is desirable. We also discuss those factors that are likely to be less relevant to that decision.

This guidance also sets out the factors we take into account when deciding whether hearings should be held virtually (using video-conferencing or similar technology) or physically, with the parties present at one of our hearings centres.

Comparing meetings and hearings

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Our Investigating Committee and Fitness to Practise Committee panels can reach decisions on cases at a meeting[3] or a hearing.

The panel's role in both a meeting and a hearing is to carefully consider all the evidence and decide if the concerns are proved.

Panels at all meetings and hearings are independent and have to make their own decision about whether the nurse, midwife or nursing associate's fitness to practise is impaired. Whether the case is considered at a hearing or meeting, the panel has the same range of sanctions available if they decide some action needs to be taken to address the concerns raised.

At both meetings and hearings, an independent legal assessor is present to give legal advice and help ensure the fairness of proceedings.

In all cases, the panel will produce a written determination that is sent to the registrant and their representative (if they have one), as well as the person who raised the concern with us and anyone who's helped us with our investigation (such as witnesses) or been affected by the case (such as patients, their families and loved ones).[4]

Meetings

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At a meeting, the panel makes its decision based only on the documents that have been submitted to it. The nurse, midwife or nursing associate doesn't attend the meeting, and nor do any witnesses, although their written statements will be considered by the panel.[5] This means that meetings take less time to conclude than hearings and are less adversarial.

Although the nurse, midwife or nursing associate doesn't attend a meeting, they can still engage effectively with the process by sending in any information in advance that they want the panel to consider.[6]

Similarly, although the NMC case presenter doesn't attend a meeting, they provide the panel with any information in advance that they want the panel to consider. This will generally include a 'statement of case'. This is a document that sets out the relevant evidence, explains why we think the evidence suggests that the nurse, midwife or nursing associate's practice should be restricted and also sets out what sanction we propose the panel should impose. The nurse, midwife or nursing associate will have the opportunity to respond to our statement of case in writing before the meeting takes place.

Meetings are held in private, meaning that the public won't be there. However, where a nurse, midwife or nursing associate's fitness to practise is found impaired, and a sanction is given, we always publish the panel's decision following our FtP Publication guidance.

Meetings can take place either virtually or physically with the panel meeting in person at a hearings centre.

Hearings

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Nurses, midwives or nursing associates will always be able to have a hearing if they want one.

They'll be able to attend a hearing with or without a representative and can also arrange for a representative to attend on their behalf.

A case presenter will attend to represent us.

A key difference between meetings and hearings is that people can give live evidence to the panel. Anyone who gives evidence can be asked questions about their evidence by the other party and by the panel.

Hearings are generally held in public whether they are being held virtually via video-conferencing or take place physically at a hearings centre. (However, any hearing may have some parts of its proceedings held in private, if necessary to protect the privacy of any party involved.) Further information is available here.

Factors that are relevant to whether a hearing, rather than a meeting, is desirable

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When a nurse, midwife or nursing associate hasn't asked for a hearing, or where we haven't heard from them, we'll usually hold a meeting unless a panel or Registrar decides that a hearing is desirable. We'll keep the decision about how a case should be resolved under review and will ask the panel or Registrar to reconsider their decision if there has been a relevant change in circumstances (for example where the nurse, midwife or nursing associate decides to admit the charges against them).

In the sections below, we explain some of the considerations that will be relevant to deciding whether a hearing, rather than a meeting, is desirable.

Disputes that can only be resolved at a hearing

We encourage nurses, midwives and nursing associates to engage with us and give us their account of what happened. This includes any information about context, and any reflective work or learning they've carried out.

We sometimes find this information out as part of our investigation. For example, if a nurse, midwife or nursing

associate has provided information to their employer as part of a local investigation.

If it is clear that the nurse, midwife or nursing associate materially disputes the allegations, or the facts relating to the allegations (such as the context in which the incident occurred), then a hearing might be necessary to explore this aspect of their case with relevant witnesses. This will include asking questions of the person who is the subject of the concern, if they attend the hearing.

A material dispute in this context is where the nurse, midwife or nursing associate disputes factual matters that could affect the final outcome of the case. The 'outcome' of the case is whether the person's fitness to practise is found impaired by the independent panel, and the type of sanction that they decide to impose. If either of these could be affected by the areas in dispute, then the dispute is 'material'.

Factors that are less relevant to whether a hearing is desirable

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The public interest and seriousness

The public interest doesn't require cases to be resolved at hearings just because the allegations in a case are serious. Serious cases can be decided at meetings. The adversarial nature of hearings can have a negative impact on people, as well as being slow and resource intensive, so in many cases a meeting may be preferable.

Where there's no dispute that could affect the outcome of the case or practical reason why a hearing may be desirable, the fitness to practise decision can be made swiftly at a meeting. It is in the public interest to be transparent about our decisions and we'll publish outcomes where impairment has been found and a sanction has been imposed. We'll also share our statement of case with anyone who has been affected by the case we've been investigating (such as patients, their families and loved ones) , where requested, and in line with our information handling guidance.

Complexity

The fact that a case is complex is unlikely to justify holding a hearing on its own. Complex cases can be decided at meetings.

When the case is referred to a meeting, we'll create a statement to help the panel understand our position on the case because there won't be a case presenter attending. This statement will explain why we say there's enough evidence for the panel to decide that the charges are proved, why we say the nurse, midwife or nursing associate's practice should be restricted, and what action we say the panel should take, and why.

We'll also prepare an 'evidence matrix' that sets out which sections of the paperwork for the case provide evidence in relation to each charge. (The paperwork for the case is often referred to as 'the bundle'.) This makes the bundle of documents easier to follow.

The nurse, midwife or nursing associate will have the opportunity to respond to our statement of case and the bundle of documents in writing before the meeting takes place.

Our independent panel members are all experienced professionals who are able to scrutinise documents, written evidence and written submissions carefully. This means they can deal with complex cases using all the paperwork provided, without needing to hear live evidence from the witnesses or the person who is the subject of the case, unless there's a material dispute that could affect the outcome of the case or another practical reason why a hearing would be useful.

If the independent panel at a meeting decides that it needs clarification or further information on an issue, it should consider postponing or adjourning the meeting with directions to the NMC setting out what further information it requires. This is so that the matter can be looked into, and if necessary further submissions, documents or evidence can be sent to the panel when the meeting can resume.[7]

If the independent panel will not all be available to resume the meeting within a short period of time (a few weeks), then they should allow a different independent panel to conclude the case when the further information is available.

Taking such a step is likely to be more proportionate than referring the case to a hearing when this may not be

needed to resolve the issue. **MAHI - STM - 304 - 51**

Disputes about matters that aren't likely to have an impact on the outcome of the case, or where the basis for the dispute isn't clear

A hearing is unlikely to be useful if only a small number of allegations or factual matters are disputed that won't have a material impact on the outcome. In these circumstances, a fair outcome can usually be achieved by the NMC asking the panel to consider the charges at a meeting.

If the nurse, midwife or nursing associate hasn't given us any details about why they dispute the allegations, a hearing is also less likely to be desirable.

By the time the independent panel is making the decision as to whether a case should be concluded at a meeting or a hearing, the person we're investigating will already have had several opportunities to explain to us why they dispute the allegations. If the basis for disputing the allegations isn't clear, it will be difficult for the panel to identify what issues need to be explored with witnesses at a hearing.

Disagreements about impairment or sanctions, rather than the underlying facts

If the nurse, midwife or nursing associate hasn't indicated that they wish to attend or call witnesses at a hearing and any disagreement relates only to the appropriate decision on impairment or sanction, rather than the underlying facts, then a hearing is unlikely to be desirable.[8] Our view is that any disagreement about impairment or sanction can usually be fairly dealt with at a meeting, based on a careful consideration of our statement of case, relevant evidence and any written statement received from the nurse, midwife or nursing associate.

The views of those who might have been affected by what happened

In situations where members of the public or others have been directly affected by what happened in a case, particularly if it resulted in serious consequences for themselves or a loved one, they may ask us to hold a hearing so that they can observe the proceedings, or give evidence as a witness. We will always consider requests of this type, but we're unlikely to decide to hold a hearing if the only reason for doing so is that someone affected by the case has asked us to. Our view is that hearings should normally be reserved for cases where there are significant disputes of fact that need to be explored with witnesses. In other cases, the panel will usually be able to reach a fair decision by considering all the relevant documents at a meeting, including any evidence we've obtained from those affected by what happened.

Deciding whether hearings should be held virtually or physically

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Hearings can take place remotely with all parties attending virtually or physically at a hearings centre with the main parties attending the venue in person in most cases.[9] The NMC will decide whether to hold a hearing virtually or physically at a hearings centre on a case by case basis in discussion with the nurse, midwife or nursing associate and their representative (if they have one). We'll be guided by the principle of fairness and ensure that people can engage effectively in the hearing. We'll take into account the view of the nurse, midwife or nursing associate whose case is being considered and if anybody has a protected characteristic which makes one type of hearing more suitable than another. Before we list a case for virtual hearing we'll ask if participants have the right technology to participate effectively and are able to use it.[10]

Our overarching considerations will be:

- the need to act fairly towards all those taking part in the hearing;
- the need for the hearing to be run efficiently;
- the public interest in fitness to practice hearings being concluded in a timely manner.

If there is a dispute about whether a hearing should be held physically or virtually, a final decision will be made by a Panel Chair at a preliminary meeting usually held a few weeks in advance of the hearing itself.

1 Rules 5(1)(a) and 10(2)(a) Fitness to Practise Rules 2004

2 Rules 5(1)(b) and 10(2)(b) Fitness to Practise Rules 2004

3 Rules 5(5)(b) and 10(3) Fitness to Practise Rules 2004

4 Rules 5(6) and 13 Fitness to Practise Rules 2004

5 This applies to all meetings except preliminary meetings which are always held in private but where the parties

can attend.

6 Registrants have a number of opportunities to provide us with representations before their case is considered by a panel. This includes prior to the case examiner consideration and once an allegation has been referred to the Fitness to Practise Committee [See Rules 6A(2)(b), 6B(4) 9(2)(b) and 11A(2)(e)].

7 At a meeting, the panel has the power to determine its own procedure under Rule 10(4) Fitness to Practise Rules 2004

8 Meetings are more likely to be appropriate when a panel is reviewing a substantive order and a nurse, midwife or nursing associate has not indicated they'd like to attend a hearing. This is because at this point the panel is usually only looking at whether the nurse, midwife or nursing associate is still impaired, and what action if any to take. The panel at the meeting makes a decision using this guidance whether to proceed with the meeting or not. The panel can decide that a hearing is in fact desirable, and refer the case to a hearing.

9 The approach of the higher courts to remote hearings and fairness was recently summarised by the Lord Chief Justice in Yilmaz v SSHD [2022] EWCA Civ 300: "The use of remote technology in legal proceedings, including hearing evidence by phone or computer link, became ubiquitous in all jurisdictions during the Covid pandemic. Many reservations about its use have been dispelled but there remains a central issue about fairness and the interests of justice that is best considered on a jurisdiction by jurisdiction basis with an eye to the different types of case and participation under consideration."

10 If a nurse, midwife or nursing associate objects to the way the NMC has listed a hearing (i.e. for virtual consideration or for attendance at a hearing centre) we will list the matter for a preliminary meeting and a chair of the practice committee will be asked to give directions on how the case should proceed.

Hearings in private and in public

Reference: CMT-10 Last Updated: 08/08/2023

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Public hearings

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If a case is being decided at a hearing because the Fitness to Practise committee needs to resolve a dispute between us and the nurse, midwife or nursing associate, it will usually be held in public.[1]

If a hearing isn't needed because there is no material dispute, or the nurse, midwife or nursing associate hasn't asked for one, the case will be decided at a meeting, which will take place in private without any representatives or the nurse, midwife or nursing associate present. However, all panel decisions from meetings are recorded in a written document, which is published on our website.

Patients, their families and loved ones, members of the public, and the press can observe hearings and watch the panel make its decisions. All panel decisions are recorded in a written decisions document. After the hearing, the document is published on our website.

Private hearings

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In some cases, a panel will decide that some or all of the hearing should be in private.[2] In a private hearing, any members of the press or public will be asked to leave. The panel's published written decision will not contain any information that is considered private.

The decision to hear all or part of a hearing in private is a decision for a panel to make after hearing the advice of the legal assessor.

Deciding whether to hear matters in private

Hearings should generally be held in private where the allegation is only about a nurse, midwife or nursing associate's mental or physical health, or about things the nurse, midwife or nursing associate did because of their health condition, that could cause risks to patients.

An exception to this is when the panel decides that the public interest, or the interests of any third party, outweighs the need to protect the privacy or confidentiality of the nurse, midwife or nursing associate meaning that all or part of the hearing should be held in public.[3] The circumstances where it is appropriate to hear private health information in public session will be extremely rare.

A panel can hear matters in private when it is satisfied that it is reasonable and proportionate to do so, and it is justified in the interests of any party, third party, or the public.[4] Either we, or the nurse, midwife or nursing associate, can apply for part or all of the case to be heard in private. A panel can also raise the issue and then make a decision.

Before making a decision, the panel should give us, the nurse, midwife or nursing associate, and any person with an interest in the case the chance to make representations about sitting in private, and then consider the advice

A decision to sit in private may relate to all or part of a hearing. Given that transparency and open justice will normally require that (non-health-related) hearings are held in public, panels should try to hold as much of a hearing in open session as practical, even if it's occasionally necessary to switch between public and private session.

In reaching this decision, a panel should also consider if it would be more appropriate and proportionate to take other steps such as editing documents, anonymising information or concealing the identity of a person referred to in the allegation.

The application to hear the case in private can itself be made in private session, if it is reasonable to do so. However, the panel should ask for representations from all interested parties before the full application is heard in private. Any decision on an application to hear matters in private is recorded in writing and given to the parties.

Written panel decisions

All panel decisions from hearings and meetings are recorded in writing and published on our website. Sometimes, private information, including information about people's health, or any details about children, will form an important part of the panel's decision making. However, it will be extremely rare that it would be right for us to include this information in the published decision.

For this reason, we sometimes need to produce two decision documents: one marked as public, which will be published, and one marked as private. Panel decisions are published on our website in accordance with our publication guidance[5], and it is the NMC's responsibility to decide which information should form part of the public document, and which information should remain private.

It will often be obvious that information needs to be removed from the public decision document, for example where the case is about the nurse, midwife, or nursing associate's health. At other times, other kinds of private information will need the panel to carry out a careful balancing exercise. The different factors are the need for transparent decision making, protecting the interests of the various people involved in the case, including patients, service users, their families and loved ones, the nurse, midwife or nursing associate, and witnesses. The panel may need to think carefully about whether people other than the nurse, midwife or nursing associate might be identified by us publishing particular details.

In very rare cases we may need to consider whether we should publish the decision at all. If the nurse, midwife or nursing associate makes representations about publishing the decision, we will consider the reasons for the request and then balance the public interest of matters being reported against the reasons for the application.

1 Rule 19(1) of the Nursing and Midwifery Council (Fitness to Practise) Rules 2004 (the Rules), and in accordance with the principle of open justice.
2 Rule 19(4) of the Rules
3 Rule 19(2) (a) and (b) of the Nursing and Midwifery Council (Fitness to Practise) Rules 2004
4 Rule 19(3) (a) and (b) of the Rules
5 See our Privacy notice at: www.nmc.org.uk/privacy/

MAHI - STM - 304 - 55

Nursing & Midwifery Council

Public support meetings

Easy read

A booklet to explain the Public Support Service

What is the Public Support Service?

The Public Support Service (PSS) offers support if you have come to us because you have worries about a nurse, midwife or nursing associate.

Who is the service for?

It is for anyone who uses health or social care services or a member of the public who has made a complaint about someone on our register.

Meeting us after you have raised concerns about a nurse, midwife or nursing associate

A public support officer will offer to meet you to explain what happens when we investigate a nurse, midwife or nursing associate and what might happen at the end of the investigation.

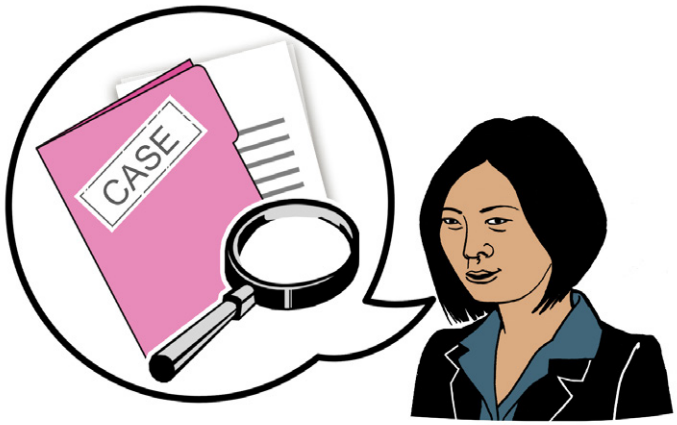
Meeting you gives us a chance to make sure we fully understand your concerns and have all the right information to help us investigate.

We can also provide details of other organisations that can help you further.

Explaining the outcome of our investigation to you

A public support officer will ask if you would like to meet again after we have decided what needs to happen about the nurse, midwife or nursing associate.

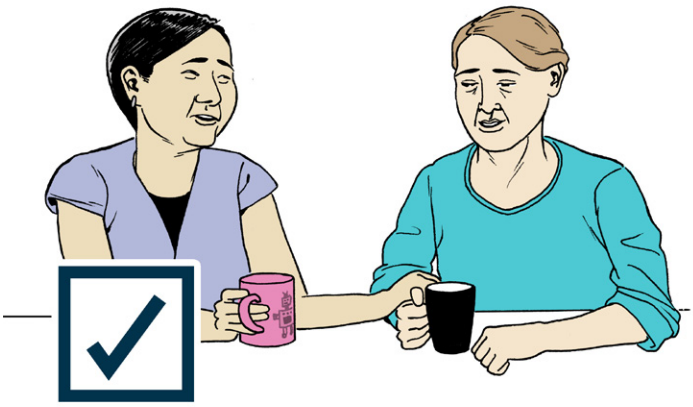
This will be at the end of the investigation or at the end of a hearing or meeting.



The public support officer will explain the outcome of the investigation.

The outcome could be things like a nurse being given a warning.

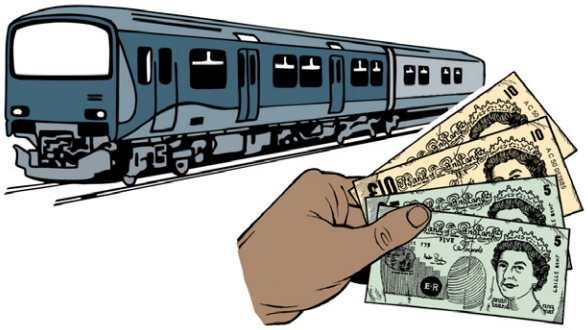
We can provide details of other organisations that can help you further.



You can bring a friend, family member or supporter to the meeting.

Where are the meetings held?

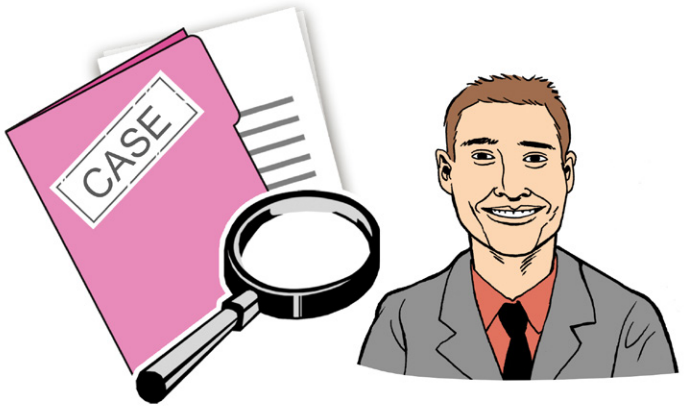
We can meet you at our offices in London or Edinburgh.



We will pay reasonable travel costs for you and a friend, family member or supporter.

We can have a telephone meeting if you can't travel to our offices.

Who else will I speak to at the NMC?



You will also be in contact with the investigator.

Their job is to manage the investigation from start to finish.

They collect and look at information and evidence.

They will be your main point of contact throughout the investigation and will update you on its progress.

Raising concerns about a nurse, midwife or nursing associate can be stressful for some people.

If you would like support please get in touch.

Email: publicsupport@nmc-uk.org
Telephone: 020 7681 5969
www.nmc.org.uk/PSS

www.nmc.org.uk

NMC Nursing & Midwifery Council

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Screening

We will look at a complaint and take into account:

if the complaint is serious enough, for example if a patient was harmed or could have been harmed;

if we have the information we need, for example the nurse's details;

if we can get evidence to investigate and we can trust that evidence;

if there is evidence that the nurse has thought about it and taken steps to make sure it doesn't happen again.

Investigation

Then the complaint will be sent to our investigations team.

This is where a team will get together evidence like documents, witness statements and speak to the nurse and their employer.

You may be asked to give a witness statement. If you do, you may need to go to a hearing.

They will then write a report for the case examiners to look at.

This can take up to 25 weeks.

Case examiners' decision

There are 2 case examiners. One is a nurse or midwife and one is not.

They look at the report from the investigation, the evidence for what happened and if the nurse or midwife is fit to practise now.

Sometimes the nurse has already taken steps to improve, for example going on training.

No case to answer

No further action;

Advice which is private to the nurse / midwife and is not put on the public register;

Warning which is public and is put on the public register for 12 months.

Case to answer

Undertakings – these are things the nurse must do.

For example, to attend training.

Undertakings are public.

Undertakings are looked at by the case examiners to make sure the nurse or midwife has done what they said they would do.

The case examiners might decide the case needs to be looked at by a fitness to practise panel at a **hearing or meeting**.

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Hearing or meeting

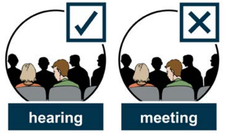
The NMC will organise all the evidence and witnesses for a hearing or meeting.

If you are a witness at a hearing, we will contact you to arrange travel and where you will stay.

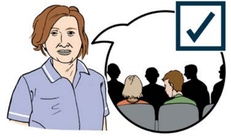
If you are asked to come to a hearing we will support you.

We can sit in the room with you while you give your evidence and explain what happens.

You can bring a friend to support you at the hearing.



A hearing is public and a meeting is private.



A nurse or midwife has the right to ask for a public hearing.

A panel will make the decisions.

At least one of the people on the panel will be a nurse or midwife and one will not.

Panel's decision

No sanctions

This is where the complaint has already been sorted out.

For example, the nurse might have gone on training.

Caution

This is like a warning.

It is public and goes on the public register.

It can be for 1 to 5 years.

Conditions

This is where the nurse or midwife can still work but there are restrictions.

This could be being supervised or going on training.

These are for 1 to 3 years.

Suspension

This is where a nurse or midwife cannot work as a nurse or midwife for between 1 and 12 months.

It may expire or be looked at again at the end of the suspension.

Strike off

This is where someone is completely taken off the register.

They cannot work or call themselves a nurse or midwife.

They can apply to rejoin after 5 years.

Nursing & Midwifery Council

Fitness to Practise

What will happen next?

Easy read

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Witness Information Booklet

Easy read

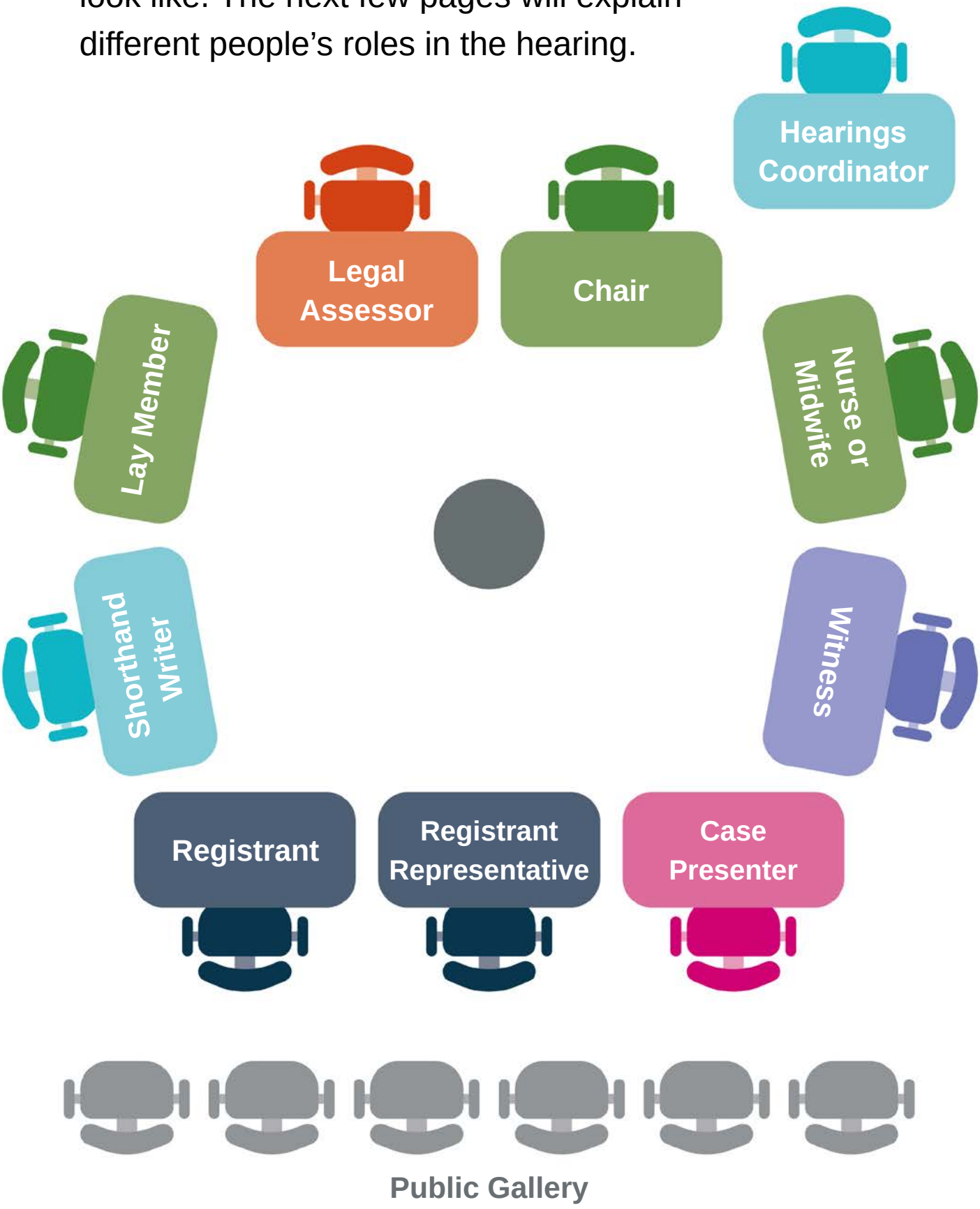
Who will be in the hearing?

Cross-examination

Other important information

Who will be in the hearing?

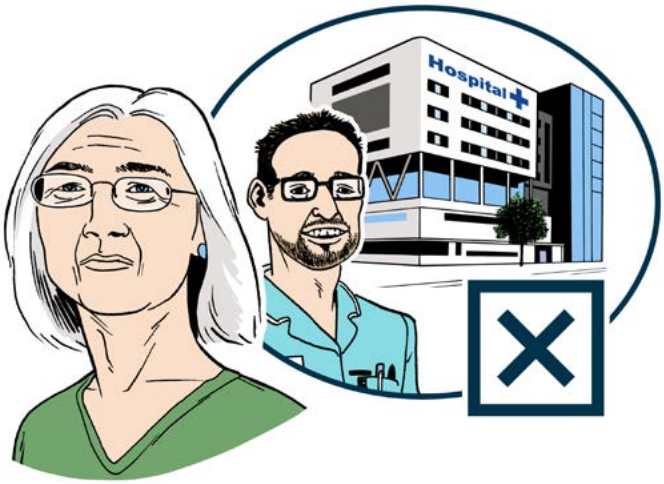
This is what the hearing room is likely to look like. The next few pages will explain different people's roles in the hearing.



There are **3 Panel Members** who will make the decision.

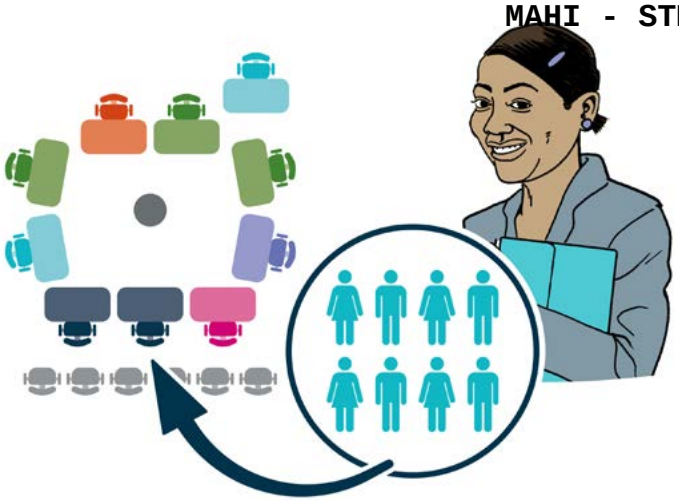
The **Chair** is responsible for the overall hearing.

There will be a **Nurse or a Midwife** on the panel.

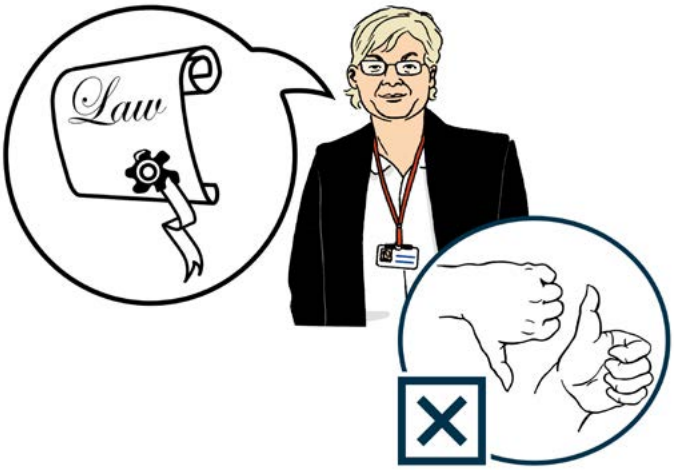


There will also be one **Lay Member**, which means they do not work in nursing or midwifery.

The **Hearings Coordinator** writes up the panel's decision, but is not involved in the decision making process.



The Hearings Coordinator is also responsible for making sure everyone who needs to be in the hearing is there.



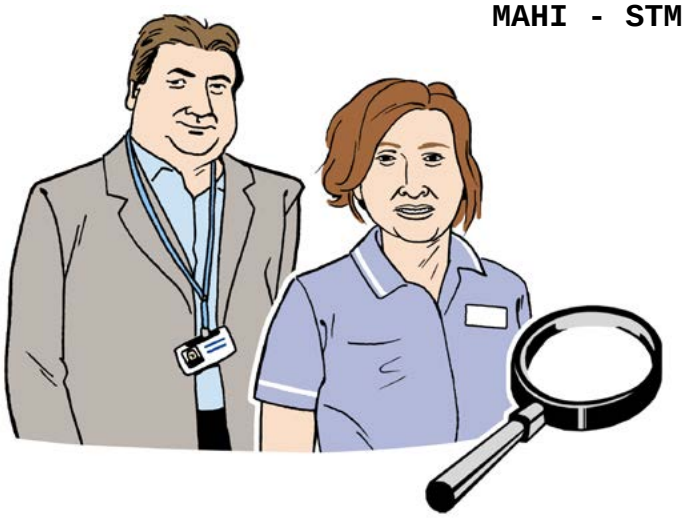
The **Legal Assessor** is an independent lawyer that gives the panel advice on the law.

They are not involved in the making of the decision.

The panel can accept or reject the legal assessor's advice.

They need to have 10 years experience.

The **Case Presenter** is a lawyer and presents the case (complaint) to panel for the NMC.



The **Registrant** is the nurse, midwife or nursing associate being investigated.

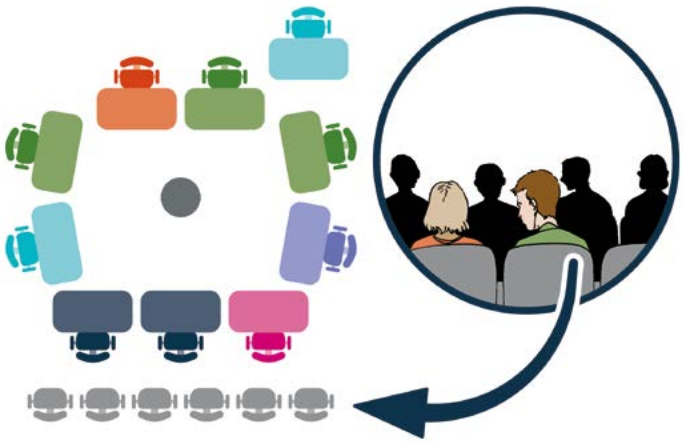
They may be at the hearing and may have a representative to speak on their behalf.

They may also call **witnesses**.

The NMC may decide to call witnesses in support of their case.

The nurse or midwife being investigated, or their representative, will also be able to ask the witness questions.

There may also be witnesses speaking on behalf of the nurse or midwife being investigated.



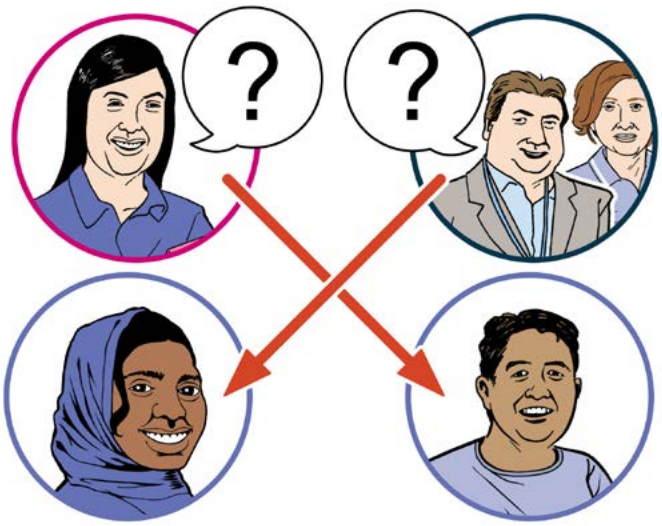
NMC hearings are public hearings so **members of the public** are allowed to be there.

Journalists and observers may attend the hearing, but not if the case is about someone's health.

Student nurses and midwives also go to hearings as part of their training.

There may be other people in the public gallery, such as witness liaison officers, other NMC staff or staff who are on training.

Cross-examination



Cross-examination is when one side of a hearing asks questions to the other side's witnesses.

For example, a witness for the NMC might be asked questions by the nurse or midwife being investigated.

If you're a witness at the hearing and the nurse or midwife is there, you can expect to be cross-examined.

We know that giving evidence can be stressful. These are some of things that can help:

Read your witness statement before you give evidence to help you remember.

Listen carefully to the questions.

Questions may be difficult to understand.

If you don't understand a question you can ask for it to be repeated, or said in a simpler way.

You can take your time to answer questions.

You will have time to think of clear and careful answers.

Things that can help (continued):

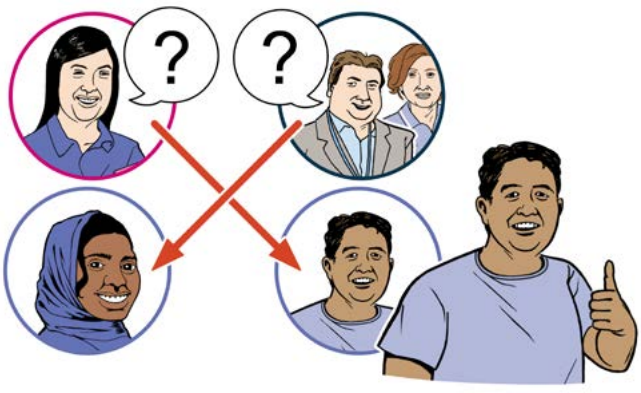
Only answer the questions you have been asked.

If you are asked about a certain document, you will be given time to look at it.

Someone may challenge your story or evidence.

It is their job to do so.

Don’t worry if you feel like they don’t believe you.



Keep calm and remember that cross-examination is an important part of a fair hearing.

Things that can help (continued):

If you do not know the answer or do not remember something, just say so.

Try not to guess.

There may be people watching in the room and they may leave or enter the room when you are giving evidence.

Try to ignore them.

If you are feeling stressed you can ask the chair for a short break.

Your evidence is important to the hearing. The panel are trying to get the clearest view of the events and will appreciate you coming to the hearing to give evidence.

Other important information

Witness evidence

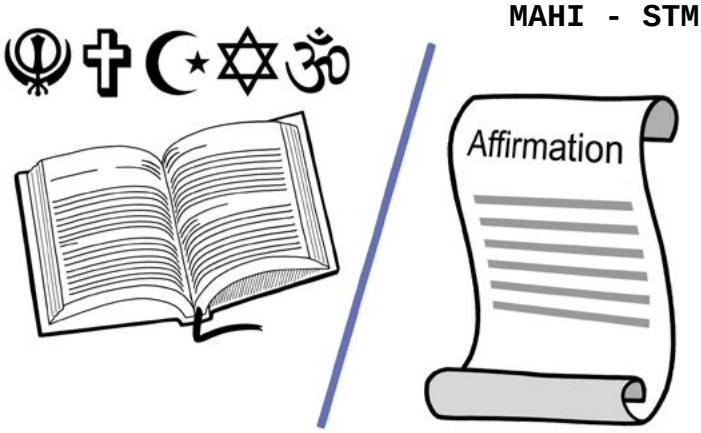
Please don’t talk about the case with other people as it can cause unfairness.

Please remember that witnesses from other hearings will be sharing the witness room so please don’t talk about the case with them.

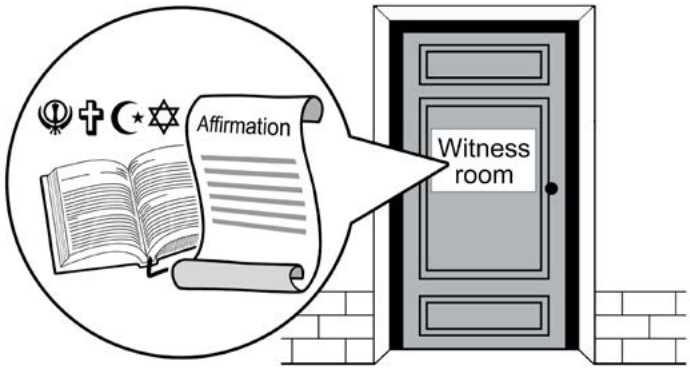
Please think about how other people might be affected.

Swearing in of witnesses

Before you giving evidence, you will be asked to swear an oath to tell the truth.



This can either be a religious oath on a holy book or a non-religious affirmation. Either an oath or affirmation is ok.



Examples of these oaths can be found in the witness room.

Reasonable adjustments

Please let us know if we can make any reasonable adjustments to make it easier for you to give your evidence.

We have induction loops. Please let us know if it would be useful to use one in the hearing.

Meals & refreshments

The lunch and refreshments provided are only for witnesses.

Fire alarm

There will be a fire alarm test every week at our hearings centres.

Witness Liaison staff will tell you if this will be happening when you are here.

If the alarm goes off and you are not expecting it, please leave the building using the emergency exits. (Please do not use the lifts).

Reflection & Prayer room

We have a reflection and prayer room.

Please let witness liaison or reception know if you would like to use this room for prayer or reflection and we will do our best to make this available.

Digital audio recording (DAR)

DAR is equipment we use to record what is said during the hearing.

However, some hearings still have shorthand writers.

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How we see if a nurse, midwife or nursing associate is safe to do their job

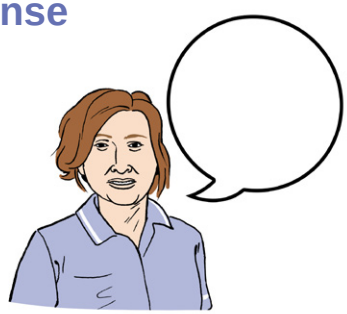
Easy read

These are things we think about

Referral

The referral is the original concern about the nurse, midwife or nursing associate.

The nurse's, midwife's or nursing associate's response



This is what the nurse, midwife or nursing associate has said about what has happened.

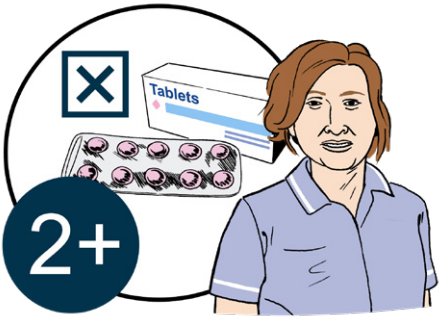
Insight and remediation

This is where the nurse has thought about what has happened and taken steps to make sure it doesn't happen again.

Medical records and further information

This is other information about the person whose care we are investigating.

Single incident or pattern



This is about whether the nurse or midwife has made similar errors before.

Context

This is when we think about what else was happening at the time the error was made.

Effective local action

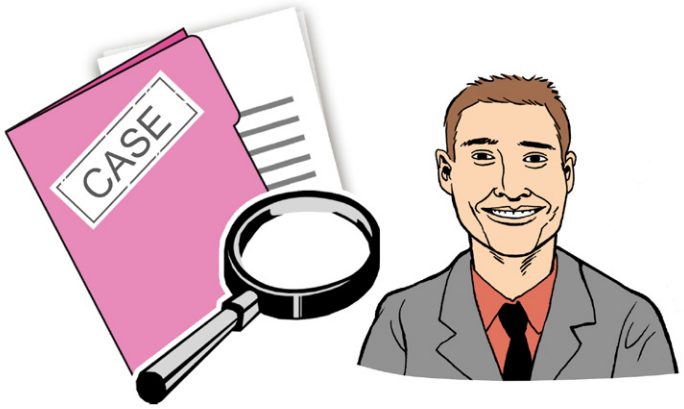
This is how the nurse's, midwife's or nursing associate's employer has dealt with the concerns.

History of fitness to practise

This is if there have been similar concerns or complaints investigated before.

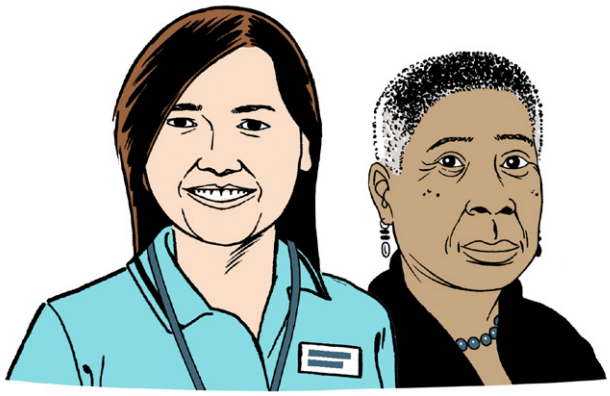
The people involved in your case

Easy read



The **Investigator** looks after your case.

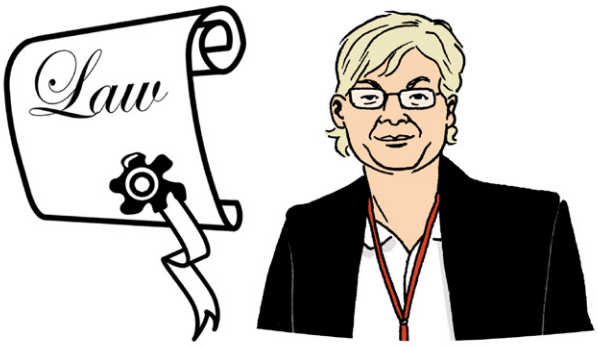
The **Public Support Officer** can meet you to support you through your case.



The **Case Examiners** look at the evidence collected by the investigator and decide if the case needs a hearing or meeting.

The **Panel Members** make a decision at a hearing or meeting.

The **Hearings Coordinator** writes up the decision at the hearing or meeting.



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The **Case Presenter** is a lawyer and presents the case (complaint) in the hearing or meeting.

The Registrant, is the nurse, midwife or nursing associate being investigated, and their **Representative** represents them.

How the NMC makes reasonable adjustments for people using our services

1 The Nursing and Midwifery Council (NMC) is committed to ensuring our policies and guidance documents are inclusive and accessible to everyone. If you would like to receive this guidance in an alternative format, please contact the Equality, Diversity and Inclusion Team at equality@nmc-uk.org or call 020 7637 7181.

What are reasonable adjustments?

2 Reasonable adjustments are changes to the way we offer our services to ensure disabled people[1] and those with temporary or long-term health conditions have a fair and equal chance of accessing our services.

What does this document do?

3 This policy sets out our reasonable adjustments process for everyone trying to access our services. It tells people what they can expect, and how we will adjust our processes to ensure they are accessible and inclusive.

Who is this document for?

4 This policy applies to everyone who wishes to use our services. This includes (but is not limited to): people making referrals to fitness to practise (FtP), witnesses, people going through FtP proceedings, and people applying for registration, revalidation and readmission or restoration to our register.

What is a disability?

5 The term 'disability' covers learning disabilities, physical and mental health conditions that have a substantial and long-term effect on the person's ability to carry out normal day-to-day activities. A long-term effect is one that has lasted, or is expected to last, for 12 months or more. The Equality Act 2010 ('the Act') provides protection to people who have, or have had, a disability, to prevent them from being placed at a substantial disadvantage.[1]

6 Where possible we have used the terminology 'disabled people' from the social model, which says that people are disabled by barriers they experience in society, not by their impairment. Our approach to reasonable adjustments is

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[1] The Equality Act 2010 does not apply in Northern Ireland, but there are very similar equality requirements spread across several pieces of legislation. For example, Section 75 of the Northern Ireland Act 1998 also includes consideration of 'political opinion' as a protected characteristic, the Disability Discrimination Act 1995 still applies to employment in Northern Ireland, and the Special Educational Needs and Disability (Northern Ireland) Order 2005 applies in all education settings.

rooted in our understanding of this model and we are committed to removing barriers for disabled service users. Our approach sits within the delivery of our Public Sector Equality Duty which includes our commitment to work to eliminate discrimination and promote equality of opportunity.

7 We are committed to making adjustments for those who need them, and to promoting good practice in this space. As part of that commitment there will also be occasions when we'll consider adjustments for people who may not identify as having, or meet the legal definition of, a disability, but who may still face barriers when using our services.

8 HIV, multiple sclerosis and cancer are deemed to be disabilities from the date of diagnosis. People with severe disfigurements are also deemed to be disabled under the Act, as are people who are registered as blind or partially sighted with their local authority or an ophthalmologist.

9 In addition to these impairments, the Act's definition of a disability is broad enough to cover people with hearing, visual and speech impairments as well as other impairments such as learning disabilities or difficulties, chronic pain, mental health conditions, diabetes, asthma and back problems. A disability may be visible or non-visible.

10 A person with a learning disability may encounter barriers when presented with new or complex information or when acting independently. Certain conditions, such as autism, are lifelong developmental disabilities that affect how people perceive the world and interact with others. Some people with learning disabilities prefer the term 'learning difficulty' to reflect how their learning support needs change over time.

11 Learning difficulty is also a term used for different types of specific conditions such as dyslexia, dyspraxia and attention deficit-hyperactivity disorder (ADHD).

12 Mental health conditions are a very broad category covering anxiety, depression, bipolar disorder and panic attacks. In particular, they primarily and significantly affect how a person feels, thinks, behaves, or interacts with others.

13 We don't make judgements on whether someone meets the legal definition of disability when delivering our reasonable adjustments duty. If a person tells us that they have a disability, long-term injury or health condition and face barriers in accessing our services, we don't try to decide whether they are covered by the definition of a disability. Instead, we focus on exploring whether a reasonable adjustment would remove the barrier or disadvantage that they are experiencing. We also recognise that people may have temporary, fluctuating and/or multiple impairments and needs.

14 Similarly, we don't normally request medical evidence of a person's disability or impairment. We focus on exploring what adjustments would make it easier for them to interact with us effectively. In most cases, we wouldn't require independent medical advice to make an adjustment because we'll accept advice from the person in question regarding their requirements.

How can we provide 'reasonable adjustments'?

15 We will always consider requests for adjustments to remove or reduce disadvantages faced as far as possible, but we are only required to provide adjustments that are reasonable for the NMC to make.

16 We will consider providing equipment or other aids which make it easier for disabled people to access our services.

17 Some examples of providing equipment or other aids might include:

17.1 Providing an induction loop for a person who uses a hearing aid

17.2 Providing information in an alternative format, such as large print for a person with a visual impairment, an easy read document for a person with a learning disability, coloured paper for a dyslexic person or an electronic format for a person who is blind

17.3 Providing an ergonomic chair for a person with a hip or back impairment

17.4 Providing a British Sign Language (BSL) interpreter and electronic note taker during a hearing for a person who is D/deaf

18 We will consider changing any provisions or practices that place disabled people at a disadvantage.

19 Some examples of changing provisions or practices might include:

19.1 Supporting a person with a visual impairment to make a referral over the telephone rather than in writing

19.2 Providing a transcript or summary of a telephone conversation

19.3 Changing the time of an FtP hearing to help a person manage the effects of anxiety

19.4 Allowing a person to make a paper-based rather than online application for registration, if their disability makes it difficult for them to use the online process

19.5 Publishing easy read versions of key consultation documents and surveys

20 We'll consider taking action if the physical features of our premises place disabled people at a disadvantage when accessing our services.

21 Some examples of actions relating to physical features of our premises might include:

21.1 Making sure that external-facing venues are accessible to people with a variety of impairments

21.2 Changing a venue or meeting room; for instance if a hearing or a meeting is planned to be held on the first floor, moving the location to the ground floor or looking for a more accessible venue

22 Under the Act we have an ‘anticipatory duty’ which means we must think in advance (and on an ongoing basis) about what disabled people with a range of impairments might reasonably need when accessing our services.

23 This duty also applies to organisations that provide services on our behalf.

24 If, however, even with the anticipatory adjustment, a disabled person is still disadvantaged when using the service because of their disability, we will consider a further adjustment specifically for that person.

25 An example of an anticipatory adjustment and further adjustment might include:

25.1 We have widened walkways and lowered reception counters in anticipation of the needs of wheelchair users. However, a person who is a wheelchair user may still not be able to reach the buzzer at the front entrance because they have limited mobility. A further reasonable adjustment for this customer would be for a colleague to meet them at the front door.

26 We expect our staff to be able to recognise the need for and facilitate reasonable adjustments for disabled people using our services. We reflect this in our policies and guidance.

27 As there is no set definition of what constitutes ‘a reasonable adjustment’, we’ll take a case-by-case approach to deciding what is reasonable when we consider requests. When deciding whether a particular adjustment is reasonable, we’ll typically consider the following factors based on the Equality and Human Rights Commission’s Employment Statutory Code of Practice (click this link to see code):

27.1 Effectiveness – how well does the adjustment in question remove or at least minimise the disadvantage? We are unlikely to make adjustments that don’t remove the disadvantage.

27.2 Practicality – how practical is the adjustment, for example, how long will it take to implement?

27.3 Cost – how much will it cost, considering our financial resources and whether other assistance is available?

27.4 Disruption – how disruptive to the business, to others, and to our regulatory role would it be to make this adjustment?

27.5 Risk – would making the adjustment cause any risk to others?

28 There are some things the Act does not require us to make adjustments for. The Act makes it clear that it is not discriminatory to apply competence standards (which include our Code, our revalidation and our education

standards) to a disabled person. As a professional regulator responsible for protecting the public, it would not be right for us to adjust these standards. However, we can make reasonable adjustments to assist nurses, midwives and nursing associates in meeting our standards.

29 We also consider the impact on disabled people, and any related reasonable adjustments, when we review or change our processes. For example, we identify actions in equality impact assessments.

Making it easy for people to request adjustments

30 To help us to make any adjustments in time to be able to help, we encourage disabled people to ask for any support as early as possible using the contact options for the process they are engaging with. We also include reminders in our customer-facing materials.

31 All reasonable adjustments are individual, so it's difficult to set a timeframe for meeting them. We will make sure to prioritise taking action so that people get the reasonable adjustments they require as soon as possible.

32 We also ask people about adjustments when we interact with them. This might include interviewees, nurses, midwives, nursing associates and witnesses involved in the different stages of our processes.

Sharing information about a disability

33 We want to make sure that a disabled person is provided with the adjustments they require, whichever part of the NMC they are interacting with. When NMC staff need to share relevant information with colleagues they will not divulge sensitive information about health or disability. Instead, they will focus on the adjustment required rather than the person's medical diagnosis. For example, we'll record that a person will require regular rest breaks during a hearing rather than recording the disability itself, unless the disability is directly relevant.

34 When we collect information about reasonable adjustments we'll be clear about how we'll use that information.

Concerns or complaints

35 If you would like to raise a concern or complaint about this policy, please contact our Customer Enquiries and Complaints team. Complete our online feedback or complaints form (click this link to see form) or call us on 020 7681 5830.

Reviewing this policy

36 We will formally review this policy in August 2025. However, we will keep this policy under review until then, and we welcome feedback on our approach.

Our Equality, Diversity and Inclusion team is responsible for updating and reviewing this policy. For feedback on the policy email equality@nmc-uk.org

Nursing & Midwifery Council

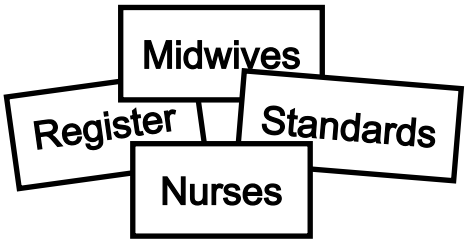
Reasonable adjustments

We are the Nursing and Midwifery Council (NMC).

We make sure **nurses, midwives** and **nursing associates** are safe and kind, and have the skills and knowledge they need to do their jobs well.

This way people will be safer, healthier and trust our services.

This document talks about how we will help disabled people to use our services.



Some words are in **bold**. There is a list of what they mean at the end of this report.

What are reasonable adjustments?

The Nursing and Midwifery Council wants to make sure that everyone has the same chance to use our services.

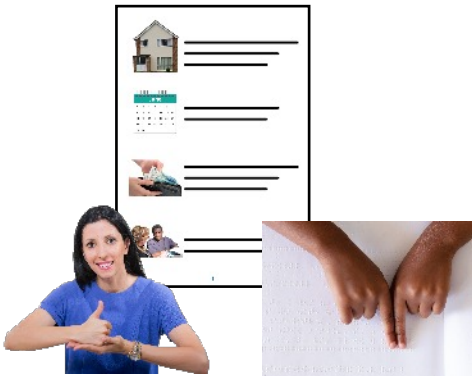
We want people to find it easy to talk to us.

Sometimes our services may be hard for people to use if they:

- are disabled

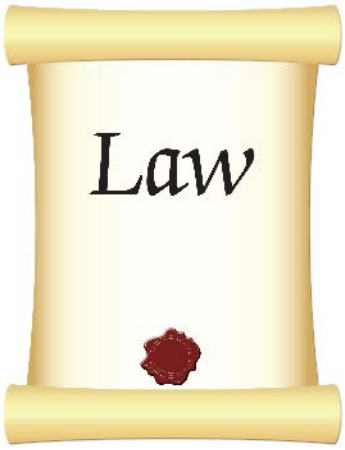
- have a health problem

- have a mental health condition.



So we will make **reasonable adjustments** if you need them.

A **reasonable adjustment** is changing the way we usually do things to make sure that everyone can use our services.



The law says organisations must consider changing the way they do things for disabled people so they have the same opportunities.

We also consider making reasonable adjustments for people who are not disabled but who face **barriers** when using our services.

What is a disability?

A disability is something that makes it harder for a person to do daily activities.

Sometimes you can see a disability and sometimes you can't.

There are lots of different disabilities:

- some disabilities change how people learn

- some are physical disabilities, which means they affect your body

- some are mental disabilities which means they affect your brain.

Mental health conditions such as anxiety, depression, bipolar disorder and panic attacks affect how a person feels and thinks.

How we understand disability

We use the social model of disability to understand when we need to make any changes to our services.

The social model says that people are disabled by the way society or services work.

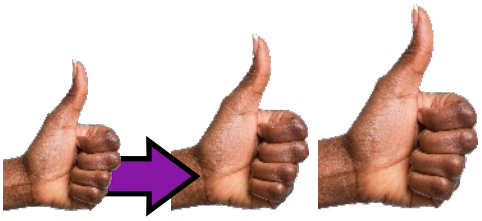
We will try to make the right reasonable adjustments so that people find our services easier to use.

We will not judge a person for their disability or health condition.

We understand that reasonable adjustments may change as a person’s disabilities change.

How we can provide reasonable adjustments

The role of our organisation is to keep people safe when they use nursing and midwifery services.



We will always try to improve our services if they are not easy for people to use.

But we only have to make changes that are fair for us to do.

If you ask us to do something we are not sure about, we need to think about:

- if we can do it

- if it will help

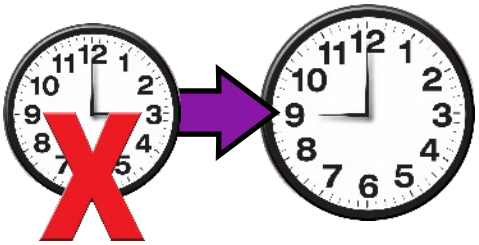
- how long will it take

- how much it will cost us

- if making the change will put other people at risk.

Here are examples of reasonable adjustments:

- we can give someone a special chair to help with a hip or back problem



- we might change the time of a meeting to help someone with anxiety

- if our buildings are hard for people to get into, we could add a ramp.

We will make it easy for people to ask for adjustments

To help us to make the right changes, we want people to ask us for help.

We will also ask people if they need adjustments.

Most of the time, we will not need a letter from your doctor.

We will not tell others about your disability unless we need to.

We will tell you about how we will use the notes we take.

We will try to make the reasonable adjustment as soon as possible.

Questions

If you have a question or would like help to use our services, you can call us on **020 7681 5830**.

We will look again at this document in August 2025 but you can talk to us about it at any time.

Email: **equality@nmc-uk.org**

What the words mean

Barriers
Things that can stop people from doing things

Disability
A disability is something that makes it harder for a person to do daily activities.

Midwives
People who are trained to give women support, care and advice during pregnancy, labour and after the baby is born.

Nurses
People who are trained to give safe and kind care to help people who have health problems and to help people to stay well.

Nursing associates
This is a role in England. Nursing associates are trained to work with nurses to support and care for patients.

Reasonable adjustment
A reasonable adjustment is changing the way we usually do things to make sure that everyone can use our services.

Credits

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Speaking Up Together - making EasyRead information.

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Nursing & Midwifery Council

The Prep handbook

We are the nursing and midwifery regulator for England, Wales, Scotland, Northern Ireland and the Islands.

- We exist to safeguard the health and wellbeing of the public.
- We set the standards of education, training and conduct that nurses and midwives need to deliver high quality healthcare consistently throughout their careers.
- We ensure that nurses and midwives keep their skills and knowledge up to date and uphold the standards of their professional code.
- We ensure that midwives are safe to practise by setting rules for their practice and supervision.
- We have fair processes to investigate allegations made against nurses and midwives who may not have followed the code.

Contents

Introduction

Post-registration education and practice (Prep) is a set of Nursing and Midwifery Council (NMC) standards and guidance which is designed to help you provide a high standard of practice and care. Prep helps you to keep up to date with new developments in practice and encourages you to think and reflect for yourself. It also enables you to demonstrate to the people in your care, your colleagues and yourself that you are keeping up to date and developing your practice. Prep provides an excellent framework for your continuing professional development (CPD), which, although not a guarantee of competence, is a key component of clinical governance.

Most nurses and midwives are already familiar with Prep. This may be through the various publications produced by the UKCC and the NMC since 1995. It might also be from reading about it in professional journals or from discussing it with your colleagues. This booklet is designed to consolidate everything you need to know about the Prep standards and guidance.

The best thing about Prep is that it is entirely up to you to decide how to meet the standards. The NMC believes that you are the best person to decide what learning activity you need to undertake. You should choose whether it is free or if you wish to pay for it. You are the best person to decide the extent to which you are practising as a registered nurse, midwife or specialist community public health nurse.

We hope that you will find this handbook useful. If you have any further queries about how to meet the Prep standards, you can contact us in confidence. Our contact details are on the back cover.

The NMC is reviewing and updating the standards for the maintenance and renewal of registration. This is being informed by the outcomes of the reviews of revalidation and regulation.

Prep helps you to:

- keep up to date with new developments in practice
- think and reflect for yourself
- demonstrate that you are keeping up to date and developing your practice
- provide a high standard of practice and care.

You, Prep and the NMC

The role of the NMC

The NMC is the regulatory body for nurses and midwives. Our purpose is to establish and improve standards of care in order to safeguard the health and wellbeing of the public. The key tasks of the NMC are to:

- maintain a register of nurses and midwives
- set standards and guidelines for education, conduct, performance and ethics
- provide advice on professional standards
- consider allegations of lack of fitness to practise due to misconduct, lack of competence or ill health.

The NMC register

Registration with the NMC is essential for you to be able to work in the United Kingdom (UK) as a nurse or midwife. We maintain a register of all the people who have fulfilled the NMC's registration requirements and who are, therefore, entitled to practise in the UK. The register is at the heart of the NMC's role in safeguarding the health and wellbeing of the public.

Requirements for renewal of registration with the NMC

In order to renew your registration every three years, you will need to provide a signed Notification of practice (NoP) form and pay your renewal of registration fee. The NoP asks you to declare that you have met the Prep requirements (see below) and are of good health and good character. Your registration will not be renewed until the NMC has received and processed your completed and signed form, together with your fee payment.

Please note that now the NMC has moved to the annual payment of fees, you will be required to pay a retention of registration fee at the end of the first and second years of registration period.

Additionally, in order to practise, midwives need to give notice of their intention to practise, in accordance with rule 3 of the *Midwives rules and standards*. This is done by submitting a completed annual Intention to practise (ItP) form every year to their named supervisor of midwives.

If you are not registered with the NMC, you cannot be employed to practise as a nurse or midwife in the UK.

The NMC's Prep requirements

The Prep requirements are professional standards set by the NMC. They are legal requirements, which you must meet in order for your registration to be renewed.

There are two separate Prep standards which affect your registration:

- The Prep (practice) standard
  You must have worked in some capacity by virtue of your nursing or midwifery qualification during the previous three years for a minimum of 450 hours, or have successfully undertaken an approved return to practice course within the last three years.
- The Prep (continuing professional development) standard
  You must have undertaken and recorded your continuing professional development (CPD) over the three years prior to the renewal of your registration. All nurses and midwives have been required to comply with this standard since April 1995. Since April 2000, you must have declared on your NOP form that you have met this requirement when you renew your registration.

The Prep (practice) standard

1 The aim of this standard is to safeguard the health and wellbeing of the public by ensuring that anyone renewing their registration has undertaken a minimum amount of practice. This standard requires you to have practised in some capacity by virtue of your nursing or midwifery qualification for a minimum of 450 hours during the three years prior to the renewal of your registration. If you do not meet this requirement, you will need to undertake an approved return to practice course before you can renew your registration.

Meeting the Prep (practice) standard

2 In order to meet the practice standard you must have undertaken the 450 hours in your capacity as a nurse or midwife. For example, you can only meet the practice standard for midwifery by practising midwifery, and similarly for nursing. Any practice that was undertaken when you were not registered cannot be counted towards meeting the practice standard.

3 As a midwife, you will need to continue to submit your Intention to practise notification annually to your named supervisor of midwives in accordance with rule 3 of the *Midwives rules and standards*, if you wish to practise midwifery.

4 The following table is designed to help you to know how many hours you need to complete in order to meet the practice standard and so renew your registration(s).

Renewing your registration for	Hours required
Nursing	450
Midwifery	450
Nursing and midwifery	900
Nursing and specialist community public health nursing	450
Midwifery and specialist community public health nursing	900
Nursing, midwifery and specialist community public health nursing	900

5 You can meet the Prep (practice) standard whether you are:

in paid work

5.1 for example, when you are employed by an organisation such as an NHS trust, a care home, an independent healthcare provider, a nursing agency, a health authority or health board, educational institution, another type of company or organisation, or if you work in independent practice

in unpaid work

5.2 for example, when you are working on a voluntary basis, such as for a charity

not working

5.3 for example, when you are taking a career break within the three-year re-registration period, you may still be able to meet the practice standard. If you do not meet the Prep (practice) standard, you will need to successfully complete an approved return to practice course before you can renew your registration.

Returning to practice

6 If you are unable to comply with the practice standard, you will have to successfully complete an approved return to practice programme. These programmes are designed to allow you to renew your registration and return to practice when your registration has lapsed after a break in practice of three years or more. Courses whose outcomes have been validated by the NMC must include:

6.1 an understanding of the influence of health and social policy relevant to the practice of nursing and midwifery

6.2 an understanding of the requirements of legislation, guidelines, codes of practice and policies relevant to the practice of nursing and midwifery

6.3 an understanding of the current structure and organisation of care, nationally and locally

6.4 an understanding of current issues in nursing and midwifery education and practice

6.5 the use of relevant literature and research to inform the practice of nursing and midwifery

6.6 the ability to identify and assess need, design and implement interventions and evaluate outcomes in all relevant areas of practice, including the effective delivery of appropriate emergency care

6.7 the ability to use appropriate communications, teaching and learning skills

6.8 the ability to function effectively in a team and participate in a multi-professional approach to people's care

6.9 the ability to identify strengths and weaknesses, acknowledge limitations of competence, and recognise the importance of maintaining and developing professional competence.

7 An approved return to practice programme will be not less than five days in length. The length and nature of the programme will be determined by the education provider and the particular individual. This will take into account your registration history, previous levels of knowledge and experience, and any relevant experience undertaken while you have been out of professional practice.

8 If you would like further information about return to practice courses, please contact your local strategic health authority if you live in England. If you live in Northern Ireland, Scotland or Wales, details of how to find out about return to practice courses are available on our website or from our Advice Centre.

The Prep (continuing professional development) standard

9 The Prep requirements include a commitment to undertake continuing professional development (CPD). This element of Prep is referred to as Prep (CPD). The Prep (CPD) standard is to:

9.1 undertake at least 35 hours of learning activity relevant to your practice during the three years prior to your renewal of registration

9.2 maintain a personal professional profile of your learning activity

9.3 comply with any request from the NMC to audit how you have met these requirements.

10 You must comply with the Prep (CPD) standard in order to maintain your NMC registration.

Meeting the Prep (CPD) standard

11 The learning activity which you undertake to meet this standard must be relevant to your practice. There is no such thing as approved Prep (CPD) learning activity.

12 You must document, in your profile, your relevant learning activity and the way in which it has informed and influenced your practice. Although there is no approved format for the profile, we have developed a template which you might like to consider when organising your profile. This is reproduced, along with the accompanying guidance, on pages 13–15.

13 You can meet the Prep (CPD) standard in many different ways. The important things to remember are that:

13.1 it doesn't have to cost you any money

13.2 there is no such thing as approved Prep (CPD) learning activity

13.3 you don't need to collect points or certificates of attendance

13.4 there is no approved format for the personal professional profile

13.5 it must be relevant to the work you are doing or plan to do in the near future

13.6 it must help you to provide the highest possible standards of practice and care.

Prep (CPD) – guidance for recording your learning

14 The following headings have been designed to help you think about how you might like to record what you do, what you learn and how you apply it to your professional practice. This structure enables you to document your learning activities and how these relate to your practice over the three years prior to your renewal of registration. You may find it helpful to keep this information in your personal professional profile as a record of your learning. You should document each learning activity you have undertaken in the three years prior to renewing your registration. You may choose to group together a number of similar activities, such as a series of one-day workshops.

The three-year registration period this form covers

15 You must complete your Prep (CPD) requirements in the three years leading up to each renewal of your registration.

Work place

16 You can record your work place and your work or role that relate to the learning activity you describe. If you have worked in various places, but in essentially the same role (for example, if you are a bank nurse or an agency nurse), you may want to group this type of work together and summarise it in this section.

Name of organisation

17 Record the name of the organisation for which you were working at the time – for example, St Elsewhere NHS Trust, ABC General Practice, XYZ Limited. If you were not working, we suggest you put 'not working' in this column.

Brief description of your work or role

18 Examples of this could include:

18.1 **if you are working with people in your care:** staff nurse in intensive care; midwife working in a community setting; district nurse working mainly with elderly patients; palliative care in a care home; or bank nurse mainly on surgical wards

18.2 **if you are working in healthcare education:** senior lecturer in health and social science faculty; or part-time tutor specialising in sexual health

18.3 **if you are working in healthcare research:** research nurse in respiratory medicine; or researching different shift patterns

18.4 **if you are working in management or administration in healthcare:** nurse manager in medical directorate; or administrator for nursing agency

18.5 **if you are working in areas not directly related to healthcare:** clinical research assistant in respiratory team; or management consultant in health group

18.6 **if you are not working:** maternity leave; retired or long-term ill health; paid or unpaid caring.

Nature of the learning activity – what did you do?

19 Record the learning activity related to the work you identified in the previous section. This learning activity should be undertaken during the three-year registration period which you identified at the top of the form.

Date

20 State the date or period when this learning activity took place.

Briefly describe the learning activity

21 For example: I read an article in a professional journal on wound healing; I attended a course on policy developments in primary care groups; I discussed with my colleagues the importance of patient dignity when in hospital.

How many hours did this take?

22 Please state how many hours the learning activity took.

Description of the learning activity – what did it consist of?

23 Provide a fuller explanation of the learning activity. For example: why you decided to do the learning or how the opportunity came about; where, when and how you did the learning; the type of learning activity; what you expected to gain from it.

24 Please see the case studies for examples of how this section could be completed on pages 20–39.

Outcome of the learning activity – how did the learning relate to your work?

25 This section will show what you gained from your learning (not the learning activity itself). You should record how the learning related to your work; the effect it has had on the way in which you work or intend to work in the future; any follow-up learning which you may be planning in the future. This will be a personal view (reflection) of the way in which the learning has informed and influenced your work. Begin by completing the sentence 'The ways in which this learning has influenced my work are: . . .'.

Examples of Prep (CPD) learning

You may find reading some of the following case studies helpful in enabling you to think about how this section could be completed.

Acute care

Midwifery

Community care

Education and research

Management

Practising in other areas

The following examples help you relate your learning to your work. They use the format outlined on pages 15–17. They have been divided into categories so that you can refer to the one most relevant to your situation. There are examples of both unstructured or informal learning and structured or formal learning.

Acute care

Example 1:
Direct patient care using unstructured or informal learning

Description of the learning activity

I work on a general medical ward and observed the siting of a chest drain. The staff nurse explained to me the importance of asepsis when cleaning the chest drain site. We also discussed the comfort of the patient in relation to the procedure.

Outcome of the learning activity – how did the learning relate to your work?

The way in which this learning has influenced my work is that I have been reminded of the principles of asepsis and the importance of this in the care of all wounds. I now not only concentrate on the preparation of the dressing trolley but also on the wider environment to create the most hygienic environment possible.

The chest drain site requires cleaning and redressing each day. The staff nurse observed me on the first two occasions and I then did the dressing on my own. The chest drain was removed after a period of one week and there was no evidence of infection (this was confirmed by the results of a swab being sent to pathology when the drain was taken out).

I was also able to apply my learning to other patients. One lady with leg ulcers used to get distressed every time her dressing was changed. I assumed this was because the procedure was painful. In fact it was because the wounds smelt and she felt very embarrassed by this. We therefore made certain the wounds were dressed away from other patients and not by her bed, and that air fresheners were used. I am also speaking to pharmacy about other preparations that may be available to help with this particular problem.

Example 2:
Direct patient care using structured or formal learning

Description of the learning activity

I see my own patients in A&E without reference to a doctor. I attended a two-hour lecture by a professor of anatomy at a major teaching hospital. We examined some arms and legs – anatomical parts which I am used to examining in my daily work.

I was transfixed as he pointed out all the structures. The bones and muscles were obvious but I was really interested in the tendons and ligaments, blood vessels and nerves. We were able to handle the specimens and I could really see how the different parts work together and make limbs move. I thought I knew my anatomy from the textbooks but this really brought it all to life.

Outcome of the learning – how did the learning relate to your work?

The way in which this learning has influenced my work is apparent in a number of ways:

I am now much clearer about the underlying structures when I examine patients' injuries and can actually visualise the parts I am trying to feel.

The session has prompted me to learn more anatomical terminology so that I can name all the structures which I am trying to describe. This means that my notes are much more accurate and clear – an important factor since other people may need to read them and I may have to defend them in court one day. I no longer write just 'ligament strain' but name the ligament.

I am more clear than ever about why I need to explore wounds to ensure that I can see the base of them and be certain that all the underlying structures are intact. I will not miss a partial cut in a tendon now because I know what I am looking for and where it is likely to be.

My confidence has been boosted as a result of my increased knowledge and I feel even more competent to see patients with minor injuries because I can assess them knowledgeably.

I will never again wonder why people donate their bodies to medical science. It is so people like me can be inspired – and I am grateful that they continue to do so. I will try to attend the service held at the end of the academic year when the body parts are cremated.

Midwifery

Example 3:
Direct client care using structured or formal learning

Description of the learning activity

I am a team midwife employed by a community trust. I completed a course on teaching and assessing to enable me to act as a mentor or supervisor for student nurses and midwives.

Outcome of the learning – how did the learning relate to your work?

The way in which this learning has influenced my work is that I am much more confident when acting as a role model for student midwives and nurses. I now feel more able to teach student midwives and support their learning experiences in the clinical setting. Overall, thinking about the learning needs of students has helped to focus my attention on my own learning needs.

Example 4:
Direct client care using unstructured or informal learning

Description of the learning activity

I am a practising midwife. I have recently started working in an area with very high levels of social disadvantage. I went to the library and looked at various databases to see how our local caesarean rate compared with the national average.

Outcome of the learning activity—how did the learning relate to your work?

The way in which this learning has influenced my work is that, at the next team meeting, I was able to ask relevant questions, using the information I had gathered, about the criteria used to identify women who need a caesarean section. This made me better able to answer the women's questions during their antenatal phase.

Community care

Example 5:
Direct client care using unstructured or informal learning

Description of the learning activity

I work in a community mental health resource centre as a community psychiatric nurse (CPN), specialising in assertive outreach for people with complex needs who are difficult to engage through mainstream services. As a newly appointed CPN, I spent a day shadowing an experienced colleague who demonstrated the role and functioning of the team, planning a work schedule and discussing strategies to engage two people whom we visited that day.

Outcome of the learning activity – how did the learning relate to your work?

The way in which this learning has influenced my work is that I am now able to clarify the difference between assertive outreach work and holding a general caseload. I appreciate the need to plan my day carefully, taking into account the clients' patterns of living, their interests and hobbies, and ensuring that these match opportunities to meet. I was able to think about different venues that could be used and was reminded how important it is to get behind the signs and symptoms and understand the person.

I was also reminded that, as a specialist team covering an area with three mental health centres, there was a need to develop effective communication systems. I discussed a number of options and was able to draw upon my mentor's experience to agree a weekly forum meeting backed up by monthly caseload reports to the team.

I had the opportunity to discuss how my colleague had dealt with an aggressive client who initially refused to see us. I was reminded of the need to remain calm and be conscious of my body language to ensure I did not portray myself as being annoyed. I was able to see how my colleague used his knowledge of the client and specifically his interest in fishing to engage him in conversation, and agreed to meet at the local lake later that week.

Example 6:
Direct patient care using structured or formal learning

Description of the learning activity

I work in the community and looked after a patient who was dying at home from cancer. I attended a course on pain control because the patient was having large doses of intravenous drugs and I wanted to learn more about aspects of pain control at home. The course was run by the local hospice.

Outcome of the learning activity – how did the learning relate to your work?

The way in which this learning has influenced my work is that I am much more confident in the care of people who are having intravenous pain control at home. I am able to change the syringe drivers as required and help the patients manage their pain both through titrating the drugs against the level of pain and through other means, such as change of posture and the application of heat. I also now understand more about the pharmacology of the pain-relieving drugs, which is useful when answering questions from patients and relatives about the different drugs and why they are being used. I am also more informed about the potential side effects of such drugs and am able to observe my patients in a more focused way.

The course also drew attention to the mental suffering which people experience when faced with intractable pain. I am now much more aware of this and make time to spend with them so that there is the opportunity to talk and for them to express other worries and concerns to me.

Example 7:
Direct client care using structured or formal learning

Description of the learning activity

I work as a staff nurse in a community day care project for people with learning disabilities who have been discharged after long term hospital care. Most have functional problems and significant life skills deficits, as well as periodic psychotic symptoms. I went to a seminar given by a service user entitled 'Living with voices'. He had heard voices for over 20 years, and had been an inpatient, but now he was an advocate and had written a self-help booklet with exercises and strategies to cope with these problems.

Outcome of the learning activity—how did the learning relate to your work?

The way in which this learning has influenced my work is that I have changed the way I think about auditory hallucinations. I have adapted some of the ideas from the booklet into a discussion topic for one of my groups. This has allowed people to talk about their voices in a way they haven't before, as they are less afraid that I will think they are relapsing or not coping. This has really made a difference to our relationships. I don't see the voices as just a clinical symptom but as an aspect of the way clients are feeling and as a way of them communicating their feelings to me.

I have also developed a workbook for the use of one of my more disabled clients. He and his mother are making use of it to help him understand his voices and use some of the calming methods. The seminar made me much more positive about this kind of problem and gave me practical advice on how to give effective support to people who will probably always have to live with it. It also stimulated me to do a literature review of current research into hallucinations and deliver a short tutorial to student nurses on their community placement. All in all, it was a really useful learning experience.

Example 8:
Not working using unstructured or informal learning

Description of the learning activity

I am currently on maternity leave and will soon be returning to specialist community public health nursing in my role as a health visitor. I took my son to the Sure Start centre just after he was born as a way to meet other parents. Prior to his birth I had worked full time and so it was important for me to meet other parents and to allow my child to socalise with others. While attending the Sure Start centre, I participated in a programme to help other parents communicate with their children as they had difficulty with literacy.

Outcome of the learning activity – how did the learning relate to your work?

The way in which this learning has influenced my work is that I was able to see how working in partnership with not only the statutory agencies but also the voluntary agencies helped to address health inequalities that I was not even aware of within my own community. This learning was not only useful in developing a social support system for myself and being able to arrange child care arrangements for my son, but will also be valuable information for me when I return to work and am required to consider innovative ways of identifying and addressing health inequalities.

Taking my son to a Sure Start centre also gave me first-hand experience of how parents can feel in these situations. I was worried about the stigma, who I might meet there and worried about my reaction. In the event, I found the experience fulfilling and realised the potential of working from the 'bottom up', and how the patient experience can have better outcomes for those it aims to support.

I was able to ask all the questions I wanted at the Sure Start centre without feeling rushed and without feeling stupid. I was also confident in being able to share my experiences with some of the other families, knowing that we all shared the sleepless nights and the feelings of both frustration and joy that children can bring.

I learnt that the professionalism and calmness of the staff there, together with their kindness and support, helped me to relax and therefore cope with a new situation. I will try to mirror this on my return to work. I also think that my understanding of how the parents may be feeling will be useful in helping them to cope with new and possibly difficult situations.

Postscript: I have been back at work for six months now and have found this experience extremely valuable. I now have an insight into how parents can feel about attending resources that are available to them, which can feel very threatening when they are offered as a resource to your own family. I feel I am now more caring and responsive, helping to make the experience easier for the families I come into contact with. I have used the knowledge in identifying health inequalities and, by working in partnership with the community, I really feel I am undertaking public health nursing that addresses the determinants of health.

Education and research

Example 9:
Working in education using unstructured or informal learning

Description of the learning activity

I run a course on health and social policy at the local university. I need to keep up to date about developments in the NHS and related health and social care organisations. I regularly read the relevant journals and NHS documents. In this instance, I read the white paper *A first class service: Quality in the new NHS*, issued by the Department of Health in July 1998.

Outcome of the learning activity – how did the learning relate to your work?

The way in which this learning has influenced my work is that I am now able to incorporate two sessions on clinical governance, its impact on the health services and on the role of the professional into the quality module of my course. I am also carrying out a literature search on clinical governance and I am consulting with colleagues and others from the professions allied to medicine. I will also talk to the chief executives of my local NHS trusts and ask them about their new responsibilities, so that my students gain an insight into how changes in policy at government level affect organisations within the health services.

Example 10:
Working in education using structured or formal learning

Description of the learning activity

I recently attended an interdisciplinary study day on utilising learning sets as a method of personal and professional development.

Outcome of the learning activity—how did the learning relate to your work?

The way in which this learning has influenced my work is that I have used the icebreaking activity we did on that day with a group of enrolled nurses I teach on the conversion course. I have also extended my reading and knowledge of learning styles analysis, which I will incorporate into my teaching of study skills at a later date.

Example 11:
Working in research using unstructured or informal learning

Description of the learning activity

I recently met a researcher at a conference. After her session, we talked about her work over lunch. She mentioned how she used the internet to keep in touch with the latest developments, but also stressed the importance of discriminating sound material on the internet from the rubbish which is also available. We exchanged email addresses so that we could keep in touch.

Outcome of the learning activity – how did the learning relate to your work?

The way in which this learning has influenced my work is that I have learned the importance of networking. Since this conference, I have been in contact with the researcher. I visited her unit and met two of the research assistants working on the pain management programme. I prepared a one-hour teaching session (including a handout) for colleagues to let them know what I had learned from the pain management symposium. I also discussed the possibility of my unit becoming involved in the research programme. This would enable us to experience some research at first hand, which should help to bring it alive.

I have also taught myself, with the assistance of an 'Internet for Beginners' guide, to access the internet and have been given some guidance concerning the best sites to visit. I have become involved in two discussion groups but I am very careful to evaluate what I gather, just as I would if I were reading a research paper.

Example 12:
Working in research using structured or formal learning

Description of the learning activity

I am a ward sister who qualified in the mid-1980s. Since then, I have attended numerous study days and, as a result, I have become quite interested in learning more about research. Since all the nursing students are now qualifying with a diploma and mention research a lot, I decided to enrol on a 20-point Level 2 research awareness module at my local university.

Outcome of the learning activity—how did the learning relate to your work?

The way in which this learning has influenced my work is that I have been able to learn a lot about different ways of doing research, how to carry out a literature search and about the importance of critically evaluating any research that I read. Just because something is published does not mean that it is sound. I now critically evaluate everything I read and only consider changing practice when I know that there have been a number of research studies which have reported similar findings. I also now understand the importance of randomised controlled trials to evaluate the effectiveness of specific treatments or interventions, and always start by looking for a systematic review which summarises the evidence relating to a particular clinical issue.

To encourage colleagues to get involved, I have recently set up a journal club on the ward, which meets every three weeks to discuss research on a topic that is important to our work. Through this club I am trying to introduce an evidence-based culture on the ward, so that it becomes the norm to discuss the reasons why we do what we do, and thereby question any ritual or traditional practices.

Management

Example 13:
Working in a management or administrative role using unstructured or informal learning

Description of the learning activity

My mother died recently and I needed information quickly on probate and the role of executors of wills. I went to the public library and, with the help of both the librarian and the microfiche, I found a range of helpful leaflets and books on what to do when someone dies, which included a number of checklists.

Outcome of the learning activity – how did the learning relate to your work?

The way in which this learning has influenced my work is apparent in a number of ways. On a personal level, it helped me to get through a very difficult time without the problems associated with wills that you sometimes hear about. Since returning to work, I have spoken to staff in the legal department of our organisation. We are revising our guidelines for staff in nursing homes, since they often get asked about what to do when someone has died.

Example 14:
Working in a management or administrative role using structured or formal learning

Description of the learning activity

I am the matron or manager of a nursing home and attended a course on dealing with complaints.

Outcome of the learning activity—how did the learning relate to your work?

The way in which this learning has influenced my work is that I have become more aware of legal requirements when a complaint is made. As a result of this, I am now in the process of developing protocols for my own organisation to assist staff in such circumstances.

I also became aware of the position of other stakeholders, including, for example, the complainant and the person against whom the complaint is made. Role play was used to help us to understand the different emotions involved and the effects of these emotions on people's behaviour. This was particularly important for me because it highlighted the ways in which emotions can become heightened in times of stress. I was surprised at how vulnerable and alone I felt when role playing the person against whom the complaint had been made, and how it was very easy to take everything personally.

This learning is useful to me in a number of ways. All members of staff, including myself, will be more competent in dealing with complaints and will be able to follow the correct procedures once the protocols are completed. I will be more aware of the need to try and understand how the different parties are feeling and the type of support which they require in such stressful situations.

Practising in other areas

Example 15:
Not working using structured or formal learning

Description of the learning activity

I have recently retired from the NHS on health grounds. However, I am interested in alternative forms of healthcare and am looking into beginning a new career in this area. I have attended an evening course on aromatherapy which was run by my local higher education institution. The course was a 10-week course and studied the basics of aromatherapy and massage techniques.

Outcome of the learning activity – how did the learning relate to your work?

The way in which this learning has influenced my work is that I have investigated the possibilities of local work through the course leader. I found the course very interesting, particularly with my previous experience of nursing. I have already used my knowledge to prepare a blend of essential oils for my sister after childbirth, and a relaxing compound for my brother who is suffering from stress. Although the course has ended, the group is keeping in touch and I am also looking into completing a diploma in aromatherapy next year.

Example 16:
Working but not in professional practice using unstructured or informal learning

Description of the learning activity

I work for a pharmaceutical company in the healthcare division and am working on a particular brand of respiratory drug. I am a member of a local special interest group in respiratory medicine and met other members for an informal get-together. Inevitably, we talked about work and I found out more about the ways in which patients with chronic obstructive airways disease are now cared for in the local hospital.

Outcome of the learning activity—how did the learning relate to your work?

The way in which this learning has influenced my work is that, although the information I was given about how patients with this disease are now cared for will not help me in my work at present, the knowledge will be useful in determining the sites for the clinical trials and the types of patients whom we need to recruit.

Postscript: We have now begun the clinical trials and the knowledge I gained from that informal get-together was very useful in helping to determine our criteria for recruiting patients to the study. I have realised that information picked up in an informal setting can be just as useful as that obtained from a specific course.

Example 17:
Working but not in healthcare using structured or formal learning

Description of the learning activity

I often make presentations in my work as a management consultant. Although I am confident in doing this, I know that it is always useful to update key skills and to practise new techniques and methodologies. I therefore attended a presentation skills workshop.

Outcome of the learning activity – how did the learning relate to your work?

The way in which this learning has influenced my work is that I now have some new skills. However, the most useful element was the ability to practise risky techniques in a safe environment. On my return to work, I gave three presentations in quick succession and used some of the new ideas with success. One of the key things I learnt was to use the flip chart for greater emphasis and effect, and to minimise the use of overheads, although these decisions have to be taken in the context of the audience and their expectations.

Feedback from those three presentations was encouraging, with comments ranging from 'very clear and informative' to 'would have liked a bit more time to absorb the information on the visual aids'. I would like to attend the advanced presentation skills course, once I have had the opportunity to practise and refine my new skills over the next nine months or so.

How will the NMC know that you have met the standards?

Testing compliance

In order to be able to demonstrate to patients and the public the rigour of the Prep standards, the NMC has a number of ways in which it can ensure that nurses and midwives are complying with them.

Notification of practice form

Everyone on our register must declare that they have complied with the Prep (CPD) standard and the Prep (practice) standard on their Notification of practice (NoP) form which they complete when they renew their registration every three years.

The Prep (CPD) audit

The NMC audits compliance with the Prep (CPD) standard. Nurses and midwives may be asked to provide the NMC with a brief description of their learning activity and the relevance of this learning to their work. If you are asked to take part in the audit, your evidence will need to be provided using Prep (CPD) summary forms which the NMC will send to you.

The Prep (CPD) summary form

The Prep (CPD) summary form is only issued to those involved in the audit. Please note that the completed contents of the form are used by the NMC only for the purpose of monitoring Prep (CPD). Please therefore do not enclose any other correspondence or certificates with the form. If there is a question with regard to your Prep (CPD) summary form, the NMC will write to advise you.

The Prep handbook was first published by the former United Kingdom Central Council for Nursing, Midwifery and Health Visiting (UKCC) in January 2001. It was revised in April 2002 following the establishment of the NMC, and again in August 2004 to bring it into line with changes brought about by the Nursing and Midwifery Order 2001. Further changes were made in relation to intention to practise notifications in accordance with rule 3 of the *Midwives rules and standards*. This was altered in November 2004 and a new version of *The Prep handbook* was published in April 2005.

The rules to establish the new register in August 2004 also required that the time frames for meeting the practice and continuing professional development standards should both be three years. The date for implementation of this rule was August 2006. Further changes have been made in relation to the standards required for re-registering as a specialist community public health nurse.

This booklet was reissued in a new format in April 2008, with updated practice hours requirements for people on the specialist community public health nursing part of the register.

This current design was introduced in April 2010 with the addition of paragraph numbers for the Prep standards, however the content has not changed.

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Nursing & Midwifery Council

Standards to support learning and assessment in practice

NMC standards for mentors, practice teachers and teachers

Front cover, from left to right: Julie Dalphinis, Clinical Learning Environment Lead (West) at the East of England Multi Professional Deanery; Edward Phillips, Practice Development Nurse for Nursing and Patient Services at Bedford Hospital; Dr Anna Brown, Director of Studies for Midwifery Degree Programmes at the University of Surrey.

Photographer: Sam Shiell

Foreword

Welcome to the second edition of Standards to support learning and assessment in practice (the standards). A series of NMC Circulars has been produced following an assessment of the impact of the 2006 edition, and as a result of a high volume of enquiries received by the NMC. Whilst there is no fundamental change to the standards themselves, the additional information is intended to support easier application in practice. The decision has been taken to incorporate the information into this version of the standards. The opportunity has also been taken to provide an update on wider policy developments which have impacted on the standards. An overview of the revisions is provided on pages 9–10.

The standards have outcomes for mentors, practice teachers and teachers, and take the form of a single developmental framework, outlined in Annexe 1. The framework defines and describes the knowledge and skills nurses and midwives need to apply in practice when they support and assess students undertaking NMC approved programmes that lead to registration or a recordable qualification on the register. The NMC has agreed mandatory requirements for each part of the register, summarised below. The outcomes for each role are identified as different stages within the framework. It is possible to enter or exit the framework at any stage, and each stage is not dependent on having met the outcomes of a previous stage.

A range of information including an electronic version of the standards themselves, the Circulars which support implementation and responses to frequently asked questions is also provided on the NMC's website at **www.nmc.org.uk**

The NMC has agreed mandatory requirements for each part of the register. These are:

Nursing

- Students on NMC approved pre-registration nursing education programmes, leading to registration on the nurses' part of the register, must be supported and assessed by mentors.

- From September 2007 a sign-off mentor, who has met additional criteria (paragraph 2.1.3), must make the final assessment of practice and confirm that the required proficiencies for entry to the register have been achieved (paragraph 3.2.6).

- From September 2007 students on NMC approved specialist practice programmes leading to a recordable qualification on the nurses' part of the register must be supported and assessed by sign-off mentors who have met additional criteria (paragraph 2.1.3), or practice teachers where this is a requirement by commissioners. The sign-off mentor must make the final assessment of practice and confirm that the required proficiencies for recording a specialist practice qualification have been achieved (paragraph 3.2.6).

Midwifery

- Students on NMC approved pre-registration midwifery education programmes, leading to registration on the midwives' part of the register, can only be supported and assessed by mentors who have met the additional sign-off criteria (paragraph 2.1.3). Sign-off mentors must also make the final assessment of practice and confirm that the required proficiencies for entry to the register have been achieved (paragraph 3.2.6).

Specialist community public health nursing (SCPHN)

- Students on NMC approved specialist community public health nursing programmes, leading to registration on the specialist community public health nurses' part of the register, must be supported and assessed by practice teachers. Where education providers are unable to meet this standard they have been able to make an application to the NMC for a temporary deferment up to 2010. From September 2007 the practice teacher must make the final assessment of practice and confirm that the required proficiencies for entry to the register have been achieved (paragraph 3.3.6). All practice teachers are required to meet the additional sign-off criteria (paragraph 2.1.3).

NMC requirements for implementing the standards

The standards update the previously published Standards to support learning and assessment in practice (NMC 2006) which replaced the previously published Standards for the preparation of teachers of nurses, midwives and specialist community public health nurses (NMC 2004).

Nurses and midwives who started teacher preparation programmes prior to 1 September 2007 may complete them – meeting the outcomes of the 2004 standard.

All new entrants to mentor, practice teacher or teacher preparation programmes from 1 September 2007 must meet the requirements of the standards.

The standards will be further reviewed once the UK-wide outcomes of Modernising Nursing Careers: Setting the Direction (DH 2006) and the Government White Paper Trust, Assurance and Safety – The Regulation of Health Professionals in the 21st Century (DH 2007) are known and at least every five years thereafter.

Contents

Introduction

Introduction

Background

The Nursing and Midwifery Council (NMC) is the regulator for two professions: nursing and midwifery. The primary purpose of the NMC is to protect the public. It does this by maintaining a register of all nurses, midwives and specialist community public health nurses (SCPHN) eligible to practise within the UK, and nursing associates eligible to practise in England. It also sets standards for their education, training, conduct, performance and ethics. When setting standards, or issuing any guidance, the NMC consults those on the register, the public, employers, those involved in education and training, and nursing and midwifery students. Once standards have been set they are reviewed on a regular basis – at least once in every five years.

The Council published standards for the preparation of teachers of nursing, midwifery and specialist community public health nursing in 2004. The standards were originally set by the United Kingdom Central Council for Nurses, Midwives and Health Visitors (UKCC) in 1999, adopted and republished by the NMC in April 2002, and had a minor review to bring them in line with the new register in August 2004. A complete review of the standards began in 2003, with a consultation on the proposed new standards closing in October 2004.

The NMC also considered fitness for practice at the point of registration as a separate project (2005). There were overlapping issues between both consultations in relation to the quality and nature of support for learning and assessment in practice.

In August 2006 the NMC published standards to support learning and assessment in practice, reflecting the responses to both consultations, and the final standards approved by Council in March 2006. The standards replaced those previously published for the preparation of teachers of nurses, midwives and specialist community public health nurses (NMC 2004) and included new standards for mentors and practice teachers. NMC Circular 17/2007 made explicit the requirement for programme and placement providers to implement the standards, which have been mandatory since 1 September 2007. This included the requirement for mentor, practice teacher, and teacher programmes to have gained NMC approval prior to accepting students on to such programmes from 1 September 2007.

Revisions within this edition

1. Equality and diversity

The standards have been reviewed to ensure they meet the requirements of the NMC equality and diversity schemes implemented in 2007/8.

These are concerned with promoting equality of opportunity on the grounds of race, gender, and disability, and treating individuals with fairness, respect and understanding. They include principles that enhance equal opportunities and recognition of diversity, such as emphasising the need to tailor learning and assessment in an appropriate way, recognising that students have many different learning needs and preferences. Further details can be found on the NMC website, and on page 19.

2. Post qualifying nursing programmes

2.1 Review of specialist practice qualifications

In the previous edition, a number of references were made to a proposed NMC review of Specialist Practice Qualifications (SPQ) and the implications for the introduction of the practice teacher standard. This work will now be informed in the longer term once the future framework for post-registration qualifications is established by the four UK Government health departments as outlined in Modernising Nursing Careers (DH 2006). The NMC will then determine whether regulation will need to be applied and standards will be set accordingly. The framework for supporting learning and assessment of any post-registration programmes for which the NMC set standards will subsequently need to be determined. Until such a time as new arrangements are in place, all reference to requiring practice teachers to supervise and assess students on SPQ programmes has been removed from the standards. However, where commissioners of SPQ programmes require the involvement of practice teachers this should continue e.g. for district nursing.

2.2 Review of the implementation of the standard for advanced nursing practice

In the previous edition, a number of references were made to the proposed review of the implementation of the 'Standard for advanced nursing practice'. An application was made to the Privy Council in December 2005 to open a subpart of the register. It was stated within the Government White Paper Trust, Assurance and Safety – The Regulation of Health Professionals in the 21st Century (DH 2007) that the Department of Health would discuss the next steps with the NMC.

The White Paper Implementation Plan is awaited and has identified that there will be cross-over work on revalidation. Until the NMC has received further detail regarding this work all references to advanced nursing practice have been removed from the standards.

3. Revised arrangements for the practice teacher standard

Revised arrangements for the introduction of the practice teacher standard were introduced in April 2007 (NMC Circular 08/2007), which changed the time allowed to complete a practice teacher qualification from six months to it being normally completed within six months as detailed in paragraph 3.3.1.

The Circular confirmed that practice teachers were required to be in place to supervise and assess SCPHN students from September 2007. Where education providers were unable to meet this standard they have been able to make an application to the NMC for a temporary deferment up to 2010.

Also, the requirements for practice teachers for SPQs and ANP were deferred, as explained above.

The practice teacher standard in its entirety will be reviewed in the future in light of the outcomes of points 2.1 and 2.2 above, and further guidance will be issued at that time.

Currently, practice teacher preparation programmes including arrangements for the preceptorship period can be implemented flexibly to meet local circumstances such as the structure of SCPHN programmes, and placement arrangements.

4. Applying due regard to learning and assessment in practice (see glossary for definition of due regard)

Since the previous edition of these standards, NMC Circulars 26/2007 (for nursing and SCPHN) and 02/2008 (for midwifery) (Annexe 3) were issued setting out the ways in which the principle of due regard may be applied more flexibly (see paragraphs 1.2 and 2.1.3).

5. Sign-off mentors and/or practice teachers

5.1 Confirmation of proficiency

The role of the sign-off mentor and/or practice teacher is to make judgments about whether a student has achieved the required standards of proficiency for safe and effective practice for entry to the NMC register. The previous version of the standards implied that the sign-off mentor and/or practice teacher should provide confirmation of achievement of practice proficiency directly to the NMC. The sign-off process is integral to the overall programme assessment requirements which the NMC endorse as part of programme approval. The programme leader, or lead midwife for education, confirms to the approved education institution assessment board that both the theoretical and practice elements have been achieved on completion of the programme. Sign-off mentors and/or practice teachers are therefore not required to directly inform the NMC of the practice assessment outcomes. References to the role of sign-off mentor and/or practice teacher have been modified accordingly (see pages 5, 17 and 18).

5.2 Implementation of the sign-off mentor and /or practice teacher role across the three parts of the NMC register

Sign-off mentors and/or practice teachers have been a requirement for all students commencing NMC approved programmes from September 2007.

All sign-off mentors are nurses or midwives who having met the additional criteria (see paragraph 2.1.3) can make judgements about whether a student has achieved the required standards of proficiency for safe and effective practice for entry to the NMC register. However, the role is applied slightly differently across the three parts of the NMC register. The process for achieving sign-off status for new mentors/practice teachers is also slightly different. These differences have been set out in this version of the standards and are summarised below.

5.2.1 Sign-off mentors in nursing

a. Sign-off mentors for pre-registration nursing students

Sign-off mentors are required only for students on final placements.[1] This means that only mentors who support pre-registration nursing students on final placements are required to meet the sign-off criteria (see paragraph 2.1.3).

[1] Sign-off will normally take place in the full placement or period of practice learning. Occasionally this may occur slightly earlier, especially if the final experience is an elective.

From September 2007 those mentors who are subsequently required to become sign-off mentors must demonstrate that they have met the sign-off mentor criteria in full (see paragraph 2.1.3), including having been supervised on at least three occasions for signing off proficiency (at the end of a final placement) by an existing sign-off mentor before being annotated as such on the local mentor register.

b. Sign-off mentors for students on specialist practice programmes
The requirement for the introduction of Practice Teachers for specialist practice programmes was revised in NMC Circular 08/2007. As a result sign-off mentors are required for all students on specialist practice programmes leading to a recordable qualification on the nurses' part of the register.

From September 2007 students on NMC approved specialist practice programmes leading to a recordable qualification on the nurses' part of the register must be supported and assessed by sign-off mentors who have met additional criteria (paragraph 2.1.3) or by practice teachers where this is required by commissioners. For sign-off mentors this includes having been supervised on at least three occasions for signing off proficiency at the end of a final placement by an existing sign-off mentor before being annotated as such on the local register. (This can occur with a student on any NMC approved programme).

5.2.2 Sign-off mentors in midwifery

Sign-off mentors for pre-registration midwifery students
Sign-off mentors are required for all students on pre-registration midwifery programmes.

From September 2007 all midwives who undertake mentor preparation programmes are required to have met the additional sign-off criteria (paragraph 2.1.3) including having been supervised on at least three occasions for signing off proficiency by an existing sign-off midwifery mentor during the programme.

Since the previous edition of the standards, the NMC has outlined in NMC Circular 13/2007 how sign-off at progression points within a pre-registration midwifery programme can be used for making summative judgments about safe and effective practice. This is clarified in NMC Circular 02/2008 and outlined at 3.2.6.

5.2.3 Practice teachers for students on SCPHN programmes

Practice teachers are required for all students on SCPHN programmes unless a deferment application has been approved by the NMC as stated in NMC Circular 08/2007.

From September 2007 all nurses who undertake practice teacher preparation programmes are required to have met the additional sign-off criteria (paragraph 2.1.3). The process by which nurses and midwives undertaking practice teacher preparation programmes should consolidate their training and achieve sign-off status was clarified in NMC Circular 27/2007 and is outlined at paragraph 2.2.

6. Guidance for small scale service providers in applying the NMC's Standards to support learning and assessment in practice

The standards (NMC 2006) introduced local registers of mentors and practice teachers and processes for review and maintenance of mentor/practice teachers qualifications including annual updating and triennial review (see pages 15 and 16).

Placement providers were identified as being responsible for developing and maintaining the local registers and undertaking triennial review.

Since the introduction of the standards, however, it has become clear that some smaller scale placement providers, particularly in the independent sector (e.g. nursing homes), may not be best placed to undertake this responsibility. NMC Circular 28/2007 enabled education providers to take responsibility for developing and maintaining local registers of mentors/practice teachers, providing annual updates, and undertaking triennial reviews, as appropriate, through negotiation with small scale providers with whom they work in partnership.

7. The ongoing achievement record and sharing of personal information

The standards have been updated in respect of principles for sharing personal information necessary to maintain continuity of assessment and to ensure safe and effective practice through the ongoing achievement record, as outlined in NMC Circular 33/2007 (Annexe 3). The term 'student passport' is no longer being applied to the ongoing achievement record.

8. Previous discrepancies in Annexe 1

A number of inconsistencies have been corrected relating to Annexe 1 regarding the outcomes for mentors and practice teachers.

In the table on page 62 (Mentor – stage 2, domain Creating an environment for learning) the words ‘development of others’ were inadvertently omitted from the last bullet point and have been added.

At 2.1.2 in the text (Mentor – stage 2, domain Establishing effective working relationships) the outcome ‘develop effective working relationships based on mutual trust and respect’ has been removed from the text. In the table on page 62 this outcome appears in its correct place under stage 1 of the framework (registered nurses and midwives).

At 2.1.2 in the text (Mentor – stage 2, domain Evaluation of learning) the wording of outcome ‘contribute to evaluation of student learning and assessment experiences – proposing aspects for change resulting from such evaluation’ has been amended slightly to ensure consistency with this outcome in the table on page 66.

At 2.2.2 in the text (Practice teacher – stage 3, domain Establishing effective working relationships) outcome ‘have effective professional and interprofessional working relationships to support learning for entry to the register and education at a level beyond initial registration’ appeared in the text at practice teacher – stage 3, and in the table at mentor – stage 2. This outcome applies to practice teacher – stage 3 and has been inserted into the table on page 62. For mentor – stage 2, the outcome should read ‘have effective professional and interprofessional working relationships to support learning for entry to the register’ and has been inserted into the text at 2.1.2, and amended in the table on page 62.

At 2.2.2 in the text (Practice teacher – stage 3, domain Facilitation of learning) outcome ‘foster professional growth and personal development by use of effective communication and facilitation skills’ has replaced the previous wording to ensure consistency with that in the table on page 63.

At 2.2.2 in the text (Practice teacher – stage 3, domain Leadership) outcome ‘lead and contribute to evaluation of the effectiveness of learning and assessment in practice’ has been inserted into the table on page 70 as this had been inadvertently omitted in the previous version.

The framework to support learning and assessment in practice

There is a single developmental framework to support learning and assessment in practice. It defines and describes the knowledge and skills nurses and midwives need to apply in practice when they support and assess students undertaking NMC approved programmes that lead to registration or a recordable qualification. The NMC has identified outcomes for mentors, practice teachers and teachers so that there is clear accountability for making decisions that lead to entry to the register.

There are eight domains in the framework, each with identified outcomes at the four developmental stages. The domains are:

1 Establishing effective working relationships

2 Facilitation of learning

3 Assessment and accountability

4 Evaluation of learning

5 Creating an environment for learning

6 Context of practice

7 Evidence-based practice

8 Leadership

The framework has been designed for application within the context of inter-professional learning and working in modern healthcare.

The way the framework has been designed makes Accreditation of Prior (Experiential) Learning (AP(E)L) possible. Approved educational institutions (AEIs) can use their own AP(E)L processes to map prior learning from other qualifications or work experience. These processes are confirmed at programme approval. AP(E)L provides the facility for stepping on or stepping off the framework at various points of development, as well as recognition of existing qualifications.

The developmental framework takes account of the NHS Knowledge and Skills Framework and standards set by other health and social care regulators for supporting learning and assessment in practice. It also recognises the HE Academy requirements for teachers working in higher education settings, ensuring that there is a fit between the NMC requirements for teacher preparation and those defined by the HE Academy.

The developmental framework gives service and education providers opportunities to develop other roles that meet local requirements for supporting learning and assessment in practice – such as practice education facilitator or lecturer practitioner.

Programme level and length

The NMC has determined minimum lengths and academic levels for programmes to prepare mentors, practice teachers and teachers. It is expected that all preparation programmes include work-based learning to enable new knowledge, skills and competencies to be applied in practice. These requirements are set out in section 3 in relation to each outcome in the framework.

Recognition of prior learning

The NMC does not expect mentors, practice teachers and teachers who have undertaken a preparation programme previously approved by one of the National Boards, or since April 2002 undertaken preparation approved by programme providers to have to repeat such preparation. The NMC advises that:

- Nurses and midwives already holding a mentor or practice teacher qualification recognised by programme providers, should map their current qualification and experience against the new NMC standard and meet any outstanding outcomes through continuing professional development (CPD).

- Nurses and midwives who have existing teaching qualifications recorded on the NMC register and who are actively engaged in teaching students on NMC approved programmes should, by virtue of their qualifications and experience, already meet the new standard. However they are advised to use the outcomes for teachers in the framework to guide their CPD.

- Nurses and midwives who hold qualifications that may be considered comparable to mentors or practice teachers, and which were not previously approved by one of the previous National Boards or by a programme provider, e.g. NVQ assessor, must use the AP(E)L processes available as specified previously and undertake any further education as required by the programme providers to ensure that they meet the standard. The nature of such education may be academic, work-based or a combination of both.

Local registers of mentors and practice teachers

Placement providers are responsible for ensuring that:

- An up-to-date local register of current mentors and practice teachers is held and maintained.

- They have currency by regularly reviewing the local register and adding or removing names of nurses and midwives as necessary.

Education providers should use the (local) register to confirm that there are sufficient mentors and practice teachers who meet the NMC standards to support learning and assessment in practice, to adequately support the number of students undertaking the range of NMC approved programmes currently being offered.

Mentors who are designated as being able to sign-off proficiency at the end of a programme (to be known as ‘sign-off mentors’) must be annotated as such on the local register. While all mentors may assess individual competencies, only those who have met additional NMC criteria to be a sign-off mentor (paragraph 2.1.3) are entitled to sign-off practice.

All midwifery mentors will have met the sign-off criteria as part of their preparation programme.

Practice teachers will have this authority assigned following a period of preceptorship after having successfully completed the practice teacher programme (NMC Circular 27/2007).

Teachers who work in both practice and academic settings, e.g. lecturer practitioners, must have met the additional sign-off criteria and have a current practice-based role in order to be annotated on the local register. These teachers will be subject to triennial review (see Triennial review of mentor and practice teacher below) in the same way as mentors and practice teachers.

Review and maintenance of mentor or practice teacher qualifications

Mentors or practice teachers must demonstrate their knowledge, skills and competence on an ongoing basis. Placement providers must ensure that:

- Each mentor or practice teacher is reviewed every three years (triennial review) to ensure that only those who continue to meet the mentor/practice teacher requirements remain on the local register.

- Mentors who meet the criteria for signing-off proficiency in practice at the end of a programme are annotated on the local register.

- Arrangements are in place for appraising mentor/practice teacher performance, addressing concern where appropriate, and for adding and removing individuals from the local register – including mentors identified as having met the criteria to be able to sign-off proficiency.

Triennial review of mentors and practice teachers

The nature of the triennial review of mentors and practice teachers is for the placement providers to determine but may form part of an employer-led personal development appraisal.

To be maintained on the local register the individual must have evidence of having:

- Mentored at least two students (practice teachers to have supervised at least one student)[2] with due regard (extenuating circumstances permitting) within the three year period.

- Participated in annual updating – to include an opportunity to meet and explore assessment and supervision issues with other mentors/practice teachers.

- Explored as a group activity the validity and reliability of judgements made when assessing practice in challenging circumstances.

- Mapped ongoing development in their role against the current NMC mentor/practice teacher standards.

- Been deemed to have met all requirements needed to be maintained on the local register as a mentor, sign-off mentor or practice teacher.

[2] This must be a student intending to enter the SCPHN part of the register.

Roles to support learning and assessment in practice

As a result of consultation the NMC has set standards for mentors, practice teachers and teachers that must be achieved to support and assess students undertaking NMC approved pre-registration nursing and midwifery, and SCPHN programmes. The NMC has determined mandatory requirements for each part of the register.

These are:

Nursing

- Students on NMC approved pre-registration nursing education programmes, leading to registration on the nurses' part of the register, must be supported and assessed by mentors.

- From September 2007 a sign-off mentor, who has met additional criteria (paragraph 2.1.3), must make the final assessment of practice and confirm that the required proficiencies for entry to the register have been achieved (paragraph 3.2.6).

- From September 2007 students on NMC approved specialist practice programmes leading to a recordable qualification on the nurses' part of the register must be supported and assessed by sign-off mentors who have met additional criteria (paragraph 2.1.3) or practice teachers where this is a requirement by commisisioners. The sign-off mentor must make the final assessment of practice and confirm that the required proficiencies for recording a specialist practice qualification have been achieved (paragraph 3.2.6).

Midwifery

- Students on NMC approved pre-registration midwifery education programmes, leading to registration on the midwives' part of the register, can only be supported and assessed by mentors who have met the additional criteria for sign off (paragraph 2.1.3). Sign-off mentors must make the final assessment of practice and confirm that the required proficiencies for entry to the register have been achieved (paragraph 3.2.6).

Specialist community public health nursing

Students on NMC approved specialist community public health nursing programmes, leading to registration on the specialist community public health nurses' part of the register, must be supported and assessed by practice teachers. All practice teachers will be required to meet the additional sign-off criteria (paragraph 2.1.3) on successful completion of the practice teacher programme, and following a period of preceptorship (NMC Circular 27/2007).

Where education providers are unable to meet this standard they have been able to make an application to the NMC for a temporary deferment up to 2010. From September 2007 the practice teacher must make the final assessment of practice and confirm that the required proficiencies for entry to the register have been achieved (paragraph 3.3.6). Where deferment has been given, sign off may be undertaken by sign-off mentor.

Preceptors

The original standard for teachers included an advisory standard for preceptors. The NMC supports and strongly recommends that preceptorship be made available to nurses and midwives following initial registration. The original standard has been strengthened and guidelines published in NMC Circular (NMC 21/2006).

Fitness for practice

The purpose of the standards to support learning and assessment in practice is to assure the Council that those who make judgements of students have been appropriately prepared to assess performance in practice against the relevant NMC standards. Overall achievement of relevant standards of proficiency leads to registration or a qualification that is recorded on the register.

Throughout an NMC approved programme, mentors/practice teachers (who are on the local register) will assess competence in practice and confirm that students are capable of safe and effective practice. Specific competencies for entry to the register or recording a qualification are clearly identified within each of the Standards of proficiency for nursing, midwifery or specialist community public health nursing (NMC 2004) and Standards for specialist education and practice (UKCC 1994).

The NMC requires confirmation at the end of such programmes that both practice and theory parts of the programme have been successfully achieved. In practice settings a sign-off mentor or practice teacher will consider the practice evidence to make a judgement that all competencies have been met and that the student is considered proficient. They will then sign off the practice part of the programme.

Sign-off mentors and practice teachers who sign off students as being proficient in practice are confirming to the programme provider that the student has met the defined NMC standards of proficiency and is capable of safe and effective practice. In addition, teachers of nurses, midwives and specialist community public health nurses who sign off successful completion of the approved programme for registration, or for recording a qualification, are confirming that all of the NMC programme requirements have been met.

Mentors, practice teachers and teachers who sign off all, or part of the practice component of a programme leading to registration are accountable to the Council for their decisions. Confirmation by the mentor or practice teacher that the student is capable of safe and effective practice will be considered by the assessment board along with other assessed outcomes to determine whether the student has met all requirements for successful programme completion.

Equality and diversity

All public bodies including the NMC, health providers and education establishments have a duty to promote equality of opportunity on the grounds of race, gender and disability, whilst within the private sector it has long been recognised that best practice in promoting equality and diversity has many benefits. Mentors, practice teachers, and teachers through their role-modelling of best practice play a vital role in promoting equality of opportunity by treating students with fairness, respect and understanding.

Mentors, practice teachers, and teachers will also bring their own experiences and perspectives and these standards will help ensure that discrimination however unintentional is less likely to occur.

The NMC recognises the importance of supporting all students to achieve their full potential in both practice and academic learning environments. NMC approved programmes are open to all applicants providing that they are able to meet the defined selection criteria. This includes the NMC entry requirements for literacy, numeracy, good health and good character as specified in the standards of proficiency for the relevant programme, and any educational requirements set by programme providers.

Supporting students who have a disability

Programme providers will have made decisions related to any declared disabilities or health conditions when undertaking selection processes. They are bound by the general duties of the Disability Discrimination Acts (1995 and 2005)[3] and will have determined the nature of any reasonable adjustments to support achievement of programme requirements.

The NMC advises that all mentors, practice teachers and teachers should receive disability equality training. Programme providers should work in partnership to prepare placement areas for supporting students with disabilities and prepare students for the demands the placements will make of them. In particular, the learning environments in practice and academic settings should enable students to be confident that disclosure of their specific needs will not lead to discrimination. Consideration should be given to allocating time for mentors, practice teachers and teachers to meet the special needs of students with disabilities.

[3]The Disability Discrimination Act has been repealed and replaced by the Equality Act 2010.

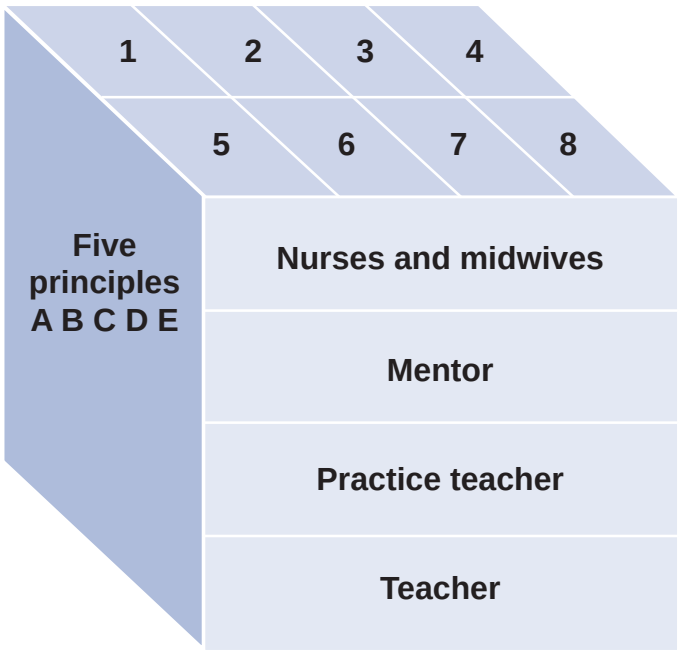
Section 1: The developmental framework and its underpinning principles

1.1 The developmental framework

The framework has been designed to facilitate personal and professional development. The domains and outcomes enable nurses and midwives to plan and measure their achievement and progress. The framework enables nurses and midwives and approved educational institutions to map other learning, such as previous preparation programmes e.g. NVQ Assessor or Verifier, in order to determine credit for prior learning. The NMC expects nurses and midwives to include CPD for their teaching roles in their personal development plans. Nurses and midwives may wish to develop a portfolio of evidence mapped against the outcomes of particular stages of the framework to demonstrate how they are developing the knowledge, skills and competence related to supporting learning and assessment in practice. Not all of the stages in the framework apply to all parts of the NMC register; this is clarified in Section 3 related to applying the standards.

The framework (see Annexe 1) is underpinned by five principles (paragraph 1.2). It has eight domains, each with an overall descriptor. There are four stages setting out the supervision, teaching and ongoing requirements of mentors, practice teachers or teachers each with more specific outcomes relevant to one of the eight domain descriptors. The NMC would expect that the majority of nurses and midwives would at least meet the outcomes of a mentor.

It is possible to enter and exit the framework at any stage; this means that no one stage is a pre-requisite for a subsequent stage. If a decision is taken to use the framework developmentally, credit should be awarded for prior knowledge, skills and experience achieved in a previous stage.



Stage 1 reflects the requirements of *The Code: Professional standards of practice and behaviour for nurses, midwives and nursing associates*[4]. All nurses and midwives must meet the defined requirements, in particular:

Stage 2 identifies the standard for mentors. Nurses and midwives can become a mentor when they have successfully achieved all of the outcomes of this stage. This qualification is recorded on the local register of mentors

Stage 3 identifies the standard for a practice teacher for nursing[5] or specialist community public health nursing. Nurses and midwives can become a practice teacher when they have successfully achieved all of the outcomes of this stage. This qualification is recorded on the local register of practice teachers

Stage 4 identifies the standard for a teacher of nurses, midwives or specialist community public health nurses. Nurses and midwives can become a teacher when they have successfully achieved all of the outcomes of this stage. This qualification may be recorded on the NMC register on application to the NMC and payment of the relevant fee.

The NMC will approve preparation programmes for these standards and monitor their implementation (section 4: Approval and monitoring of mentor, practice teacher and teacher preparation programmes).

1.2 The underpinning principles

The underpinning principles for supporting learning and assessment in practice for any student undertaking an NMC approved programme leading to registration or a qualification that is recordable on the register are that nurses and midwives who make judgments about whether a student has achieved the required standards of proficiency for safe and effective practice must:

A be on the same part or sub-part of the register as that which the student is intending to enter. NMC Circulars 26/2007 (for nursing and SCPHN) and 02/2008 (for midwifery) (Annexe 3) set out the ways in which the principle of due regard may be applied more flexibly without reducing the degree of rigour applied to assessing student competence. (See glossary for definition of due regard);

B have developed their own knowledge, skills and competency beyond that of registration through CPD – either formal or experiential learning – as appropriate to their support role;

C hold professional qualifications at an appropriate level to support and assess the students they mentor/teach, i.e. professional qualifications equal to, or at a higher level than, the students they are supporting and assessing and;

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[4] Any subsequent changes to this document must be considered in the context of the most up to date version.

[5] For nursing this would apply to SPQ programmes where commissioners require practice teachers to be used.

D have been prepared for their role to support and assess learning and met NMC defined outcomes. Also, that such outcomes have been achieved in practice and, where relevant, in academic settings, including abilities to support interprofessional learning. In addition:

E Nurses and midwives who have completed an NMC approved teacher preparation programme may record their qualification on the NMC register. Other teaching qualifications may be assessed against the NMC teacher outcomes through the NMC accreditation route.

1.3 Guidance for applying the underpinning principles

Principle A

Nurses and midwives who make judgements about whether a student has achieved the required standards of proficiency for safe and effective practice must be on the same part or sub-part of the register as that which the student is intending to enter.

The NMC recognises that, as part of interprofessional learning and working, others will contribute to learning and assessment in practice. These may be nurses and midwives from other professions. However to ensure public protection, only those who are NMC sign-off mentors or practice teachers may confirm overall achievement of proficiency that demonstrates a students' fitness for practice. They determine that the student has met the relevant competencies or standards of proficiency for entry to the register or for a qualification that is recordable on the register (see circular 26/2007 in Annexe 3 for further information on interprofessional placements).

Other mentors, practice teachers or teachers may be involved in developmental (formative) assessment where the student is gaining a breadth of experience but where their learning is not intended to demonstrate competence as a nurse, midwife or specialist community public health nurse. For example, midwifery students may have a placement in a nursing environment, nursing students may have a social work placement, specialist community public health nurses may spend time with other professionals involved in child protection or public health. These placements are to gain a breadth of experience and normally do not involve assessment of competence related to the professions they intend to enter. In such placements the right person to assess outcomes (developed as part of the whole programme) would be the professional who has the knowledge, competence and experience in that area of practice.

In relation to nursing students the standards of proficiency have to be achieved within the context of the branch programme they are studying – adult, mental health, learning disability and children's nursing. The NMC recognises that within every field of practice, and between professional groups, there will be areas of shared competence.

The mentors or practice teachers who sign off proficiency for nursing students must have a mark on the register that corresponds with the branch programme the student is studying.

Principle B

They must have developed their own knowledge, skills and competency beyond that of registration through CPD – either formal or experiential learning – as appropriate to their support role.

The NMC supports and advocates lifelong learning for all nurses and midwives and requires evidence of CPD for mandatory renewal of registration. Mentors and practice teachers, acting as role models, will be able to demonstrate clinical decision-making abilities, enabling students to gain a holistic view of professional roles. The increased evidence-base that mentors and practice teachers have developed and shared with their students will help students to learn how to justify decision-making in their own practice and to begin to take responsibility for these decisions.

Principle C

Their professional qualifications will be at an appropriate level to support and assess the students they mentor/teach, i.e. they must hold professional qualifications equal to, or at a higher level than, the students they are supporting and assessing.

Mentors, practice teachers and teachers must hold professional qualifications that are at least equal[6] to the students for whom they support learning and are assessing. Equal in this context means registration level, i.e. initial registration or SCPHN. Students benefit from being exposed to mentors, practice teachers and teachers who have developed themselves to a standard beyond that at which they are learning, in both academic and practice qualifications.

Principle D

They have been prepared for their role to support and assess learning and met NMC defined outcomes. Also, that such outcomes have been achieved in practice and, where relevant, in academic settings, including abilities to support interprofessional learning.

The NMC has agreed that it will approve mentor and practice teacher preparation programmes so that that they can be assured of the consistency of preparation for supporting learning and assessment in practice. Preparation programmes for teachers are already approved by the NMC and will continue to be so. Principle D is achieved within the context of interprofessional learning and working – therefore the guidance given for Principle A applies. However the NMC would expect that the majority of mentors, practice teachers and teachers would be nurses and midwives and would have been prepared to meet the NMC outcomes defined in this framework, and that this would be a requirement where proficiency is being assessed.

[6] With regard to initial registration the NMC no longer offers second level preparation and accepts that those registrants on the second level sub-part of the nurses' part of the register will, through meeting NMC renewal of registration requirements for CPD, have developed their knowledge, skills and competence beyond their initial registration. Programme/placement providers must satisfy themselves that second level nurses who will be involved in supporting and assessing students have the knowledge, skills and competence to do so.

Principle E

Nurses and midwives who have completed an NMC approved teacher preparation programme may record their qualification on the NMC register. Other teaching qualifications may be assessed against the NMC teacher outcomes through the NMC accreditation route.

The NMC will record a teaching qualification for those who have undertaken an NMC approved teacher preparation programme and successfully achieved the outcomes of stage 4 of the framework. Recognition of prior learning will be in accordance with the process detailed in paragraph 4.4.

Section 2 – NMC standards for mentors, practice teachers and teachers

2.1 NMC mentor standard

An NMC mentor is a registrant who, following successful completion of an NMC approved mentor preparation programme – or comparable preparation that has been accredited by an AEI as meeting the NMC mentor requirements – has achieved the knowledge, skills and competence required to meet the defined outcomes.

A mentor is a mandatory requirement for pre-registration nursing and midwifery students.

Mentors who are assessing competence must have met the NMC outcomes defined in stage 2 of this standard, or be supervised by a mentor who has met these outcomes. Those who sign off proficiency must have met the additional criteria to be a sign-off mentor (see section 2.1.3). All midwife mentors must have met the additional criteria to be a sign-off mentor.

Once mentors have been entered on the local register (normally held by placement providers) they are subject to triennial review (see Roles to support learning and assessment in practice in the introduction).

Mentors are responsible and accountable for:

- Organising and co-ordinating student learning activities in practice.
- Supervising students in learning situations and providing them with constructive feedback on their achievements.
- Setting and monitoring achievement of realistic learning objectives.
- Assessing total performance – including skills, attitudes and behaviours.
- Providing evidence as required by programme providers of student achievement or lack of achievement.

- Liaising with others (e.g. mentors, sign-off mentors, practice facilitators, practice teachers, personal tutors, programme leaders) to provide feedback, identify any concerns about the student's performance and agree action as appropriate.

- Providing evidence for, or acting as, sign-off mentors with regard to making decisions about achievement of proficiency at the end of a programme.

2.1.1 Criteria for supporting learning and assessing in practice – mentors

Nurses and midwives who intend to take on the role of mentor must fulfil the following criteria:

- Be registered in the same part or sub-part of the register as the student they are to assess and for the nurses' part of the register be in the same field of practice (adult, mental health, learning disability or children's). See Circular 26/2007 for further information (Annexe 3).

- Have developed their own knowledge, skills and competence beyond registration i.e. been registered for at least one year.

- Have successfully completed an NMC approved mentor preparation programme (or a comparable programme which has been accredited by an AEI as meeting the NMC mentor requirements).

- Have the ability to select, support and assess a range of learning opportunities in their area of practice for students undertaking NMC approved programmes.

- Be able to support learning in an interprofessional environment – selecting and supporting a range of learning opportunities for students from other professions.

- Have the ability to contribute to the assessment of other professionals under the supervision of an experienced assessor from that profession.

- Be able to make judgements about competence/proficiency of NMC students on the same part of the register, and in the same field of practice, and be accountable for such decisions.

- Be able to support other nurses and midwives in meeting CPD needs in accordance with *The Code: Professional standards of practice and behaviour for nurses, midwives and nursing associates*.

2.1.2 Competence and outcomes for a mentor

Mentor competencies are achieved by successful completion of an NMC approved mentor preparation programme that achieves all of the outcomes of stage 2. These outcomes are as follows:

Establishing effective working relationships

- Demonstrate an understanding of factors that influence how students integrate into practice settings.
- Provide ongoing and constructive support to facilitate transition from one learning environment to another.
- Have effective professional and interprofessional working relationships to support learning for entry to the register.

Facilitation of learning

- Use knowledge of the student's stage of learning to select appropriate learning opportunities to meet individual needs.
- Facilitate the selection of appropriate learning strategies to integrate learning from practice and academic experiences.
- Support students in critically reflecting upon their learning experiences in order to enhance future learning.

Assessment and accountability

- Foster professional growth, personal development and accountability through support of students in practice.
- Demonstrate a breadth of understanding of assessment strategies and the ability to contribute to the total assessment process as part of the teaching team.
- Provide constructive feedback to students and assist them in identifying future learning needs and actions. Manage failing students so that they may enhance their performance and capabilities for safe and effective practice or be able to understand their failure and the implications of this for their future.
- Be accountable for confirming that students have met, or not met, the NMC competencies in practice. As a sign-off mentor confirm that students have met, or not met, the NMC standards of proficiency in practice and are capable of safe and effective practice.

Evaluation of learning

- Contribute to evaluation of student learning and assessment experiences – proposing aspects for change resulting from such evaluation.
- Participate in self and peer evaluation to facilitate personal development, and contribute to the development of others.

Creating an environment for learning

- Support students to identify both learning needs and experiences that are appropriate to their level of learning.

- Use a range of learning experiences, involving patients, clients, carers and the professional team, to meet defined learning needs.

- Identify aspects of the learning environment which could be enhanced – negotiating with others to make appropriate changes.

- Act as a resource to facilitate personal and professional development of others.

Context of practice

- Contribute to the development of an environment in which effective practice is fostered, implemented, evaluated and disseminated.

- Set and maintain professional boundaries that are sufficiently flexible for providing interprofessional care.

- Initiate and respond to practice developments to ensure safe and effective care is achieved and an effective learning environment is maintained.

Evidence-based practice

- Identify and apply research and evidence-based practice to their area of practice.

- Contribute to strategies to increase or review the evidence-base used to support practice.

- Support students in applying an evidence base to their own practice.

Leadership

- Plan a series of learning experiences that will meet students defined learning needs.

- Be an advocate for students to support them accessing learning opportunities that meet their individual needs – involving a range of other professionals, patients, clients and carers.

- Prioritise work to accommodate support of students within their practice roles.

- Provide feedback about the effectiveness of learning and assessment in practice.

2.1.3 Criteria for a sign-off mentor

Underpinned by principle A which states that:

Nurses and midwives who make judgements about whether a student has achieved the required standards of proficiency for safe and effective practice must be on the same part or sub-part of the register as that which the student is intending to enter.

Only sign-off mentors[7] and practice teachers that are on the same part of the register and in the same field of practice may confirm that students have met the relevant standards of proficiency for the particular programme leading to registration or a qualification that is recordable on the NMC register.

Placement providers must ensure that a nurse or midwife designated to sign-off proficiency for a particular student at the end of a programme is:

- Identified on the local register as a sign-off mentor or a practice teacher.
- Registered on the same part of the register.
- Working in the same field of practice as that in which the student intends to qualify.

And additionally to be a sign-off mentor they must have:

- Clinical currency and capability in the field in which the student is being assessed.
- A working knowledge of current programme requirements, practice assessment strategies and relevant changes in education and practice for the student they are assessing.
- An understanding of the NMC registration requirements and the contribution they make to the achievement of these requirements.
- An in-depth understanding of their accountability to the NMC for the decision they must make to pass or fail a student when assessing proficiency requirements at the end of a programme.
- Been supervised on at least three occasions for signing off proficiency by an existing sign-off mentor (see paragraph 5.2 in introduction).
- A working knowledge of current programme requirements, practice assessment strategies and relevant changes in education and practice for the student they are assessing.
- The achievement of these requirements.

[7] Placement providers will decide in the first instance who may be considered as a sign-off mentor and annotate these mentors accordingly. The NMC would expect that such mentors would meet all criteria except that of being supervised by an existing sign-off mentor. All midwife mentors will be sign-off mentors.

- An understanding of the NMC registration requirements and the contribution they make to meeting these requirements.

- An in-depth understanding of their accountability to the NMC for the decision they make to pass or fail a student when assessing proficiency requirements at the end of a programme.

2.2 NMC practice teacher standard

An NMC practice teacher is a registrant who normally will have previously fulfilled the NMC requirements to become a mentor, and who has received further preparation to achieve the knowledge, skills and competence required to meet the NMC defined outcomes for a practice teacher.

The NMC requires all students undertaking a programme leading to registration as a specialist community public health nurse (SCPHN) to have a named practice teacher. Practice teachers must have met NMC requirements defined in this standard, or be supervised by a practice teacher who has met them. Once practice teachers have been entered on the local register (which will be held by placement providers) they are subject to triennial review (see Triennial review of mentor and practice teacher in the introduction).

In September 2007 the process by which nurses undertaking practice teacher preparation programmes should achieve sign-off status was clarified (NMC Circular 27/2007). Trainee practice teachers must be supervised by an existing sign off practice teacher on at least one occasion for signing off proficiency of a SCPHN student at the end of their final placement.

Following successful completion of the programme the trainee practice teacher can be entered on the local register as a practice teacher. They should then undertake a period of preceptorship supported by an existing sign-off practice teacher. The nature of the period of preceptorship should be determined by the local placement provider, but would normally be for a year during which time further supervised sign-offs of SCPHN students should be undertaken.

Once the period of preceptorship is completed and the preceptor is satisfied that the preceptee is competent in signing off proficiency, the preceptee can be annotated as a sign-off practice teacher. The period of preceptorship can then be extended if necessary, but this should not continue beyond the date of their first triennial review.

The practice teacher should continue to receive support from other experienced practice teachers when making final placement assessment decisions, until they have received the first triennial review and been identified as continuing to meet the criteria to be able to sign off proficiency.

NMC practice teachers are responsible and accountable for:

- Organising and co-ordinating learning activities, primarily in practice learning environments for pre-registration students, and those intending to register as a specialist community public health nurse (SCPHN) and specialist practice qualifications where this is a local requirement.

- Supervising students and providing them with constructive feedback on their achievements.

- Setting and monitoring achievement of realistic learning objectives in practice.

- Assessing total performance – including skills, attitudes and behaviours.

- Providing evidence as required by programme providers of the student's achievement or lack of achievement.

- Liaising with others (e.g. mentors, sign-off mentors, supervisors, personal tutors, the programme leader, other professionals) to provide feedback and identify any concerns about the student's performance and agree action as appropriate.

- Signing off achievement of proficiency at the end of the final period of practice learning or a period of supervised practice.

The practice teaching role will be supported by appropriate professional and academic qualifications, and practice development activity, to provide an evidence-base for teaching. Practice teachers will have met the additional criteria for a sign-off mentor (section 2.1 .3) as part of their preparation. The practice teacher role may vary according to the nature of the student they are supporting. Specific additional criteria, where appropriate, are identified in the relevant standards of proficiency for nurses, midwives and specialist community public health nurses.

2.2.1 Criteria for supporting learning and assessing in practice – practice teacher

Nurses who intend to take on the role of practice teacher, and who will be assessing the student's fitness for practice, must fulfil the following criteria:

- Be registered in the same part of the register, i.e. SCPHN, and from the same field of practice e.g. school nursing, health visiting, occupational health nursing (or relevant SPQ where this is a local requirement) as the student they are to assess (see NMC Circular 26/2007 Annexe 3).

- Have developed their own knowledge, skills and competence beyond registration i.e. registered and worked for at least two years, and gained additional qualifications that will support students in SCPHN, or SPQ where this is a local requirement.

- Have successfully completed an NMC approved practice teacher preparation programme or a comparable programme that has been accredited by an AEI as meeting the NMC practice teacher requirements. And, normally, having previously met the outcomes for acting as a mentor and gained experience in this role.

- Have the abilities to design, deliver and assess programmes of learning in practice settings – supporting a range of students in their area of practice, i.e. pre-registration, SCPHN, CPD of peers, other professionals.

- Be able to support learning in an interprofessional environment – selecting and supporting a range of learning opportunities for students from all professions – relevant to their level of practice and specialist expertise.

- Be able to use agreed criteria for cross-professional assessment and supervise NMC mentors and other professionals using such criteria.

- Be able to make judgements about the competence/proficiency of NMC students, for registration on the same part of the register and be accountable to the NMC for such decisions.

- Be able to provide leadership to all those involved in supporting learning and assessing in practice for NMC students – enabling effective learning environments to be developed.

2.2.2 Competence and outcomes for a practice teacher

The competencies of a practice teacher are achieved by successful completion of an NMC approved practice teacher preparation programme achieving all of the outcomes of stage 3. These outcomes are as follows:

Establishing effective working relationships

- Have effective professional and interprofessional working relationships to support learning for entry to the register, and education at a level beyond initial registration

- Be able to support students moving into specific areas of practice – or a level of practice beyond initial registration, identifying their individual needs in moving to a different level of practice.

- Support mentors and other professionals in their roles to support learning across practice and academic learning environments.

Facilitation of learning

- Enable students to relate theory to practice whilst developing critically reflective skills.

- Foster professional growth and personal development by use of effective communication and facilitation skills.

- Facilitate and develop the ethos of interprofessional learning and working.

Assessment and accountability

- Set effective professional boundaries whilst creating a dynamic, constructive teacher-student relationship.

- In partnership with other members of the teaching team, use knowledge and experience to design and implement assessment frameworks.

- Be able to assess practice for registration, and also at a level beyond that of initial registration.

- Provide constructive feedback to students and assist in identifying future learning needs and actions, managing failing students so that they may either enhance their performance and capabilities for safe and effective practice, or are able to understand their failure and the implications of this for their future.

- Be accountable for confirming that students have met, or not met, the NMC standards of proficiency in practice for registration, at a level beyond initial registration, and are capable of safe and effective practice.

Evaluation of learning

- Design evaluation strategies to determine the effectiveness of practice and academic experience, accessed by students, at both registration level and those in education at a level beyond initial registration.

- Collaborate with other members of the teaching team to judge and develop learning, assessment and to support appropriate practice and levels of education.

- Collect evidence on the quality of education in practice, and determine how well NMC requirements for standards of proficiency are being achieved.

Creating an environment for learning

- Enable students to access opportunities to learn and work within interprofessional teams.

- Initiate the creation of optimum learning environments for students at registration level and for those in education at a level beyond initial registration.

- Work closely with others involved in education – in practice and academic settings – to adapt to change and inform curriculum development.

Context of practice

- Recognise the unique needs of practice and contribute to development of an environment that supports achievement of NMC standards of proficiency.

- Set and maintain professional boundaries, whilst at the same time recognising the contribution of the wider interprofessional team and the context of care delivery.

- Support students in exploring new ways of working, and the impact this may have on established professional roles.

Evidence based practice

- Identify areas for research and practice development based on interpretation of existing evidence.

- Use local and national health frameworks to review and identify developmental needs.

- Advance their own knowledge and practice in order to develop new practitioners, at both registration level and education at a level beyond initial registration, to be able to meet changes in practice roles and care delivery.

- Disseminate findings from research and practice development to enhance practice and the quality of learning experiences.

Leadership

- Provide practice leadership and expertise in application of knowledge and skills based on evidence.

- Demonstrate the ability to lead education in practice, working across practice and academic settings.

- Manage competing demands of practice and education related to supporting different practice levels of students.

- Lead and contribute to evaluation of the effectiveness of learning and assessment in practice

2.3 NMC teacher standard

An NMC teacher is an NMC registrant who, following successful completion of an NMC approved teacher preparation programme, has achieved the knowledge, skills and competence required to meet the NMC defined outcomes of stage 4 of the developmental framework.

The NMC teacher standard is mandatory for those nurses and midwives based in higher education who support learning and assessment in practice settings for students on NMC approved programmes. The NMC recognises that some academic teachers will not be nurses or midwives, but will instead have specialist knowledge and expertise that contributes to professional education. The NMC will, through its quality assurance processes, verify that the majority of teachers who make a major contribution to NMC approved programmes hold, or are working towards, a teaching qualification that meets the outcomes of stage 4 of the developmental framework.

NMC teachers are responsible for:

- Organising and co-ordinating learning activities in both academic and practice environments.

- Supervising students in learning situations and providing them with constructive feedback on their achievements.

- Setting and monitoring achievement of realistic learning objectives in theory and practice.

- Assessing performance and providing evidence as required of student achievement.

Their teaching role will be supported by appropriate professional and academic qualifications and ongoing research, education and/or practice development activity to provide an evidence base for their teaching. Only teachers who work in both practice and academic settings e.g. lecturer practitioners may assess practice.

2.3.1 Criteria for supporting learning and assessing in practice – teachers

Nurses and midwives who intend to take on the role of teacher must fulfil the following criteria:

- Be registered in the same part or sub-part of the register as the students they support.
- Have completed at least three years post-registration experience, gained additional professional knowledge and skills, and have experience in an area where students are gaining practice experience relevant to their registration.
- Have extended their professional knowledge, relevant to their field of practice, to at least first degree level, prior to undertaking an NMC approved post-graduate teacher preparation programme.
- Have the abilities to lead programme development and co-ordinate the work of others in delivering and assessing programmes of learning in practice and academic settings – supporting a wide range of students.
- Able to support interprofessional learning and working, selecting and supporting a range of learning opportunities for students from all professions, and supporting practice development.
- Have the ability to generate and use cross-professional assessment criteria, supervising mentors, practice teachers and teachers from other professions in the implementation of such criteria.
- Able to teach and assess in both practice and academic settings, contributing to decisions about fitness for practice of NMC students for both registration and qualifications at a level beyond initial registration – and be accountable to the NMC for such decisions.
- Able to provide leadership in education in both practice and academic settings, e.g. nurse/midwife consultant roles, clinical academic roles, programme leader, etc.

2.3.2 Competence and outcomes for a teacher

The competencies of a teacher are achieved by successful completion of an NMC approved teacher preparation programme achieving all of the outcomes of stage 4 of the developmental framework. This preparation programme must have included, as part of the overall programme, a period of assessed teaching activity to include experience in both academic and practice settings, at least equivalent to a minimum of 12 weeks (or 360 hours), with students studying an NMC approved programme.

The competencies of a teacher are:

- Demonstrate effective relationship building skills sufficient to support learning, as part of a wider interprofessional team, for a range of students in both practice and academic learning environments and supporting mentors and practice teachers.

- Facilitate learning for a range of students, within a particular area of practice and where appropriate, encourage self-management of learning opportunities and provide support to maximise individual potential.

- Assess learning, in order to make judgements related to the NMC standards of proficiency for entry to the register or, for recording a qualification at a level beyond initial registration, being the final point of accountability for 'fitness for practice' decisions.

- Determine strategies for evaluating learning in practice and academic settings to ensure that the NMC standards of proficiency for recording a qualification at a level beyond initial registration have been met.

- Create an environment for learning, where practice is valued and developed, that provides appropriate professional and interprofessional learning opportunities and support for learning to maximise achievement for individuals.

- Support learning within a context of practice that reflects healthcare and educational policies, managing change to ensure that particular professional needs are met within a learning environment that also supports practice development.

- Apply a knowledge and practice evidence-base to their own work and contribute to the further development of such an evidence-base for practice.

- Demonstrate leadership skills for education within practice and academic settings,

- The outcomes for a teacher to meet the competencies are as follows:

Establishing effective working relationships

- Demonstrate effective relationships with other members of the teaching teams, in practice and academic settings, based on mutual trust and respect.

- Maintain appropriate supportive relationships with a range of students, mentors, practice teachers and other professionals.

- Foster peer support and learning in practice and academic settings for all students.

- Support students to integrate into new environments and working teams to enhance access to learning.

Facilitation of learning

- Promote development of enquiring, reflective, critical and innovative approaches to learning.
- Implement a range of learning and teaching strategies across a wide range of settings.
- Provide support and advice, with ongoing and constructive feedback to students, to maximise individual potential.
- Co-ordinate learning within an interprofessional learning and working environment.
- Facilitate integration of learning from practice and academic settings.
- Act as a practice expert to support development of knowledge and skills for practice.

Assessment and accountability

- Set and maintain professional boundaries that are sufficiently flexible for interprofessional learning.
- Develop, with others, effective assessment strategies to ensure that standards of proficiency for registration, or recordable qualifications at a level beyond initial registration, are met.
- Support others involved in the assessment process – students, mentors and peers.
- Provide constructive feedback to students and assist them in identifying future learning needs and actions, managing failing students so that they may either enhance their performance and capabilities for safe and effective practice, or be able to understand their failure and the implications of this for their future.
- Be accountable for their decisions related to fitness for practice for registration or recordable qualifications – underpinning such decisions with an evidence-base derived from appropriate and effective monitoring of performance.[8]

Evaluation of learning

- Determine and use criteria for evaluating the effectiveness of learning environments – acting on findings, with others, to enhance quality.
- Foster and participate in self and peer evaluation to enable students to manage their own learning in practice and academic settings and to enhance personal professional development.
- Evaluate the effectiveness of assessment strategies in providing evidence to make judgements on fitness for practice.
- Report on the quality of practice and academic learning environments to demonstrate that NMC requirements have been met, particularly in relation to support of students and achievement of standards of proficiency.

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[8] Only those teachers with a practice role and who have met the additional criteria for a sign-off mentor may assess students in practice settings.

Creating an environment for learning

- Develop, in partnership with others, opportunities for students to identify and access learning experiences that meet their individual needs.
- Ensure such opportunities maintain the integrity of the student's professional role whilst responding to the interprofessional context of practice.
- Determine, with others, audit criteria against which learning environments may be judged for their effectiveness in meeting NMC requirements.
- Support and develop others involved to ensure that learning needs are effectively met in a safe environment.
- Explore and implement strategies for continuous quality improvement of the learning environment.

Context of practice

- Support students in identifying ways in which policy impacts on practice.
- Contribute effectively to processes of change and innovation – implementing new ways of working that maintain the integrity of professional roles.
- Negotiate ways of providing support to students so that they can achieve their learning needs within the context of professional and interprofessional practice.
- Act as a role model to enable students to learn professional responsibilities and how to be accountable for their own practice.
- Adapt to change, demonstrating to students how flexibility may be incorporated whilst maintaining safe and effective practice.

Evidence-based practice

- Advance their own knowledge and practice abilities through access to, and involvement in – where appropriate – research and practice development.
- Consider how evidence-based practice, involving patients, clients, carers and other members of the health and social care team, enhances care delivery and learning opportunities.
- Empower individuals, groups and organisations to develop the evidence-base for practice.
- Disseminate findings from research and practice development to enhance the quality of learning, care delivery and academic environments.

Leadership

- Demonstrate effective communication skills to facilitate delivery of educational programmes that lead to registration or a recordable qualification.

- Initiate and lead programme development and review processes to enhance quality and effectiveness.

- Develop effective relationships with practice and academic staff, who are involved in programme delivery, to ensure clarity of contribution and strategies to respond to evaluation of learning experiences.

- Demonstrate strategic vision for practice and academic development relevant to meeting NMC requirements.

- Manage competing demands to ensure effectiveness of learning experiences for students.

- Lead, contribute to, analyse and act on the findings of evaluation of learning and assessment to develop programmes.

- Provide feedback about the effectiveness of learning and assessment in practice.

Section 3 –Applying the standards to support learning and assessment in practice

3.1 Applying the standards to nursing, midwifery and specialist community public health nursing education programmes

The NMC has acknowledged that nurses, midwives and specialist community public health nurses have different needs when applying the standards to support learning and assessment in practice.

These are clarified as:

- Nursing education – requires mentors, practice teachers and teachers to provide the full range of support and assessment required to meet the needs of pre-registration, and specialist practice education

- Midwifery education – requires only mentors and teachers.

- Specialist community public health nursing education – requires practice teachers and teachers.

3.2 Applying the NMC mentor standard in practice

From 1 September 2007 the NMC mentor standard is mandatory for supporting the learning and assessment of pre-registration nursing and midwifery students. NMC requirements will be updated in the future in the light of the review of specialist practice qualification and advanced nursing practice, as explained in the introduction to this document.

The standard for mentors needs to be read in conjunction with the relevant Standards for pre-registration nursing education (NMC 2010), Standards for pre registration midwifery education (2009), Standards for specialist education and practice (UKCC 1994) and also with respect to the Nursing and Midwifery Council (Education, Registration and Registration Appeals) Rules Order of Council 2004 (SI 2004 No 1767) hereafter referred to as the Education Rules; and the Nursing and Midwifery Council (Midwives) Rules Order of Council 2004 (SI 2004 No 1764) hereafter known as the Midwives Rules.

The following requirements are set by the NMC for implementing the mentor standard. Guidance is provided to help interpret the requirements.

3.2.1 Mentor preparation programmes

Mentor preparation programmes must be:

- At a minimum academic level of HE Intermediate level (previously known as level 2) or SCQF Level 8.
- A minimum of 10 days, of which at least five days are protected learning time.
- Include learning in both academic and practice settings.
- Include relevant work-based learning, e.g. experience in mentoring a student under the supervision of a qualified mentor, and have the opportunity to critically reflect on such an experience.
- Normally, be completed within three months.[9]
- Should provide a foundation for undertaking an NMC approved practice teacher programme.
- Allow AP(E)L to be applied to up to 100% of the programme, and recognise previous preparation of an equivalent nature and standard. It is for placement providers to determine if an individual meets the NMC additional criteria to sign-off a student's proficiency (section 3.2.6), and therefore they may be placed immediately on the local register with an annotation to identify this.

[9] All midwifery mentors are required to meet the additional criteria to be a sign-off mentor (see section 3.2.6) as part of their preparation programme; the length of this programme should be adjusted to take account of this requirement to allow time for midwifery mentors to be supervised as a sign-off mentor on at least three occasions.

3.2.2 Continuing professional development for mentors

The NMC requires all qualified mentors to maintain and develop their knowledge, skills and competence as a mentor through regular updating. The NMC requires placement providers to maintain a record of current mentors and, where appropriate, (and in partnership with local education providers) to make provisions for annual updating of these nurses and midwives.

The purpose of annual updating is to ensure that mentors:

- Have current knowledge of NMC approved programmes.
- Are able to discuss the implications of changes to NMC requirements.
- Have an opportunity to discuss issues related to mentoring, assessment of competence and fitness for safe and effective practice.

Mentors should be prepared to demonstrate to their employers, and NMC quality assurance agents as appropriate,[10] how they have maintained and developed their knowledge, skills and competence as a mentor. Placement providers will consider evidence of updating as part of triennial review.

3.2.3 Allocated learning time for mentor activity

The NMC recognises that nurses and midwives who are mentors are primarily employed to provide care for patients and clients. Pre-registration students have supernumerary status and can expect to be able to work with mentors. All students must be supervised at all times, either directly or indirectly. Being a mentor requires a commitment. The NMC requires that as a minimum:

Whilst giving direct care in the practice setting at least 40% of a student's time must be spent being supervised (directly or indirectly) by a mentor/practice teacher.

The nature of supervision will vary from direct to indirect depending upon the:

- Nature of the activity the student is engaged in.
- Evidence of their current competence.
- Need to assess achievement of NMC outcomes or competencies for progression on the programme.

Mentors will use their professional judgment and local/national policy to determine where activities may be safely delegated to students and the level of supervision required. They are accountable for such decisions and for ensuring public protection.

They will need time, when undertaking work with a student, to be able to explain, question, assess performance and provide feedback to the student in a meaningful way.

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[10] All NMC approved programmes are monitored regularly. This may involve NMC quality assurance agents in practice and education visits to examine evidence that NMC requirements are being met.

3.2.4 Supporting learning in practice

The NMC requires mentors to support learning in practice for several reasons (section 2.1):

- Provide support and guidance to the student when learning new skills or applying new knowledge.
- Act as a resource to the student to facilitate learning and professional growth.
- Directly manage the student's learning in practice to ensure public protection.
- Directly observe the student's practice, or use indirect observation where appropriate, in order to ensure that NMC defined outcomes and competencies are met.

The following requirements enable effective mentorship to be realised:

NMC Requirements	Guidance
Every student has a named mentor for each period of practice learning.	Mentors should be allocated prior to commencement of a placement. This should be sufficiently in advance of the placement to enable both the student and their mentor to prepare adequately for the placement. The NMC would recommend that, at a minimum, this should be one week prior to commencement of the placement.
Mentors should not normally support more than three students, from any discipline, at any point in time.	Mentors need to be able to commit themselves to supporting learning and assessment in practice. Their workload need to reflect the demands of being a mentor.
Whilst giving direct care in the practice setting at least 40% of the student's time must be spent being supervised (directly or indirectly) by a mentor/ practice teacher.[11] When in a final placement this 40% of the student's time is in addition to the protected time (one hour per week) to be spent with a sign-off mentor (paragraph 3.2.6)	At all times students must be directly or indirectly supervised in the practice setting. The mentor's responsibility is to plan and co-ordinate the student's whole learning experience, determining the amount of direct supervision required by the mentor, and what experience may be through indirect supervision (student working independently). Some experience may be supervised by others (other professionals, mentors or practice teachers). The named mentor is accountable for their decisions to let the student work independently or with others.

[11] In some NMC approved programmes there is a specified requirement for the amount of practice that is supervised to exceed 40%.

NMC Requirements	Guidance
An ongoing achievement record including comments from mentors must be passed from one placement to the next to enable judgements to be made on the student's progress. (Further detail: see circular 33/2007 in annexe 3)	Students are expected to keep a record of their learning experiences, identifying evidence to support achievement of NMC outcomes and competencies and where further support and supervision is required. This record should be made available to the named mentor at the beginning of a new experience to enable discussion of strengths and areas for improvement. Students must be kept fully informed regarding the ways in which information is intended to be shared, used and stored, including the length of time it is to be retained and when it will be destroyed. (Data Protection Act 1998)[12]
The mentor should have access to a network of support and supervision to enable them to fulfil their mentoring responsibilities, assist them in making complex judgements regarding competence such as failing a student and to support their professional development.	Support and supervision may be provided by, for example, other mentors, practice facilitators, practice teachers or link tutors, with due regard to the part of the register and field of practice. Where necessary, inexperienced mentors should seek support from a sign-off mentor who has met the NMC additional criteria for assessing proficiency.
Placement providers are responsible for ensuring that an up-to-date local register of mentors is maintained, with annotations of those who have met the NMC additional criteria for assessing proficiency (sign-off mentors).	The register will provide evidence for quality assurance purposes that there are a sufficient number of mentors, who met the NMC standards, to support learning and assessment in practice related to NMC approved programmes.
Placement providers are responsible for triennial review of mentors to ensure that only those who continue to meet the NMC's mentor requirements remain on the local register.	The NMC sets general requirements for remaining on the local register (see introduction – triennial review). It would be a matter for placement providers to determine locally any additional criteria needed for mentors to remain on the register.

[12] The Data Protection Act 1998 has been superseded by the Data Protection Act 2018.

3.2.5 Assessing learning in practice

Mentors will have been prepared to assess student performance in practice and will be accountable for their decisions to pass, refer or fail a student. The NMC recognises that failing students may be difficult and that all assessment decisions must be evidence-based. Sign-off mentors who assess proficiency in the final placement or at the end of a period of supervised practice will have met additional criteria set by the NMC (section 3.2.6).

NMC Requirements	Guidance
Most assessment of competence should be undertaken through direct observation in practice.	Students must normally demonstrate their competence in the practice setting. However, where experience is limited, e.g. basic life support skills, simulated experience or OSCEs may be used. The majority of assessment should be through direct observation.
Mentors should be involved wherever possible, when competence is assessed through simulation.	Summative assessment using simulation may occur where opportunities to demonstrate competence in practice are limited. Mentors should be involved in designing, using and evaluating such assessment strategies.
Mentors should consider how evidence from various sources might contribute to making a judgement on performance and competence.	The NMC recognises that the total assessment strategy would include assessment through various means i.e. direct care, simulation, OSCEs and other strategies.
Mentors should seek advice and guidance from a sign-off mentor or a practice teacher when dealing with failing students.	Inexperienced mentors may require support from a sign-off mentor or practice teacher when faced with a failing student to help them to communicate concerns, identify action and evaluate progress.

3.2.6 Signing off practice proficiency

In order to ensure public protection the NMC needs to be assured that students have been assessed and signed off as capable of safe and effective practice at the end of a programme. Additional criteria have been defined for the mentor to be able to sign-off proficiency in practice at the end of a programme (paragraph 2.1.3).

Placement providers will determine when a mentor has met the additional criteria and will be annotated as a sign-off mentor on the local register. The NMC statutory midwifery committee has decided that all midwife mentors must have met the additional criteria to be sign-off mentors.

Due regard
In accordance with underpinning principle A (paragraph 1.2):

- Only a registered nurse may sign off a nursing student (the nurse must have a mark on the nurses' part of the register that coincides with the branch programme the student has undertaken).

- Only a registrant with the same SPQ may sign off a SPQ student

- Only a registered midwife may sign off a midwifery student.

Confirmation of proficiency
The sign-off mentor, who has met the NMC additional criteria for assessing proficiency, is responsible and accountable for making the final sign-off in practice – confirming that a student has successfully completed all practice requirements. This confirmation will contribute to the portfolio of evidence considered by the AEI's examination and assessment board. The NMC requires mentors who have not yet met the additional criteria to be supported by a sign-off mentor or a practice teacher if it is the student's final placement, or when failing a student.

NMC Requirements	Guidance
The NMC has identified progression points within each approved programme where confirmation is required that students have met specified outcomes and competencies. For pre–registration midwifery programmes a sign-off mentor is required to confirm the outcomes at each progression point – NMC Circulars 24/2007 and 13/2007. For progression points for nursing and SCPHN see the relevant standards of proficiency for nursing and SCPHN (NMC2004). For these programmes a sign-off mentor/practice teacher is required to confirm the outcomes only at the end of the programme.[13]	Confirmation is required at points where a student may not progress without a formal decision that they have met the outcomes or competencies of a previous part of the programme.

[13] For pre-registration nursing, mentors rather than sign-off mentors are required to sign-off outcomes for entry to the branch.

NMC Requirements	Guidance
All mentors may assess specific competencies throughout the programme.	NMC competencies may be achieved throughout the programme, unless otherwise indicated in programme standards. A mentor may confirm achievement of competencies, including those to be achieved at, or by, a progression point. Only a sign-off mentor, who has met the additional criteria, may sign-off proficiency at the end of a final period of practice learning.
Mentors must keep sufficient records to support and justify their decisions on whether a student is, or is not, competent/ proficient.	The NMC considers it important that mentors have an audit trail to support their decisions. Throughout a placement where a critical decision on progress is to be made the mentor should ensure that regular feedback is given to the student and that records are kept of guidance given.
In the final placement of a pre-registration programme, mentors are required to be either a sign-off mentor, or supported by a sign-off mentor or a practice teacher, in order to make final decisions on proficiency.	Mentors are responsible and accountable for making decisions on the student's achievement of outcomes and competencies. They may assess competencies throughout the programme but only a sign-off mentor or a practice teacher may make final assessment of proficiency.
Sign-off mentors must have time allocated to reflect, give feedback and keep records of student achievements in their final period of practice learning. This will be the equivalent of an hour per student per week. This time is in addition to the 40% of the student's time to be supervised by a mentor (paragraph 3.2.4).	Sign-off mentors will require allocated time to ensure that students have effective feedback on their performance so that the ultimate decision on their proficiency is not unexpected. The time allocated may need to be greater earlier in the placement and reduced as they become more confident and competent.
Only sign-off mentors, who have met the additional criteria, must sign off achievement of proficiency at the end of the programme, unless the mentor is being supervised by a sign-off mentor or practice teacher who should countersign that the proficiency has been achieved by the student.	The final assessment of proficiency draws on evidence of assessment over a sustained period of time. The sign-off mentor may use the student passport and other evidence to see if competence has been achieved and maintained previously, as well as demonstrated in the current placement.

NMC Requirements	Guidance
The programme leader/lead midwife for education must confirm to the AEI Examination/Assessment Board that all NMC requirements have been met (to the best of their knowledge) for individual students presenting evidence of sign-off practice from a sign-off mentor or practice teacher.	AEI Examination or Assessment Boards should ensure that confirmation is received, based on recorded evidence, that all NMC requirements have been met. The AEI examination board must consider the record of achievement of practice proficiency, signed at the end of the final period of practice learning by a mentor who has met the NMC additional criteria.
The student must self-declare their good health and good character for entry to the register.	Good health and good character will have been assessed for admission to, and continued participation in, the programme. Students should be encouraged to advise their personal tutors of any issues that may affect this. They are responsible and accountable for their self-declaration to the NMC when applying for registration.
The programme leader/lead midwife for education must provide a supporting declaration of good health and good character of the student for registration.	A registrant who is the programme leader/lead midwife for education, or their designated deputy, whose name has been previously notified to the NMC, must complete a declaration in support of the student's self-declaration. There should be an audit trail of evidence (normally in the student's record).

3.3 Applying the NMC practice teacher standard in practice

The NMC practice teacher standard is mandatory for supporting learning and assessing nurses and midwives studying for registration as a specialist community public health nurse (SCPHN), and also for specialist practice qualifications where this is a local requirement.

The NMC standard for practice teachers needs to be read in conjunction with Standards of proficiency for specialist community public health nursing (NMC 2004) and Standards for specialist education and practice (UKCC 1994), and also with respect to the Education Rules (SI 2004 No 1767). The following requirements are set by the NMC for implementing the practice teacher standard. Guidance is provided to assist interpretation of the requirements.

3.3.1 Practice teacher preparation programmes

Practice teacher preparation programmes must:

- Be a minimum academic level of HE Honours (previously known as level 3) or SCQF Level 9.[14]
- Include at least 30 days protected learning time – to include learning in both academic and practice settings.
- Include relevant work-based learning with the opportunity to critically reflect on such an experience, e.g. acting as a practice teacher to a student in specialist practice under the supervision of a qualified practice teacher.
- Meet the additional criteria for a sign-off mentor.
- Normally be completed within six months.
- Should provide a foundation for undertaking an NMC approved teacher preparation programme.
- Allow AP(E)L to be applied to up to 100% of the programme. Previous preparation of an equivalent nature and standard should be recognised. It is for the education provider to determine if this allows the individual to be placed immediately on the practice teacher register without the need for further preparation.
- The content of a previous mentor programme, where appropriate, may be accredited, enabling the practice teacher programme to be completed in less time.

3.3.2 Continuing professional development for practice teachers

The NMC requires all practice teachers to maintain and develop their knowledge, skills and competence through annual updating. Additionally they would need to maintain and develop their extended knowledge and skills gained for practice in a specialist area. The NMC requires placement providers to maintain a record of current practice teachers and, where appropriate – in partnership with local education providers, to make provisions for annual updating of these nurses (see section 2 and Triennial review of mentor and practice teacher in the introduction).

The purpose of annual updating is to ensure that practice teachers:

- Have current knowledge of NMC approved programmes.
- Are able to discuss the implications of changes to NMC requirements.
- Have an opportunity to discuss issues relating to supervision, assessment of competence and fitness for safe and effective practice.

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[14] This may vary according to the needs of specific professions and any additional requirement will be identified within the Standards of proficiency for each part of the NMC register.

Practice teachers should be prepared to demonstrate to their employers, and NMC quality assurance agents, as appropriate,[15] how they have maintained and developed their knowledge, skills and competence as a practice teacher. Placement providers will consider evidence of updating as part of triennial review.

3.3.3 Allocated learning time for practice teacher activity

The NMC recognises that nurses and midwives who are practice teachers are primarily employed to provide care for patients and clients. Students gaining registration as a specialist community public health nurse, are required to undertake a period of practice during which they would normally work on a one-to-one basis with their practice teachers.

The nature of supervision will vary from direct to indirect depending upon the:

- Nature of the activity the student is engaged in.
- Evidence of their current competence.
- Need to assess achievement of NMC outcomes or competencies for progression on the programme.

Practice teachers will use their professional judgment and local/national policy to determine where activities may be safely delegated to students and the level of supervision required. They are accountable for such decisions.

Practice teachers will need time, when undertaking work with a student, to be able to explain, question, assess performance, and provide feedback to the student in a meaningful way. A practice teacher should be allocated to a SCPHN student throughout the programme (or sign-off mentor where this has been agreed through the deferral process – see NMC circular 08/2007).

3.3.4 Supporting learning in practice

The NMC requires practice teachers to support learning for several reasons (section 2.2):

- Provide support and guidance to the student when learning new skills, applying new knowledge and transferring existing knowledge and competence to a new context of practice.
- Act as a resource to the student to facilitate learning and professional growth.
- Manage the student's learning in practice in order to ensure public protection.
- Directly observe the student's practice, or use indirect observation where appropriate, to ensure that NMC defined outcomes and competencies are met.

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[15] All NMC approved programmes are monitored regularly. This may involve NMC quality assurance agents in practice and education visits to examine evidence that NMC requirements are being met.

The following requirements enable effective practice teaching to be realised:

NMC Requirements	Guidance
Every SCPHN student (and SPQ student where this is a local requirement) has a named practice teacher.	Practice teachers should be allocated prior to commencement of supervised practice. This should be sufficiently in advance of the placement to enable both the student and their practice teacher to prepare adequately for the placement.
Practice teachers should support only one SCPHN student (or SPQ student) at any point in time.	Practice teachers need to be able to commit themselves to supporting learning and assessment in practice. Their workload needs to reflect the demands of being a practice teacher.
An ongoing achievement record must be maintained and reviewed regularly throughout the student's supervised practice experience to enable judgements to be made on the students. For further details see Circular 33/2007 in annexe 3.	Students are expected to keep a record of their learning experiences, identifying evidence to support achievement of NMC outcomes and competencies and where further support and supervision is required. This record should be reviewed at intervals by their named practice teacher during their supervised practice experience to enable discussion of strengths and areas for improvement.
Placement providers are responsible for ensuring that an up-to-date local register of practice teachers is maintained.	The register will provide evidence for quality assurance purposes that there are a sufficient number of practice teachers, who meet the NMC standards, to support NMC approved programmes leading to a recordable specialist practice qualification or SCPHN registration. Students must be kept fully informed regarding the ways in which information is intended to be shared, used and stored, including the length of time to be retained and when it will be destroyed. (Data Protection Act 1998)[16]
Placement providers are responsible for triennial review of practice teachers to ensure that only those who continue to meet the NMC practice teacher requirements remain on the local register.	The NMC sets general requirements for remaining on the local register (see introduction – triennial review). It would be a matter for programme providers to determine any additional criteria for practice teachers to remain on the local register.

Students must be kept fully informed regarding the ways in which information is intended to be shared, used and stored, including the length of time it is to be retained and when it will be destroyed. (Data Protection Act 1998)[16]

[16]The Data Protection Act 1998 has been superseded by the Data Protection Act 2018.

3.3.5 Assessing learning in practice

Practice teachers will have been prepared to assess student performance in practice in programmes leading to registration as a SCPHN. They will be accountable for their decisions to pass, refer or fail a student. The NMC recognises that failing students may be difficult and that all assessment decisions must be evidence-based. All practice teachers will be deemed to have met the NMC additional criteria for signing off proficiency (section 3.3.6) at the end of a programme by virtue of, where relevant, their previous mentor experience and the preparation they have undertaken for their practice teacher role.

NMC Requirements	Guidance
Assessment of competence should be undertaken through both direct observation in practice and evidence gained from indirect observation.	Students must demonstrate their competence in the practice setting. The nature of their programme may require that they are able to work autonomously with a defined caseload by the end of the programme. Practice teachers will seek evidence of their performance from patient/user satisfaction reports, self-reports from students, observation by other colleagues and their own direct observation.
Practice teachers should be directly involved in assessing competence through simulation.	Summative assessment using simulation may occur where opportunities to demonstrate competence in practice is limited, e.g. a simulated case conference for child protection.
Practice teachers should consider how evidence from various sources might contribute towards making a judgement on performance and competence.	The NMC recognises that the total assessment strategy would include evidence from direct observation, witness statements from other professionals, contributions from patients/clients and other strategies.
Inexperienced practice teachers should seek guidance from experienced practice teachers/teachers when making complex judgements, such as failing a student.	Inexperienced practice teachers may require particular support from experienced practice teachers/teachers when faced with a failing student to help them to communicate concerns, identify action and evaluate progress.

3.3.6 Signing off practice proficiency

In order to ensure public protection the NMC needs to be assured that students have been assessed and signed off as being capable of safe and effective practice at the end of a programme. Practice teachers must have met the additional criteria to be able to sign-off proficiency in practice at the end of a programme (section 2.1.3).

Due regard
In accordance with underpinning principle A (section 1.2):

- Only a registered SCPHN may sign-off a SCPHN student. The SCPHN must also be from the same field of practice that coincides with the field that the student has undertaken (see NMC Circular 26/2007, Annexe 3).

Confirmation of proficiency
The practice teacher is responsible and accountable for making the final sign-off in practice confirming that a student has successfully completed all practice requirements for a SCPHN qualification. This confirmation will contribute to the portfolio of evidence considered by the approved educational institution's examination/assessment board, who will confirm to the NMC that the proficiencies in relation to both theory and practice and programme requirements have been successfully achieved.

NMC Requirements	Guidance
Practice teachers must keep sufficient records to support and justify their decisions on whether a student is or is not competent/proficient.	The NMC considers it is important that practice teachers have an audit trail to support their decisions.
Practice teachers must have time allocated to reflect, give feedback and keep records of student achievement in the final period of practice learning. This will be the equivalent of an hour per student per week.	Throughout supervised practice experience the practice teacher will require time to ensure that the student has effective feedback on their performance so that the ultimate decision on their proficiency is not unexpected.
The practice teacher must sign-off achievement of practice outcomes, competencies and final proficiency.	The practice teacher is responsible and accountable to the NMC for confirming that outcomes, competencies and NMC standards of proficiency have been met, which take account of outstanding issues e.g. a repeat placement.
The programme leader must confirm to the AEI Examination Board that all NMC requirements have been met (to the best of their knowledge) for individual students presenting evidence of sign-off of practice from the student's named practice teacher.	AEI Examination and Assessment Boards should ensure that confirmation is received, based on recorded evidence of both theory and practice assessment, that all NMC requirements have been met and proficiency achieved.

NMC Requirements	Guidance
The student must self-declare their good health and good character for entry to a new part of the register.	Good health and good character will have been assessed for admission to and maintenance on the register at initial registration, and again for entry to and continued participation in the current programme. Students should advise their Personal Tutors of any issues that may affect this. They are responsible and accountable for their self-declaration to the NMC when applying for registration in a new part of the register.
The programme leader/official correspondent must provide a supporting declaration of good health and good character of the student for registration.	A declaration of the student's self-declaration must be completed by a registrant who is the programme leader/official correspondent (or her deputy), whose name has been previously notified to the NMC, There should be an audit trail of evidence (normally in the student's record).

3.4 Applying the NMC teacher standard in practice settings

The NMC teacher standard is mandatory for those nurses and midwives who are teachers employed in higher education and who support students on NMC approved programmes in practice settings. The NMC recognises that AEIs will have other teachers, who are not nurses and midwives, who will contribute to teaching on NMC approved programmes in their area of specialist expertise. The NMC will, through its quality assurance processes verify that the majority of HE teachers who support NMC students in practice settings have attained, or are working towards, a teaching qualification that meets the NMC outcomes from stage 4.

Approved educational institutions that employ teachers holding an NMC approved qualification will determine the requirements for applying the standard in academic settings. The NMC is concerned that those nurses and midwives who meet the outcomes of stage 4 of the framework are able to apply their knowledge, skills and competence in practice and academic settings. The NMC requires that 50% of learning for its approved pre-registration and specialist practice programmes takes place in practice.

NMC nurse, midwife and specialist community public health nurse teachers must have contemporary experience to be able to support learning and assessment in practice settings. Such experience may take a variety of forms, such as: acting as a link tutor, supporting mentor development and updating, having an active clinical role for a part of their time, supporting clinical staff in their professional development in practice, being involved in practice development to support the evidence-base from which students draw, and contributing to practice-based research.

3.4.1 Teacher preparation programmes NMC approved teacher programmes must:

- Be at a minimum academic level of postgraduate study, i.e. postgraduate certificate, diploma or degree (M level), according to the requirements of programme providers.
- Be at least one academic year in duration.
- Include a minimum of 12 weeks (360 hours) teaching practice.
- Demonstrate achievement of all of the outcomes of stage 4.

Programme providers should take account of the UK Professional Standards Framework for teaching and supporting learning in higher education (HE Academy, February 2006 – see Annexe 2). This framework was developed by the Higher Education Academy on behalf of the Higher Education sector and commissioned by Universities UK, the Standing Conference of Principals (SCOP) and the UK HE funding councils. The model provides a descriptor-based approach for HE institutions to determine their own criteria in the application of the standards framework. It is based upon applying areas of activity, core knowledge and professional values.

The UK Professional Standards Framework (above) complements the NMC Standards to support learning and assessment in practice. The framework is designed to be sector owned and applied to various staff groups from teaching assistants to those who have a substantive teaching role. This would allow programme providers to seek accreditation of their NMC approved teacher preparation programmes and, potentially, to have outcomes for mentors and practice teachers recognised by the HE Academy.

3.4.2 Continuing professional development for teachers

The NMC requires all NMC teachers to maintain and develop their knowledge, skills and competence as a teacher through regular updating. Those teachers employed in approved educational institutions will need to meet the requirements of their employers for scholarly activity. The NMC also requires that teachers focus on the practice aspects of their roles and ensure their knowledge of practice is contemporaneous and that, where appropriate, their skills are fit for safe and effective practice.

Teachers should be prepared to demonstrate to their employers, and NMC quality assurance agents, as appropriate,[17] how they have maintained and developed their knowledge, skills and competence as teachers.

3.4.3 Signing off proficiency

Teachers are responsible for signing off the academic component of the programme. Many teachers will be involved in supporting learning and assessing assignments throughout the programme. The Programme Leader for Nursing or the Lead Midwife for Education, whose name has previously been notified to the Council, will make the final sign-off for the programme. They must ensure that they have seen evidence that the practice component of the programme has been signed off by a sign-off mentor or a practice teacher.

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[17] NMC approved programmes and providers are subject to monitoring as part of the NMC's UK wide QA framework.

Only teachers who have a practice-based role, and who have met the additional criteria for a sign-off mentor (section 2.1.3) may undertake sign-off of practice. This may apply where teachers have a role requiring them to take a practice caseload, as well as work in academic settings.

3.4.4 Allocated time for practice teaching activity

Approved educational institutions will employ nurses and midwives who have successfully met the outcomes of stage 4 and recorded their qualification on the register, and other teachers who are not nurses and midwives. The NMC expects teachers who are nurses and midwives to be able to support learning and assessment in both academic and practice learning environments. Teachers are therefore expected to spend a proportion of their time supporting student learning in practice (Recommendation 26 from Fitness for Practice, UKCC 1999). The NMC advises that this should be approximately 20% of their normal teaching hours.

Teachers in HE might specialise in teaching, research or practice and these specialities may at times be in conflict. The NMC requirement for teachers to support practice-based learning may be achieved through a variety of strategies such as:

- Acting as a clinical teacher or a link tutor.
- Preparing, supporting and updating mentors and practice teachers.
- Taking part in practice-based action learning groups.
- Contributing to practice development.
- Undertaking practice-based research activity.
- Any other strategies that would enable teachers to maintain practice knowledge and awareness, and where appropriate, practice skills, i.e. midwifery teachers would require effective registration as a midwife, specialist community public health nurses teachers would normally have a limited caseload, nurse teachers working in specialist areas may similarly wish to maintain a limited caseload.

It is for programme providers to ensure that students have access to a sufficient number of teachers with expertise in practice, teaching, research and development to support their learning in both practice and academic learning environments.

Section 4 – Approval and monitoring of mentor, practice teacher and teacher standards

4.1 NMC approval of mentor/practice teacher preparation programmes

The NMC has agreed two routes for the approval of mentor/practice teacher preparation programmes. Programme providers may choose the option best suited to their purposes. The routes are:

Route 1

Route 1 would be suited to NMC programme providers seeking approval for NMC programmes leading to registration: Nursing, Midwifery and SCPHN. A combined event could consider the pre-registration programme and a mentor/practice teacher programme. Separate documentation would be necessary for the mentor/practice teacher preparation programme.

Route 2

Framework approval events allowing one event to approve all standards set by the NMC as teaching roles. Route 2 would be best suited to those programme providers who already offer an NMC approved teacher preparation programme and who would be interested in developing these further to provide outcomes for mentors and practice teachers. Such programmes should provide stepping on and stepping off points and processes for AP(E)L to recognise achievement of previous stages (or equivalent) in the developmental framework. This route would also be suitable to those who do not offer an NMC approved pre-registration programme but who would wish to have approved mentors – such as those programme providers offering return to practice programmes or the overseas nurses programme.

4.2 NMC approval of teacher preparation programmes

The NMC already approves teacher preparation programmes leading to a recordable qualification on the register as part of its quality assurance processes. This arrangement will continue unchanged.

4.3 NMC monitoring arrangements

Reports of quality assurance activities, annual monitoring, and list of approved programmes are published on the NMC website at www.nmc.org.uk

4.4 NMC recognition of other teaching qualifications

The NMC recognises that some nurses and midwives may undertake teacher preparation programmes for their own interest and career development before making the decision to become a nurse, midwife or specialist community public health teacher. The NMC has previously offered a route for recording such a teaching qualification where it is deemed comparable to the NMC standard for the preparation of teachers. The NMC has agreed that this route should continue.

In such cases, the NMC requires sufficient evidence to demonstrate that the entry criteria for teacher preparation have been met, that the programme undertaken is comparable to that of an NMC approved programme in nature and content and that the registrant can provide evidence of mapping their learning and experience to demonstrate the current NMC requirements have been met. This includes evidence of assessed teaching activity, comparable with students studying an NMC approved programme for a period equivalent to a minimum of 12 weeks (or 360 hours). Such evidence must be verified by a nurse, midwife or specialist community public health nurse teacher, who has a recorded teaching qualification on the NMC register.

Nurses and midwives intending to use the NMC recognition route to record a teaching qualification must be able to provide evidence that they:

- Meet NMC criteria for entry to a teacher preparation programme.
- Have undertaken continuing professional development, at least to first degree level, relevant to their area of practice.
- Have undertaken a post-graduate programme of teacher preparation.
- Have mapped their learning and experience to demonstrate that the outcomes of stage 4 have been met. This must be verified by a registrant who already has a teaching qualification recorded on the register and is currently employed to teach students in education leading to registration or a recorded qualification with the NMC.
- Are able to supply a reference from practice to support that they have the ability to teach students in practice.
- Confirm that they have undertaken at least 12 weeks (or 360 hours) of assessed teaching activity with students on an NMC approved programme leading to registration or a recordable qualification. An NMC registrant who has a recorded teaching qualification on the register must have assessed such teaching activity.
- Such nurses and midwives would need to prepare a portfolio of evidence for local assessment by an NMC registrant who has a teaching qualification recorded on the register and who is employed at an NMC approved educational institution. This registrant will confirm to the NMC that evidence has been provided that all stage 4 outcomes have been met.

Section 5 – Glossary, references and annexes

Glossary

Glossary of terms	
Accreditation of Prior (Experiential) Learning (AP(E)L)	Process of awarding credit for formal or experiential learning by mapping it against defined learning outcomes of the programme offered (see NMC QA Factsheet I/2004).
Approved Educational Institutions (AEI)	An institution recognised by the NMC to provide NMC approved programmes. Normally these are in higher education, however the Nursing and Midwifery Order 2001 allows the NMC to approve other institutions to deliver programmes that meet NMC standards.
Approval	A process whereby the partners (see below) present their programme for external scrutiny (or validation) which, if successful, leads to joint approval by the NMC and the approved educational institution.
Competency	A competency describes the skills and abilities to practise safely and effectively without the need for direct supervision. Competencies are achieved incrementally throughout periods of practice experience during a programme. At the end of the final period of practice experience or supervised practice it is the evidence of achievement of all competencies that enables sign-off mentors or practice teachers to decide whether proficiency has been achieved.
Due regard	Differentiates between the nurses', midwives' and specialist community public health nurses' parts of the NMC register as well as specific fields of practice within nursing, e.g. adult, children, mental health and learning disability. Mentors and practice teachers normally assess others only with due regard to the parts on which they, themselves, are registered.
Fitness for practice	Requires the student to demonstrate that they are practising safely and effectively, have met the standards of proficiency and all other requirements to become registered.
Lead Midwife for Education	Named person within an approved educational institution responsible for leading midwifery education and involved in all processes relating to the approval and monitoring of NMC approved midwifery programmes.
Local register of mentors/practice teachers	Placement providers hold a register of all current mentors, including sign-off mentors and practice teachers, that have met the NMC outcomes for these roles and have additionally met the NMC requirements for maintenance on the register.
Mentor	A registrant who has met the outcomes of stage 2 and who facilitates learning, and supervises and assesses students in a practice setting.

Glossary of terms	
Nurses and midwives	This term refers to a nurses and midwives whose names are held on the NMC register. There are three parts of the register: nursing, midwifery and specialist community public health nursing. In addition, the term midwife has a legal definition: “A midwife is a person who having been regularly admitted to a midwifery education programme, duly recognised in the country in which it is located, has successfully completed the prescribed course of studies in midwifery and has acquired the requisite qualifications to be registered and/or legally licensed to practise midwifery.” (ICM 2005).
Outcomes	Outcomes identify the skills required at each stage of the framework to meet the defined final competencies.
Parts of the register	The NMC register, which opened on 1 August 2004, has three parts: nurse, midwife and specialist community public health nurse. A mark on the register identifies the field of practice, i.e. adult, children, mental health and learning disability nurses.
Postgraduate	A postgraduate preparation programme is normally undertaken following graduation from a first degree (or equivalent) and, normally, at Master’s level. Academic outcomes may be of postgraduate certificate, diploma, degree or a specified number of M level credits.
Practice proficiency	A student is deemed proficient when they have successfully met all of the NMC standards of proficiency for nursing, midwifery or specialist community public health nursing, at the end of an NMC approved programme. Practice proficiency may only be signed off by a practice teacher or a mentor who has met the NMC additional criteria.
Practice teacher	A registrant who has gained knowledge, skills and competence in both their specialist area of practice and in their teaching role, meeting the outcomes of stage 3, and who facilitates learning, supervises and assesses students in a practice setting.
Preceptorship	The process through which existing nurses and midwives provide support to newly qualified nurses and midwives.
Proficiencies	These are contained within the standards of proficiency for each of the three parts of the register. Fitness for practice is demonstrated by meeting all NMC proficiencies and other requirements by the end of the programme.
Programme providers	Programme providers are partnerships formed between AEIs and service partners providers who provide placement opportunities for students on NMC approved programmes. Normally these programmes are 50% theory and 50% practice. All partners are responsible for ensuring that learning opportunities and support for learning and assessment is available in both theory and practice learning environments.
Quality Assurance (QA)	The initial approval to allow a programme to be delivered and ongoing monitoring during the lifespan of NMC approved programmes.

Glossary of terms	
Recordable qualification	A qualification, approved by the NMC that may be recorded on the NMC register.
Registrable qualification	A qualification approved by the NMC that enables admission to a part of the NMC professional register.
Registrants	Previously used by the NMC to describe nurses and midwives whose names are held on the NMC register.
Rules	Rules are established through legislation and they provide the legal strategic framework from which the NMC develops standards, e.g. Education, Registration and Registration Appeals Rules 2004 (SI 2004/1 767).
Sign-off mentor	Mentors are required to meet specified criteria in order to be able to sign-off a student's practice proficiency at the end of an NMC approved programme. All midwife mentors and practice teachers will have met the requirements through their preparation programme.
Specialist Community Public Health Nurse	The NMC register has a part for registered specialist community public health nurses (SCPHN). The Council has agreed standards of proficiency for entry to this part of the register. Existing groups of nurses have migrated to this part of the register; these include health visitors, school nurses (who hold a specialist practice qualification) and occupational health nurses (who hold a specialist practice qualification). Nurses and midwives who work in public health roles, and can demonstrate that they have met the academic and practice standards of proficiency for this part of the register, may be able to apply to be registered as SCPHN.
Standards	The NMC is required by the Nursing and Midwifery Order 2001 to establish standards of proficiency to be met by applicants to different parts of the register. The standards are considered to be necessary for safe and effective practice [Article 5(2)(a)]. These are set out within the standards of proficiency for each of the three parts of the register. The standards support the rules, are mandatory and gain their authority from the legislation.
Teacher	A registrant who has undertaken an NMC approved teacher preparation programme, or equivalent and successfully achieved the outcomes defined in stage 4 of the developmental framework.

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NMC Circulars

- 20/2006 Introduction of the Standards to support learning and assessment in practice
- 21/2006 Preceptorship Guidelines
- 08/2007 Revised arrangements for the introduction of the practice teacher standard in relation to specialist community public health nursing programmes
- 13/2007 Preparing midwife mentors to meet the NMC's Standards to support learning and assessment in practice
- 17/2007 Approval process and timetable to implement the Standards to support learning and assessment in practice for NMC Approved Programme Providers
- 26/2007 Applying due regard to learning and assessment in practice
- 27/2007 Sign-off status and preceptorship for Practice Teacher students
- 28/2007 Guidance for small scale service providers in applying the NMC's Standards to support learning and assessment in practice
- 33/2007 Ensuring continuity of practice assessment through the ongoing achievement record
- 02/2008 Applying due regard to learning and assessment in practice for student midwives

Annex 1

The developmental framework to support learning and assessment in practice

Domain	Stage 1 Nurses and midwives	Stage 2 Mentor	Stage 3 Practice teacher	Stage 4 Teacher
Demonstrate effective relationship building skills sufficient to support learning, as part of a wider interprofessional team, for a range of students in both practice and academic learning environments				
Establishing effective working relationships	• work as a member of a multi-professional team, contributing effectively to team working • support those who are new to the team in integrating into the practice learning environment • act as a role model for safe and effective practice • develop effective working relationships based on mutual trust and respect	• demonstrate an understanding of factors that influence how students integrate into practice settings • providing ongoing and constructive support to facilitate transition from one learning environment to another • have effective professional and interprofessional working relationships to support learning for entry to the register	• have effective professional and inter-professional working relationships to support learning for entry to the register and education at a level beyond initial registration • be able to support students moving into specific areas of practice or a level of practice beyond initial registration, identifying their individual needs in moving to a different level of practice • support mentors and other professionals in their roles to support learning across practice and academic learning environments	• demonstrate effective relationships with other members of the teaching teams in practice and academic settings based on mutual trust and respect • maintain appropriate supportive relationships with a range of students, mentors, practice teachers and other professionals • foster peer support and peer learning in practice and academic settings for all students • support students to integrate into new environments and working teams to enhance access to learning

Domain	Stage 1 Nurses and midwives	Stage 2 Mentor	Stage 3 Practice teacher	Stage 4 Teacher
Facilitate learning for a range of students, within a particular area of practice where appropriate, encouraging self-management of learning opportunities and providing support to maximise individual potential				
Facilitation of learning	• co-operate with those who have defined support roles contributing towards the provision of effective learning experiences • share their own knowledge and skills to enable others to learn in practice settings	• use knowledge of the student's stage of learning to select appropriate learning opportunities to meet individual needs • facilitate the selection of appropriate learning strategies to integrate learning from practice and academic experience • support students in critically reflecting upon their learning experiences in order to enhance future learning	• enable students to relate theory to practice whilst developing critically reflective skills • foster professional growth and personal development by use of effective communication and facilitation skills • facilitate and develop the ethos of interprofessional learning and working	• promote development of enquiring, reflective, critical and innovative approaches to learning • implement a range of learning and teaching strategies across a wide range of settings • provide support and advice, with ongoing and constructive feedback to students, to maximise individual potential • co-ordinate learning within an interprofessional learning and working environment • facilitate integration of learning from practice and academic settings • act as a practice expert to support development of knowledge and skills for practice

Domain	Stage 1 Nurses and midwives	Stage 2 Mentor	Stage 3 Practice teacher	Stage 4 Teacher
Assess learning in order to make judgements related to the NMC standards of proficiency for entry to the register or for recording a qualification at a level above initial registration				
Assessment and accountability	• work to the NMC Code in maintaining own knowledge and proficiency for safe and effective practice • provide feedback to others in learning situations and to those who are supporting them so that learning is effectively assessed	• foster professional growth, personal development and accountability through support of students in practice • demonstrate a breadth of understanding of assessment strategies and ability to contribute to the total assessment process as part of the teaching team • provide constructive feedback to students and assist them in identifying future learning needs and actions. Manage failing students so that they may enhance their performance and capabilities for safe and effective practice or be able to understand their failure and the implications of this for their future	• set effective professional boundaries whilst creating a dynamic, constructive teacher-student relationship • in partnership with other members of the teaching team use knowledge and experience to design and implement assessment frameworks • be able to assess practice for registration and also at a level beyond that of initial registration	• set and maintain professional boundaries that are sufficiently flexible for interprofessional learning • develop, with others, effective assessment strategies to ensure that standards of proficiency for registration or recordable qualifications at a level beyond initial registration are met • support others involved in the assessment process, students, mentors and peers

Domain	Stage 1 Nurses and midwives	Stage 2 Mentor	Stage 3 Practice teacher	Stage 4 Teacher
Assess learning in order to make judgements related to the NMC standards of proficiency for entry to the register or for recording a qualification at a level above initial registration				
Assessment and accountability		• be accountable for confirming that students have met or not met the NMC competencies in practice and as a sign-off mentor confirm that students have met or not met the NMC standards of proficiency and are capable of safe and effective practice	• provide constructive feedback to students and assist them inidentifying future learning needs and actions, manage failing students so that they may enhance their performance and capabilities for safe and effective practice or be able to understand their failure and the implications of this for their future • be accountable for confirming that students have met or not met the NMC standards of proficiency in practice for registration at a level beyond initial registration and are capable of safe and effective practice	• provide constructive feedback to students and assist them in identifying future learning needs and actions, manage failing students so that they may enhance their performance and capabilities for safe and effective practice or be able to understand their failure and the implications of this for their future • be accountable for their decisions related to fitness for practice for registration or recordable qualifications, underpinning such decisions with an evidence base derived from appropriate and effective monitoring of performance

Domain	Stage 1 Nurses and midwives	Stage 2 Mentor	Stage 3 Practice teacher	Stage 4 Teacher
Determine strategies for evaluating learning in practice and academic settings to ensure that the NMC standards of proficiency for registration or recording a qualification at a level above initial registration have been met				
Evaluation of learning	• contribute information related to those learning in practice, and about the nature of learning experiences, to enable those supporting students to make judgements on the quality of the learning environment	• contribute to evaluation of student learning and assessment experiences, proposing aspects for change resulting from such evaluation • participate in self and peer evaluation to facilitate personal development and contribute to the development of others	• design evaluation strategies to determine the effectiveness of practice and academic experience accessed by students at both registration level and those in education at a level beyond initial registration • collaborate with other members of the teaching team to judge and develop learning, assessment and support appropriate to practice and levels of education • collect evidence on the quality of education in practice, and determine how well NMC requirements for standards of proficiency are being achieved	• determine and use criteria for evaluating the effectiveness of learning environments, acting on findings, with others, to enhance quality • foster and participate in self and peer evaluation to enable students to manage their own learning in practice and academic settings and to enhance personal professional development • evaluate the effectiveness of assessment strategies in providing evidence to make judgements on fitness for practice • report on the quality of practice and academic learning environments to demonstrate that NMC requirements have been met, particularly in relation to support of students and achievement of standards of proficiency

Domain	Stage 1 Nurses and midwives	Stage 2 Mentor	Stage 3 Practice teacher	Stage 4 Teacher
Create an environment for learning, where practice is valued and developed, that provides appropriate professional and interprofessional learning opportunities and support for learning to maximise achievement for individuals				
Create an environment for learning	• demonstrate a commitment to continuing professional development to enhance own knowledge and proficiency • provide peer support to others to facilitate their learning	• support students to identify both learning needs and experiences that are appropriate to their level of learning • use a range of learning experiences, involving patients, clients, carers and the professional team, to meet defined learning needs • identify aspects of the learning environment which could be enhanced negotiating with others to make appropriate changes • act as a resource to facilitate personal and professional development of others	• enable students to access opportunities to learn and work within interprofessional teams • initiate the creation of optimum learning environments for students at registration level and for those in education at a level beyond initial registration • work closely with others involved in education, in practice and academic settings, to adapt to change and inform curriculum development	• in partnership with others, opportunities for students to identify and access learning experiences that meet their individual needs • ensure such opportunities maintain the integrity of the student's professional role whilst responding to the interprofessional context of practice • determine with others, audit criteria against which learning environments may be judged for their effectiveness in meeting NMC requirements • support and develop others involved to ensure that learning needs are effectively met in a safe environment • explore and implement strategies for continuous quality improvement of the learning environment

Domain	Stage 1 Nurses and midwives	Stage 2 Mentor	Stage 3 Practice teacher	Stage 4 Teacher
Support learning within a context of practice that reflects health care and educational policies, managing change to ensure that particular professional needs are met within a learning environment that also supports practice development				
Context of practice	• whilst enhancing their own practice and proficiency, a registered nurse or midwife, act as a role model to others to enable them to learn their unique professional role	• contribute to the development of an environment in which effective practice is fostered, implemented, evaluated and disseminated • set and maintain professional boundaries that are sufficiently flexible for providing interprofessional care • initiate and respond to practice developments to ensure safe and effective care is achieved and an effective learning environment is maintained	• recognise the unique needs of practice and contribute to development of an environment that supports achievement of NMC standards of proficiency • set and maintain professional boundaries, whilst at the same time recognising the contribution of the wider interprofessional team and the context of care delivery • support students in exploring new ways of working and the impact this may have on established professional roles	• support students in identifying ways in which policy impacts on practice • contribute effectively to processes of change and innovation, implementing new ways of working that maintain the integrity of professional roles • negotiate ways of providing support to students so that they can achieve their learning needs within the context of professional and interprofessional practice • act as a role model to enable students to learn professional responsibilities and how to be accountable for their own practice • adapt to change, demonstrating to students how flexibility may be incorporated whilst maintaining safe and effective practice

Domain	Stage 1 Nurses and midwives	Stage 2 Mentor	Stage 3 Practice teacher	Stage 4 Teacher
Apply evidence-based practice to their own work and contribute to the further development of such a knowledge and practice evidence base				
Evidence-based practice	• further develop their evidence base for practice to support their own personal and professional development and to contribute to the development of others	• identify and apply research and evidence based practice to their area of practice • contribute to strategies to increase or review the evidence base used to support practice • support students in applying an evidence base to their own practice	• identify areas of research and practice development based on interpretation of existing evidence • use local and national health frameworks to review and identify developmental needs • advance their own knowledge and practice in order to develop new practitioners, at both registration levels and education at a level beyond initial registration, to be able to meet changes in practice roles and care delivery • disseminate findings from research and practice development to enhance practice and the quality of learning experiences	• advance their own knowledge and practice abilities through access to and involvement in, where appropriate, research and practice development • consider how evidence-based practice, involving patients, clients, carers and other members of the health and social care team, enhances care delivery and learning opportunities • empower individuals, groups and organisations to develop the evidence-base for practice • disseminate findings from the research and practice development to enhance the quality of learning and care delivery and academic environments

Domain	Stage 1 Nurses and midwives	Stage 2 Mentor	Stage 3 Practice teacher	Stage 4 Teacher
Demonstrate leadership skills for education within practice and academic settings				
Leadership	• use communication skills effectively to ensure that those in learning experiences understand their contribution and limitations to care delivery	• plan a series of learning experiences that will meet students' defined learning needs • be an advocate for students to support them accessing learning opportunities that meet their individual needs, involving a range of other professionals, patients, clients and carers • prioritise work to accommodate support of students within their practice roles • provide feedback about the effectiveness of learning and assessment in practice	• provide practice leadership and expertise in application of knowledge and skills based on evidence • demonstrate the ability to lead education on practice, working across practice and academic settings • manage competing demands of practice and education related to supporting different practice levels of students • lead and contribute to the evaluation of effectiveness of learning and assessment in practice	• demonstrate effective communication skills to facilitate delivery of educational programmes leading to registration or a recordable qualification • initiate and lead programme development and review processes to enhance quality and effectiveness • develop effective relationships with practice and academic staff involved in programme delivery to ensure clarity of contribution and strategies to respond to evaluation of learning experiences • demonstrate strategic vision for practice and academic development relevant to meeting NMC requirements • manage competing demands to ensure effectiveness of learning experiences for students • lead, contribute to, analyse and act on the findings of evaluation of learning and assessment to develop programmes • provide feedback about the effectiveness of learning and assessment in practice

Annexe 2

The UK Professional Standards Framework for teaching and supporting learning in higher education

HE sector-owned standards

The HE Academy has developed a National Professional Standards Framework for Teaching and Supporting Learning in Higher Education. The framework was developed by the Higher Education Academy on behalf of the Higher Education sector and commissioned by Universities UK, SCOP and the UK HE funding councils. The model provides a descriptor-based approach for HE institutions to determine their own criteria in the application of the standards framework. It is based upon applying areas of activity, core knowledge and professional values. These areas are applied to learning outcomes and assessment activities within professional development programmes in order to demonstrate application of the standards.

Areas of activity, core knowledge and professional values within the framework

Areas of activity

1 Design and planning of learning activities and/or programmes of study

2 Teaching and/or supporting student learning

3 Assessment and giving feedback to learners

4 Developing effective environments and student support and guidance

5 Integration of scholarship, research and professional activities with teaching and supporting learning

6 Evaluation of practice and continuing professional development

Core knowledge

Knowledge and understanding of:

1 The subject material

2 Appropriate methods for teaching and learning in the subject area and at the level of the academic programme

3 How students learn, both generally and in the subject

4 The use of appropriate learning technologies

5 Methods for evaluating the effectiveness of teaching

6 The implications of quality assurance and enhancement for professional practice

Professional values

1 Respect for individual learners

2 Commitment to incorporating the process and outcomes of relevant research scholarship, and/or professional practice

3 Commitment to development of learning communities

4 Commitment to encouraging participation in higher education, acknowledging diversity and promoting equality of opportunity

5 Commitment to continuing professional development and evaluation of practice

Please see **www.heacademy.ac.uk** for further details.

Annexe 3: Circulars

Circular: Applying due regard to learning and assessment in practice.

Nursing and Midwifery Council Circular
Index Number: NMC Circular 26/2007
Issue Date: 21 Sept 2007
Review Date: 21 Sept 2008
Replaces: New circular
Category: Nursing General/Specialist Community Public Health Nurses
Status: Action

Summary

This circular:

- responds to challenges currently experienced in the application of due regard in meeting the Standards to support learning and assessment in practice (NMC August 2006) hereafter referred to as 'the Standards'.

(The definition of due regard is given in bold text in the background section page 73).

- sets out ways in which the principle of due regard may be applied more flexibly without reducing the degree of rigour applied to assessing student competence.

- may be applied with immediate effect in relation to nursing and specialist community public health programmes as indicated below.

- does not apply to pre-registration midwifery programmes. Further information related to the assessment of pre-registration midwifery students will follow.

This circular should be read in conjunction with:

- The Standards to support learning and assessment in practice (NMC August 2006)
- NMC Circular 20/2006

Background

The NMC has addressed some challenges in the application of due regard in the assessment of practice of approved nursing and specialist community public health nursing programmes. This includes issues relating to available resource and the need to make use of inter-professional shared learning opportunities.

Principle A (para 1.2) of the Standards states that NMC registrants:

> **'who make judgements about whether a student has achieved the required standards of proficiency for safe and effective practice must be on the same part or sub-part of the register as that which the student is intending to enter'**

It has been reported that in some circumstances the current application of due regard for learning and assessment has become either impractical or impossible due to workforce issues and employment practices. Equally, it is important that students can be placed with a professional from a different part of the register or a different profession in order to meet programme outcomes.

As a consequence, the ways in which due regard can be applied have been reviewed and requirements may now be met by applying the principles set out in Methods 1 to 2c pages 74–77.

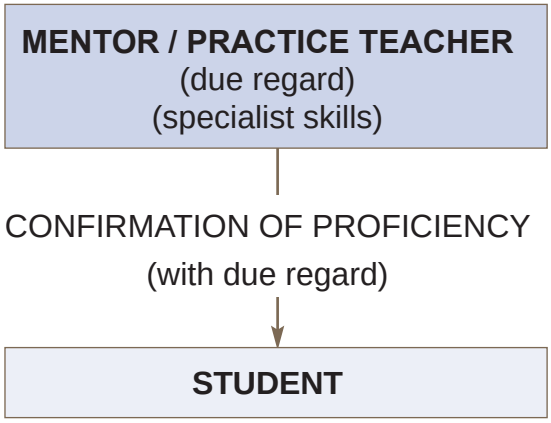
Education providers may apply these principles as described below with immediate effect without need for programme modification.

Principles to be applied

Method 1: Existing application
This method is the way in which due regard is currently applied and will likely remain the most frequently used method. It is also the only method which will apply in pre-registration midwifery programmes.

The student's mentor or practice teacher:

- has the specialist skills required to support the placement learning outcomes
- is from the same part of the register and field of practice as the student.
- supervises and monitors progress throughout this period
- assesses component skills related to the programme outcomes.



Judgements are informed by feedback from colleagues and evidence from other sources leading to an assessment determining whether the student has achieved the required standard for safe and effective practice in relation to the particular field of practice. Fields of practice are usually indicated by marks on the register as representing the nursing branches but they can also be applied more broadly, e.g. in relation to a specialist area of practice.

Method 2: Modified application
Three variations of method 2 are set out below and address the complexity of the types of placements within the different parts of the register and fields of practice.

Method 2a is intended to support the increasing need for nursing and specialist community public health nursing students to appreciate the interprofessional context in which they will be working as registrants and the need for placements to be undertaken in this way may increase. However, methods 2b and 2c are intended as interim measures to allow programme providers, placement providers and commissioners time to work together to ensure that adequate numbers of mentors and practice teachers from all parts of the register and fields of practice are prepared for these roles.

Method 2a: Where learning and assessment particularly requires specialist field input

This method enables due regard to be applied where students need to gain experience with somebody from a specialist field of practice who is not a mentor/practice teacher from the same part of the register and same field of practice as that which they intend to enter.

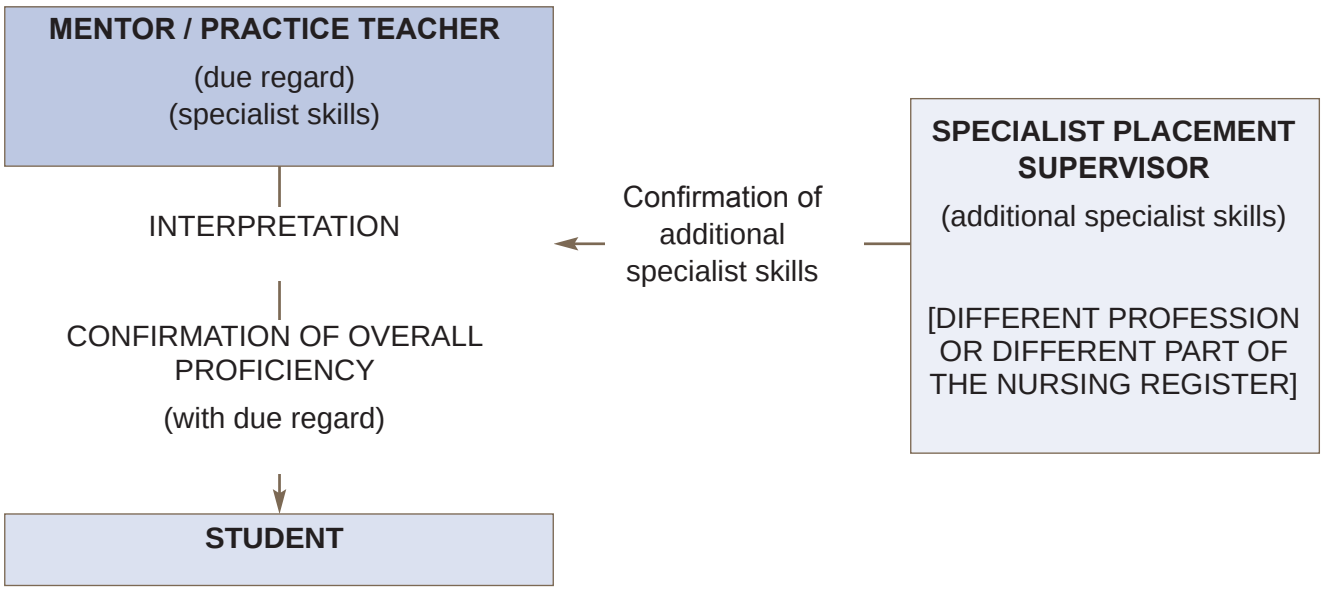
Examples could include:

- a specialist community public health nursing student who undertakes a placement within a social work environment,
- a mental health nursing student placed within a criminal justice environment
- a learning disability nursing student placed within an adult nursing environment
- a child branch nursing student placed with a specialist community public health nurse

In these circumstances the student is placed with a specialist placement supervisor who is a designated practitioner with the skills that the student needs to acquire or be exposed to. The specialist placement supervisor is normally a professional who has received preparation in supervising and assessing students in practice settings.

The specialist placement supervisor from a different part of the register or profession:

- directly supervises the student in the required activities that address the specified learning outcomes related to the specialist experience.
- assesses component skills directly related to the professional's own area of competence and scope of practice.



The placement must be overseen by a NMC registrant mentor or practice teacher with due regard who meets with the student and placement supervisor at agreed predetermined points to monitor the student's achievement in the context of the part of the register that the student intends to enter. The mentor/ practice teacher is accountable for assessment with due regard and confirming overall proficiency (or not) at the end of the placement.

NB. Practice assessment in independent/supplementary prescribing programmes is the legal responsibility of a designated medical practitioner who supports, teaches and supervises the student with, where possible, an experienced nurse prescriber who should ensure that learning is applied to specific areas of nursing practice.

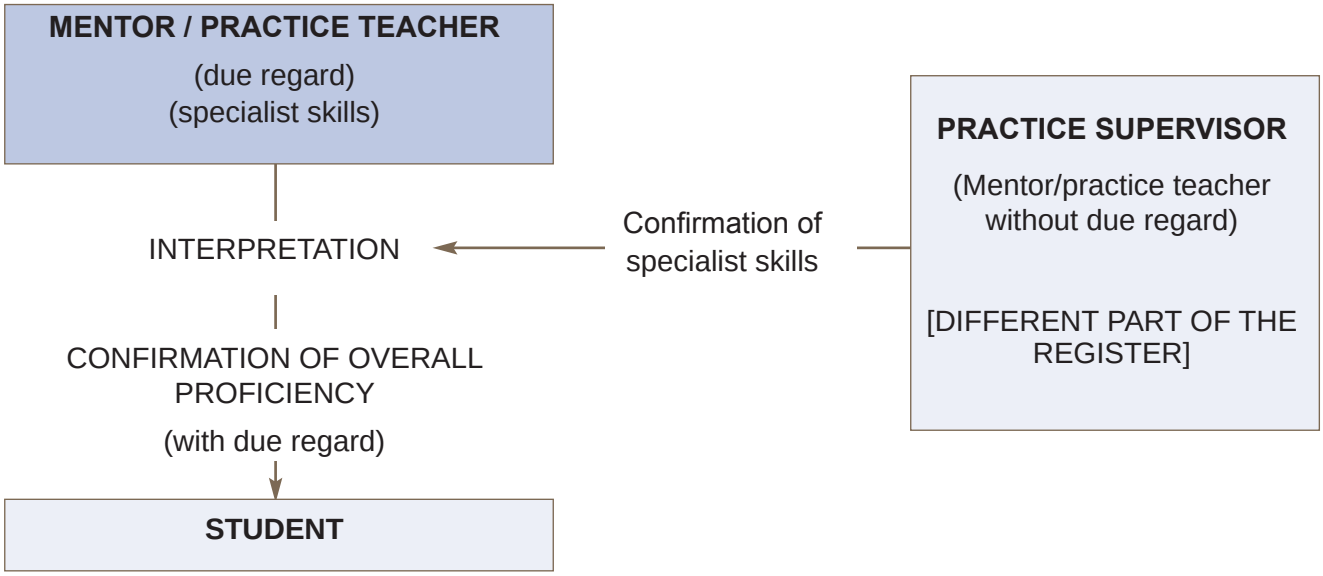
Method 2b: Where mentors and practice teachers with due regard are scarce. This method enables due regard to be applied where students need to gain experience within a required field of practice or part of the register where there are limited numbers of mentors/practice teachers available from their part of the register and/or field of practice. Direct supervision and assessment in the specialist area is provided by other NMC mentors/ practice teachers without due regard.

Examples could include a:

- mental health branch student supervised by an adult nurse in a general accident and emergency unit
- general practice nurse student supervised by an adult nurse in a minor injuries unit
- child branch student supervised by a learning disability nurse in a unit for challenging behaviour
- learning disability nurse supervised by a health visitor in a baby clinic.

A practice supervisor (mentor/practice teacher without due regard)

- directly supervises the student in the required activities that address the specified learning outcomes related to the specialist experience
- assesses component skills directly related to the professional's own area of competence and scope of practice.

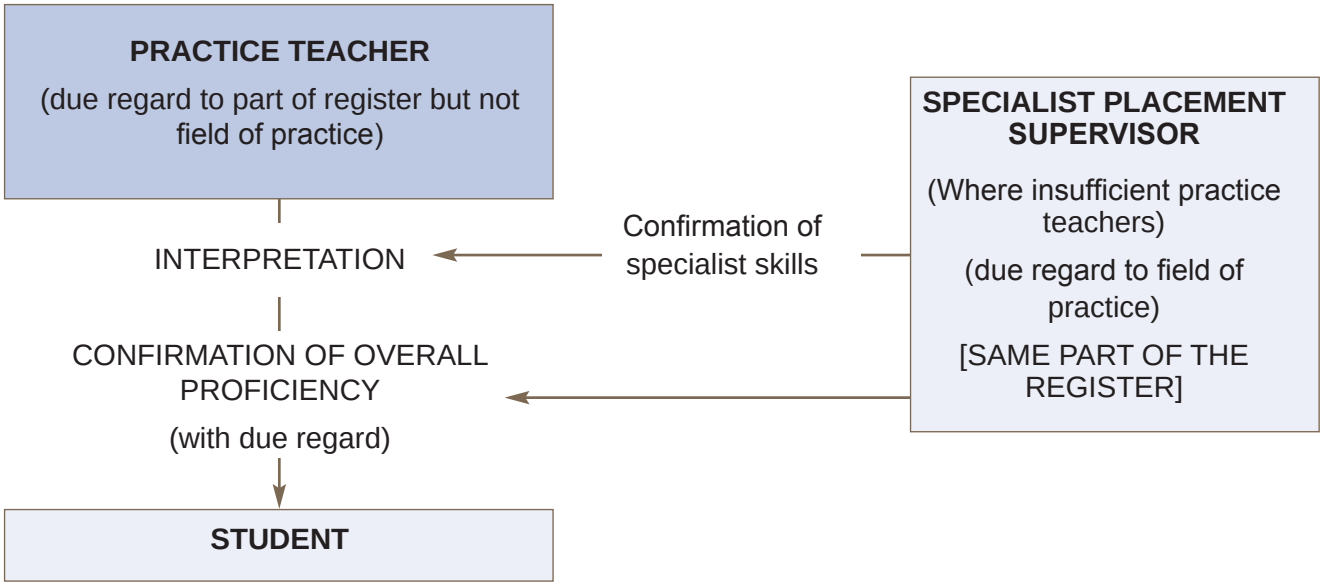


The placement must be overseen by an NMC registrant mentor or practice teacher with due regard who meets with the practice supervisor providing direct supervision at agreed predetermined points to monitor the student's achievement in the context of the part of the register that the student intends to enter. The overseeing mentor/ practice teacher is accountable for assessment with due regard and confirming overall proficiency (or not) at the end of the placement.

Method 2c: In specialist community public health nursing programmes where practice teachers are available from the part of the register but not the specific field of practice.
This enables due regard to be applied where specialist community public health nursing students are placed within a required field of practice, where there are no practice teachers from that part of the register to provide direct supervision. Specialist community public health nurse (SCPHN) registrants from the field of practice provide direct supervision and assessment in the specialist area.

An example is where there are several health visitor practice teachers but no practice teachers within the occupational health nursing field of practice. Under these circumstances:

- an occupational health student is directly supervised by a SCPHN registrant from the occupational health field of practice
- the placement is overseen by a health visitor practice teacher who meets with the student and placement supervisor at agreed predetermined points to monitor the student's achievement
- the health visitor practice teacher (from the SCPHN part of the register together with the SCPHN specialist supervisor from the specialist occupational health field of practice) jointly assess overall proficiency within context of the SCPHN part of the register and specific field of practice.



The placement supervisor and the overseeing practice teacher must both take accountability for the confirmation of proficiency at the end of the placement or programme.

N.B. The placement supervisor would normally be a registrant on the SCPHN part of the register who would also be entered on the local mentor register.

Circumstances where due regard need not apply

There are two circumstances where due regard need not apply:

- in the common foundation programme within pre-registration nursing programmes where the placement is not branch (field) specific. In these circumstances a mentor from any part of the nursing register may confirm that outcomes have been achieved.

- in formative placements where proficiencies/learning outcomes are not being assessed.

Required action

Providers of nursing and specialist community public health nursing programmes may now apply the principles in this circular in the application of due regard for the respective parts of the register and fields of practice. In applying the principles, the most important consideration is safety, public protection and confirmation of overall proficiency. This requires the specialist placement provider, mentor/practice teacher and student to work together in determining the overall practice assessment outcome.

All placement arrangements will continue to be monitored through existing practice placement audit and quality assurance mechanisms.

This circular has been issued by:

Sarah Thewlis
Chief Executive and Registrar
Nursing and Midwifery Council

Circular: Applying due regard to learning and assessment in practice for student midwives

Nursing and Midwifery Council Circular
Index Number: NMC Circular 02/2008
Issue Date: 25 January 2008
Review Date: 1 January 2010
Replaces: New Circular
Category: Midwifery
Status: Action

Summary

This circular:

- responds to challenges currently experienced in the application of due regard in meeting the Standards to support learning and assessment in practice (NMC August 2006) hereafter referred to as ‘the Standards’.

- sets out ways in which the principle of due regard may be applied more flexibly without reducing the degree of rigour applied to assessing student competence.

Applying due regard to learning and assessment in practice for student midwives

This circular clarifies the principle of applying due regard in a safe and effective way across a range of different placements where student midwives may achieve competence. It should be read in conjunction with the Standards to support learning and assessment in practice. The content of the circular should be applied with immediate effect.

Due regard

The principle of due regard underpins the NMC Standards to support learning and assessment in practice. Principle A (paragraph 1.2 of the Standards) states that NMC registrants:

‘who make judgments about whether a student has achieved the required standards of proficiency for safe and effective practice must be on the same part or sub-part of the register as that which the student is intending to enter’

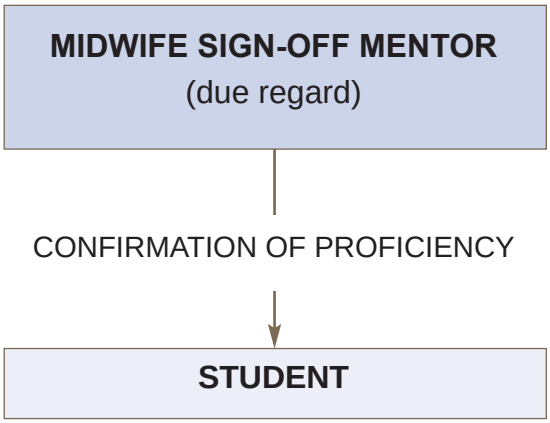
Existing application of applying due regard

Applying due regard is illustrated in the diagram below. In this model the student midwife is placed with a midwife sign-off mentor (who must have achieved the NMC requirements for sign-off). This person undertakes a number of functions. These include:

- managing the placement
- planning the student's learning experiences
- working with them on a day-to-day basis.

In so doing, the midwife sign-off mentor develops an opinion on the student's performance and learning progression throughout a practice placement which may be informed by the assessment of specific tasks and skills. Their opinion is also normally informed by feedback from colleagues and evidence from other sources. This process leads to a judgment being made as to whether the student has achieved competence by reaching the requirements for safe and effective practice set out in the NMC Standards of proficiency for pre-registration midwifery education.

The existing application of due regard

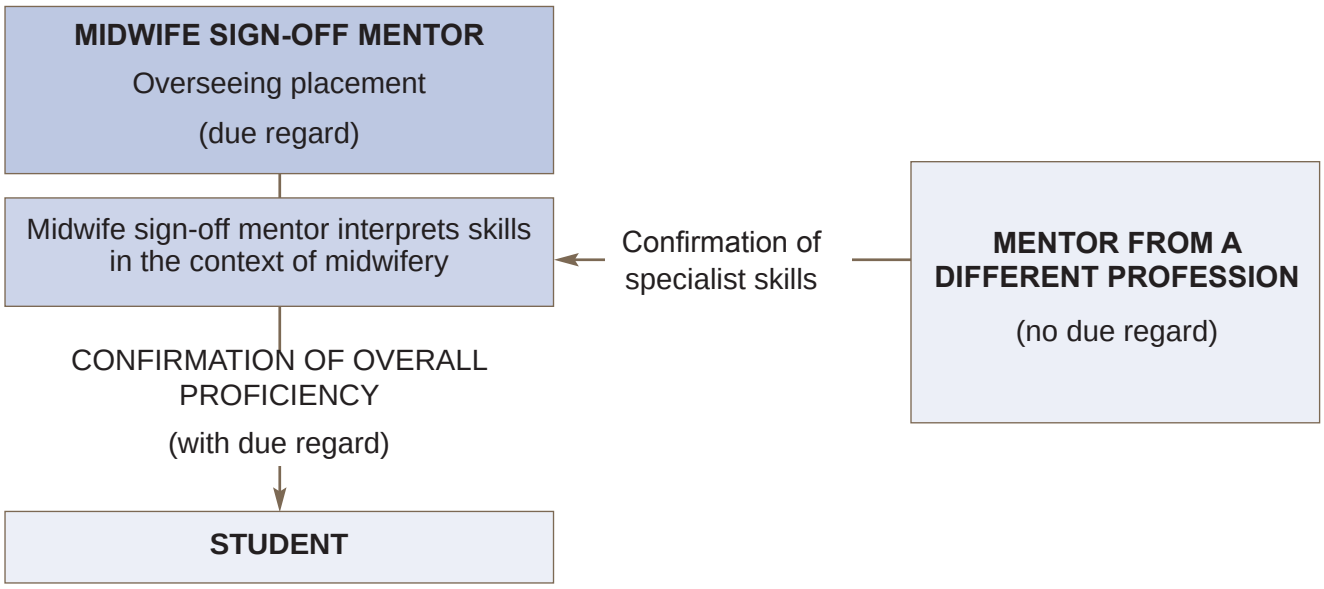


Applying due regard where mentors are available but do not meet NMC requirements for due regard

There are circumstances where it is appropriate for a student midwife to gain experience by being placed with someone form a different profession who would feedback to the student and sign-off mentor.

The final judgement as to whether the student midwife has achieved the required standard for safe and effective practice in relation to a particular aspect of the standards of proficiency, is made by a midwife sign-off mentor with due regard 'overseeing' the placement.

Applying due regard where mentors are available who do not meet NMC requirements for due regard.



In applying the above framework, the most important consideration is safety, public protection and confirmation of competence . This will be achieved by the mentor (no due regard), midwife sign-off mentor overseeing the placement (with due regard) and student working together in detailing the practice assessment outcome.

Action Required

- may be applied with immediate effect in relation to midwifery

This circular may be reproduced by all to whom it is addressed

This circular has been issued by:

Sarah Thewlis
Chief Executive and Registrar
Nursing and Midwifery Council

Circular: Ensuring continuity of practice assessment through the ongoing achievement record.

Nursing and Midwifery Council Circular
Index number: NMC Circular 33/2007
Issue Date: October 2007
Review Date: October 2010
Supports: Standards to support learning and assessment in practice (NMC 2006)
Category: Standards
Status: Action

Summary

The circular sets out the principles for sharing of personal information necessary to maintain continuity of assessment and to ensure safe and effective practice through the ‘ongoing achievement record’. This forms part of the assessment of practice arrangements for all approved programmes.

The Standards to support learning and assessment in practice (NMC 2006, page 30) requires that:

> ‘An ongoing achievement record (student passport) including comments from mentors, must be passed from one placement to the next to enable judgments to be made on the student’s progress’.

The term ‘student passport’ is no longer being applied to this process due to differing interpretations and meaning and will in future be referred to as the ‘ongoing achievement record’.

Education providers must ensure that:

- student’s consent to the processing of confidential data about him or her to be shared between successive mentors and with the relevant education providers in the process of assessing fitness for practice.

- robust processes are in place to ensure that where there are issues or concerns about a student’s progress that these are promptly and appropriately dealt with

- where there are serious concerns about a student’s health or character this should be reported promptly using established University procedures

- students are actively supported in addressing issues and concerns through a well defined and time limited development plan, either within a placement or across successive placements.

- disabled students needs are assessed and student’s are appropriately supported in addressing the requirements of any development plan.

Requirements

The vehicle for sharing information regarding student progress in practice settings will normally be through the ‘ongoing achievement record’ that forms part of the assessment of practice document.

Consent

Legal advice relating to the Data Protection Act 1998[18] has confirmed that the NMC 'is perfectly competent to require the nurse to consent to the processing of confidential data about him or her in the process of assessing her fitness to be a nurse'. This data might include both 'personal data' and 'sensitive personal data' as described within Sections 1 and 2 of the Data Protection Act 1998[18]. (In this context 'nurse' relates to student nurse and also applies to student 'midwife').

Should the student not consent to the sharing of confidential data, then this would be incompatible with ensuring fitness for practice and therefore the student would be unable to meet programme requirements.

Students must be kept fully informed regarding the ways in which information is intended to be shared, used and stored, including the length of time it is to be retained and when it will be destroyed.

'Ongoing achievement record'

Education providers must ensure that:

- student's consent has been obtained allowing the processing of confidential data about him or her to be shared between successive mentors and with the relevant education providers in the process of assessing fitness for practice.

- an 'ongoing achievement record', including comments from mentors is passed from one placement to the next to enable judgements to be made on the student's progress.

- student concerns are addressed and where relevant shared with others, including academic staff.

- sign-off mentors can access records of achievement to inform signing off proficiency, confirming that ongoing competence and any concerns have been addressed since the last progression point.

The 'ongoing achievement record' forms part of the assessment of practice document and needs to be of sufficient detail to enable the sign off mentor to confirm proficiency at the designated point of the programme. All actions must be taken with the full knowledge of the student. Mentors should not keep their own separate student progress records, everything should be contained within the assessment of practice document.

The following applies to all assessed placements but may be interpreted more flexibly for placements of less than four weeks, or for observational experience:

- the student and mentor meet together at the end of a placement to document strengths, development needs, and any concerns. The document to be shared with the education provider.

- the student to be responsible for carrying the documentation from placement to placement with copies retained by the education provider

[18]The Data Protection Act 1998 has been superseded by the Data Protection Act 2018.

- within 5 days of commencing a placement the documentation to be used by the student and mentor to develop a development plan and set goals that take account of strengths, issues and concerns raised in previous placements.

- regular meetings are scheduled to evaluate progress by student and mentor throughout a placement, (involving academic staff when appropriate) at least at the mid point and at the end of a placement where strengths and any issues for development are addressed.

- a specific development plan to address needs and/or concerns can be established at any point and must set out clear timescales for addressing the needs/concerns

- where a specific development plan has been put in place and concerns remain then an evaluation session with the mentor must be urgently scheduled and others involved as appropriate e.g. academic staff.

- where there are causes for concern a student representative might also be present.

Action Required

The above requirements apply to all NMC approved programmes and are effective from the date of this Circular. They support the requirements set out within the Standards to support learning and assessment in practice (NMC 2006)

This circular may be reproduced by all to whom it is addressed

This circular has been issued by:

Sarah Thewlis
Chief Executive and Registrar
Nursing and Midwifery Council

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Standards to support learning and assessment in practice was first published in August 2006. This second edition was published in July 2008.

PB-STLAIP-A4-0708

Nursing & Midwifery Council

The NMC register mid-year update

1 April – 30 September 2023

Welcome to our mid-year report on the NMC register, and what it tells us about the UK's nursing and midwifery workforce.

At a time of rising demand for health and care, our unique data sets hold invaluable insight that we hope leaders and policy makers across the sector will use to enhance their workforce strategies. We see this as vital for the benefit of the wider public, whose health and wellbeing relies on the skills and knowledge of the professionals on our register.

What follows is a summary of the most salient changes and trends emerging from the latest data. For those seeking a more granular understanding of our register of all the nurses, midwives and nursing associates* who are eligible to practise, please find the link to the comprehensive data tables on page five.

A record
808,488
registered professionals.

In the last six months

An increase of
19,857
+2.5%

+2.4%
Nurses
748,528

+3.0%
Midwives
42,974

-1.5%
Dual registrants
6,426

+13.1%
Nursing Associates
10,560

The big picture

Our register of nurses, midwives and nursing associates has reached a record **808,488**. This is encouraging given the well-publicised pressure on health and care services at a time of rising demand for care.

This means there are **19,857** (2.5 percent) more professionals eligible to practise in the UK than there were just six months ago, and **114,874** (16.6 percent) more than five years ago.

The number of registered nurses and midwives now sits at **748,528** and **42,974**, respectively. We've also reached a milestone of **more than 10,000 nursing associates** – good news for people using services in England, where this relatively new role bridges the gap between health and care assistants, and registered nurses.

*The nursing associate role was introduced in 2019. Nursing associates may live in Northern Ireland, Scotland or Wales, but can only practise in this role in England.

Strong domestic growth

We've seen the number of professionals joining the register for the first time between April and September **more than double** in the last five years – from **14,311** joiners in the six months to September 2018, to **30,103** in the same period this year. This includes the highest number of UK educated joiners we've seen in the first half of a financial year: **15,067**, which is almost **25 percent more** than in the same period last year (12,104), and **35.7 percent more** than in the six months to September 2018 (11,103).

This follows the well reported increase in students accepted onto nursing programmes in 2020, the first year of the Covid-19 pandemic. Also, since 2020, the NMC has clarified for education institutions that newly qualified professionals can join the register once they've finished their programmes after the set number of academic years rather than calendar years. This means that people using services can benefit from graduates' knowledge and skills as soon as possible.

A quarter (24.9 percent) of the UK joiners since April are from Black and minority ethnic backgrounds. That's compared to **23.6 percent** last year, and **18.9 percent** of UK joiners in the six months to September 2018, reflecting the increasing ethnic diversity of the homegrown nursing and midwifery workforce.

International growth equally strong

The pace of international recruitment shows no signs of slowing. In the last six months, nigh on as many internationally educated professionals (**15,036**) have joined the register as their domestically educated peers.

In particular, we've seen a further jump in the number of joiners who were educated in India – **7,223** in the last six months compared to **4,849** this time last year, which is a **49 percent rise** for the period. This means India moves further ahead as the biggest single source of international recruitment to the UK workforce.

In the last six months, compared to the same period last year

+27.7% **30,103** joined the register

+1.1% **13,308** left the register

49.9% of new joiners were educated outside the UK

As of September 2023:

78.1% domestically educated

21.3% internationally educated

Top non-UK countries of education and change, since April

1. **India** 55,429 ↑ +14.5%
2. **Philippines** 47,569 ↑ +4.6%
3. **Nigeria** 12,099 ↑ +13.7%
4. **Romania** 7,352 ↓ -0.03%
5. **Ghana** 4,708 ↑ +22.8%

However, our data show some concerning trends in the number of people joining the UK register from 'red list' countries where active recruitment isn't permitted, including significant proportional rises in joiners from Ghana and Zambia, plus a steadily high number from Nigeria.*

There's also been a rise in international midwifery joiners. This follows a recent NHS recruitment drive in England – the Maternity International Recruitment Programme. A total of **345 international midwives** joined in the last six months compared to **115** in the same period last year and just **27** in the six months to September 2018. Increasing the available midwifery workforce is positive for women, babies and families in the UK, however the note of caution is that professionals from the 'red list' countries make up a large proportion of these newly registered midwives.

Once again, we call on all employers and agencies across health and care to be mindful of the UK and Scottish Government's codes of practice for international recruitment of health and social care personnel. People from across the world want to come and work in the UK but this must not undermine health systems in countries with the most pressing workforce challenges.

The changing profile of the register

With UK joiners becoming more ethnically diverse, and with strong recruitment from countries such as India, the Philippines and Nigeria, the ethnic profile of the NMC register continues to change. The proportion of all registered professionals from Black and minority ethnic backgrounds has now reached **29.1 percent**, which is **1.4 percentage points higher** than just six months ago (27.7 percent), and **10 percentage points more** than five years ago.

We also know most international joiners to our register are aged 40 or below. This is partly why we're seeing a slow but steady change in the age profile of the register. The total proportion of nursing and midwifery professionals aged 21-40 is now **43.5 percent**,compared to **42.7 percent** just six months ago, and **37.7 percent** in September 2018.

*The Department of Health and Social Care, and the Scottish Government codes of practice for international recruitment of health and social care personnel, prohibit active recruitment from 'red list' countries designated by the World Health Organisation. The codes do not prevent individual health workers from 'red list' countries seeking employment independently, but employers should not be actively recruiting from those countries.

In the last six months, compared to the same period last year

+3.2%

1,916 increase in international educated professionals leaving

In the last six months

+2.4%

Adult nurses
601,805

+2.3%

Children's nurses
58,338

+2.1%

Mental health nurses
97,530

-0.2%

Learning disability nurses
16,806

43 years, 10 months
average age of professionals

29.1%
of register from Black and minority ethnic backgrounds. In 2018, **19.1%** of register from Black and minority ethnic backgrounds.

We need a continued focus on sustainable retention strategies

While recruitment to the register is running at pace, our data show a steady retention rate, with a slight decline in the number of leavers over the last five years as a proportion of the register – from **two percent** in the six months to September 2018, to **1.7 percent** in the last six months.

A continued focus on sustainable retention strategies across health and care is as essential to maintaining the growth of a skilled and experienced nursing and midwifery workforce.

Our 2023 **Spotlight on Nursing and Midwifery report** highlights the benefits of effective preceptorship and support for every nurse, midwife and nursing associate to thrive. Research shows that poor preceptorship can negatively impact professionals' psychological safety which can lead to people leaving the register earlier. High quality, early career support is therefore vital, so that professionals can flourish and provide the safe, kind, effective care the public need.

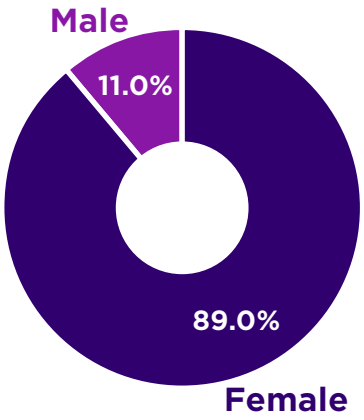
Using our insights to support professionals to deliver high-quality care

We hope these key insights from our register, together with our **comprehensive data tables**, can make a positive difference to workforce planning across health and social care.

We're always looking for ways to further improve the accuracy of our data. While all nurses, midwives and nursing associates are required to provide us with a UK address, we encourage new professionals, including internationally educated joiners, to share this information with us at the point of registration. This can be done through **NMC Online**.

Andrea Sutcliffe,
Chief Executive and Registrar

Gender split of the register



Length of time on the register in the last six months

Five years or less
+7.8%
215,795

Five to ten years
+5.2%
125,636

10 to 30 years
-0.3%
327,780

30 years or more
-0.8%
139,273

If you have questions about our data or ideas for how we might improve the usefulness of this report, **please get in touch**.

We shouldn't forget that behind our data are dedicated professionals who provide safe, effective and kind care to people everyday. We're grateful for everything they do for the public and communities they serve.

What we do

Our vision is safe, effective and kind nursing and midwifery practice that improves everyone's health and wellbeing. As the independent regulator of more than 808,000 nursing and midwifery professionals, we have an important role to play in making this a reality.

Our core role is to **regulate**.
First, we promote high education and professional standards for nurses and midwives across the UK, and nursing associates in England. Second, we maintain the register of professionals eligible to practise. Third, we investigate concerns about nurses, midwives and nursing associates – something that affects a tiny minority of professionals each year. We believe in giving professionals the chance to address concerns, but we'll always take action when needed.

To regulate well, we **support** our professions and the public.
We create resources and guidance that are useful throughout people's careers, helping them to deliver our standards in practice and address new challenges. We also support people involved in our investigations, and we're increasing our visibility so people feel engaged and empowered to shape our work.

Regulating and supporting our professions allows us to **influence** health and social care. We share intelligence from our regulatory activities and work with our partners to support workforce planning and sector-wide decision making. We use our voice to speak up for a healthy and inclusive working environment for our professions.

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Nursing & Midwifery Council

What is revalidation?

Last Updated: 26/05/2021

In this guide

Overview

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Revalidation is the process that all nurses and midwives in the UK and nursing associates in England need to follow to maintain their registration with the NMC.

To help you continually develop and reflect on your practice, we ask you to revalidate every three years.

This process encourages you to reflect on the role of the Code in your practice and demonstrate that you are 'living' the standards set out within it.

We have lots of resources to help you get the best from revalidation.

What revalidation means for you

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Revalidation is about promoting good practice, as well as strengthening public confidence in the nursing and midwifery professions. It's important to know that it's not about making an assessment of your fitness to practise.

Revalidation helps to encourage a culture of sharing, reflection and improvement. It will provide benefits for you as a nurse, midwife or nursing associate as well as the people you care for.

Read case studies from other professionals about their revalidation experiences.

Requirements

MAHI - STM - 304 - 243

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You need to meet a range of revalidation requirements to show that you are keeping your skills and knowledge up to date and maintaining safe and effective practice.

- 450 practice hours, or 900 hours if renewing two registrations (for example, as both a nurse and midwife)
- 35 hours of CPD including 20 hours of participatory learning
- Five pieces of practice-related feedback
- Five written reflective accounts
- Reflective discussion
- Health and character declaration
- Professional indemnity arrangement
- Confirmation

Submitting your application

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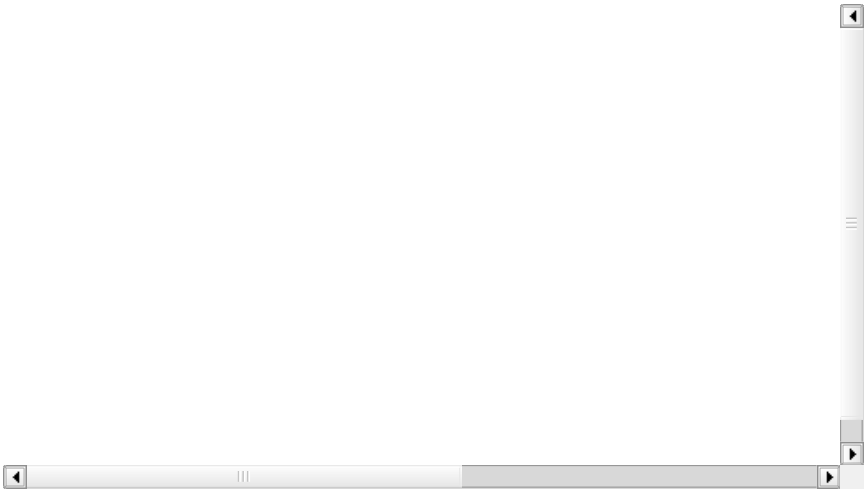
You will need to submit your application for revalidation online, so it's very important that you have an NMC Online account.

Learn more about your online application.



Support to help you revalidate

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We understand that there may be circumstances that make it more difficult for you to meet the revalidation requirements.

This may be as a result of a disability, an illness, pregnancy, a maternity period or any other life event that impacts your ability to meet the revalidation requirements.

We can help support you to meet the revalidation requirements by:

- helping you to use NMC Online, or
- providing a short extension to your application date.

For further information on the support we can offer and how to apply for this support please see our Support to help you revalidate guidance sheet.

SUPPORT TO HELP YOU REVALIDATE

Who should read this guidance?

This guidance sheet is for nurses, midwives and nursing associates who are planning to renew their registration with the NMC and who may need support to help them through the process. It explains the ways we can support you to meet the revalidation requirements and explains how you can apply for this support.

The support we offer

We understand that there may be circumstances that make it more difficult for you to meet the revalidation requirements. This may be as a result of a disability, an illness, pregnancy, a maternity period or any other life event that impacts on your ability to meet the revalidation requirements.

We can help support you to meet the revalidation requirements by:

- helping you to use NMC Online
- providing a short extension to your application date
- providing **reasonable adjustments**, such as paper format documents.

If you are having a difficult time because of the pandemic, please visit our Covid-19 hub where you can find specific guidance on **how to revalidate during Covid-19** and current information on the support measures we are offering at this time.

Help with NMC Online

We can provide support for nurses, midwives and nursing associates who find using NMC Online difficult. If you require help using NMC Online, please contact us well before your revalidation application is due. The easiest way to do this is by emailing us at **revalidation.escalation@nmc-uk.org**, using the subject 'Help with NMC Online'. Please include the following information in your email:

- your name
- your NMC Pin
- a contact phone number
- your revalidation application date
- whether you have an NMC Online account
- details of your circumstances
- the assistance or adjustments that would help you to revalidate.

If you're unable to contact us by email you can call our Registration Centre on **020 7333 9333**.

Extensions

What we can offer you

We can extend the time you have to complete your revalidation application in certain circumstances (for example, a sudden serious illness or recent bereavement). In these circumstances, we'll grant an extension of up to a maximum of eight weeks from your revalidation application due date.

It's important to note we can't offer extensions of more than eight weeks. You should only request an extension if you believe this additional time will help you to meet the revalidation requirements.

How to apply for an extension

If you believe a short extension would help you to meet the revalidation requirements, you can request an eight week extension through your NMC Online account. Once logged in, click on the 'extension' button.

We'll ask you to:

- tell us what revalidation requirements are outstanding
- tell us why you have been unable to meet these requirements
- confirm that you wish to receive an eight week extension.

We'll review your request within five working days. Once granted, you will receive a confirmation email from us providing you with information on your new revalidation extension deadline.

You must submit your request for an extension as soon as possible once your revalidation opens and before your revalidation application due date in order for us to consider it. We can't guarantee we'll be able to consider requests made after your revalidation date, and you may put your registration at risk if you submit a request after this date.

If you have problems requesting your extension online, please email **revalidation.escalation@nmc-uk.org**, using the subject line 'Extension request'. Please include the following information in your email:

- your name
- your NMC Pin
- a contact phone number
- your revalidation application date
- whether you have an NMC Online account
- details and evidence of your circumstances.

If you're unable to email us, you can write to us with the information above, including your supporting evidence, at: Revalidation team, NMC, 23 Portland Place, London W1B 1PZ. Alternatively, you can call the Registration Centre on **020 7333 9333**.

A request for an extension must come from you. We'll only accept a request for an extension from your employer or your confirmer in exceptional circumstances.

When requesting an extension to your revalidation application date you must explain the reasons you need an extension. You should provide as much information as you are able, explaining your situation.

How we make our decision

In granting an extension, we'll take into account:

- whether you have contacted the NMC in advance of your revalidation application due date
- the reason why you can't submit your revalidation application by the specified date
- whether you are capable of completing the outstanding revalidation requirements and submitting your application within the additional period of time
- whether there are any concerns about your fitness to practise, and
- whether your annual registration fee has been or will be paid by the required date.

If we grant you an extension to your application due date:

- you must still pay your annual registration fee by your original revalidation application date or have a direct debit in place to collect your fee
- you should inform your employer (if relevant) of the new date by which you are due to submit your revalidation application, so that they are aware that you can continue to practise during the period of your extension as your renewal date will remain the same on the employers' register.

If we decide we can't grant an extension, we'll notify you by email.

Other support

If you need any other adjustments, for example a reasonable adjustment due to a disability, please call the Registration Centre on **020 7333 9333** or email **revalidation.escalation@nmc-uk.org**.

Cancelling your registration

If an extension won't help you then you should consider cancelling your registration with us. If you don't cancel your registration, but you fail to submit your revalidation application before the end of your three year renewal period, your registration will lapse (automatically expire). You'll need to apply for readmission and may need to undertake a return to practice course if you want to come back onto the register.

Please note

If you declare that you require an extension due to an ongoing health condition, we may investigate your health condition in accordance with our **health and character guidance**. We'll hold your registration effective for up to three months from the date of your complete application while we carry out this investigation. We may require further information from you so the Assistant Registrar can make a decision whether or not to accept your application for renewal.

Any false declarations may put your registration at risk.

If you've contacted us requesting support before you submit your revalidation application, and you find that you don't require the support anymore, you can submit your revalidation application as normal via NMC Online.

Last updated: 26 May 2021

Nursing & Midwifery Council

Education standards consultation response

May 2018

Contents

Introduction

Background

Our Strategy 2015-2020 sets out our ambition to be a dynamic, forward looking regulator that anticipates, shapes and responds to new expectations.

In 2016, following approval by the Council, we began a programme of work that would reform nursing and midwifery education. This work would make sure that our standards are outcome-based, proportionate, flexible, future-focussed and emphasise public protection.

Our work in this area also sought to reflect the changing landscape in which nurses and midwives work, and to anticipate what people will need nurses and midwives to know and be capable of doing safely and effectively. It also seeks to reflect changes to the way nursing and midwifery education is delivered, particularly in the context of new and flexible routes into nursing (such as apprenticeships and nursing associates).

As part of this programme of change, the Council asked us to develop a new suite of education standards. These were to be comprised of new outcome focussed nursing and midwifery proficiencies and new standards for the delivery of education and training that would apply to all approved education institutions (AEIs) delivering all NMC approved programmes. These standards were also to include a new approach to student learning and assessment. Taken together, these would establish the basis of the future requirements for safe and effective nursing and midwifery education and practice in the UK.

The Council asked us to prepare draft documents that were to be consulted on in summer 2017.

In accordance with the Council's requests, we sought the views of key stakeholders in developing draft standards. A new set of proposed standards, comprised of drafts of new *Standards of proficiency for registered nurses*, *Standards framework for education and training*, *Standards for student supervision and assessment* and *Standards for pre-registration nursing education programmes* was then produced for consultation.

Key stakeholder groups (including thought leadership groups (TLGs)) helped greatly with the development of the future nurse proficiencies and the requirements for AEIs. We appointed Professor Dame Jill Macleod Clark as our senior lead adviser to the development of the future nurse standards. We're extremely grateful for her help throughout the development stage and during post-consultation draft standards refinements.

We aligned this work with our separate proposals for the review of our current *Standards of proficiency for nurse and midwife prescribers* and our *Standards for medicines management*. This was timely as part of our review of future nurse proficiencies included considering whether a greater level of prescribing theory should

be included in pre-registration nursing degree programmes. This would enable nurses to undertake post-registration prescribing programmes sooner with a view to providing opportunities for a substantial increase in the number of nurses who hold prescribing qualifications. It also enabled us to review these standards in the context of how having standards in these subject areas specific to nurses and midwives fitted with the increase in interdisciplinary education and practice.

Our review of midwifery programme and proficiency standards is underway. We're planning to consult on our proposed new midwifery programme requirements and proficiencies in February 2019.

Design principles

The design principles, agreed with stakeholder partners early in the development of the draft standards, were that the standards would:

- place patient safety at their core
- produce enhanced outcome and future focussed requirements
- be right-touch – consistent, clear, proportionate and agile, allowing for innovation while still ensuring patient safety and public protection
- promote evidence based regulatory intervention that supports interdisciplinary learning and cross-regulatory assurance
- provide a framework that can apply to a range of learning environments
- be measureable and assessable
- promote equality and diversity.

Background to consultation – evidence sources

This section sets out the key evidence sources that informed development of the draft standards that went out for consultation. The responses to the consultation and how they further informed the new standards are addressed later in this document.

We regularly review all our standards and guidance as part of our ongoing 'business as usual'. However, the most recent review of our nursing and midwifery education standards was initially triggered by the findings and recommendations of Sir Robert Francis QC's report (2013) into events at Mid-Staffordshire NHS Foundation Trust. Among his recommendations, Sir Robert Francis QC proposed a thorough review of our education standards. Our initial response to this was to commission an extensive evaluation of the effectiveness of our existing pre-registration nursing and midwifery education standards. We outsourced this work to a company called IFF Research to ensure independence and rigour. They produced an interim report in February 2015 and a final report with recommendations in December 2015.

IFF's evaluation involved considerable engagement with a range of stakeholders (including educators, students, nurses, midwives and service users), and was carried out in the context of increasingly differing approaches across the four countries of the UK with regard to the future shape of healthcare education, delivery and funding.

The review's findings and recommendations greatly helped to shape the ongoing work to review our education standards. It became apparent that although students were competent not all students felt confident that they could demonstrate all necessary outcomes for safe and effective practice when they finished their programmes. The ability to accurately carry out drug calculations was a particular area where students felt they lacked confidence. It also discussed an unacceptable level of variation and inconsistency in how programmes were taught and how students were supported and mentored, with skills and knowledge gaps becoming apparent as a result.

Those who took part in the evaluation generally felt that future nursing programmes should enable students to learn high level core clinical skills and abilities, and have an increased focus on areas such as leadership, autonomous practice, managing complex care and interdisciplinary and multi-agency working. It was felt that nurses and midwives should develop a greater awareness of the need to work within the limits of their own skills and knowledge, and should focus throughout their careers on ongoing learning and development, especially in the development of evaluative skills. They also needed to show a greater ability and willingness to teach and support colleagues.

To take account of future changes in care delivery models, it was therefore recommended that future nursing and midwifery programmes should provide greater learning experiences in a variety of practice settings, with more emphasis placed on skilled practice and better integration of practice and theory learning. It was also said that programmes should place a higher emphasis on promoting health and the prevention of illness. The evaluation emphasised the role of mentorship and the need for fair and consistent assessment of students; it was felt that the profile of the mentorship role should be raised to help achieve this.

On a more general level it was also said that we needed to do more to raise the profile and understanding of our educational standards – something that would be more easily achieved if there was greater clarity of the structure of those standards and the language used within them.

We took these comments and recommendations on board.

At the same time as the IFF evaluation was taking place, we carried our own initial scoping work. This included research into how other health and care regulators structured their education programmes and standards, not just in the UK but abroad. We critically appraised the structure of our current standards and the language used within them, aiming to propose a new structure for our future education standards.

As a result of this scoping work, it became clear that the structure of any new set of standards needed to be more streamlined and coherent than at present, removing repetition and confusion and enhancing clarity. For example, it became apparent that

having pre-registration nursing education standards that combined requirements for students undertaking programmes, requirements for education institutions delivering programmes, standards of proficiency for nursing practice and details of legal requirements had left it unclear who the standards were aimed at. This then caused confusion as to their purpose and the language used within them. This would have to change in any new set of standards.

We shared the initial findings of this work with stakeholders at a series of events in autumn 2015. We asked for their views about our early conclusions and our proposed direction of travel.

We then held more engagement events across the four countries in December 2016 and February 2017. Here, we tested the conclusions we had drawn from our work to date, and discussed the structure and content for our draft new standards. The feedback from these meetings was the final piece in the jigsaw that helped to inform the draft versions of the new standards that went out for public consultation in June 2017.

Consultation and stakeholder engagement

Between June and September 2017, we ran two consultations on drafts of the new education standards.

In consultation 1, we put forward ambitious proposals for standards of proficiency for registered nurses that reflected the knowledge, proficiency and skills necessary for registration as a nurse, together with the programme outcomes for pre-registration nursing programmes.

We also set out our new approach for student supervision and assessment, as well as our intention to create a single set of education and training standards that were flexible and agile enough to apply across all nursing and midwifery programmes. These were aligned to the standards used by other professional healthcare regulators in order to encourage shared approaches to learning.

As a result, we sought views on:

- draft *Standards of proficiency for registered nurses*
- draft standards for education and training, including requirements for student supervision and assessment
- draft standards for pre-registration nursing education programmes

In consultation 2, we proposed new standards that would address anticipated future expectations that nurses and midwives will be required to take on greater responsibilities – in particular, a greater need for them to have prescribing qualifications.

We also sought to address known issues relating to prescribing practice and the management and administration of medicines, both of which were reliant on standards

that were no longer up to date and did not reflect interdisciplinary approaches to education and practice in these areas.

As a result, we sought views on:

- our proposal to adopt the Royal Pharmaceutical Society's prescribing competency framework
- draft *Standards for nurse and midwife prescribing programmes*
- our proposal to withdraw the *Standards for medicines management.*

This document seeks to summarise our original proposals and present how we've refined them as a result of information, both qualitative and quantitative, gathered from a number of sources. This includes consultation responses and analysis as well as a range of stakeholder engagement activities. It doesn't seek to go into detail about all the evidence sources we examined, nor does it seek to breakdown all responses to every question we asked in the consultation, every event held or attended, or attribute every written comment received.

We had 1,563 responses to consultation 1 (including 268 responses from organisations) and 706 responses to consultation 2 (including 120 responses from organisations). Annexe A provides a breakdown of the responses received from registered nurses and midwives broken down by field of practice and geography.

As part of the consultation, we produced two shortened versions of the consultation paper. One was aimed at patients and the public, the other was aimed at nurses and midwives. They focusing on some of the key issues covered in the full consultation exercise. We had 544 responses from patients and the public and 368 responses from nurses and midwives. We also issued an 'easy read' version of the consultation, developed in conjunction with Mencap, aimed at enabling people with learning difficulties to contribute to the consultation exercise. We had 151 responses to this document.

Why Research Ltd analysed the responses to the consultation to ensure that any figures produced were independently verified and any analysis was similarly unbiased.

In addition to the formal consultation exercises and surveys, we carried out a range of other engagement activities.

- A series of NMC-run engagement events across the four countries where nurses, midwives, educators, students and members of the public discussed our proposals in depth.
- We attended engagement events run by stakeholder organisations such as the Royal College of Nursing (RCN) and the Royal College of Midwives (RCM). These events focused on our consultation, and took place across the four countries.

- Independent research organisations ran a series of qualitative focus groups across the four countries, seeking to get the views of members of the public. These included elderly patients, patients with comorbidities, patients with a learning disability, people who were currently or had recently used mental health services, and children and young adults. In total 88 adults and 34 children or young adults took part in these focus groups.

- Our proposals were discussed at a series of webinars and Twitter chats, both NMC-run and hosted by stakeholder organisations.

- We met (or held teleconferences with) key stakeholder organisations representing particular interest groups to discuss how our proposals would affect them and the people they represent. These groups included Mencap, MIND, Bliss and the CNO's Black & Minority Ethnic Steering Group.

- We worked with the Chief Nursing Officers, regional and local directors of nursing and heads of midwifery, and other commissioning and education provision organisations across the four countries.

- We also user tested our proposals for future nurse proficiencies and the education standards framework. Groups of key stakeholders tested our proposals to check that they were workable, deliverable and could be assessed locally to ensure we can undertake our quality assurance of education responsibilities effectively in the future.

Over the 13 weeks of the consultation we took part in 67 external engagement events. We also participated in 13 webinars, in which nearly 500 people participated. We sent more than 630,000 emails, had more than 120,000 visits to our website, more than 9,000 visits to our Facebook page, and more than 5,000 visits to our Twitter account, many of which were responding to our series of Twitter chats on matters pertaining to the consultation exercise. We added the feedback from all of these engagement activities to the consultation results to give an overall picture of how our proposals were viewed across the full range of our stakeholders.

As part of our consultation activity we also produced an equality and diversity impact assessment (EQIA), which sought to ensure and exhibit that our proposals did not disadvantage any group within society as a result of any protected or other characteristic. This was informed by responses to consultation as well as ongoing engagement work that we'd done as we developed the standards.

We took the needs of Welsh language speakers into account in all aspects of our consultation and stakeholder engagement, so Welsh speakers could participate in the consultation as well as ensuring equality of treatment in all aspects of nursing education and care delivery for Welsh speakers in the future. This was acknowledged by the Welsh speakers who took part in the consultation and engagement activities.

As a result, all of our new standards have clear direction to education providers and practice placement partners that they must have regard for all relevant equalities and

diversity legislation, in particular around ensuring that programmes delivered in Wales comply with any legislation that supports the use of the Welsh language. We recognise as a four country regulator that education providers will need to take into account local and national policies and frameworks, as well as differences in legislation where appropriate.

Following the consultation and the independent analysis of the findings, we created a small number of groups made up of subject matter experts from a range of nursing, midwifery and other healthcare backgrounds with representation from across the four countries. These groups considered some of the key issues that had arisen from the consultation, taking into account the consultation results, analysis and other evidence gathered from our engagement activities. This helped us to decide the changes we could consider and take forward when we refined our proposals.

Our proposals for the new standards then went through our internal governance processes, before going to our Council for final decision and approval. Council approved the new standards on 28 March 2018.

The new *Standards framework for nursing and midwifery education* and the new *Standards for student supervision and assessment* will apply to all AEIs and practice learning partners that deliver NMC approved programmes of whatever type. The *Standards for pre-registration nursing programmes* and the *Standards for prescribing programmes* will apply only to those specific programmes of education. The *Standards of proficiency for registered nurses* will provide not only the standards of proficiency that student nurses will have to meet to enter onto the register, but also the proficiencies that registered nurses will then have to continue to meet throughout their careers in accordance with their scope of practice in order to remain on the our register and be allowed to practise in the UK.

Structure and contents of this document

We've divided this document into seven separate sections. These sections focus on our proposals regarding:

1. *Future nurse: Standards of proficiency for registered nurses*
2. *Standards framework for nursing and midwifery education*
3. *Standards for student supervision and assessment*
4. *Standards for pre-registration nursing programmes*
5. *Standards for prescribing programmes*
6. Adopting the Royal Pharmaceutical Society's *A Competency Framework for all Prescribers*
7. Withdrawal of the *Standards for medicines management*

Each section sets out in turn:

- the rationale for our initial proposed draft standards as issued for consultation
- the high level feedback to the consultation and engagement
- the proposed new standards (where applicable), including the rationale for any amendments to our proposals since the consultation, and the evidence to support those changes.

Future nurse: Standards of proficiency for registered nurses

Rationale for proposed draft standards

The standards that went out for consultation set out the proficiencies that we proposed would be required from the future registered nurse at the point of entry to the register. These proficiencies were seen by us and stakeholder partners as ambitious in terms of the enhanced knowledge and skills that we would expect from nurses in the future.

Our vision for the standards of proficiency promotes a person-centred approach to the registered nurses deliver, and puts the individual at the centre of the decision making process when it comes to considering and making choices about their health, lifestyle, and how care is delivered. Future nursing care will see increasing integration of health and social care and dependencies between mental and physical health, and increased comorbidities. Care will increasingly be delivered in domestic or community settings by multi-professional teams, with nurses taking an increasing leadership role in managing and delivering that care.

The draft proficiencies therefore aimed to ensure that nurses will have the necessary knowledge to promote mental and physical health and wellbeing and adopt an evidenced based approach to care delivery. There was a focus on preparing nurses for complex leadership roles and for working effectively in interdisciplinary and multi-agency teams. The draft standards of proficiency would also prepare nurses to work more flexibly across settings and manage the care of people who may have complex needs.

We were aware that many patients and family members already believe that nurses can prescribe and have expressed a preference for timelier issuing of prescriptions in line with their plan of care. The draft standards of proficiency therefore included elements of prescribing theory to support the next generation of integrated models of care delivery, so nurses would be able to access prescribing qualifications soon after registration.

Feedback from consultation and engagement

Person-centred care

Generally, feedback on the future nurse proficiencies was positive. More than three-quarters of respondents to the consultation agreed that we had met the design principles for the proficiencies and they would provide for safe and effective nursing practice at the point of registration with person-centred care at its core. This would in turn enable those receiving care to have greater control over decisions regarding their care and treatment. This was reinforced by feedback from our service user focus groups, in which 94% agreed that the draft proficiencies suitably emphasised the importance of person-centred care.

The need for those receiving care to be fully involved in decisions about their care, with nurses helping them to make decisions about their own health and being able to deliver safe and effective care in home and community environments, was also very strongly

supported by those responding to the easy-read version of the consultation (99% of respondents agreed). Members of the service user focus groups also strongly supported this approach (100% agreed). The latter group also strongly supported the premise that nurses should take a holistic approach to a person's physical and mental health and wellbeing rather than just focusing on their immediate condition (100% agreed). A small minority of respondents to the consultation (5%) did, however, feel the need to comment specifically on the fact that they felt the focus on person-centred care needed to be made even more explicit.

The proficiencies

Respondents to the consultation generally agreed that the new proficiencies placed sufficient emphasis on health and wellbeing (82% agreed) and public health (77% agreed); reflected the higher levels of knowledge and skills that would be required of the future nurse (80% agreed); and struck a suitable balance between mental and physical health and care (80% agreed). This was backed up by our service user focus groups, who told us that they found the proposed new proficiencies to be clear (77% agreed); easy to understand (76% agreed); readily applicable across the four fields of nursing (73% agreed); and gave sufficient emphasis to the leadership skills that would be central to future nursing practice (78% agreed). User testing also found the proposed draft proficiencies to be easy to understand, measureable and supportive of inclusion.

There were some areas where respondents to the formal consultation exercise felt that the proficiencies needed strengthening or clarifying. In particular, how the proficiencies applied across the four fields of nursing (only 54% of respondents to the consultation exercise felt that all the stated proficiencies were applicable and necessary across all four fields of nursing); whether nurses should be equally proficient across all four fields at the point of entry onto the register (only 47% of respondents to the consultation exercise felt that they should be); and the need for greater emphasis on leadership and management skills (only 48% of respondents to the consultation exercise felt that the proposed proficiencies placed enough emphasis on leadership and management skills) were all areas that were highlighted in responses to the formal consultation exercise.

Feedback from engagement events with stakeholders was similarly mixed. Some stakeholder groups voiced concerns about the need for greater emphasis on person-centred care, end of life care and caring for those with learning disabilities. In particular, although 76% of respondents to the consultation supported the greater use of simulation in nursing education, especially in terms of learning skills in simulation before trying them out in practice settings, feedback from user testing showed concerns about how certain items (including those listed above) could be taught and assessed using simulation techniques.

Skills annexes

Some stakeholders at engagement events felt the skills annexes were difficult to map across all four fields of nursing, were overly focused on acute, hospital based care and did not focus enough on the skills required in mental health and learning disabilities nursing in particular. Some stakeholders also felt they were not always clear in stating

the level of proficiency required. Others felt that lists of skills produced in this manner would lead to a ‘tick box’ approach to the delivery of nursing education in the future.

An enhanced focus on bowel and bladder care and nutrition in the skills annexes was welcomed by some stakeholders in their written feedback. Others, however, identified a need for future care requirements to be considered as much as current ones and the need for a greater appreciation of the communication techniques necessary when caring for people with learning difficulties.

Prescribing

The inclusion of a greater level of knowledge of prescribing theory as a precursor to more nurses becoming prescribers was supported by respondents to the easy-read version of the consultation (75% agreed that more nurses should be able to prescribe). Service user focus group members (69% agreed that more nurses should be able to prescribe) similarly agreed, as did the children and young adults focus group.

Communication

Children and young adults also felt that good communication skills, keeping patients informed about their care and the ability to work well in teams and provide reassurance were key aspects of future nursing proficiencies. 91% of our service user focus group members agreed that the communication and relationship management skills as set out in the draft proficiencies were clear and sufficient.

Employers

Employer groups in particular stated in written feedback that our proposals would provide the future nurse with the knowledge and skills they require, helping to provide a more flexible and adaptable nursing workforce for the future.

The new standards

The structure of the new standards remains largely the same, maintaining our original design principles and based around seven ‘platforms’ which set out the key components of the roles, responsibilities and accountabilities of the registered nurse. However, we’ve reworked the titles of the platforms so that they’re more ‘active’ in tone.

We revisited the whole document to ensure that person-centred care remained at its core throughout. It now emphasises that the requirements contained within the proficiencies apply to all four fields of nursing, and highlights not only the importance of both management and leadership to the role of the future nurse, but the subtle differences between the two. The importance of excellent communication skills, both with those receiving care and with colleagues, is also emphasised throughout the document.

Accountability and professionalism

Platform one, ‘Being an accountable professional’, focuses on accountability and the professional attributes registered nurses need to provide safe and effective care. It now includes a proficiency for keeping accurate records. It also has a stronger focus on equality and diversity, particularly around identifying and challenging discrimination and health inequalities, as well as identifying and supporting the potentially vulnerable.

We’ve introduced a specific reference to record keeping in platform one in recognition of the central role this plays in safe and effective nursing practice. Some narrative responses to consultation identified this as an area where the proposed proficiencies needed strengthening.

The nurse’s role in challenging discrimination and health inequalities and supporting the vulnerable was also an area that had been identified as weak in the original version by some respondents to consultation and we have strengthened it accordingly.

The public health agenda

We have revisited and revised platform two, ‘Promoting health and preventing ill health’, with a much stronger focus on public protection and preventing ill health as well as promoting good health. We’ve also introduced a new proficiency about the need to understand the factors that can lead to health inequalities and emphasised global health principles.

This is in recognition of the growing importance of the public health agenda. Some respondents, in particular those who specialised in this area of nursing care, identified this as lacking in the consultation version of the proficiencies. We have strengthened the proficiencies in this area, recognising their concerns.

Care

Platforms three (‘Assessing needs and planning care’) and four (‘Providing and evaluating care’) now place greater emphasis on person-centred care and partnership working, acknowledging the growth of interdisciplinary learning and working, and placing people at the heart of a partnership approach to planning their own treatment and care. We’ve also emphasised the role of the nurse in recognising and assessing vulnerability and risk of harm, and the need to take swift and effective action to safeguard those who are potentially at risk.

Platform four now explicitly mentions the need for nurses to be able to demonstrate the skills and knowledge necessary to support people with common mental health, behavioural, cognitive and learning difficulties as well as physical health conditions. This highlights the fact that those skills are central to nursing regardless of field – they are not just necessary for mental health or learning disabilities nurses.

The greater emphasis on partnership working in platforms three and four recognises that in the future care is increasingly likely to be delivered by multi-professional teams in non-conventional settings. This will include working in partnerships with patients,

families, carers and others, as well as other health and social care professionals. We've also highlighted the safeguarding role of the nurse as some respondents felt that this needed strengthening in the new standards.

Prescribing

Platform four now clarifies our position on the inclusion of prescribing theory in future pre-registration nursing degree programmes.

We want to make it clear that nurses will not be able to prescribe, even from a limited formulary, at the point of entry onto the register. We do however want to move to a position where increasing numbers of nurses are practising as prescribers. Our revised proposals in this area make clearer what is to be learnt as part of the pre-registration nursing degree programme to enable more rapid progression onto a prescribing programme and what will be learnt as part of post-registration study.

Leadership, management and patient and public safety

Platform five, 'Leading and managing nursing care and working in teams', now distinguishes more clearly between the managerial and leadership roles of the registered nurse, acknowledging that in future nurses will take on a greater leadership role in the provision of care and that their range of management duties will increase. It also places a greater emphasis on the role of human factors involved in influencing health and safety in the care environment.

Platform six, 'Improving safety and quality of care', now places a greater emphasis on the nurse's role in identifying, reporting and reflecting on near misses, incidents and adverse events and in managing risk. It highlights the need for nurses to be aware of improvement methodologies, audit activities and strategies for managing uncertainty. All of this is aimed at not only avoiding the compromising of care, but actively seeking to improve patient safety and care quality.

We made the changes in platforms five to highlight more clearly that future nurses will perform both management and leadership roles as well as to recognise the role that human factors can play in risks to patient safety and public protection. This links back to section 19 of the Code which also highlights the role of human factors in this area and section 25 which emphasises the leadership role of the registered nurse.

Changes to platforms six and seven also reflect the need to improve patient safety and public protection, and recognise the role that risk management and improvement methodologies can play in making these improvements.

Coordinating care

Platform seven, 'Coordinating care', focuses on the nurse's role in delivering care across, and facilitating transfer between, a range of care settings. We have also taken the opportunity to emphasise the need for person-centred care at all stages of life as highlighted in consultation responses.

The new standards therefore seek to highlight the elevated role future nurses will play in the coordination of care and the transition of people between care settings, and the future nurse's role in acting as an advocate for the vulnerable.

The skills annexes

The contents of both skills annexes are now annotated differently to how they were annotated in the consultation. The introductory text of each annexe is also clearer that the requirements are relevant to all fields of nursing practice. However, we recognise that different care settings will need different approaches to care provision, and some fields of nursing require a greater depth and application of knowledge and expertise with regard to particular nursing procedures.

Responses to the consultation indicated that using annotations in the skills annexes was confusing. We've removed them. Instead, we make it clearer in the introductions that while we expect all nurses to be proficient in all the skills and procedures in the annexes, we expect a higher level of proficiency to be shown in those areas particularly relevant to a nurse's intended field or fields of practice.

We've also sought where possible to ensure that the required skills are set out less as a list but more as a narrative. Consultation responses indicated that many people felt that containing this skills in lists would merely lead to a 'tick box' approach to educating student nurses in these skills. Placing them within the narrative embeds them within a comprehensive approach to delivering safe and effective person centred nursing care.

Standards framework for nursing and midwifery education

Rationale for proposed draft standards

Our current *Standards for pre-registration nursing education* and the equivalent standards for pre-registration midwifery education include standards for institutions and programmes, as well as standards for individuals involved in delivering education and standards of proficiency. This can lead to confusion about what the standards intended use actually is. Our programme of change seeks to separate each set of standards and provide greater clarity for users.

To address the current potential for confusion, and in line with our design principles, we developed a draft education framework. It sought to underpin all aspects of education and training across both theory and practice settings for all pre- and post-registration programmes that lead to entry or annotation on our register. Public protection and student safety was central to this framework, as was our aim to lead and promote interdisciplinary learning and collaboration in practice.

The education framework sought to empower AEIs and their practice learning partners, enabling them to focus on outcomes and be flexible and innovative in their approach to programme design, delivery and management.

The framework is a departure from the inputs and process-focused approach of our current standards. The education framework was designed to be capable of responding to new, flexible models of programme design and curriculum and to encourage greater partnership working between academic and practice placement organisations.

Feedback from consultation and engagement

Separation of standards aimed at institutions and individuals

Feedback from the consultation generally supported the move to a set of standards targeted specifically at AEIs and practice placement partners, with 74% of respondents supporting this approach. Consultation responses taken as a whole were also generally supportive of the framework, agreeing that what makes a good learning provider can be captured in one set of standards and applied to pre-registration and post-registration nursing and midwifery programmes across all settings.

Meeting the design principles

Overall, respondents agreed that we had met our objectives and design principles (82% of respondents agreed) and that the outcomes focussed design of the framework is future proofed (72% of respondents agreed) and offered greater flexibility for education providers (70% of respondents agreed). There was general agreement that the requirements could be readily applied within a range of learning environments – 74% agreed that the framework was readily applicable across both nursing and midwifery education provision whilst 68% agreed it would be readily applicable in both pre- and post-registration contexts. 81% of respondents agreed that the framework would

support equality and diversity within nursing and midwifery education; 72% of respondents agreed that it would promote safety in academic learning settings; and 69% agreed that it would promote safety in practice learning settings. 66% of respondents felt that the requirements set out in the proposed framework standards were measurable and assessable while 72% felt they gave sufficient priority to safety in all education settings.

However, 28% of respondents to the consultation did feel that there were gaps in the framework, highlighting the need for greater clarification over supernumerary status and more details on approval and monitoring activities. These will be addressed elsewhere – in programme standards for supernumerary status and in the new *Quality assurance framework* for approval and monitoring activities. They are not central to the purposes of this standards document.

User testers' responses were similarly encouraging. The structure of the framework was well received and seen as logical and easy to understand, while the content was seen as comprehensive and inclusive.

Service user involvement

Engagement with other stakeholders, including hard to reach groups and representatives from the CNO Black & Minority Ethnic Steering Group, informed us there was a clear need to amplify our commitment to the voice of the service user in nursing and midwifery education and to express our expectations for equality and fairness for all students on nursing and midwifery programmes. These commitments are now more clearly expressed in standards and by using legislative terminology which can be linked directly to the Care Act 2014 and equalities and human rights legislation.

The new standards

We've made some changes to the terminology of our proposed *Standards for providers of nursing and midwifery education* to expand on some points and improve the clarity, enhancing their accessibility. There haven't been any major changes to the structure of the standards or the policy intent behind them.

We've made changes to strengthen commitments to equality and diversity, and to ensure that this is placed at the heart of nursing and midwifery education provision. This has included providing clearer definitions and making more extensive use of the terminology used in the Care Act 2014 and equalities and human rights legislation. This embeds them clearly within the standards and highlights the direct link between the requirements set in these standards and overarching legislation that applies to all walks of life and professions, not just nursing and midwifery.

We've also strengthened the outcomes to emphasise expectations of service user involvement in education and training, and clarified expectations with regard to protected learning time for students.

Standards for student supervision and assessment

Rationale for proposed draft standards

To support the proposed new standards for providers of nursing and midwifery education, we proposed introducing new *Standards for student supervision and assessment*. These would set out the mechanisms and processes for ensuring students are appropriately supervised and rigorously yet fairly assessed in both academic and practice learning environments.

In the framework and requirements for supervision and assessment, we sought to strike a balance in enabling innovation, while providing assurance that students are being appropriately supervised and assessed against the relevant standards of proficiency and course outcomes. We initially proposed the new approach to learning and assessment as an annexe to the proposed standards for providers of nursing and midwifery education, and as a replacement for our current *Standards to support learning and assessment in practice* (SLAiP) (2008).

Feedback from consultation and engagement

The supervision and assessment model

There were some concerns about our proposals for the new supervision and assessment model. A small majority of respondents (52%) disagreed with the proposals that the practice assessor need not be from the same field of nursing practice as the intended field of practice for the student nurse they're assessing. Some commented that this would only be appropriate in some instances and then only if the assessor was appropriately skilled, otherwise there could be a lowering of standards as a result.

However, comments provided by some of the 31% who supported the proposal implied that this proposal would support interdisciplinary learning and working, and may increase the number and variety of available placements. They saw the current arrangements as too prescriptive, which in turn often lead to numerous enquiries to the NMC about how the current system should operate in situations that don't fit within the restrictions of the current model, and pointed to best practice models in other professions where interdisciplinary learning and assessment is actively encouraged.

Preparation

Some also expressed concerns that we would not be providing or setting proficiencies for approved training programmes for the assessor roles. In total, 62% of respondents opposed our proposal not to provide training or set proficiencies in this area. Reasons they gave included that it would bring about a lack of consistency and a diluting of professionalism, that other professionals may not be willing to participate and that the definition of 'suitably prepared' was too vague. Comments we received from some of the 28% who supported the proposal, however, indicated that they saw no risks in the proposal and felt that involving other health and care professionals in the process added value.

Separating supervision and assessment

A slight majority supported the proposal to separate supervision from assessment (51% agreed, 33% disagreed, 15% expressed no opinion). There was no clear majority for or against the proposal that the practice assessor be independent of the practice supervisor. However, more respondents agreed with this proposal than opposed it (47% agreed, 36% disagreed, 16% expressed no opinion). People who disagreed with these proposals cited a lack of clarity as to how this would operate, the need for assessment to be an ongoing process and lack of continuity for students as reasons for opposition.

Extending the supervisory role to non-NMC registered healthcare professionals

Views were split on the proposals that the practice supervisor need not be an NMC registrant, with 42% of respondents supporting this proposal and 42% opposing it. Those who opposed it feared that it would dilute the four fields of nursing, however, those who supported the proposal felt that it wold work effectively if the individual concerned had appropriate equivalent experience in their own field and if the processes for ensuring effective supervision were clearly set out in supporting information. There was also no clear overall majority either in favour or against the proposals that students would be assigned to one practice and one academic assessor per part of the programme. However nearly half of all respondents (49%) supported this proposal.

Supporting information

In addition to subject matter experts helping to analyse the consultation responses, we established a four country representative working group to look at creating supporting information to help with implementation and address some of the issues raised in consultation. This work is ongoing.

The new standards

The new version of the *Standards for student supervision and assessment* has undergone a number of changes in both content and structure as a result of feedback during the consultation exercise.

Preparation

There will be no NMC approved course for assessors or supervisors. However, assessors will be required to have preparation or training. We will expect practice supervisors to be prepared for their role, but we will not mandate that they have specific training approved or provided by us.

Instead, we now set out a series of high level outcomes for assessor training in the *Standards for student supervision and assessment*. This is a reversal of the position we set out in consultation not to set any competencies for the new assessor roles.

Mandating that assessors or supervisors take a course that we have *approved* does not fit in with our stated design principles. No other regulator prescribes a mandated course and the course itself does not add regulatory value, as it is not necessary for assessors

to take an approved course for us to be assured of their competence. In addition, the existence of an approved mentorship course does not currently provide consistency or quality.

By mandating that assessors must have preparation in the future we will still seek assurance that assessors are suitably qualified through our quality assurance activity. This should ensure that no assessors are undertaking the role unless they are suitably prepared to do so and that there is local oversight of this.

This, in addition to the high level outcomes we set for preparation and the requirements of the Code, will provide us with the regulatory assurance needed.

Extending the supervisory role to non-NMC registered healthcare professionals

The practice supervisor will be ‘any registered health and social care professional’ who is delivering learning in practice in line with their competence.

The four healthcare systems of the UK are moving towards more integrated provision of health and social care. Several of the major healthcare reviews that have reported in the few years also identified a lack of a coherent approach to interdisciplinary working. It’s important that our standards reflect and enable new ways of learning and working.

As a result we’re proposing that the practice supervisor be any registered health and social care professional. We believe that some of the concerns recorded within the consultation regarding this question were based on misunderstandings regarding the proposal. For example many of those opposed to the change appeared to have conflated the roles of supervisor and assessor. In addition, there was a misconception that professionals would be providing education outside of their scope of practice. The *Standards for student supervision and assessment* set the expectation that learning must only be provided in line with the supervisor’s experience and scope of practice.

The supervision and assessment model

We will not require the practice and academic assessors for nursing students to be from the same field of practice as the student they are assessing. However, they must have suitable equivalent experience in order to fulfil this role. SCPHN students will be assessed by a suitably experienced SCPHN, regardless of field.

Students will be assigned to a different academic assessor per part of the programme, and a practice assessor for a placement or a series of placements.

The current expectation that nurses and SCPHN must be in the same field/area of practice as the student they are assessing is not in keeping with the reality of nursing and SCPHN practice. Being registered in a particular field does not always indicate current expertise. Many registrants are highly experienced and have further qualifications in a different field to the one they originally qualified in. In addition the structure of the register does not allow for those on the SCPHN part of the register to register more than one field of practice, even if they have the requisite qualifications.

This proposal is a way to recognise that scope of practice is a better indicator of current expertise than registration.

We believe that our proposed model is a more proportionate approach to our role in setting standards in this area, whilst taking account of concerns voiced during the consultation process in this area. We will monitor this area as part of our approvals and education quality assurance processes to ensure that the model is being used effectively and proportionately, that supervisors and assessors do have suitable equivalent experience, and that providers are not using inexperienced individuals in these roles merely to reduce costs.

Although the responses to the consultation were broadly positive to the proposal for the student to have one practice and academic assessor per part of the programme (49% agreed and 28% opposed this proposal), feedback from education stakeholders has been that one practice assessor per part of the programme may be too difficult to implement in all areas. We acknowledge the concerns some respondents to the consultation had in this area but it remains our expectation that one practice assessor will work with the academic assessor for student progression. This is to ensure that this link between practice and the academic environments remains, while allowing flexibility in implementation.

Structure of the document

The new standards are not an annexe to the standards for providers of nursing and midwifery education but are a separate set of stand-alone standards in their own right, with supporting information to follow in due course.

We believe that student supervision and assessment deserves a set of standards in its own right, rather than being contained in an annexe to another set of standards. This is supported by the volume and nature of responses to the consultation on this subject and the complexities that may arise from adopting and adapting to the new processes set out within the requirements.

Standards for pre-registration nursing programmes

Rationale for proposed draft standards

Programme requirements for pre-registration nursing degree programmes are currently contained within the *Standards for pre-registration nursing education* (2010).

For clarity we proposed that information unique to pre-registration nursing degree programmes should be presented as a stand-alone document and all subsequent programme requirements we develop will follow this approach. In 2018-2019 we will develop new standards for pre-registration midwifery programmes.

Feedback from consultation and engagement

Recognition of prior learning

Respondents largely welcomed the proposals that we continue to set limits for recognition of prior learning (RPL). 75% of respondents said they agreed with this. Stakeholders who commented at our engagement events generally supported a 50% cap on RPL. There was, however, an acceptance that in the future there may be a rationale for raising or even doing away with the cap in terms of widening access to the profession, particularly in the context of nursing apprenticeships and the introduction in England of the nursing associate role.

Theory and practice learning

We proposed maintaining the equal split between theory and practice. 77% of respondents supported this.

Practice assessment documents

The proposal to promote the development of a standardised national practice assessment document (PAD) was supported by 89% of respondents. 96% of those who agreed with the proposal also agreed that we should work with other stakeholders to support the development of such a document.

On the issue of a standardised PAD, there was strong support for this at the engagement events. A number of regions already have standardised PADs which appear to be very popular – for example, we received 70 positive comments regarding Scotland’s existing Student Ongoing Achievement Record (SOAR) in responses to our consultation.

Simulation

Some respondents expressed concern in answer to consultation questions on simulation. Opinion was divided on whether the amount of learning provided through simulation should be increased, and on the subject of removing the current 300 hour

maximum for simulated learning. 94% of respondents believed there should continue to be a cap on hours spent learning in simulation.

Simulation was seen by education commissioners and providers as an enhancement that provides a wider range of learning opportunities in both theory and practice settings. However, there were concerns voiced at stakeholder engagement events about:

- the lack of availability of high level facilities for simulated learning across all providers
- the lack of readily available simulated learning tools in fields such as mental health nursing
- simulated learning was being pushed purely on the grounds of cost.

Overall, however, stakeholders at these events agreed that the emphasis should be on the quality of learning carried out in simulation rather than the quantity of it, both in theory and in practice.

Supernumerary status

There were numerous requests during the consultation and engagement process for greater clarity on our definition of students' supernumerary status – even though we didn't ask a direct consultation question in this area.

Entry requirements

Opinion was split on whether AEIs and the practice placement learning partners should be allowed to set entry criteria for literacy, numeracy and digital numeracy, or whether these should be set by us.

On entry requirements, stakeholders generally accepted that digital literacy was becoming more important for health and care professionals than ever before. Educators highlighted that the numeracy skills taught in, for example, GCSE mathematics, didn't necessarily reflect the numeracy skills that would be needed for safe and effective nursing practice.

The new standards

We've made several policy decisions as a result of the assimilation of the consultation responses, feedback from engagement and discussion with subject matter experts. These decisions are reflected in the new *Standards for pre-registration nursing programmes*. They include the following.

Theory and practice learning

We've maintained the equal split between theory and practice. This reflects the equal importance of theory and practice learning, as well as ensuring compliance with the EU's Recognition of Professional Qualifications Directive.

Simulation

In recognition of the increasing usefulness and ethical value of simulation for learning and assessment we've taken a new approach to simulated hours, enabling education providers to integrate their application of simulation across the programme, in both theory and practice settings.

Our new approach recognises the growing role and importance of simulated learning in professional healthcare education. This provides AEIs with flexibility in determining how simulation is used for learning and assessment while ensuring that the required amount of practice hours is not diminished and compliance with European legislation is assured.

Supernumerary status

We've maintained supernumerary status for students. However, some flexibility is provided in the definition of supernumerary. We propose that decreasing levels of supervision can be permitted in relation to students' increasing proficiency and confidence. This would maintain public safety while providing students with opportunities to develop their practice.

Students aren't in staffing numbers but are part of the team. This reflects the intentions of clinical instruction and practice as set out in the EU's Recognition of Professional Qualifications Directive.

Our approach to the supernumerary status of students seeks to provide some flexibility of approach to student supervision while also providing students with a broader range of opportunities to develop their practice and their confidence safely and effectively. In addition, the anticipated growth of nursing and nursing associate apprenticeships will benefit from a more flexible approach to practice learning than previously given to pre-registration students.

Practice assessment documents

Our support for moves towards the standardisation of ongoing records of achievement for students has been driven by calls for greater consistency from students, mentors and educators, both prior to and during the consultation process.

We support moving towards more standardised PADs but we're looking to help facilitate this by encouraging cooperation between education providers and their placement partners rather than by owning the issue ourselves and mandating the use of a particular format that we've devised and imposed. The latter approach wouldn't be within our regulatory remit, and we see our role in this area as one of encouraging others to work together.

Standards for prescribing programmes

Rationale for proposed draft standards

Nurses and midwives are increasingly being expected to take on more responsibility as they respond to the changing needs and expectations of patients and the public. As care increasingly moves towards being delivered in the community and in integrated health and social care settings, prescribing practice is expected to become a key requirement of future care delivery.

That being the case, there's an anticipation that more nurses and midwives will want to undertake prescribing programmes in order to gain the necessary qualifications to be able to prescribe from one of the formularies available to nurses, midwives and SCPHNs.

Those education providers that deliver prescribing programmes have been saying for a number of years that the current programme requirements for prescribing programmes are unduly focused on process rather than outcomes, and are so detailed that the effective delivery of prescribing programmes is hampered and innovation stifled. As a result, we proposed new programme requirements that allow providers to be more creative in designing their programmes and the content of their curricula.

In addition, in light of the proposal to include a greater level of 'prescribing theory' in the pre-registration nursing degree programme, we proposed that the time limit to undertake a V150 community prescriber programme should be reduced from two years to zero (i.e. a registrant could undertake this programme as soon as they entered onto the NMC register). Similarly, we proposed that for a V300 supplementary/independent prescriber programme it should be reduced from three years to one.

As part of our ambition to promote interdisciplinary learning, teaching and working, we also proposed widening the supervision and assessment of trainee prescribers to all suitably qualified and experienced prescribers. Supervision is currently only undertaken by a designated medical practitioner. This was in line with the General Pharmaceutical Council's plans to similarly widen the supervision of trainee prescribers on their register to pharmacist prescribers and other non-medical prescribers.

It was further proposed that in the future all NMC-approved prescribing programmes would use the Royal Pharmaceutical Society's *A Competency Framework for all Prescribers* as the basis of their course outcomes. This proposal is covered in more detail later in this paper.

Implementation of these proposals would see section 1 of our current Standards of proficiency for nurse and midwife prescribers and supporting circulars withdrawn. This is because they would effectively be superseded by the new standards.

Feedback from consultation and engagement

Entry requirements

Consultation feedback on our proposals with regard to future prescribing programme requirements was generally positive. There were however concerns voiced by some current registrants through feedback to the formal consultation exercise and through stakeholder engagement with regard to the entry requirements for both the V150 and V300 prescribing programmes. 55% of respondents to our consultation opposed our proposals regarding entry requirements for V150 programmes (51% of organisational respondents agreed but only 32% of individual respondents agreed). 64% opposed our proposals regarding the V300 programme (39% of organisational respondents agreed but only 26% of individual respondents agreed).

Service users, nursing students and (to a lesser extent) nurses who currently work in community settings expressed general support for our proposals at our engagement events. They highlighted the benefits of having more nurses who are able to prescribe, particularly in view of the fact that in future more care will be delivered in home or community settings.

However, some who work in other nursing and midwifery settings voiced concerns. These were mainly based on opinions that the periods being put in place were too short and wouldn’t ensure that applicants were suitably experienced or skilled prior to undertaking prescribing programmes. There were also concerns voiced by some stakeholders at these engagement events that nurses might be pushed by employers into doing such a course when they don’t want to do it or it isn’t necessary for their particular job role. Others were concerned that opening up access to such courses may encourage a drain away from mainstream NHS nursing practice to private cosmetic practice.

While these concerns were shared and discussed with our subject matter experts, their main comment was that the proposed entry requirements, being based solely on ‘time since initial registration’, were process driven rather than outcome focused. They felt this didn’t guarantee that applicants would have the right knowledge and experience to be ready for the programme. In that respect it’s an ‘illusory safeguard’.

We have agreed with this view and feel that there’s a need to avoid relying on ‘time since initial registration’ as the sole indication of whether someone is ready to enter a prescribing programme. Other requirements need to be in place, either in addition to or instead of time-based qualifications.

We’ve decided, therefore, that there’s a need for the entry requirements set out in the new standards to be based on skills, qualifications and experience. This wouldn’t only ensure greater student readiness, but would also ensure that the student had spent enough time gaining post-registration experience. This also provides continuity with our plans to include more prescribing theory in pre-registration nursing degree programmes.

Our new proposals have resulted in us moving away from our previous position, where the only qualification nurses and midwives needed to meet to enter onto a prescribing programme was based on length of time on the register. Instead we're now basing future entry requirements on evidencing the achievement of certain skills, qualifications and experience prior to application.

To this, we're adding a proviso that for the V300 programme, the one-year qualifying period stated in the consultation version of these standards should be maintained. This is to make sure that for those wishing to move into the field of independent/supplementary prescribing, their knowledge is based upon a suitable period of post-registration experience.

Student support in practice learning

Our other proposals relating to the prescribing programme requirements were generally supported. 63% of respondents supported the proposal to open up the role of supervising and assessing prescribing practice learning to all suitably qualified and experienced prescribers, rather than it being carried out by a designated medical practitioner as at present.

It was suggested in comments made by respondents who supported the proposal that this would open up access to prescribing programmes. They also said it would highlight the growing acceptance of the success story that non-medical prescribing has been in recent years. However, some concerns were expressed at our stakeholder engagement events regarding the need to communicate this change and the reasons for it clearly and to make sure that support and guidance is provided for those nurses and midwives who may undertake this role in the future.

Assessment

Similarly, there was substantial support for keeping the required pass marks for the numeracy and pharmacology assessments in prescribing programmes as they are at present. 90% of respondents supported the numeracy assessment pass mark remaining at 100%. 94% supported the pharmacology assessment pass mark being 80% or higher.

There were, however, comments from some educational stakeholders at engagement events about the need to ensure consistency across providers with regard to the content and marking of these assessments.

The new standards

Our proposed requirements for prescribing programmes are broadly similar to those that went out for consultation. Those changes we have made since consultation are summarised below.

Entry requirements for prescribing programmes

We've made changes to the entry requirements for prescribing programmes. We've moved away from relying solely on 'time served' towards a position where applicants also need to evidence that they have the competence, experience and academic ability necessary for the programme. They need to be proficient to a level appropriate to the programme they wish to undertake and their intended area of prescribing practice in areas such as clinical/health assessment, diagnostics/care management and the planning and evaluation of care.

The reason we've made these amendments is not only to ensure patient safety and public protection but also to ensure that entry requirements for prescribing programmes are outcomes-focussed and based experience and skills rather than time since initial registration. We believe this to be a more appropriate and proportionate approach which is more likely to guarantee quality applicants and subsequent safe and effective prescribing practice than relying on time spent on the register alone.

Requirements for practice learning

We've also emphasised the role of AEIs in making sure that arrangements for practice learning are suitably robust. We've placed specific emphasis on ensuring that robust arrangements are in place for student prescribers who are self-employed. This is to make sure that those who wish to practise in self-employed prescribing settings do their practice learning in settings that are suitable and that effective governance is in place to ensure that the highest standards are met.

Our new standards also ensure equality of access to prescribing programmes and emphasise the robustness of governance required for practice learning environments, in particular for those who are self-employed and may not have access to the range of learning environments available to NHS-employed nurses and midwives.

Adopting the Royal Pharmaceutical Society Competency Framework

Rationale for initial proposals

As part of our commitment to being a modern, dynamic regulator and in recognition of a multi-professional approach to prescribing proficiency, we proposed that in future all NMC-approved prescribing programmes would deliver outcomes which meet the Royal Pharmaceutical Society's (RPS) *A Single Competency Framework for all Prescribers*. This competency framework would therefore also become our proficiencies for nurse and midwife prescribing practice, as well as forming the required outcomes for all NMC-approved prescribing programmes going forward.

Our proposals also included the withdrawal of sections 2 and 3 of our current *Standards of Proficiency for Nurse and Midwife Prescribers* and the circulars that underpin them. This is because they would effectively be superseded by the competency framework.

Feedback from consultation and engagement

Views expressed via the consultation exercise in this area were strongly supportive of our proposals. 82% of consultation responses supported adopting the RPS Competency Framework, with 95% of those who supported the proposal also feeling that doing so would lead to shared approaches to prescribing competency across health and social care professions.

In addition, 91% of respondents felt that there were certain key areas of prescribing practice where further guidance would also be required. The areas most often mentioned in accompanying comments were cosmetic prescribing, private sector prescribing, remote prescribing, prescribing in pregnancy and prescribing for children.

These views were supported by external engagement both before and during the 2017 consultation exercises. The RPS were very supportive of this proposal and spoke at some engagement events outlining the content of the framework and the benefits of adopting it – this was widely appreciated by stakeholders. No opposition was voiced to this proposal at any of those engagement events.

The new approach

It's proposed that we adopt the RPS Competency Framework as our competency framework for nurse and midwife prescribing practice. As such, in future all NMC-approved prescribing programmes will be expected to deliver these competencies as their course outcomes, and all nurse and midwife prescribers will use the framework as the benchmark for safe and effective prescribing practice.

In addition, it's proposed that we support key stakeholder partners, in particular the RPS and organisations such as the RCN and RCM, in developing cross-regulatory guidance in key areas of prescribing practice.

Adopting the RPS Competency Framework doesn't represent an amendment from our original proposals but working with the RPS and other stakeholder partners on developing new cross-regulatory prescribing practice guidance does go further than we originally consulted on. It does however reiterate our intention to lead on the need for a multi-professional approach to prescribing practice.

We believe it's necessary that new guidance is developed in this growing and increasingly important area of nursing and midwifery practice and the RPS in particular have regularly and clearly indicated their willingness to take the lead on this. They have the expertise to assist us greatly in developing high quality guidance in this field. Working with them on such guidance will build on the relationship we formed through working on the development of their competency framework for all prescribers.

Prescribing is an area that's becoming increasingly important across all health and care professions and we'll continue to support the development of guidance that will be applicable on a cross-regulatory basis wherever possible.

Withdrawal of the Standards for medicines management

Rationale for initial approach

Our rationale for withdrawal was clear from the outset. These standards were now our only wholly practice-focused standards. They served minimal educational or regulatory purpose, and don't fit in with a multi-professional approach to education and practice. Nor does providing such standards on clinical practice matters fit in with the role of a modern, proportionate, right-touch regulator as envisaged by the Professional Standards Authority. We remain the only professional regulator who currently sets such standards. Managing medicines is now covered in the Code as well as in both the current pre-registration nursing standards and the draft new proficiencies for the future registered nurse.

We therefore consulted on the basis of withdrawing our *Standards for medicines management* (SMM) and not replacing them with a document produced by us. We did propose, however, to signpost to alternative sources of guidance via our website.

Feedback from consultation and engagement

Responses to consultation questions in this area were mixed and in some respects inconsistent. There was strong agreement with the premise that policy decisions about medicines management should be made at a local level by service providers (72% in favour) and that guidance in this field should apply equally across the board to all health and social care professionals rather than just to nurses and midwives (82% in favour). Conversely, there were mixed views about whether the SMM should be withdrawn as proposed (27% supported withdrawal, 40% opposed and 33% did not have a view one way or the other).

Feedback from other engagement activities was similarly mixed, and it appeared that views were largely dependent on where the feedback was obtained from. Those who took part in our webinars on this subject area, for example, were on the whole much more supportive of withdrawal. Those who attended more formal, larger scale externally organised events seemed to be more opposed to withdrawal and voiced particular concern as to what would replace these standards if they were withdrawn. There was a clear mood in the room among many nurses and midwives attending these meetings for retaining the SMM, notwithstanding the fact that many people accepted they're largely out of date and don't reflect safe and effective modern medicines optimisation and management practice.

Some stakeholders commented at engagement events that the current standards needed to be replaced by something produced by us. They claimed there was a clear need for a document where all the information in this key area of nursing and midwifery practice was all held in one place for use by nurses and midwives. This was particularly necessary for those who worked in areas of practice (e.g. small scale private care homes) or physical locations (e.g. remote community settings) where locally produced guidance was not always available or practicable.

Others, however, said that perhaps opposition to withdrawal had been caused by the fact that we had been very unclear as to what, if anything, would replace the SMM. What were seen as vague promises regarding signposting to alternative forms of guidance on subject areas covered in the SMM had clearly not been sufficient to ease doubts in this area. It was felt that if withdrawal was to go ahead, something more concrete than mere ‘signposting’ was required.

The new approach

We still propose that the current SMM be withdrawn as the rationale for withdrawal remains strong. This outcome is not wholly in line with the views expressed in response to the consultation exercise, as previously outlined.

We believe that the reasons we have long stated for withdrawal remain sound, however, we recognise that we need to make nurses and midwives more aware of alternative sources of information relating to medicines management through our website and ongoing engagement activities. What we do intend to change, therefore, is what the SMM will be replaced with.

We’ve agreed with the partner stakeholder groups concerned that we’ll work alongside the Royal Pharmaceutical Society (RPS) and other key stakeholder partner groups to develop cross-professional guidance on safe and effective medicines management.

The RPS already produces guidance on safe and effective handling of medicines and medicinal products that’s used by a range of healthcare professionals (not just pharmacists) and which is due for review and updating. In its consultation response, the RPS expressed its strong wish to develop this guidance further so that it covers all areas of medicines management (including medicines administration, which it currently does not cover) and to make it readily applicable in all settings and to all professions (including nurses and midwives).

We would also ensure that any such guidance would be readily applicable to nursing associates going forward.

It has become clear that merely signposting to other existing sources of guidance in this area from hyperlinks on our website is not a popular option and doesn’t provide nurses and midwives with the ‘one stop shop’ for medicines management guidance that many clearly think is necessary.

We believe that supporting initiatives that lead to the development of interdisciplinary guidance in this area will address concerns from respondents and reflect a proportionate approach to collaborating with others as well as addressing the needs of nurses and midwives.

Working in conjunction with the RPS and others such as the RCN and RCM will ensure that the guidance development is led by those who are experts in the field. Its cross-professional nature shows that we’ve listened to the views expressed in the consultation saying that such guidance is the right way forward.

Summary

Our consultation and engagement activities during the development of our new education standards were a success, with significant numbers of people and the public, nurses and midwives, students and organisations taking part and expressing their views on our proposals.

It is only through the expression and analysis of those views, in whatever form they are made and received, that we can develop and enhance our standards. This in turn ensures that our nursing and midwifery education and proficiencies are the best they can be, with patient safety, public protection and person-centred care at their core.

We would like to thank everybody who participated in our consultation and engagement exercises.

Annexe A:

Table 1

Breakdown of nurse respondents to the consultations by field of practice.

Nurses - scope of practice	Proportion of nurse registrants	Consultation 1	Consultation 2
Adult (and general care)	62.8%	58.0%	67.0%
Mental health	10.6%	14.0%	6.0%
Children's (and neo-natal) nursing	5.8%	11.0%	11.0%
Health visitor	2.8%	5.0%	4.0%
Learning disabilities	1.6%	5.0%	1.0%

Tables 2 and 3

Midwife responses to consultations

Consultation 1

Midwives	Proportion of registrants	Proportion of responses	Net difference (% points)
Midwives	6.3%	6.8%	+0.5%

Consultation 2

Midwives	Proportion of prescribers	Proportion of responses	Net difference (% points)
Midwives	0.3% of prescribers	4.1%	+3.8%

Table 4

Four country responses to consultations by NMC registrants

Country	Proportion of registrants	Consultation 1	Consultation 2
England	78.9%	70.1%	78.5%
Scotland	10.0%	14.5%	10.4%
Wales	5.2%	6.9%	6.9%
N. Ireland	3.5%	6.4%	4.3%
Non-UK	2.4%	1.8%	0.0%

Standards Development Methodology

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Document approvals

Name	Title	Approval	Date	Version
Anne Trotter	Assistant Director, Education and Standards	Approved	16/02/2023	1.2

Standards Development Methodology

About this document

This document captures the key aspects of the standards development methodology that underpins the reviewing and development process for our regulatory standards and guidance. It covers both periodic review of existing material (as part of the ongoing review cycle to which all our regulatory standards and guidance are subject) as well as the process for developing and introducing new regulatory standards and guidance on relevant topics or areas of professional practice.[1]

Our Standards development methodology is agile and dynamic, to enable us as a regulator to respond quickly to new professional challenges, and to the rapidly changing and challenging environment in which our registrants are working. It means we can develop standards that are ambitious and future focused, supporting the education of our future professionals, having the right knowledge and skills and flexibility to practise in an increasingly complex context.

Background

This updated standards development methodology has been informed from incorporating learning from previous professional experience drawn from different sectors, and current best practice from other health and care regulatory bodies[2] and relevant health and care organisations.[3]

From this evidence base, the standards development methodology draws out key steps and agreed criteria for

a) setting, reviewing, developing and consulting on our regulatory standards and guidance;

b) for promoting existing, new and revised regulatory standards and guidance; and

c) for planning the evaluation of how well these standards and guidance have been embedded.

Who will find this useful?

This methodology is to be a helpful resource to those interested in understanding standards development and those directly involved in using this robust methodology when undertaking all standards development activities.

[1] Fitness to Practise (FtP) and Registrations develop policy, guidance and standard operating procedures that are based on our based on our legislation and sits independent from the standards development process to produce our regulatory standards and guidance.
[2] Other healthcare regulators such as the General Medical Council (GMC), the General Dental Council (GDC) and the Health and Care Professions Council (HCPC).
[3] Other healthcare organisations such as the National Institute for Health and Care Excellence (NICE).

Role of the Standards Development Team

Under the leadership of the Assistant Director, Education and Standards, the Standards Development Team (SDT), which sits within the Professional Practice Directorate, are responsible for:

- overseeing, reviewing and updating the content of existing standards and guidance;
- Leading the standards development methodology on a range of issues pertinent to the proficiency, education and training, and professional conduct, to ensure we develop evidence and outcome based standards and guidance to regulate the practice of nurses, midwives and nursing associates with our ultimate goal of public protection.
- Developing and managing stakeholder engagements and enquiries as part of the intelligence gathering and intelligence sharing function of the team and wider directorate. Raise awareness and understanding of the standards internally within the NMC and externally with our key stakeholders across health and care regulation and practice alongside adviser colleagues. This includes responding to education and standards related enquiries.
- Analysing and relaying the impact of external health and education policy drivers that affect our regulatory standards.

Purpose of our standards and guidance

Our regulatory standards are written in a concise outcome focused format. They have been co-produced with input from our stakeholders and demonstrate and are cognisant of our four country regulatory remit. They also clearly set out the expectation we have of our nursing and midwifery professionals to focus on their professional practice throughout the career journey and uphold the principles set out in the Code.

Our guidance sits underneath our regulatory standards and helps translate our standards into practice, setting out possible ways that our standards may be met, with principles often underpinned by the Code.

Our regulatory standards and guidance

The Code

The Code contains the professional standards of conduct and behaviour that registered nurses, midwives and nursing associates[4] must uphold. The Code is structured around four themes – prioritise people, practise effectively, preserve safety and promote professionalism and trust. Nurses, midwives and nursing associates must act in line with the Code, whether they are providing direct care to individuals, groups or

[4] Anyone practising as a registered nurse or midwife in the UK, or a nursing associate in England, has to be registered with us. The nursing associate role is being used only in England.

communities or bringing their professional knowledge to bear on nursing[5] and midwifery practice in other roles, such as leadership, education, or research.

When joining our register, and then when renewing their registration (through revalidation), nurses, midwives and nursing associates commit to upholding these standards. For those on our register who fail to uphold the Code, we have powers under our legislation to take regulatory action, including in most serious cases, to remove these individuals from the register.

The values and principles set out in the Code can be applied in a range of different practice settings, but they are not negotiable or discretionary. Our role is to set the standards in the Code, but these are not just our regulatory expectations. They are the standards that patients and members of the public tell us they expect from health professionals. They are the standards shown every day by those on our register.

Overarching education and training standards for all NMC professions and qualifications we set standards for

The standards for education and training are split into three parts:

1) the framework for nursing and midwifery education;

2) the standards for student supervision and assessment, and

3) the programme standards- which are the standards specific for each pre-registration or post-registration programme.

- Part 1: Standards framework for nursing and midwifery education;
- Part 2: Standards for student supervision and assessment; and
- Part 3: Programme standards:
    - Part 3: Standards for pre-registration nursing programmes and
    - Part 3: Standards for pre-registration midwifery programmes
    - Part 3: Standards for pre-registration nursing associate programmes

Our standards were written to give approved education institutions (AEIs) and their practice learning partners the flexibility to develop creative and innovative approaches to education. They also at the same time, allow institutions to still be accountable for the local delivery and management of NMC approved programmes in line with our standards.

[5] We have used the word ‘nursing’ to apply to the work of nurses and nursing associates. Nursing associates are a distinct profession with their own part of our register, but they are part of the nursing team.

Our standards framework:

1. **Learning culture**
   We'll only approve programmes where the learning culture is ethical, open and honest, and is conducive to safe and effective learning that respects the principles of equality and diversity. Innovation, inter-professional learning and team working should be embedded in the learning culture.

2. **Educational governance and quality**
   We expect education providers to comply with all legal and regulatory requirements.

3. **Student empowerment**
   We want students to be empowered and provided with the learning opportunities they need to achieve the desired proficiencies and programme outcomes.

4. **Educators and assessors**
   We'll seek assurance that those who support, supervise and assess students are suitably qualified, prepared and skilled, and receive the necessary support for their role.

5. **Curricula and assessment**
   We set standards for curricula and assessment that enable students to achieve the outcomes required to practise safely and effectively in their chosen area.

Our Programme standards

Our Programme standards for nursing and midwifery programmes set out the entry requirements, length of programme, methods of assessment and the level of award for NMC-approved programmes. Education institutions who must comply with them to be approved to run any NMC-approved programmes. Students must successfully complete an NMC-approved pre-registration programme in order to meet our standards and be able to join our register.

Supervision and assessment

Our standards for student supervision and assessment set out the roles and responsibilities of practice supervisors and assessors, and how they must make sure students receive high-quality learning, support and supervision during their practice placements. They also set our expectations for the learning, support and supervision of students in the practice environment. As well as setting out how students are assessed for theory and practice learning.

Proficiency standards

Our Standards of Proficiency set out as outcome statements, the skills, knowledge and attributes that our nurses, midwives and nursing associates must demonstrate by the time they join our register. The Standards of Proficiency acts as a benchmark to measure our registrants ongoing professional practice when revalidating their registration every three years, and also to support potential investigations into any fitness to practise regulatory concerns related to their professional conduct or behaviour.

The suite of Standards of Proficiency are:

- Standards of proficiency for registered nurses
- Standards of proficiency for midwives
- Standards of proficiency for nursing associates

Standards of proficiency for registered nurses

The standards of proficiency for registered nurses are grouped under seven platforms, which are important to understand because they:

- represent the knowledge, skills, and attributes that all registered nurses must demonstrate when caring for people of all ages and across all care settings
- reflect what the public can expect nurses to know and be able to do in order to deliver safe, compassionate and effective nursing care
- provide a benchmark for nurses from the European Economic Area, EU and overseas wishing to join the register
- provide a benchmark for those who plan to return to practice after a period of absence

Standards of proficiency for midwives

The standards of proficiency for midwives are grouped under six domains, which are important to understand because they:

- represent the knowledge, skills, and attributes that all midwives must demonstrate at the point of registration
- reflect what the public, women and families can expect midwives to know and be able to do in order to provide the best and safest care possible
- provide a benchmark for midwives from the European Economic Area, EU and overseas wishing to join the register
- provide a benchmark for those who plan to return to practice after a period of absence

Standards of proficiency for nursing associates

The standards of proficiency for nursing associates are grouped under six platforms, which are important to understand because they:

- represent the knowledge, skills and attributes that all registered nursing associates must demonstrate when caring for people of all ages and across all health and care settings

- reflect what the public can expect nursing associates to know and be able to do in order to deliver safe, compassionate and effective care
- provide a benchmark for those who plan to return to practice after a period of absence

Post registration standards

In addition, we produce standards that focus on further qualifications that nurses and midwives may wish to pursue post-registration, such as qualifications that allow them to become prescribers or to specialise in public health nursing.

Part 3: Standards for prescribing programmes

Standards of proficiency for specialist community public health nurses

Standards of proficiency for community nursing specialist practice qualifications

Guidance and supporting information

Finally, our standards and the Code are underpinned by guidance and supporting information, which seek to give further support to those on our register as to how they should deal with situations that may arise during the course of their professional practice. This currently includes guidance on how to raise concerns, how to exercise their professional duty of candour and how to use social media and social networking sites responsibly and appropriately. Also our supporting information on implementing the Standards for student supervision and assessment.

Strategic context

The NMC published its corporate strategy for the period 2020 to 2025 in April 2020. Our strategy and its role helps influence and in shape the focus of our standards and guidance development work.

Our strategy is based on three key roles that underpin our purpose: regulate, support, and influence.

- Regulate: We promote and uphold high standards, maintain the register of professionals eligible to practise, and step in to investigate on the rare occasions when care goes wrong.
- Support: To ensure we regulate as progressively as possible, we proactively support our professions. This allows us to strike the right balance between investigating rare cases of poor practice and promoting excellent practice.
- Influence: Regulating and supporting our professions puts us in a unique position to influence the development of health and social care. We work collaboratively with our partners to address common concerns and drive improvement across the sector.

We co-produced our strategy with nursing and midwifery professionals, our partners, the public and our NMC colleagues. The strategy has set out our values and principles. Our values underpin how we behave, individually and together, and give us a firm foundation to promote excellence in nursing and midwifery for the benefit of the public.

- We're fair - We treat everyone fairly. Fairness is at the heart of our role as a trusted, transparent regulator and employer.
- We're kind - We act with kindness and in a way that values people, their insights, situations and experiences.
- We're ambitious - We take pride in our work. We're open to new ways of working and always aim to do our best for the professionals on our register, the public we serve and each other.
- We're collaborative - We value our relationships (both within and outside of the NMC) and recognise that we're at our best when we work well with others.

From our strategy has emerged five strategic aims[6] which are aligned to our values, help us plan our work, and our investment in people and resources during these five years. All of our standards and guidance must reflect our values and principles and be focused on helping us to achieve our strategic priorities. Priority will be given to developing and updating those standards and guidance documents that help us to meet and further the aims and objectives of our strategy and to deliver our strategic priorities.

The review cycle

As per the PSA's Performance Review Standards – Standards of Good Regulation (Revised 2018)[7] it is considered good practice for any regulatory body such as the NMC to review its standards and guidance on a regular basis.

This is necessary to ensure that they remain up to date, relevant and fresh, reflecting not only the current law but also current thinking on a particular subject and the current formatting preferences and communications format and styles of the organisation. Regular review also ensures that our standards and guidance reflect the NMC's overall strategic direction and ensures that the strategic priorities of the organisation are met.

We aim to base reviews on a continuous improvement cycle. This entails adopting a flexible and agile approach, updating standards or guidance as and when the need arises (i.e. to adhere to legislative changes, reforms in the healthcare landscape, to respond to recommendations from Inquiries or changes to the corporate strategic direction).

Working in this way not only enables us to plan our work well in advance and allocate resources accordingly but also helps us to meet our Council and Corporate priorities as set out in our directorate business plan. At the same time, it gives us the flexibility to

[6] The strategic themes are 1) Improvement and innovation; 2) Proactive support for our professions; 3) More visible and informed; 4 Engaging and empowering the public, professionals and partners; and 5) Insight and influence.
[7] More information can be found here: standards-of-good-regulation-2018-revised.pdf (professionalstandards.org.uk)

adapt to short notice requirements for work to be carried out on any new standards and guidance that may be urgently required. Welsh translation may be an area that needs early consideration and not just at the point of standards finalisation.

Reflecting the policy agenda

In addition to reviewing standards and guidance on a regular basis as dictated by our review cycle, the need for new standards and guidance may arise due to the emergence of new issues that affect nurses, midwives and nursing associates, and for which new standards or guidance are required.

There are many issues that may have an impact upon a nurse's, midwife's, or nursing associate's ability to practise – and they can emerge in a number of ways. These may be

- Internal factors (in that they arise during the course of the work carried out by the NMC as a whole) or
- External factors (in that they arise due to the activities of external sources or factors beyond our immediate control that we may become aware of subsequently).

Below, in **Table one**, are some examples of the sorts of issues that may affect the policy agenda and highlight the need for new guidance on a particular issue or that existing guidance should be updated or clarified.

Table one: Internal and External factors that may influence the policy agenda

Factors	**Examples of issues and developments that may influence/drive the policy agenda**
Internal	o Monitoring of learning/themes that arises from fitness to practise cases in terms of the issues that give rise to referrals; and the outcomes of fitness to practise hearings. o Monitoring of those enquiries which arise as part of the registration process or which come into the Education and Standards inbox. o Monitoring of issues that arise from the outcomes from the Education QA activities, and intelligence sharing across our regions from Employer Liaison Service (ELS) and the Regulatory Intelligence Unit (RIU).
External	o Recommendations from a variety of sources (such as professional associations, advocacy groups /people who use services/patient organisations or government commissioned reviews or independent

	Inquiries for example Ockenden Report[8] and Maternity and neonatal services in East Kent: 'Reading the signals' report.[9] o Significant change(s) in the legal (domestic or EU) or policy landscape or in the organisation and delivery of services might impact upon, or have the potential to impact upon, the ability of nurses and midwives to practise to the required standards (for example MRPQ and Brexit). o Lawsuits and adverse court decisions (whether against the NMC or against others operating in the healthcare and regulatory environment) may influence whether new or updated standards and guidance are required. o New research and advances in health and care and technology

Standards and guidance development should also reflect the government's best practice Principles of Better Regulation and the Professional Standards Authority's (PSA) right touch regulation[10]

1.1 **Proportionate**: Policy solutions must be proportionate to the perceived problem or risk and justify the compliance costs imposed.
1.2 **Accountable**: Regulators and the approaches they take must be justified and be subject to (and robust under) public scrutiny.
1.3 **Consistent**: Policy should be joined up with other policy and implemented fairly.
1.4 **Transparent**: Policy approaches should be made openly and honestly, and the proposed policy approach should also aim to be open and honest.
1.5 **Targeted**: Policy should be focused on the specific problem to minimise side effects.
1.6 **Agile**: Policy should look forward to anticipate change rather than looking back to prevent the last crisis from happening again.

Taken together, this should also ensure that standards and guidance we develop are fair (i.e. that they uphold UK-wide equality legislation with the needs of different groups considered from the start).

Standards development methodology

We aim to have a consistent streamlined approach to our methodology whether we are a) reviewing an existing standard or guidance; or

b) scoping a new issue for a potential standard or guidance to be created. We strive to co-produce our standards and guidance through regularly engaging with key stakeholder groups at key points in the process.

[8] OCKENDEN REPORT - FINAL (ockendenmaternityreview.org.uk)
[9] Reading the signals: maternity and neonatal services in East Kent, the report of the independent investigation (print ready) (publishing.service.gov.uk)
[10] Right-touch regulation 2015 | Professional Standards Authority

The methodology provides for certain ‘stepping off’ points along the journey, allowing time for any further thought and consideration on the way forward that may be required (including deciding that further work is unnecessary or instead sits with another organisation).

The stages in the methodology process are as follows:

- Stage one: Reviewing and scoping
- Stage two: Options analysis and appraisal
- Stage three: Approval
- Stage four: Project planning
- Stage five: Formative engagement
- Stage six: Draft standards / guidance and consultation paper
- Stage seven: Formal stakeholder engagement and consultation
- Stage eight: Analyse results of consultation
- Stage nine: Finalisation, legal proofing, plain English audit and recommendation
- Stage ten: Formalisation
- Stage eleven: Communicating the new / revised standards / guidance
- Stage twelve: Implementation and enforcement (including QA framework implications)
- Stage thirteen: Formal closure of project
- Stage fourteen: Post-implementation review, QA and formal evaluation

How to navigate the stages

Details of actions and activities that need to be undertaken within each stage of the process are outlined in the following pages of this document.

Stage one: Reviewing and scoping

We align to the Change and Continuous Improvement programme management while devising new or reviewing existing standards and guidance to prevent ‘project drift’. Typically this considers:

- The background to the project;
- the project’s overall objectives;
- the project’s scope and exclusions;
- the project’s key deliverables;
- any known constraints or interfaces or interdependencies;
- a preferred timeline for the project; and
- any known risks to the project.

At the outset, it is necessary to gather evidence that enables us to define the scope of the project, potential inter-linkages to external factors and identify the impact of the

issues being explored on our regulatory roles and functions. For instance, reviewing our pre-registration education standards is likely to have an impact on registration as these standards as these standards will need to be met by individuals seeking to join our register.

Reviewing existing standards and guidance

When reviewing existing evidence and guidance, we need to consider the following questions as part of the very initial process:

1. How recently were the standards or guidance issued?
2. Are they sufficiently 'right touch'? (The principles of right-touch regulation are set out by the PSA in their document *Right-touch regulation*, updated in 2015)).[11]
3. Is the standards or guidance still 'fully up-to-date'?
4. Is the information or instruction we wish to impart set at the right level within our legislative hierarchy (does it need to be covered in standards or guidance)?
5. Are there any niche areas within the wider subject area covered by the standard or guidance under review that are still not adequately covered?
6. Are we aware of any forthcoming legislative or operational changes across the UK or in one of the four countries that may require new or amended guidance to be issued? Does this forthcoming legislation include all four countries of the UK or are there four country differences that we need to recognise?
7. Do other regulators or professional bodies (e.g. the GMC or the Royal Colleges) also have standards on this or similar issues? Do their standards contain material that we may usefully use to influence our revised standards? Can we benchmark ourselves against these standards? Are there any opportunities for cross regulatory working? We may wish to endorse or adopt or co-produce guidance, as we did with the Duty of Candour guidance (joint guidance between the GMC and the NMC).
8. Is the topic adequately covered elsewhere? It may not be necessary for the NMC to add any further information to the standard or guidance under review, if existing guidance provided elsewhere is adequate.
9. Does the standard or guidance under review need to be updated to comply with legislative changes?

[11] The PSA defines right -touch regulation in healthcare as regulation that "is based on a proper evaluation of risk, is proportionate and outcome focussed; it creates a framework in which professionalism can flourish and organisations can be excellent". Under these principles, regulation should be *proportionate, consistent, targeted, transparent, accountable and agile* (in that it anticipates change rather than reacts to change.

10. Does the standard or guidance under review need to be updated to reflect latest policy position changes or communication material published since it was introduced?

Consideration of all these questions will help determine how comprehensively the standard or guidance under review needs to be reviewed, whether it calls for a complete review and renewal, or whether only minor revision or amendments are needed. Also to determine the urgency of the review, whether it should be treated as a priority item or if it can postponed until a later date, either within that particular review cycle period or beyond.

Scoping a new issue and creating new standards or guidance

As previously described in ‘Table one’ (page 8) a range of both internal and external factors from a range of sources can influence the policy agenda. As a regulator of nursing and midwifery professionals, we need to scope what this means, in terms of the requirement to issue new standards and guidance on that particular area.

In undertaking this exercise, the following questions will be considered:

1. Public protection and public confidence – what is the possible risk to patient safety and public protection in not having standards or guidance in place on this particular issue? Is this a matter for the NMC or do we need to engage with other organisations as to this need?

2. Which groups or individuals, stakeholders and organisations are affected by the issues raised? Have we correctly identified them and how should we seek their views?

3. Has a similar issue arisen before, either for us or for another health and care regulator? How was that dealt with? Was the issue addressed successfully by that particular course of action? Is there any possibility of cross regulatory collaboration?

4. If there is a need for the NMC to create new standards or guidance in this area, is there already in existence any relevant law in this or similar areas that we would need to reflect in our new standards or guidance?

5. In light of any existing guidance, regulation or law, is the issue adequately covered (or could, with minor amendments, be adequately covered) under existing standards and guidance, either issued by us or by others?

6. Is there an international policy element that we should consider or that we could learn from?

It is important to bear in mind the following principles at this stage:

1. **Our role as a professional regulator**: we should not stray beyond our central role and remit of patient safety and public protection. This means it is vital to define the boundaries of the project from the outset to ensure that we are

delivering increased patient safety and public protection by issuing and new standards or guidance on a particular subject area.

2. **Make good use of existing information and evidence**: we should only issue new standards or guidance on a topic if our evidence base shows that it would improve public protection or is needed due to advances in healthcare and professional practice. To inform our internal evidence base we should gather quantitative and qualitative corporate data from business areas such as quality assurance, research and evidence, registrations, fitness to practise, employer link service and regulatory intelligence unit. To build evidence from our external sources we should identify and engage with our key stakeholders early on.[12]

3. **Equality, diversity and inclusion:** any policies, standards or guidance we develop should not knowingly adversely affect anyone within a protected characteristic group. An Equality Impact assessment (EQIA) must legally be undertaken for all major policy initiatives as a matter of course at an early stage in the development process.

4. **'Right touch regulation'**: this describes the approach we should adopt in the work we do. It is an approach that frames the contributions we all make to wider debates about the quality and safety of healthcare. Right-touch regulation means always asking what risk we are trying to regulate, being proportionate and targeted in regulating that risk or finding ways other than regulation to promote good practice and high-quality healthcare. It is the minimum regulatory force required to achieve the desired result.[13]

5. **Four country considerations:** As a UK wide regulator of nursing and midwifery, we must always maintain adequate focus on the four countries – England, Northern Ireland, Scotland and Wales. We must be alert and receptive to changes including policy and legislation developments in all these four countries. Equally we need to closely monitor how our standards and guidance are impacted as a result of these changes and vice versa. It is advisable to make early contact with the Communication and Engagement team, to help us think through the four country perspective from the outset.

6. **Legal advice**: Advice should always be sought from our General Counsel team as to whether new or amended standards or guidance are required and whether we have the legal authority to issue standards or guidance in the areas we intend to cover. The General Counsel team will also be able to advise as to what the current legislative position is in the area concerned. It may well be necessary to seek further legal advice and assurance as you progress through the development of the standards and guidance to ensure that at all stages you are acting in a legal fashion and producing something that that does not breach either our own legal structure and requirements or the wider law of the land. You will need to build this contingency into your planning. It may be necessary to

[12] The Standards Team's evidence framework will help you identify useful sources of good information available both internally and externally.

[13] See *Right-touch regulation*, updated by the PSA in 2015, for further background on right-touch regulation, its role in healthcare and the benefits of such an approach

complete a Legal Advice Request form, as the General Counsel team are keen to document advice more formally to aid them and to inform their decision making and legal advice provided thereafter.

7. **Communications and engagement strategy**: From the outset, consideration should be given as to how and when key stakeholders will be engaged with to shape our development process. Our colleagues in the communications and engagement team will be involved and can support the publicising and facilitating engagement with any consultation exercises that may take place as part of the project and coordinating the publication of and publicity for any new standards and guidance that may be issued. It is advisable to contact communications' colleagues early on, and begin drafting an engagement and communications plan.

Outcome of findings

At the end of the reviewing and scoping stage, the outcomes of your findings should mean you are in a position to:

a) begin to develop the necessary new standards development or guidance, or,

b) review existing standards or guidance and to understand what amendments may be needed based on the evidence gathered, what rationale supports potential changes and identifying the main themes that need be looked at.

The outcomes of your findings should be Specific, Measurable, Achievable, Relevant, and Time-Bound (SMART) and should also help you to identify what sits within as well as outside the scope of your project. The evidence should aid our understanding of the range of groups and individuals affected by the issues and the envisaged impact upon them.

From the evidence findings, we should now have the required information to support either

a) developing proposals for creating new standards or guidance,

b) developing proposals for making changes to our existing standards or guidance

c) or justify retaining the content of existing standards and guidance.

Stage two: Options analysis and appraisal

At this point, we can review our position against a number of possible options for taking the work forward and choose to proceed in any one of a number of ways:

No new development required: the issues are already adequately addressed in existing standards, guidance or other materials (which may be published by ourselves or others).

Creating new or reviewing existing standards or guidance

Redevelop and rewrite: the standards or guidance concerned needs considerable updating and amendment.

Refresh: the standards or guidance concerned are largely fit for purpose but require some minor tweaking to ensure that they are fully representative of the current position (e.g. to reflect minor legislative changes)

Re-launch: the standards or guidance concerned are fit for purpose but we need to raise awareness amongst target audience of importance to adhere to them.

Reposition: the standards or guidance concerned are fit for purpose but need updating in terms of language, presentation, house style and corporate image- fitting into our new visual identity for instance.

Rescind: the standards or guidance concerned are considered obsolete, having been superseded or otherwise made redundant, therefore can be withdrawn from circulation and publication.

Reconsider: we agree to reconsider the matter at a future date, possibly pending forthcoming reviews or legislative changes we have become aware of during the course of our evidence gathering phase. This also provides us with an identified ‘step off point’ where we may choose to take no further action for the time being, due to strategic priorities and alignment with corporate priorities, changing priorities and direction, or the need for additional investment in required resource.

Conducting an options appraisal

At this point we would conduct an ‘options appraisal’ as to how the work will be taken forward and what assistance may be required, both internally and externally, to enable you to deliver the preferred (recommended) option.

Questions to consider include the following:

- How these fits in with our overall corporate strategy and priorities, business plan and operational aims?
- How can we secure the resources needed to ensure successful delivery implementation?
- Can we agree the time period over which development is to take place?
- How we can measure whether any desired outcomes have been achieved and maintained?
- What help will we need to deliver any pre/during and post consultation exercises needed
- What assistance and resource you may need in terms of communications expertise?
- Do we have sufficient internal resources allocated to deliver the agreed option?
- Will any element of the work going forward need to be put out for tender to external suppliers (such as conducting formal consultation and analysis of consultation responses)?
- What interdependencies with other work-streams or projects can we identify at this stage?

- What are the mechanisms for reporting risks and considering high level impacts on the organisation, our registrants, public protection, our other regulatory functions?
- What are the equality considerations and specific impacts on protected characteristic groups?
- What are the Welsh language requirements? The Welsh language standards Regulations has replaced the former Welsh Language Scheme. It came into force on the 31 October 2022 and will be implemented on 30 April 2023. The Regulations are divided into five areas - service delivery, policy making, operational, record keeping and supplementary.
- What are the mechanisms for requesting a change of option (later down the line) should it prove to be impossible to deliver the initial preferred option with the time and resources allocated?

Stage three: Approval

At this point it is necessary to put forward a hypothesis as to how we should progress with the particular issue under consideration and to notify and obtain agreement as to the proposed way forward from those in positions of governance within the organisation.

Approval is required either at director, board or advisory group level, usually after initial consideration, suggested amendment and approval by the relevant assistant director. Sufficient time should be built into the planning process to ensure that they have enough time to fully consider your proposals and that you have sufficient time subsequently to take on board any comments or suggestions for change that they might make.

Key strategic decisions during the standards development process would be the responsibility of the Director of Professional Practice/Assistant Director and all operational decisions and delegation made below that would be the responsibility of the Standards Development Team.

The Director and Assistant Director will receive regular updates in line with the agreed directorate business plan, with input being provided as and when required or requested. ‘Approval points’ should also be identified at this stage, where the Director or Assistant Director’s approval of actions taken and next steps can be sought to ensure that the project is remaining on track.

We will seek direction and steer from our governance bodies including Executive Board and Council at relevant stages during the development process.

Stage four: Project planning

At this point in the process it will be necessary to create the project initiation document (PID) and start filling in a ‘project plan’ in conjunction with the relevant team in C&CI Templates are available on TRIM. The ‘project plan’ contained within the PID does not need not be too detailed at this stage - however, it should set out:

- the timetable for development of the standards,

- the roles and responsibilities of all those involved in delivery,

- the resources to be allocated to delivery (including financial resources),
- how potential barriers are to be tackled; and
- how progress is to be monitored and reported to ensure appropriate governance and accountability.

The project documentation should also include a ‘risk register’, an ‘impact assessment’ an ‘equality impact assessment’ (EQIA), an engagement and communications plan and a change request form.

Implications for teams across the organisation

If our proposed standards or guidance will have implications for other NMC processes and activities, such as Quality Assurance (QA) of education, Fitness to Practise (FtP), Registrations, or IT systems, then we should capture these all these different issues in the project plan and include relevant colleagues in project team discussions.

This will ensure all parts of the organisation are cognisant from an early stage of the implications of any changes. For instance, there might be some proposed changes in the standards that impacts on the QA contract delivery or against how the fitness to practise of those on our register will be judged. Therefore, the relevant teams should be appropriately informed about and involved in the project from the outset.

Creating a project management team

Depending on the size of the project, a project management team may also be created. The project management team will comprise of members from across the organisation and our directorates (as appropriate) such as:

- Strategy and insight
- General Counsel team
- Communications and engagement
- Quality Assurance of education
- Professional regulation.
- IT
- Procurement
- EDI
- Change and Continuous Improvement

External members: There may also be scope for bringing in members from other health and care regulatory bodies or key stakeholder groups if it is felt that joint guidance issued by a range of regulators or in conjunction with a key stakeholder group covering

common themes would be the best way to address any issues requiring new or revised standards or guidance.

Equality Impact Assessment (EQIA)

The EQIA will assess the impact on protected characteristics groups of either developing new standards or guidance or revising existing standards or guidance. As part of this exercise, the impact on Welsh language speakers, should also be considered. The new Welsh language standards Regulations will be implemented on 30 April 2023.

An engagement and communications plan

The communications and engagement directorate are critical to the success of the project. An engagement and communications plan should be produced as part of the project documentation, and this should be kept under review and amended as required as the project progresses.

Communications, and engagement will be able to

- support and advise on how best to communicate with our key stakeholder groups
- support and advise as how to gain maximum publicity for any changes that we make and any announcements we may wish to make regarding progress of the project.
- help with any press and media queries that may arise from our consultations and from the final publication of any new standards or guidance.

Stage five: Formative engagement

Key stakeholder groups should be engaged with at an early stage in the project for the purposes of evidence gathering and will enable us to inform them about actions we are proposing to take, including the reasoning behind the actions. It also serves to canvass opinions on the best way forward and obtain buy in from stakeholders, some of whom might wish to be more involved in the process of standards development.

Support and feedback from targeted organisations, groups and individuals will ensure that the whole process will adhere to coproduction principles.

Stage six: Draft standards or guidance and consultation paper

At this stage, it is now necessary for us to draft our proposed new or revised standards or guidance and any accompanying consultation paper and supporting documents.

- In the case of updating existing standards and guidance, there will be an existing copy to consider when redeveloping. It is possible that any existing standards will inform the future standards and development.
- In the case of standards or guidance on a new subject, although the subject matter may well be new, existing standards and guidance will provide a structure

to follow, whilst the ‘house style guide’ will provide guidance on matters such as layout, format and branding.

- Draft standards or guidance may go through several iterations and ongoing discussions with colleagues, senior leaders and managers and key internal and external stakeholders before they are in a format ready to be formally consulted upon more widely.

- The draft standards or guidance must adhere to ‘right touch regulation’, therefore, should impose no greater burden than is absolutely essential to achieve the desired result and to ensure public protection.

Stage seven: Formal stakeholder engagement and consultation

A key phase in the development of our standards and guidance is how we engage with our key interest groups and stakeholders including any formal consultations on our proposed new or revised standards and guidance.

Stakeholder engagement

- When considering what engagement methods to use, thought should be given as to what internal capacity there is to carry out certain forms of engagement or consultation ‘in-house’, and whether any other teams across the organisation could provide support for these activities. Examples of consultation related activities include focus groups, virtual or in person meetings, and online surveys, and webinars.

- It is usual practice for the more formal engagement and consultation to be carried out in conjunction with an external provider.

Formal consultation

- Adequate time should be allowed for the consultation period, and we abide by the Cabinet Office’s guidance on consultation principles for Government departments and other public bodies, last updated in March 2018, as a guide for how long consultation exercise should last and when they should take place.

- We recognise that large scale consultation exercises such as the review of ‘The Code’, requires three months. However, for targeted consultation on minor revisions to existing standards or guidance, a much shorter consultation period may be appropriate. We would try wherever possible to avoid pre-election period or public holidays for launching consultation exercises or announcing their outcomes.

- A Welsh language version of a consultation will also need to be published.

- The responses will need to be analysed as set out in the ‘NMC approach to formal consultations’ for themes and evidence in the views provided.

Stage eight: Analyse the results of consultation

The subsequent analysis of the consultation responses will enable us to ascertain whether the proposed content of our standards and guidance is appropriate. This includes evidence relating to equality and Welsh language impacts.

There are different ways that we can assess if further changes are required:

- We can judge overall support levels for our proposals and ascertain whether our proposals have broad support (not only from respondents as a whole but also from key stakeholders within the wider spectrum of respondents).

- We can analyse suggestions for further amendments dependent upon weight of support and the source of such suggestions.

- We can explore contradictory feedback to ascertain whether any of our proposals are misleading or confusing. We should use this as evidence for fine-tuning of proposals to ensure that such confusion or ambiguity is eliminated.

- We can ascertain the level of buy-in from key stakeholders from the constructive and supportive feedback we have received. Open and full consultation is a good way of ensuring that stakeholders feel part of the project and have a sense of ownership.

Analysis can either be carried out either ‘in-house’ or can be contracted out to an external provider. It is considered good practice for responses to be independently analysed rather than being analysed by the same people who drafted the original consultation paper. If the formal consultation exercise is contracted out, the analysis of responses will typically be carried out by the organisation that conducted the consultation.

Stage nine: Finalisation, legal proofing, ‘plain English’ audit and recommendation

Having analysed or received analysis of the consultation responses, we can now finalise the standards or guidance document, provide the rationale for changes, additions or keeping with what was consulted on and prepare it for final signing off.

The proposed standards or guidance must adhere to relevant legislation including public sector duty, the order Equality act and signed off by our General Counsel team to ensure that the provisions outlined within the final version of the document comply not only with the wider law of the land but also with our own legal provisions such as the Nursing and Midwifery Order (2001) and its various underpinning rules, and checked for ‘plain English’. All our public-facing publications should ideally achieve a ‘crystal mark’ from the Plain English Campaign and Welsh language translation if required.
As part of the finalisation process, we need to obtain approval of the proposed standards or guidance at the appropriate governance level, from the relevant committees and boards. This means that we have followed our internal governance processes prior to Council’s considerations and decision.

Stage ten: Formalisation

There are strict timelines, milestones deadlines for getting items onto the agenda for Council and Executive Board meetings and Midwifery panels and for providing copies of papers for those meetings.

- For seeking final approval of a new or revised standard this will have to be done by Council.
- For seeking final approval of a new or revised guidance, it may be more appropriate for this to be done by Executive Board.
- Agreement must be sought from the Director of Professional Practice/AD.

The Governance Team should be liaised with from a very early stage to ensure that items for consideration are put on the appropriate agenda at the right time and that all paperwork is produced and provided promptly, to agreed quality and governance processes.

Stage eleven: Communicating the new or revised standards or guidance

Successful completion and implementation of the project will rely strongly on good communication with nursing and midwifery professionals and key representative groups for people who use services and public stakeholder groups.

As part of our project planning, it is essential that we adequately publicise the publication and issuing of any new or revised standards or guidance and relevant transitional arrangements. This will ensure that those affected by it in whatever way get to know about it at the appropriate time.

It is usually the case that we only produce electronic copies of our standards or guidance publications to minimise the environmental impacts; but sometimes we do publish hard copy versions to meet accessibility considerations and be more inclusive for particular stakeholders needs. To direct this, it is important from the outset, to closely liaise with the communications, media and strategic engagement teams, and reflect this in the engagement and communications plan.

Stage twelve: Implementation and enforcement (including Quality Assurance framework implications)

The standard or guidance is now ready to come into effect and ‘go live’. There are a few points to think about as follow up actions:

- As part of facilitating smooth implementation and embedding of the new or revised standard or guidance, we will already know if our new standards have implications for other NMC processes, as captured in the project plan, and these impacts can now be taken forward (i.e. QA codes, changes to registration or fitness to practise processes for instance or contractual changes to be made).

- Similarly, there is a need to liaise closely with those responsible for the education of nurses and midwives and nursing associates, to ensure that they are educating students to the correct standards and are making them aware throughout their education what the required standards and behaviours are.

- It is important we consider whether there should be a ‘lead-in / transition period’ between the standards and guidance being published, and when they actually come into effect and need adhering to. This is certainly considered to be good practice. It would be considered unfair if a new or revised standard or guidance is published and comes into effect immediately, as nurses and midwives may be largely unaware it has been introduced, therefore risk breaching it. Liaison with those stakeholder groups representing practising nurses, midwives, and nursing associates (such as professional bodies) will be crucial to ensure that suitable prior notice is given to all nurses and midwives of the introduction of new standards and when they will ‘go live’.
    - For example, when the new NMC Code was published, a two-month ‘lead in’ period was put in place between publication and coming into effect to ensure that there was sufficient time for our healthcare professionals to become familiar with the requirements of the new Code.
- With regard to education standards, it is necessary to give Approved Education Institutions (AEIs), practice placement partners and nursing and midwifery students, sufficient lead-in period to be able to take new requirements into account in structuring and meeting new or revised curriculum requirements. Our standards development methodology involves co-production so all our stakeholders are aware early on of any changes we are making to our standards.

Stage thirteen: Formal closure of project

At this point the standards review project can be closed down and a ‘lessons learned’ exercise and report can be carried out. This should cover aspects such as a short-term audit and learning lessons for the future, as follows:

- Short-term audit:
    - Did we do what we said we were going to do?
    - Did we do it on time and within budget?
    - Did we work collaboratively with internal and external colleagues?
- Learning:
    - How can we do better next time?
    - Are the lessons learned readily transferrable to other areas of our work?
    - How will we ensure that this learning can be disseminated and by when?[14]

[14] These activities will be guided by the NMC’s agreed programme/ project methodology

Stage fourteen: Post-implementation review, QA and formal evaluation

Effective evaluation is an ongoing process, in the same way that standards development is a cyclical process. Evaluation is not merely the end of the cycle but is the link between one phase of the standards development cycle and the next. It helps us not only to better understand our own work but to better appreciate the impact it has on our key stakeholder groups and the outcomes our standards and guidance has achieved (or not).

Evaluation should not be conducted simply to prove that a project has worked but also to improve the way that we work and to feed into the policy making process.

‘Quality assurance of education’ is the means by which we audit our internal processes and ensure that the process for standards development is sufficiently robust. This will be undertaken through an agreed timeline of audit and governance with the audit committee and the relevant NMC team and ensure that sufficiently robust procedures are in place and being followed. This will be reported formally to the regulation board and others.

Post implementation review

We will conduct a post-implementation review, ideally to be carried out a year after implementation, and it is best practice that this should be carried out by someone other than those responsible for devising and implementing the new or revised standards or guidance concerned.

It should be aimed primarily at identifying whether the primary objectives of the project have been fulfilled or whether there are any obvious gaps that need addressing.

Questions that need to be answered at this stage include:

- Have we addressed the issue fully?
- Have we achieved our desired outcome?
- Has public protection and patient safety been enhanced as a result?
- Is further remedial action likely to be required in the future to meet our initial aims fully?

Formal evaluation

The primary purpose of formal evaluation should be ensuring transparency and accountability. We are accountable for the decisions we are making and their impact on nursing and midwifery practice. As a result, we should be able to demonstrate that our policies, standards and guidance promote public protection, are in line with other strategic policies and priorities and promote contemporary nursing and midwifery practice.

The focus of the formal evaluation of our standards and guidance should be on how they impact on public protection, safety of people and trust and confidence in the professions we regulate. The focus should be less on the publication documentation

and its content and format, but rather on how it brings change to the professions. We should thus adopt a policy-oriented approach to evaluation rather than a product-oriented approach. The policy-oriented approach normally focuses on the validity, impact and sustainability of policy whereas the product-oriented approach looks at the evaluation of outcomes and concrete results.

As an organisation, we must demonstrate that our evaluation is evidence based. An agreement at an early stage in the standards development process on a set methodology, criteria and indicators should ensure a consistent approach to evaluation and demonstrate our commitment to corporate responsibility and ownership. An evidence based approach will also help build the reputation of the NMC as an organisation that makes good use of its data, follows statistical and data analysis, and uses best practice from research and contemporary practice.

The results of our evaluation process will feed directly into the first stage in the next review cycle for the reviewing of existing standards and guidance. It is essentially from this point that the review cycle starts all over again.

NMC UK Wide Quality Assurance Framework

PROGRAMME APPROVAL REPORT: NURSING

Programme Provider Name: ***(Education provider and associated practice placement providers)***	**Queen's Belfast University** **In Partnership With:** Southern Health and Social Care Trust Belfast Health and Social Care Trust Northern Health and Social Care Trust South Eastern Health and Social Care Trust Western Health and Social Care Trust
NMC Provider Code:	3488
Date of review:	01 December 2008
Provision reviewed:	Part-Time Diploma in Learning Disability Nursing Studies
Part of Register programme leads to:	Registered Nurse – Learning Disabilities
Reviewer(s):	Tony Bottiglieri
Members of Approval Panel:	Dr H. Johnston, representative from the Collaborative Provision Group (Chair) Ms M. Boohan, representative from the Collaborative Provision Group Ms A. O'Donnell, Dundee University, External Adviser to the Panel Mr A. Bottiglieri, Anglia Ruskin University, HLSP/NMC Reviewer Mr J. Campbell, Academic Affairs Mrs J. O'Neill, School of Nursing and Midwifery
Attendees at Panel meeting:	**Curriculum Team:** Ms F.Martin, Assistant Director of Education Mrs M.Moutray, Director of Education for Nursing Mrs I. Leeman, Assistant Director of Education (Academic & Student Affairs) Mr W. A. Forster, Nurse Lecturer Learning Disability Branch

	Mrs H.McFadden, Nurse Lecturer Learning Disability Branch Mrs A. Devlin, Nurse Lecturer Learning Disability Branch Mr P. Griffin, Programme Coordinator Learning Disability Branch Mrs E. Mullin, Head of Unit (Common Foundation) Ms P. McCollum, Nurse Lecturer CFP Mr E. Flanagan Nurse Lecturer Learning Disability Branch

OUTCOME of Approval Panel Meeting

Outcome:	Approved with recommendations
Conditions and date to be met:	N/A
Recommendations:	1. To make amendments to the curriculum document, module proformas and programme specification in the light of discussions with the Panel. 2. Recommendation: that clarification is required so that evidence of equivalent qualification is documented within the curriculum document. 3. Recommendation: The statement on non-attendance in the curriculum document should be amended for consistency. 4. Recommendation. It needs to be clearly stated in module specifications that compensation is not allowed. 5. Recommendation: There was concern over the School having a School Support Committee as this was not an official University requirement. The School was advised to review this in the light of the Personal Tutor system. 6. Recommendation: Amend module specifications} add a statement saying that all compulsory elements must be passed individually. 7. Recommendation: suggested that the word limits for all written assignments be amended to give a range rather than a single word count.

Date conditions met:	N/A
Programme start date:	February 2009

OVERALL SUMMARY

The School of Nursing and Midwifery is seeking approval for the Diploma in Learning Disability Nursing Studies. This is a part-time programme designed for those currently employed as health care assistants who wish to undertake this course of study leading to the professional registration with the NMC.

The National Health Service through the Health and Social Care Trusts is one of the largest employers in Northern Ireland. Although most take up the full time programme (3 yrs), for some resignation from employment is untenable. Workforce predictions suggest there exists a need for this type of programme. In response, the Department of Health, Social Services and Public Safety (DHSS&PS) have commissioned the school to develop this programme.

The course adopts a regional approach and has moved quickly to work in partnership with all relevant parties (public, private, independent and voluntary sector) in curriculum development. The programme builds on the school's existing part-time adult branch programme and is using feedback from this programme (approved 12 months previous) to enhance this provision.

The course has been commissioned for 15 students and is work based. Students are supported through the use of blended learning approaches whereby teaching in the classroom is connected to learning on the job. The programme provides a unique opportunity to contribute to the workforce demands as well as offering increased access to professional training. Students remain employees of the trusts and this is a condition of the entry requirement.

The programme is delivered using a variety of class-based, simulated, practice based and online learning provision. The common foundation programme is equal to one year full time study; the branch programme is equal to 2 years full time study.

Programme is expected to commence February 2009.

ACHIEVEMENT OF STANDARDS	LEVEL
Standard 1: Age of entry Programme is designed for staff currently employed as health care assistance employed by the partnership NHS trusts. Criteria require applicants to have a minimum of 2 years experience in addition to academic entry qualifications. This ensures all applicants will be of adult years on entry.	**Good**
Standard 2: General requirements • Numeracy & literacy GCSE Mathematics and English (Grade C and above or equivalent). Have an NVQ Level 3 Health and Social Care qualification or equivalent qualification. **Recommendation 1.** Good health/character. Selection is based on a satisfactory interview, health assessment and an Access NI Check (formerly POCVA-Protection of vulnerable adults)/CRB clearance; all candidates must also be supported by their employers to undertake the programme. Students who interrupt are required to undergo reassessment of their health and good character. All students are required to self declare health and good character status on annual basis.	**Satisfactory**
Standard 3: AP(E)L • Length of programme 4 year part-time programme. Maximum of 7 years to complete. University students must complete 4 compulsory modules in CFP resulting in 120 credits at level 1 (phase 1-3), followed by 8 compulsory branch specific modules (phase 4-8).	**Good**
Standard 4: Admission with advanced standing Advancement is only be applied to CFP (phase 1-3) of the programme on evidence of certificated learning from another health Education Institution.	**Good**
Standard 5: Transfer with AP(E)L The university provides a credit accumulation and transfer scheme. Credit is awarded within the University's regulations pertaining to the Credit Accumulation and Transfer scheme (CATS) and the accreditation of prior learning (APL).	**Good**

Standard 6: Structure & nature of educational programme	Satisfactory
• Length of programme 4 year part-time pathway. Common foundation modules (CFP) are shared with Adult branch part-time pathway students. • Structure of programme CFP is divided into 3 phases (learning themes) and is completed in 18months. Branch programme is completed in 30 months. All students are allocated a learning disability placement outside of their employed clinical area. Students retain their employment status and are salaried. All placements fall within the employers trust but not within their specific clinical/ward environment. • Balance of theory and practice The programme has a theory practice balance of 2475 hours thereby ensuring compliance with NMC theory/practice exposure. All placements are 11 week duration apart from final placement (placement 8B) which is 18 weeks (preparation for professional practice/transitions). • Teaching and learning strategies The programme uses a variety of methods: On-line, group work, lecture, inquiry based, self directed and practical's through skills lab provision. Students are required to use on-line discussion boards and this is monitored by programme tutors. All students must make one contact per phase. Information relating attendance requirements for theory and practice elements needs to be strengthened. **Recommendation 2** • Academic standard of programmes Level 2 outcomes are achieved on completion of the programme. Academic credit is mapped against University academic and QAA benchmarks. • Content Content is contemporary and supports the development of 1st level learning disability nursing practice. Module content contains a wide range of theoretical underpinnings one would expect to see in a learning disability nursing pathway. Scholarly activity and service user/carer involvement is encouraged in the delivery of theoretical knowledge as well as the development of praxis. All modules have to be completed as no compensation is permitted, however this is not indicated in module specifications.	

Recommendation 3.

- Student support

Students have access to programme specific and university wide support mechanisms. All students are allocated a personal tutor from the same field of practice. Due regard in relation to mentor support is adhered to and mapped to ensure students are supervised in accordance with NMC requirements.

Access to student council representation is encouraged. Quality assurance mechanisms are in place to monitor the quality of programme provision and the fair and equal treatment and support for all students. However, the school of nursing and midwifery has adopted a School Support Committee which does in some circumstances consider issues of academic progress. This contravenes the Universities regulations in relation to committee functions and student redress. The following recommendation applies therefore. **Recommendation 4.**

- CFP

The common foundation programme complies with the Standards of Proficiency for the Pre-registration in Nursing Education (NMC 2004) - in relation to CFP duration, structure and content. NMC learning outcomes for CFP are mapped against theory and practice content. Essential skills clusters informs the practice placement assessment (referred to as CP1).

In phase 2, students acquire insight into the knowledge, attitudes and skills required to care for people in all Branches of nursing.

- Branch programmes

The branch programme maps module and practice content to the proficiency's stipulated by the NMC for eligibility for the Professional Register to be achieved by the end of the course. The final module considers transition in to the profession with an associated extended placement period. Module content and practice experiences address the key fundamental core skills, knowledge and attitude required for contemporary learning disability nursing practice. It is expected that students will be employed to practice within their seconding Trusts, equipped to practice across a wide range of service areas.

- Knowledge underpinning practice

Theoretical modules are mapped against practice outcomes. Essential skills are integrated into practice assessment. All skills must be passed. Knowledge is drawn from core theory such as sociology, psychology, biology, pharmacology, ethics and the behavioral sciences. Practice assessments required students to consider core theory in relation to application. Mentors are aware of programme content and placements are selected in accordance with and related to

module content. • Assessment Programme uses a range of assessment methods; OSCE, Calculation skills tests (phase 3, 6 and 8B,), Practice including attitudinal assessment, case presentation, written examination in phase 2 & 4, and written assignments. Students are required to pass all elements (theory and practice); two attempts are given for each element of assessment. Appeals procedures are in place to consider mitigation in relation to 3rd attempts. However, further clarity is required to ensure that students are made aware that all components of compulsory modules must be passed and that the word limits for all written assignments be amended to give a range rather than a single word count. **Recommendation 5 and 6.** • Student status Students have supernumerary status whilst on the programme. All students access placements away from their normal place of work, this helps to ensure this status is protected. Additionally, the health service has recently employed 5 w.t.e practice education facilitators, one of whom is allocated to support student and mentors in learning disability placement areas. Further investment across the region is predicted.	
Standard 7: Standards of proficiency: First level nurses • Professional and ethical practice • Care delivery • Care management • Personal and professional development Standards of proficiency are mapped against theory and practice aspects of the programme.	**Good**

SUMMARY OF KEY ISSUES FOR FUTURE PROGRAMME MONITORING
• Review live register of mentor database to test currency of mentor qualifications and updates. • Review placement capacity in relation to full time student requirements and potential for placement conflicts. • Student support and attrition, part-time programme may increase student's sense of isolation. • Curriculum document for specification amendments in relation to recommendations highlighted.

Evidence Base Informing Programme Approval Outcome

EVIDENCE SOURCE	DATE/REFERENCE / NO. OF STAFF MET
Prior to Approval Panel meeting: Documentary evidence received October 2008	Curriculum document (September 2008)
At Approval Panel Meeting: 01 December 2008	Learning Disability Teaching Staff C.V's Educational Audit for Practice Placement document Clinical Practice Module 1 Ongoing record of achievement and assessment of practice document. Service Level Commissioning Agreement dated Feb 2003)
Service provider sites IF visited:	
Meetings with: Curriculum team Students	<u>Curriculum Team</u> Ms F.Martin, Mrs M.Moutray, Mrs I. Leeman, Mr W. A. Forster, Mrs H.McFadden, Mrs A. Devlin, Mr P. Griffin, Mrs E. Mullin, Ms P. McCollum, Mr E. Flanagan <u>Students</u> 2 x full time Learning Disability Branch (DipHe and BN) 1 x part-time Adult branch

Managers and Mentors	<u>Managers and Mentors</u> Mr Maurice Devine Consultant Nurse (Learning Disability) Ms Rhonda Scott Nurse Development Lead/Nurse Manager Ms Rosalind Patterson Nurse Manager Ms Gemma Gouldsbury Senior Staff Nurse (Mentor)

Issue and Revision Record

	Originator	Admin Check	Technical Check	Approved
Initials	TB	NR	DB	LP
Date	04/12/08	05/12/08	08/12/08	23/12/08

Mott MacDonald

Protecting the public through quality assurance
of education and supervision of midwives

NMC Nursing & Midwifery Council

2015-16
Monitoring review of performance in mitigating key risks identified in the NMC Quality Assurance framework for nursing and midwifery education

Programme provider	The Queens University Belfast
Programmes monitored	Registered Nurse - Adult; Registered Nurse - Mental Health; Registered Nurse - Learning Disabilities; Registered Nurse - Children; Independent / Supplementary Nursing Prescribing
Date of monitoring event	11-13 May 2016
Managing Reviewer	Peter McAndrew
Lay Reviewer	Caroline Thomas
Registrant Reviewer(s)	Ann Foley, Gibson D'Cruz, Sean Hare, Tony Bottiglieri, Eleri Mills
Placement partner visits undertaken during the review	Practice visits adult nursing: Lisburn Health Centre Lagan Valley Hospital – Thompson House/Rapid Response Team/Ward 1A/Ward 14 Daisy Hill Hospital, Newry – Emergency Department/Theatres/Recovery/Male Surgical/HDU St John Mitchell Place, Adult Community Team Daisy Hill Hospital - Acute Stroke/Rehabilitation/Male Surgery/High Dependency Unit Practice visits – children's nursing Royal Belfast Hospital for Sick Children - Day Care Unit/Barbour Ward/Haematology CHU Causeway Hospital – Causeway Children's Ward Western Health and Social Care Trust – South Wing, Altnagelvin - Ward 6/Ward 42/Neonatal Unit Practice visits – mental health nursing Holywell Hospital, Antrim – Tobernaveen Lower Ward/Tobernaveen Upper Ward/Tobernaveen Centre Belfast Health and Social Care Trust - Primary North and West Community Mental Health Team

	St Lukes Hospital, Armagh – Gillis Memory Centre/Community Addiction Team/Armagh and Dungannon Support and Recovery Team Craigavon Hospital – Cloughmore Bluestone Unit/The Willows Bluestone Unit Practice visits – learning disabilities nursing Finaghy Health Centre – Community Children's Learning Disability Team Knockbracken Healthcare Park, Community Adult Learning Disability Team 57 Somerton Road, Belfast Muckamore Abbey Hospital - Cranfield Women's Admission and Assessment Unit/Sixmile Treatment and Assessment Forensic Unit/Donegore/Adult Behavioural Support Unit Practice visits - Independent and supplementary nurse prescribing (V300) Dunluce Health Centre Belfast Cancer Care Ward 9 South, Belfast City Hospital Ulster Hospital – Ward 16 and Urology Unit Moy Health Centre Brocomba Child and Family Clinic, Portadown – Child and adolescent mental health services (CAMHS) Lurgan Hospital
Date of Report	23 May 2016

Introduction to NMC QA framework

The Nursing and Midwifery Council (NMC)

The NMC exists to protect the public. We do this by ensuring that only those who meet our requirements are allowed to practise as a nurse or midwife in the UK. We take action if concerns are raised about whether a nurse or midwife is fit to practise.

Standards for pre-registration education

We set standards and competencies for nursing and midwifery education that must be met by students prior to entering the register. Providers of higher education and training can apply to deliver programmes that enable students to meet these standards. The NMC approves programmes when it judges that the relevant standards have been met. We can withhold or withdraw approval from programmes when standards are not met.

Quality assurance (QA) and how standards are met

The quality assurance (QA) of education differs significantly from any system regulator inspection.

As set out in the NMC QA framework, which was updated in 2015, approved education institutions (AEIs) are expected to report risks to the NMC. Review is the process by which the NMC ensures that AEIs continue to meet our education standards. Our risk based approach increases the focus on aspects of education provision where risk is known or anticipated, particularly in practice placement settings. It promotes self-reporting of risks by AEIs and it engages nurses, midwives, students, service users, carers and educators.

Our role is to ensure that pre-registration education programmes provide students with the opportunity to meet the standards needed to join our register. We also ensure that programmes for nurses and midwives already registered with us meet standards associated with particular roles and functions.

The NMC may conduct an extraordinary review in response to concerns identified regarding nursing or midwifery education in both the AEI and its placement partners.

The published QA methodology requires that QA reviewers (who are always independent to the NMC) should make judgments based on evidence provided to them about the quality and effectiveness of the AEI and placement partners in meeting the education standards.

QA reviewers will grade the level of risk control on the following basis:

Met: Effective risk controls are in place across the AEI: The AEI and its placement partners have all the necessary controls in place to safely control risks to ensure programme providers, placement partners, mentors and sign-off mentors achieve all stated standards. Appropriate risk control systems are in place without need for specific improvements.

Requires improvement to strengthen the risk control: The AEI and its placement partners have all the necessary controls in place to safely control risks to ensure programme providers, placement partners, mentors and sign-off mentors achieve stated standards. However, improvements are required to address specific weaknesses in AEI's and its placement partners' risk control processes to enhance assurance for public protection.

Not met: The AEI does not have all the necessary controls in place to safely control risks to enable it, placement partners, mentors and sign-off mentors to achieve the standards. Risk control systems and processes are weak; significant and urgent improvements are required in order that public protection can be assured.

It is important to note that the grade awarded for each key risk will be determined by the lowest level of control in any component risk indicator. The grade does not reflect a balance of achievement across a key risk.

When a standard is not met an action plan must be formally agreed with the AEI directly and, when necessary, should include the relevant placement partner. The action plan must be delivered against an agreed timeline.

Mott MacDonald

Protecting the public through quality assurance of education and supervision of midwives

NMC Nursing & Midwifery Council

Summary of findings against key risks

Resources	**1.1 Programme providers have inadequate resources to deliver approved programmes to the standards required by the NMC**	1.1.1 Registrant teachers have experience / qualifications commensurate with role.			
	1.2 Inadequate resources available in practice settings to enable students to achieve learning outcomes	1.2.1 Sufficient appropriately qualified mentors / sign-off mentors / practice teachers available to support numbers of students			
Admissions & Progression	**2.1 Inadequate safeguards are in place to prevent unsuitable students from entering and progressing to qualification**	2.1.1 Admission processes follow NMC requirements	2.1.2 Programme providers' procedures address issues of poor performance in both theory and practice	2.1.3 Programme providers' procedures are implemented by practice placement providers in addressing issues of poor performance in practice	2.1.4 Systems for the accreditation of prior learning and achievement are robust and supported by verifiable evidence, mapped against NMC outcomes and standards of proficiency
Practice Learning	**3.1 Inadequate governance of and in practice learning**	3.1.1 Evidence of effective partnerships between education and service providers at all levels, including partnerships with multiple education institutions who use the same practice placement locations			
	3.2 Programme providers fail to provide learning opportunities of suitable quality for students	3.2.1 Practitioners and service users and carers are involved in programme development and delivery	3.2.2 Academic staff support students in practice placement settings		
	3.3 Assurance and confirmation of student achievement is unreliable or invalid	3.3.1 Evidence that mentors, sign-off mentors, practice teachers are properly prepared for their role in assessing practice	3.3.2 Mentors, sign-off mentors and practice teachers are able to attend annual updates sufficient to meet requirements for triennial review and understand the process they have engaged with	3.3.3 Records of mentors / practice teachers are accurate and up to date	
Fitness for Practice	**4.1 Approved programmes fail to address all required learning outcomes in accordance with NMC standards**	4.1.1 Documentary evidence to support students' achievement of all NMC learning outcomes, competencies and proficiencies at progression points and or entry to the register and for all programmes that the NMC sets standards for			
	4.2 Audited practice placements fail to address all required learning outcomes in accordance with NMC standards	4.2.1 Documentary evidence to support students' achievement of all NMC practice learning outcomes, competencies and proficiencies at progression points and upon entry to the register and for all programmes that the NMC sets standards for			
Quality Assurance	**5.1 Programme providers' internal QA systems fail to provide assurance against NMC standards**	5.1.1 Student feedback and evaluation / programme evaluation and improvement systems address weakness and enhance delivery	5.1.2 Concerns and complaints raised in practice learning settings are appropriately dealt with and communicated to relevant partners		

Standard Met	*Requires Improvement*	*Standard Not met*

Introduction to The Queens University Belfast's programmes

The school of nursing and midwifery at Queens University Belfast (QUB) is located within the faculty of medicine, health and life sciences. The school is the only provider in Northern Ireland offering degrees in all four fields of nursing. The school has high quality learning facilities and resources which include one of the leading simulation suites in Europe, allowing students to undertake skills training in a safe and controlled environment.

This monitoring review focuses on pre-registration nursing (adult, child, mental health, learning disabilities fields) and the independent and supplementary nurse prescribing (V300) programme.

The current pre-registration nursing programme was reapproved conjointly by the university and NMC in November 2011 with students commencing the programme in September 2012. The independent and supplementary nurse prescribing programme was approved conjointly by the university and the NMC in January 2012. The monitoring visit took place over three days and involved visits to practice placements to meet a range of stakeholders. The practice placement visits selected cover a wide geographical area and provided the opportunity to visit a wide selection of hospital and community based placement experiences in both urban and rural settings.

Summary of public protection context and findings

This school was selected for a targeted monitoring review after concerns were raised to the NMC regarding the delivery of QUB's pre-registration nursing programme. On seeking more information about these concerns, further information was provided regarding QUB's prescribing programme.

In accordance with its published process, the NMC notified QUB of these concerns by way of telephone before a decision was made to undertake a targeted monitoring review.

Our findings demonstrate that three of the key risk themes; resources, fitness for practice and quality assurance are not met and that the key risk theme practice learning requires improvement. These are described below in relation to the relevant theme. In relation to the not met key risk themes the university must identify and implement an action plan which will ensure that the NMC standards and requirements are met and that public protection is assured.

We note that QUB has submitted observations on these findings and these have been considered in line with the NMC's published process.

The university implemented an action plan to address the not met outcomes. A return visit to the university took place on 15 and 16 March 2017 to review the progress that had been made in meeting the NMC key risks.

The key risks resources, and fitness for practice are now met and the identified risks are controlled.

The key risk practice learning requires improvement to strengthen the link lecturer system to ensure that the link lecturer role is fully operational.

The key risk quality assurance requires improvement to ensure the evaluations of students practice experience provide an effective system for programme enhancement.

The university is required to report progress/closure of the requires improvement outcomes through the AEI annual self-assessment reporting process.

Resources - not met

We conclude from our findings that the university currently has adequate appropriately qualified academic staff to deliver the V300 programme to meet NMC standards. However, there are not sufficient academic staff, particularly in the field specialist areas dedicated to the delivery of the pre-registration nursing programme, to meet the standards required by the NMC. This is primarily due to the reduction in field specialist lecturers through the voluntary severance and early retirement schemes, resulting in a significant number of lecturers leaving posts without being replaced.

Information provided on lecturer resources showed an overall sufficiency, but the review team's judgement was primarily made in relation to field specialist nursing lecturers, and based on verbal evidence attained in meetings with programme teams and students. The judgment was further triangulated with information provided to the review at the time. This is impacting on the quality of the approved programme which cannot be sustained. The children's nursing field in particular has a high staff/student ratio and this determines that key areas of programme delivery, specialist student support and guidance and the integration of theory to practice cannot be achieved. There are also similar issues in the mental health nursing and learning disabilities nursing fields in relation to the integration of theory to field specific practice in the third year of the programme. The school is required to take urgent action to increase field specialist nursing academic staff to effectively support the delivery of the programme to meet NMC standards and protect the public.

We conclude from our findings that there are sufficient designated medical practitioners (DMPs) available to support students on the V300 programme and sufficient appropriately qualified mentors and sign-off mentors to support the number of students on the pre-registration nursing programme. However, we found that the NMC standard is not met as a children's nursing student in year three of the programme on the final placement was allocated a sign-off mentor who was not appropriately qualified for the role and did not have due regard. Urgent action is required to ensure the student is supported and assessed by an appropriately qualified sign-off mentor with due regard.

A return visit to the university on 15 and 16 March 2017, to review progress made against the action plan, confirmed that processes are in place for the required increase in the academic staff resource to further strengthen the field specific academic teams and to meet the additional requirements of increased commissions of students.

There are effective processes in place to prevent a student from being allocated to an inappropriate sign-off mentor who does not have due regard. The key risk is now met.

Admissions and Progression - met

We found admission and progression procedures are robust and effectively implemented to ensure students entering and progressing on the pre-registration nursing programme meet NMC standards and requirements which are fundamental to protection of the public. Admission processes for the V300 programme demonstrate collaboration between the employer, the university and the student.

Students must have a satisfactory Access NI (criminal history) clearance check, occupational health clearance and complete mandatory training before they can proceed to placement. These compulsory procedures are undertaken in order to protect the public.

Our findings confirm the university has effective policies and procedures in place for the management of poor performance in both theory and practice which are clearly understood by all stakeholders including students, mentors and DMPs. We are confident that concerns are investigated and dealt with effectively and the public is protected.

Practice Learning - requires improvement

We found some evidence that effective partnerships with service providers and associated education providers exists. However, we were told by practice based staff that there is a relatively serious lack of partnership and joint working between the university and the associated placement providers. This lack of joint ownership and effective partnership of the practice learning environments was a theme across a number of practice visits to different organisations. Partnership working between education and practice staff at programme level must be strengthened to a level consistent with joint ownership of the practice learning environment.

We found that the educational audit process is effectively undertaken to meet the NMC requirements and involves education staff as active partners. The placement management process meets the many challenges that exist from the escalation process, clinical governance reporting and service re-configurations. There are effective procedures in place to protect student learning and to assess if placements need to be withdrawn or rested to protect student learning.

We were told that there are some issues with the sequencing of placements which adversely affects the student's ability to access learning experiences that are suitable for them to appropriately develop essential practice skills. This requires improvement to enable students to access practice learning experiences that are suitable to develop essential practice skills.

We found that the school has an effective process that can respond appropriately to adverse quality inspectorate reports which indicate that placement areas used for students may not be appropriate. We confirmed that action would be taken to protect the students' learning through the provision of additional support, collaborative work with the placement provider or moving the students to another placement area. These

measures meet the requirement to protect students' learning and ensure that students are not subjected to poor educational experiences and/or patient care practices.

We found that service users and carers are engaged in aspects of programme development and delivery of the pre-registration nursing programme. However, their involvement in the assessment process across all years of study and on placement requires improvement. Service user and carer involvement must be strengthened in the programme development and delivery of the V300programme.

We acknowledge that processes in place to provide student support were previously approved by the NMC, and that QUB is seeking to strengthen these further, based on the comments of practice staff and students in placements. However, our findings conclude that at the time of the review academic staff support for students in the practice placement settings is low and there is a lack of consistency to the regularity of visits. This lack of presence requires improvement.

We conclude that there is considerable investment in the preparation and support of mentors for the pre-registration nursing programme and that the completion of mentor annual updates and triennial reviews are robust. The mentor registers provide an up to date and accurate record. All mentors are appropriately prepared for their role of supporting and assessing students and this contributes towards the protection of the public.

We were informed by one DMP for the non-medical prescribing programme that they had not been visited or adequately prepared for assessing the student's prescribing competence and ensuring that the student was a safe prescriber. This requires improvement.

A return visit to the university on 15 and 16 March 2017, to review progress made against the action plan, concluded that action has been taken to strengthen the link lecturer system. However, students and practice staff continue to report a lack of presence and visibility of academic staff in the practice setting. The actions which are proposed must be further strengthened to ensure that the link lecturer role is fully operational. The key risk requires improvement.

Fitness for Practice - not met

We conclude from our findings that programme learning and teaching strategies, experience and support in practice placements enable students to meet the pre-registration nursing programme learning outcomes and NMC competencies. We found that students are highly motivated and they report that they feel competent to practise at the end of their programme. Mentors and employers describe students completing the pre-registration nursing programme as fit for practice.

We were informed by some students that there are inconsistencies in the allocation of placements; this was particularly relevant for the child field nursing students who did not always feel prepared and equipped for the placement experiences. This requires improvement.

We conclude from our findings that the V300 programme does not have the minimum 26 days of educational preparation to meet NMC requirements and this presents a

risk to public protection. Urgent action must be taken to provide detailed evidence to confirm that these requirements are explicitly met.

A return visit to the university on 15 and 16 March 2017, to review progress made against the action plan, confirmed that the V300 programme now meets the NMC requirements for a minimum of 26 days of educational preparation. The key risk is now met.

Quality Assurance - not met

Our findings conclude that there are some quality assurance processes in place to evaluate the pre-registration nursing programme and formally report on findings on an annual basis. However, there is no effective process for students to evaluate their practice learning experiences. A formal evaluation process must be effectively implemented and the findings from the evaluations provided to practice placement providers to enhance the quality of the practice learning environment as required by the NMC standards.

We found that the external examiners appointed for the pre-registration nursing programme fulfil all aspects of their role including monitoring the assessment of practice through practice visits and discussions with mentors and students. We conclude from our findings that the assessment of prescribing competence is not being adequately monitored by the external examiner for the V300 programme and therefore this requires improvement to enhance assurance for public protection.

We conclude that the procedures that are in place to enable students to raise complaints and concerns about practice learning environments are ineffective. We were told by students, who had raised serious complaints about the conduct of ward managers relating to alleged bullying and harassment behaviours, that no action had been taken. We observed that the students concerned were still distressed about the situations that had taken place and about the perceived lack of support that they had received; however, we also note QUB's actions to investigate these concerns and commitment to supporting the students involved. Procedures must be put in place to ensure the ongoing effectiveness of raising and managing complaints and concerns about practice learning environments.

A return visit to the university on 15 and 16 March 2017, to review progress made against the action plan, confirmed that a robust procedure has been fully implemented to ensure that concerns and complaints raised in practice learning settings are appropriately and effectively dealt with and communicated to relevant partners.

We concluded from our findings that the evaluations of students' practice experience requires further improvement to provide an effective system for programme enhancement. The key risk requires improvement.

Summary of areas that require improvement

A follow up visit to the university on 15 and 16 March 2017 confirmed that systems and processes are now in place to address the not met issues identified below. The exception is the evaluation of the students' practice experience which must be

effectively undertaken and feedback provided to practice staff on the quality of the student learning experience. This is now a requires improvement outcome.

The following areas are not met and require urgent attention:

- The field specialist nursing academic staff must be increased to support the delivery of the programme at a level of quality that is required by NMC standards.
- Sign-off mentors who have due regard must be assigned for pre-registration nursing students on their final practice placement.
- Partnership working between education and practice staff at programme level must be strengthened to a level consistent with joint ownership of the practice learning environment.
- Programme documentation must evidence that the V300 programme includes a minimum of 26 days of educational preparation.
- An evaluation of the students' practice experience must be effectively undertaken and feedback provided to practice staff on the quality of the experience.
- Effective procedures must be put in place to enable students to raise complaints and concerns about practice learning settings and to safeguard them from abusive behaviours.

The following areas require improvement:

- Partnership working between education and practice staff at programme level must be strengthened to a level consistent with joint ownership of the practice learning environment.
- DMPs must be appropriately prepared for assessing students' prescribing competence and ensuring that they are safe practitioners.
- Service user and carer engagement in the assessment process must be further developed in the pre-registration nursing programme.
- Service user and carer involvement must be strengthened in the V300 programme so that it is present in programme development and delivery.
- Academic staff support for students in the practice placement settings must be increased and be delivered in a consistent manner to promote joint support arrangements.
- The sequencing of placements to enable pre-registration nursing students to access practice learning experiences that are suitable to develop essential practice skills.
- The external examiner for the V300 programme should engage in the theory and practice aspects of the programme.

During the follow up visit on 15 and 16 March 2017 the following key risk areas require improvement:

- An evaluation of the students' practice experience must be effectively undertaken and feedback provided to practice staff on the quality of the experience.
- Academic staff support for students in the practice placement settings must be increased and be delivered in a consistent manner to promote joint support arrangements.

Summary of areas for future monitoring

- The sufficiency of the field specialist nursing academic staff resource to support the delivery of the programme.
- Sign-off mentors who have due regard are assigned for pre-registration nursing students on their final practice placement.
- The strength of partnership working between education and practice staff at the programme level.
- The sequencing of placements enables the student to access learning experiences that are suitable to develop essential practice skills.
- Service user and carer involvement in the assessment process for the pre-registration nursing programme.
- Service user and carer involvement in the programme development and delivery of the V300 programme.
- Academic staff support for students in the practice placement settings.
- The preparation of the DMP to assess prescribing competence.
- The V300 programme includes a minimum of 26 days of educational preparation.
- The evaluation of practice experience is effectively undertaken by students and feedback is provided to practice staff.
- Procedures to enable students to raise complaints and concerns about practice learning settings.
- The external examiner for the V300 programme involvement in the assessment of theory and practice.

Summary of notable practice

Resources

None identified

Admissions and Progression

None identified

Practice Learning

None identified

Fitness for Practice

None identified

Quality Assurance

None identified

Summary of feedback from groups involved in the review

Academic team

Pre-registration nursing programme

The academic team is committed and enthusiastic about the programme areas that they deliver. They told us that the school has gone through many changes in the last year and that their workloads have increased but that they have tried wherever possible to ensure this is not to the detriment of the learning experience of students. The academic team who support the delivery of children's nursing told us that they are particularly challenged by the changes and that they are not able to meet all the demands placed on them; in particular they cannot contribute towards teaching in year three of the programme due to reduced field specialist academic staff numbers, although they are involved in the assessment of students and attend examination boards. They told us that they are engaged in their own personal development through higher level studies or participating in conferences.

V300 programme

The academic team is confident in the quality and delivery of the V300 programme. They are enthusiastic and highly motivated.

Mentors/sign-off mentors/practice teachers and employers and education commissioners

Pre-registration nursing programme

Mentors, sign-off mentors and PEFs told us that they enjoy their role in supporting and supervising students. The mentors and sign-off mentors told us that they have a very good and effective working relationship with the PEFs who are always very visible in practice settings. Mentors, sign-off mentors and PEFs told us about their strong commitment in ensuring that students have a positive and rich experience during placement learning. Mentors and sign-off mentors told us that they are well-prepared for their role and supported by their employers. They also told us that the link lecturer visits to placement areas have declined to a low level and that their presence is missed and it feels that they work less in partnership with the university.

Service managers told us they feel that students emerging from the pre-registration nursing programme are fit for practice and that they recruit most of them. They told us they have strong and collaborative relationships with the university.

V300 programme

DMPs told us they generally receive adequate preparation for the role and are well supported by the university academic team. They told us they are highly motivated towards the V300 programme and are willing to support students in the practice setting. They told us that they understand about their role in the assessment of practice and in completion of the practice competency portfolio. They are also clear about ensuring that students are fit for practice and fit for the V300 award.

Service managers reported effective partnerships with the university for the V300 programme. Employers are confident in students' ability and reported that they are fit for purpose and award on completion of the programme.

Students

Pre-registration nursing programme

The pre-registration nursing students that we met are confident and articulate. They told us about the good reputation of the university and are very complimentary about the support they receive from the academic team. Students told us that they receive a high level of support from their personal tutors and that they are very approachable. Students told us that they are aware of the changes in academic staff in the school. Some, mainly adult field nursing students, told us that the changes had little impact on the quality of their learning experience. Other students told us that they felt disadvantaged due to the shortage of field specific nurse lecturers. Students told us that they had raised concerns about these issues with school managers but felt they had not been acted upon satisfactorily. Students told us they have confidence in their competence and feel that they have gained a large number of skills during the programme. They told us that they are confident that they will emerge from the programme as competent registered nurses. Students told us that they welcome the engagement of service users and carers in programme delivery as it enables them to comprehend their perspectives of the care they receive.

V300 programme

The V300 students told us that they are well supported in theory and in practice and feel that there is a great commitment to the programme from the academic team. Students told us that they find the programme is of very high quality. They also stated that the programme is very demanding and challenging with the breadth of assessments required to complete whilst working in senior positions in practice placement. The students told us that the DMPs are very supportive and provide opportunities to observe and undertake patient consultation and prescribing in practice under supervision to enable them to develop as non-medical prescribers.

Service users and carers

Service users and carers told us that they are highly committed and enthusiastic towards engaging in the programme and in the students' learning. They told us that they have a very positive relationship with the school and that they feel valued and respected for their contribution. They told us that academic staff are very supportive and that they listen to them and take account of their views and experiences. Service users and carers told us that they are not currently involved in the V300 programme although they hope that they will be in the future.

Relevant issues from external quality assurance reports

The Regulation and Quality Improvement Authority (RQIA) is Northern Ireland's independent health and social care regulator. In its work RQIA encourages continuous improvement in the quality of health and social care services through a programme of inspections and reviews.

RQIA quality reports provide the reviewing team with context and background to inform the monitoring review. RQIA reports were considered for practice placements used by the university to support students' learning and any with specific requirements, or priority one areas for improvement, are identified below:

RQIA - Unannounced care inspection of the Beeches Professional and Therapeutic Services, 4 August 2015

The statutory manager and provider must ensure that statutory requirements are met in relation to: the premises which must be kept in a good state of repair and equipment provided kept in good working order; bedroom furniture provided for patients is repaired and/or replaced as necessary; all prescribed thickening agents are individually labelled and administered only to the patient for whom they were prescribed; and, measures must be taken to reduce risks to the health and safety of the patient by ensuring that the treatment room door is kept locked when unattended (32).

RQIA - Unannounced care inspection of Lisburn Intermediate Care Centre, 15 June 2015

The registered person must ensure that the stated environmental issues are addressed and that care records are updated to meet the needs of the patients (33).

RQIA - Unannounced inspection report of Brook Lodge, Lakeview Hospital, Western Health and Social Care Trust, 7–11 September 2015

The trust was asked to submit an action plan to address the following serious concerns: governance arrangements for the review of incidents; learning from incidents; person centred assessment, care planning and the use of proactive strategies in response to behaviours that challenge; patient access to clinical psychology; and, leadership and lack of oversight of management (34).

Meeting to discuss clinical governance/RQIA adverse reports, 11 May 2016

In response to adverse RQIA quality inspection outcomes a meeting was held with senior education managers and PEFs to assess the joint action taken to protect students' learning in placement areas within services identified in these reports. Senior academic staff confirmed that none of the RQIA reports identified presented a risk to effective student learning. The arising issues had been discussed through the collaborative arrangements that are in place between the school and the trusts. Senior service managers confirmed that these relationships are very good and that all adverse issues would be discussed and appropriate collaborative action agreed. We were told that the majority of the reports relate to the care home sector and regulation is very strong, with six monthly unannounced visits by RQIA taking place. The school does not place students in any of the private and independent sector placements that

have had adverse reports. The school informed us that issues arising from RQIA reports are standing items at the practice advisory group meeting attended by senior staff from the school and the associated trusts. The school confirmed that they have moved students from placement areas when concerns have been raised. In these situations, the concerns would be fully investigated and an action plan would be instigated if this was deemed necessary. We were told that in these situations the placement would be re-audited before students were able to return (42).

We concluded that the school has effective processes in place that can respond appropriately to adverse quality inspectorate reports when they indicate that placement areas where students are allocated may not be appropriate. The monitoring event confirmed that action would be taken to protect the students' learning through the provision of additional support, collaborative work with the placement provider or moving the students to another placement area. These measures ensure that student learning is protected and that students are not subjected to either poor education or patient care practices (42).

NMC approved education institution (AEI) monitoring was undertaken at QUB in 2014-15 at which time all key risk areas received a met outcome.

Summary of areas for future monitoring were identified:

- To ensure service users are fully involved in the interview process.
- To assure external examiners' engagement with the assessment of practice (3).

These issues were all explored during the monitoring event and are reported in the relevant sections.

Follow up on recommendations from approval events within the last year

There were no approval events held in the last year.

Specific issues to follow up from self-report

The school included the following exceptional reporting issues in their annual self-assessment report 2015-16 (6).

- The university had a voluntary severance/voluntary early retirement exercise in 2015. This resulted in a number of staff expressing an interest to be considered. In response to staff wishing to avail of voluntary severance/voluntary early retirement, and before any decision was taken, an audit of teaching capacity and a robust review of specific teaching was undertaken. How this might impact on all four fields of nursing and also the midwifery programme was reviewed. As a consequence, acceptance of voluntary severance/voluntary early retirement requests was selective to ensure that teaching quality standards would be maintained across all specialties. A total of ten staff have taken voluntary severance or voluntary

early retirement.

The school reported it was confident that it can continue to provide the four fields of nursing and the midwifery programme and meet the NMC standards. The quality of the teaching provision remains intact and will not affect the student experience. Furthermore, the school reported that it will be recruiting a number of posts in the next few months. The number of academic staff who retired was not totally unexpected given the awareness of the age profile of staff within the school. For this reason the school had already undertaken a comprehensive review of the programmes that can be offered. The school confirmed that there is more than sufficient capacity to deliver the range of programmes currently offered alongside the introduction of a graduate entry pre-registration programme that should be available to applicants commencing February 2017. The staff/student ratio was to be kept under review.

This issue was extensively explored during the monitoring visit and is reported in the main body of the report (key risks 1.1, 3.2.2, 4.1)

- An increased number of graduates are applying for pre-registration nursing and midwifery. The school plans to have a graduate entry nursing programme with postgraduate qualification available from 2017.

Results of the multiple mini interview (MMI) pilot reported in 2014-15 indicated that the MMI is an appropriate values based recruitment methodology. MMIs have been agreed by the university admissions group and will be utilised for entry in 2016. Evidence to support the use of MMIs includes that this method has a particular emphasis on values and attributes of applicants. The university confirmed that they had used MMIs successfully for the selection of students for the September 2016 cohort and that the process has included representation from practice staff and service users and carers.

- The national student survey (NSS) results (2015) gave cause for concern in the following areas: assessment and feedback; and, organisation and management. NSS results indicate that students perceive that they do not receive feedback in a timely manner and are concerned about how aspects of the course are organised. The school reported their concern about how this might impact negatively on the student experience and their ability to engage fully with the programme.

The NSS is a standing discussion item at the school board and faculty management board and processes are in place for teachers across all year teams to get an understanding of the issues raised, formulate an action plan and continuing monitor progress. The pro vice chancellor (PVC) for education and students met with all academic staff to discuss the NSS results.

An immediate review of timetabling and allocation of teachers; the link lecturer role and visibility in the clinical areas; and feedback provided to students took place. Actions were implemented which included the development of a podcast for staff and students about how to utilise the feedback rubric, the formalisation of personal tutor meetings and meetings to be centrally allocated. The school reported that it has been supported by a project implementation group which was specifically aimed at improving the NSS results and the actions that were agreed. The school is confident

that the actions taken have improved performance across the areas identified.

Findings against key risks
Key risk 1 – Resources **1.1 Programme providers have inadequate resources to deliver approved programmes to the standards required by the NMC** **1.2 Inadequate resources available in practice settings to enable students to achieve learning outcomes**
Risk indicator 1.1.1 - registrant teachers have experience / qualifications commensurate with role.
What we found before the event
Concerns have recently been raised with the NMC about the quality of learning for pre-registration nursing students at QUB's school of nursing and midwifery and that QUB are failing to meet NMC standards in a number of areas. The allegations relate to inadequate staff resources to deliver the programme for the number of students; excessive teaching workloads allocated to some lecturers; a number of academic staff members leaving posts through a voluntary severance and early retirement scheme; research staff who are not qualified nurses appointed to teaching posts with personal tutor responsibilities and lecturers without NMC registration visiting practice placement areas without an up to date Access NI clearance and without training in relation to child protection and adult safeguarding (2). The school had checked the latter issues with the executive director of nursing at the Public Health Agency (PHA) and the Safeguarding Board for Northern Ireland (SBNI). The SBNI has agreed to deliver training for child and adult safeguarding for all lecturers in the school. The school has also been advised that any lecturer who has access to clinical placements, and who is engaged in or is supervising a regulated activity, should have Access NI clearance. The school is still awaiting further advice on this issue from the SBNI (13-14). During 2014-15 a series of reviews were undertaken to ensure the effective and efficient delivery of teaching within the school. The overall aims were to review the quality and sustainability of the programmes. These reviews included a review of: • the teaching allocations, to provide transparency to school staff and promote equity of teaching allocations; • module delivery to ensure the school complies with university guidelines and does not exceed the standard contact hours (24 hours of lectures, 12 tutorials,

12 hours of practical teaching, per 20 credit module);

- the school's provision to determine modules and courses that are no longer attractive to students;
- the current teaching delivery to determine how many hours are needed in all components in consideration of the number of students;
- staff by role and grade to establish teaching capacity across the school;
- timetabling to ensure efficiency of the use of available resources;
- applications from staff for voluntary severance or voluntary early retirement to ensure the school retains sufficient capacity to meet the current numbers of students.

The outcome of the reviews resulted in: all teaching is now recorded against individual staff workloads for 2015-16; teaching allocations for 2016-17 are currently being devised to ensure equity; all modules in the school are to comply with the university agreed pattern of delivery; the current establishment provides over 20 percent more teaching hours than the delivery of the curricula requires; timetabling requirements for 2016-17 have already been allocated; and, 10 applications to the voluntary severance/early retirements scheme are supported. A number of resignations and retirement vacancies exist and these posts are being recruited to and include: a clinical skills nurse; a midwifery lecturer; a learning disabilities lecturer; a neonatology lecturer, an adult nursing lecturer; and, a lecturer in chronic illness (9).

The school keeps a secure database of all NMC registered staff personal identification number (PIN) and registration expiry dates. Each Friday the status of all registrations due to expire within the following four weeks is checked on the NMC website. The database is then updated to reflect these results. If any registrations are still outstanding two weeks before renewal, a reminder is sent from the head of school's office to the member of staff concerned. All new staff are added to the database when they commence employment and their registration checked in line with these procedures (27).

What we found at the event

We found that all programme leaders, field leaders and registrant lecturers supporting the pre-registration programmes have an active registration and a recorded teaching qualification with the NMC (27, 50-51, 103).

The school's governance procedures are robust and well administrated and ensure that all nursing lecturers with a professional qualification are registered with the NMC and they have the relevant recorded teacher qualification or are working towards its achievement (27, 50-51, 96).

Lecturers are described by students as having a passion for the subjects that they teach. However, we found there are not sufficient academic staff dedicated to the programme delivery of the pre-registration nursing programme. From the evidence reviewed, it was concluded that the lack of resource has been at least partly due to

the reduction in field specialist lecturers through the voluntary severance and early retirement schemes with a significant number of other lecturers leaving posts without being replaced. This has contributed to the depletion of academic staff resource and the quality of the approved programme cannot be sustained. The children's nursing field in particular has a high staff/student ratio and this determines that key areas of programme delivery, specialist student support and guidance and the integration of theory to practice cannot be achieved. Staff and students informed us that there were no child field lecturers teaching students studying year three of the programme at the commencement of the academic year 2015-16; this was highlighted by students as directly adversely affecting their learning experience. We were informed verbally by staff and students on the children's nursing programme that at the time of the review there were no children's nursing lecturers assigned to the delivery of modules in year three of the pre-registration programme. The review team were also informed that there are similar issues in the mental health and learning disabilities nursing fields in relation to the integration of theory to field specific practice in the third year of the programme (5, 36-39, 41, 49, 51-74, 99–102, 104).

We met with the lead midwife for education (LME) to identify if any of the changes that had taken place in the school have adversely affected the delivery of the pre-registration midwifery programme. The LME told us that only one post had been lost as a result of the voluntary severance and early retirement schemes and this had only a minimal effect on academic staff workloads. The new ways of working introduced into the school through the revised module and timetable structuring has had a more serious effect and has increased the workloads for academic staff in the short term. The LME told us that some of the revised module changes have improved ways of working and are beneficial, and the midwifery academic team are approaching the changes positively. We were told that there are no detrimental effects on the quality of the programme. The LME also informed us that she is able to undertake all aspects of the LME role (43).

We were told that the final report has been published by the SBNI on concerns raised by a member of staff of the school relating to children and adult safeguarding issues. The report concluded that the information provided indicates that the school has appropriate vetting arrangements in relation to safeguarding children and vulnerable adults, policies and procedures are in place and that these are adhered to. It stated that the annual self-declaration form is an example of good practice which could be replicated in other settings.

The report recommended that the school, with the support of the PHA and the Health and Social Care Board (HSCB), should: consider the safeguarding children and vulnerable adults training needs of staff and provide an update session as soon as possible; ensure adequate representation from the school on regional networks relating to safeguarding children and vulnerable adults; and, specify communication pathways that ensure staff working in the school are kept informed about policy and developments affecting safeguarding practice. These actions will ensure that the public are appropriately safeguarded (12, 21, 106).

We found that there is an adequate appropriately qualified academic staff resource for the delivery of the V300 programme. Specialist pharmacology input is included in the teaching schedule. The programme leader and other academic staff that make a

significant contribution to the programme delivery all have active registration with the NMC and have a recorded teaching qualification. All the academic team that deliver the programme have prescribing qualifications and experience that is commensurate with their role. The quality of the programme delivery is recognised as good by students and the external examiner (4, 35, 40, 68-74, 82, 140-142). We conclude from our findings that the university currently has appropriately qualified academic staff to deliver the V300 programme to meet NMC standards. However, there are not sufficient academic staff particularly in the field specialist areas dedicated to the delivery of the pre-registration nursing programme to meet the standards required by the NMC.
Risk indicator 1.2.1 - sufficient appropriately qualified mentors / sign-off mentors / practice teachers available to support numbers of students
What we found before the event
Sufficient mentors and sign-off mentors are monitored via trust reports on a weekly basis to placement allocations. Mentorship is currently provided as one student per mentor. This data is also collected by the educational audits. Discussion occurs at a regional level with practice partners four times a year (6).
What we found at the event
We found that generally there are sufficient appropriately qualified mentors and sign-off mentors available to support the number of students on the pre-registration nursing programme. Mentors and sign-off mentors show a high level of commitment and enthusiasm for their roles with students (42, 52–67, 162-164). We found that the hub and spoke placement approach is used to ensure students are provided with the appropriate range of practice experiences to inform the NMC practice competencies. These experiences are co-ordinated by the mentor and student. Mentors told us that they work closely with spoke co-mentors to ensure due regard is maintained and evidence of experience and competence is gained. Students told us that they value these experiences (49, 52–67, 104). At the neonatal unit at Altnagelvin maternity unit we found that an adult nurse sign-off mentor assigned to a children's nursing student in the final placement experience was not appropriately qualified for the role and did not have due regard. We were presented with some conflicting evidence that the student may have another sign-off mentor assigned that did act with due regard but at the time of the practice visit the sign-off mentor was on sick leave. We considered this additional evidence but felt that the risks associated to the public from students who are not appropriately signed off as competent and fit for registered practice were extremely high as we had been given conflicting information about the assigned sign-off mentor. We concluded that the additional evidence did not alleviate our concerns that the student was being

inappropriately assessed with regards to practice competence and therefore posed a risk to public protection. The student is well into the final 14 week placement and urgent attention is required to assign an appropriately qualified sign-off mentor to enable the student to complete the programme (59, 105).

We found sufficient DMPs available to support the number of students on the V300 programme. All students are allocated to a DMP prior to the commencement of the placement. The maximum number of V300 students allocated to a DMP is two and this is agreed and confirmed as part of the collaborative admission process arrangement between the employer, the university and the registrant (35, 40, 68-74).

We conclude from our findings that there are sufficient DMPs available to support students on the V300 programme and sufficient appropriately qualified mentors and sign-off mentors to support the number of students on the pre-registration nursing programme. However, we found that the NMC standard is not met as a children's nursing student in year three of the programme on the final placement was allocated a sign-off mentor who was not appropriately qualified for the role and did not have due regard.

Outcome: Standard not met

Comments:

The field specialist nursing academic staff must be increased to support the delivery of the programme to maintain the level of quality that is required by NMC standards.

Sign-off mentors for students on the final placement in year three of the pre-registration nursing programme must be appropriately qualified and have due regard.

15-16 March 2017: Follow up visit to The Queens University Belfast. Standard now met

15 and 16 March 2017: Follow up visit to QUB. Standard now met

1.1.1 Academic staff told us that they are more positive about the level of the academic staff resource to support the pre-registration nursing programme. They reported that they now feel valued and supported in their roles and find the leadership style in the school more positive.

Resources to deliver the field specialist parts of the programme have been strengthened. This is supported by students' evaluations and detailed evidence scrutinised in relation to the academic staff resource and the workload demand. This is a two-stage recruitment process and the process has commenced for further lecturers to be appointed in the near future specifically to meet increased commissioned student numbers. Stage one has enabled 12 specialist nurse lecturer posts to be added to the establishment. The school has further implemented short-term teaching arrangements through the maintenance of a 'bank' of teaching staff who are peer quality assessed and provide an effective source of additional field specialist teaching. The school manager told us that the school now manages its own

staffing budget and that this enables greater flexibility to shape the workforce especially where deficits may exist. They have been able to recruit additional full time field specialist lecturers from the 'bank' of teaching staff that the school maintained.

The head of school and senior academic managers told us that the school's workload model has been revised so that it reflects the establishment of field specialist lecturers and the need for field specialist modules to be primarily delivered by the specialist lecturers. The school has also implemented initiatives aimed at promoting teaching quality.

We found that there are still some challenges with the child academic team through the available academic staff resource. The school has appointed a number of new staff who are dedicated to the programme delivery of the pre-registration children's nursing programme. However, there has been an increase in commissioned numbers of 17 students per annum now giving a total of 81 students per annum. Students undertaking the child field told us that they are more positive about the quality of their learning and there is evidence that the academic delivery of the third year of the programme has been appropriately strengthened. This was also confirmed by students undertaking the other pre-registration nursing fields.

We concluded that a realistic plan is in place for the required increases in the academic staff resource to further strengthen the field specific academic teams and to meet the additional requirements of increased commissions of students.

1.2.1 PEFs, mentors and service managers told us that since the monitoring visit in May 2016. there has been an increase in the number of mentors and sign-off mentors to meet the number of allocated students. Meetings with practice placement providers and PEFs confirmed there are sufficient and appropriately qualified mentors and sign-off mentors to support the number of pre-registration nursing students. There is sound evidence of an effective programme of mentor updates and triennial reviews, and sign-off status is accurately recorded within the live register of mentors.

Mentors, service managers and PEFs told us that all students are allocated mentors on a one-to-one basis. This was confirmed by students. Practice duty rotas evidence a 1:1 ratio between students and mentors. Students told us that they spend more than 40 percent of their practice time working with their mentor. This was confirmed by mentors and the practice duty rotas we viewed. Students told us an associate mentor is often provided in addition to their named mentor to support them during short term annual leave or sickness of their named mentor. Mentors told us this also assists the development of a trainee mentor who is studying the mentor preparation module, or to develop the associate mentor role under the supervision of an experienced mentor.

Practice staff and managers report there is regular access to the mentor preparation module and mentor updates. Trust managers and service leads told us that they regularly release staff to attend the mentor preparation module and mentor updates. PEFs are currently providing mentor updates twice a month and these are easily accessible and well-advertised. Bespoke mentor update arrangements are also arranged if required by service demands.

There are now three strategies to ensure that students undertaking the final

placement are supported by appropriately prepared sign-off mentors to ensure a 'fail safe' system is in place. The first strategy is when a student is allocated to a placement area, the ward manager of the area informs the school of the name of the sign-off mentor before the placement commences. Practice learning team members in the school then confirm that the sign-off mentor's name is on the database held in the school, the sign-off mentor has due regard and is appropriately prepared. For the second strategy, an addendum has been added to the practice portfolio, where the student's sign-off mentor must confirm that they are appropriately prepared and have due regard. The third strategy is that the live mentor register held in placement provider organisations is programmed to prevent an out of date sign-off mentor who does not have due regard being allocated to a student undertaking the final placement. Students told us that they are aware of these changes and have confidence in the new system which should ensure they are allocated an appropriately qualified and up to date sign-off mentor.

We visited the neonatal unit at Altnagelvin maternity unit and found that steps are in place to ensure that students undertaking the final placement experience on the children's nursing programme are only assigned to sign-off mentors with due regard. Currently students are not placed there for the final placement but at other formative points within the programme. In addition, the unit has taken appropriate steps to increase sign-off mentor preparation in the staff members who do possess due regard.

We concluded from the evidence available that there are now effective processes in place to prevent a student from being allocated to an inappropriate sign-off mentor who does not have due regard.

Evidence to support the standard is met includes:

- QUB school of nursing and midwifery, recruitment and staffing information, October 2016
- QUB school of nursing and midwifery, equality and diversity group, undated
- QUB school of nursing and midwifery, Collegiality group, 31 January 2017
- QUB school of nursing and midwifery, annual programme review for programmes (UG), BSc (Hons) Nursing, 2015-16
- QUB school of nursing and midwifery, annual programme review: school/subject overview report (UG), BSc (Hons) Nursing, 2015-16
- QUB school of nursing and midwifery, module evaluation questionnaire, undated
- QUB school of nursing and midwifery, module and lecturer evaluations protocol, undated
- Initial review teleconference with senior staff, QUB, 15 March 2017
- Meeting with adult field pre-registration nursing programme team, 15 March 2017
- Meeting with child field pre-registration nursing programme team, 15 March

2017

- Meeting with mental health field pre-registration nursing programme team, 15 March 2017
- Meeting with learning disabilities field pre-registration nursing programme team, 15 March 2017
- Meeting to discuss the academic staff resource, 15 March 2017
- Meeting to discuss practice learning, 16 March 2017
- Practice visit to Northern Health and Social Care Trust; neonatal unit, ward A2, meetings with students, mentors, service manager, PEF and link lecturer, 15 March 2017
- Practice visit to Northern Health and Social Care Trust Community, Carrickfergus, meetings with students, mentors, service manager, PEF and link lecturer, 15 March 2017
- Practice visit to Northern Health and Social Care Trust Community, Carrickfergus, Children's Hospice, meetings with students, mentors, service manager, service users and carers, 15 March 2017
- Practice visit to Western Health and Social Care Trust, Altnagelvin Hospital, neonatal unit, meetings with student, mentors, service manager, PEF and Link Lecturer, 16 March 2017
- Practice visit to Belfast Health and Social Care Trust, Royal Belfast Hospital for Sick Children, PICU, meetings with student, mentors, service manager, PEF and link lecturer, 16 March 2017
- Practice visit to Belfast Health and Social Care Trust, meeting with the mental health field team, operations manager and service user representative, 15 March 2017
- Practice visit to Craigavon Hospital, the Willows and Rosebrook, meetings with students, mentors, PEF and link lecturer, 15 March 2017
- Practice visit to Home Treatment Crisis Response, Craigavon & Banbridge (Lurgan), meetings with students, mentors, practice education facilitator, 15 March 2017
- Practice visit to Mater Hospital, Belfast, Wards J and K, meetings with students, mentors, PEF and link lecturer, 15 March 2017
- Practice visit to Home Treatment Team, Belfast, meetings with students, mentors, PEF, 16 March 2017
- Practice visit to Acute Day Treatment, Belfast, meetings with students, mentors, PEF, 16 March 2017
- Practice visit to Community Addictions Team, Belfast, meetings with students, mentors, service manager, 16 March 2017
- Practice visit to Musgrave Park Hospital, spinal cord injuries unit, ward 6A,

ward 5B, meetings with student, mentors, ward manager and PEF, 15 March 2017

- Practice visit to Belfast City Hospital, ward 10, meetings with student, mentors, ward manager and PEF, 15 March 2017
- Practice visit to Northern Ireland hospice, meetings with student, mentors, ward manager and PEF, 15 March 2017
- Practice visit to Downe Hospital, ward 2, emergency department, meetings with student, mentors, ward manager and PEF, 16 March 2017

Areas for future monitoring:

- The sufficiency of the field specialist nursing academic staff resource to support the delivery of the programme.
- The sign-off mentors for the students' final practice placement are assigned with due regard.

Findings against key risks
Key risk 2 – Admissions & Progression **2.1 Inadequate safeguards are in place to prevent unsuitable students from entering and progressing to qualification**
Risk indicator 2.1.1 - admission processes follow NMC requirements
What we found before the event
Admission and progression procedures are robust and effectively implemented and ensure students entering and progressing on the pre-registration nursing (mental health) programme meet the NMC standards and requirements (3). The university has a robust equality and diversity policy that emphasises that the university values and promotes equality and diversity and will seek to ensure that it treats all individuals fairly and with dignity and respect. It is opposed to all forms of unlawful and unfair discrimination. The university seeks to provide equality to all, irrespective of: gender, including gender re-assignment; marital or civil partnership status; having or not having dependants; religious belief or political opinion; race (including colour, nationality, ethnic or national origins, including Irish travellers); disability; sexual orientation and age (22, 48). The university has a comprehensive admissions policy for entry to undergraduate programmes (17). All applications for the undergraduate nursing programme are managed through the universities and colleges admissions service (UCAS). The school has a number of stages to the selection process including a review of the

applicant's personal statement and references and an interview by NMC registered staff and service users using a values based MMI approach with a minimum of seven stations. To ensure fairness and consistency MMI scores are analysed by a statistician and discussed at a MMI board. Candidates with the highest scores are made a conditional offer subject to undergoing an Access NI check and an occupational health check which must be satisfactory before commencing the programme (8).

All applicants whose degree programme involves engaging in regulated activity, are required to inform the head of admissions and access services in writing, of any convictions, cautions, informed warnings and diversionary youth conferences, which are not protected. They must also advise if they are, or have been the subject of any criminal investigations or have any prosecutions pending. They must advise of any changes to the information they disclosed, or changes to the information contained on their enhanced check, in writing and without delay, prior to admission to the university (19).

Interview training is provided for all staff participating in MMIs including service users and carers. All participants involved in the selection and recruitment process are expected to have undertaken equality and diversity training (8).

There is an online e-learning training course on equality and diversity entitled DiversityNow. This mandatory interactive course comprises six modules to raise staff awareness on equality and diversity issues.

The participant will have their training record automatically updated following successful completion of an assessment at the end of the course (23).

MMIs were piloted for the selection process in 2015. Two service users were members of the MMI working group for the pilot in 2015 and one service user remains as a member of the current MMI group (7-8).

Robust procedures are in place to manage the learning experiences of students less than 18 years of age going into practice placements (3).

The university has a robust student disability policy statement which states that the university is committed to a policy of equal opportunity and seeks to ensure that disabled students have equitable access as far as reasonably possible, to all aspects of university life. The university will take all reasonable steps to ensure that disabled students can benefit from the full range of academic, cultural and social activities that they offer to non-disabled students (24, 48).

What we found at the event

We found that there is comprehensive information about the pre-registration nursing programme on QUB main website. This information facilitates students to make informed choices before making an application. Students for whom their first language is not English are tested using the international English testing system (IELTS) and a score of seven across all areas is required (1, 36–39).

We confirmed that the admission process for the pre-registration nursing programme

includes MMIs to assess the values and attributes of applicants (35–39). Practice staff and service users and carers complete equality and diversity training prior to participating in the selection process (17, 22–24, 36-39, 44). Students must have a satisfactory Access NI clearance check, occupational health clearance and complete mandatory training before they can proceed to placement (19, 36-39). Students are aware of the process to complete an annual declaration of good health and good character. They told us that they receive emails to remind them of the requirement and confirmed having completed these declarations. The programme teams told us that they keep records confirming the university monitoring of student checks (36–39, 52-67). We found that the admission processes for the V300 programme are undertaken by the programme team, working in partnership with a number of local NHS organisations, and meet the NMC requirements. The application process requires the student to provide written confirmation of the secondment or release agreement from the line manager and education lead of their organisation and to confirm the support arrangements that will be put in place to enable the student to undertake the programme. This includes the support of a named DMP who meets the eligibility criteria for the medical supervision of nurse prescribers and who has agreed to provide the required period of supervised practice. The application process identifies if a registrant has applied and commenced a V300 programme previously. Employers are also required to confirm that Access NI clearance had been undertaken in the last three years, and if not, that one is completed before the student commences the programme to ensure public protection (40, 68–74, 109). We conclude that admissions and progression procedures are robust and effectively implemented to ensure students entering and progressing on the pre-registration nursing and V300 programmes meet NMC standards and requirements.
Risk indicator 2.1.2 - programme providers' procedures address issues of poor performance in both theory and practice
What we found before the event
The university operates a personal tutor system and the personal tutor reviews the student's progress for all modules including the practice modules in each year of the three year programme. Not all personal tutors are NMC registrants; the personal tutor would check that all administrative details are in order in relation to the practice portfolio. If there was an issue with regards to the documentation or the student's clinical performance this would be the responsibility of the link lecturer, who is an NMC registrant, and the mentor or sign-off mentor (11). The university has a fitness to practise policy which meets NMC requirements. The policy applies to pre-registration nursing and midwifery programmes for academic, behavioural and health requirements which must be met to ensure suitability to

practise (15). The school has a safeguarding adults and children's policy which summarises the university's arrangements to provide a safe environment for children and vulnerable adults. Among other things, these arrangements include: conducting pre-employment/pre-admissions checks; a code of practice and good conduct; safeguarding risk assessments and a reporting procedure for dealing with any allegation of abuse/harm (21).
What we found at the event
Procedures to address issues of poor performance in both theory and practice are well understood and implemented effectively in the programme areas monitored. Protocols for raising matters of concern are in the programme documentation and all staff designated to assess the students' knowledge and competence told us that they are confident that they could address issues of poor student performance when it occurred. We were told of examples of when these had occurred and how they had been managed, which was consistent with the guidance provided and the protection of the public from poor practice (12, 15-16, 21, 36-40, 52-74). We found that the fitness to practise policy and procedure is robust and effective and meets NMC requirements. There is convergence with the academic misconduct offences procedure and an example was provided which identified where a student had been referred to the fitness to practise panel after repeated academic misconduct offences. In the academic year 2014-15 there were three cases referred to the fitness to practise panel for pre-registration nursing students. These cases related to inappropriate professional behaviour, concerns in relation to integrity and professionalism and a potential breach of confidentiality. We found that all these cases had been appropriately managed in relation to the agreed fitness to practise policies and procedures (15, 47, 88-91). Our findings confirm the university has effective policies and procedures in place for the management of poor performance in both theory and practice which are clearly understood by all stakeholders including students, mentors and DMPs. We are confident that concerns are investigated and dealt with effectively and the public is protected.
Risk indicator 2.1.3- programme providers' procedures are implemented by practice placement providers in addressing issues of poor performance in practice
What we found before the event
Mentors are confident about addressing poor student performance in practice. This process, whilst supportive, also ensures that students are competent and fit to practise in accordance with both university and NMC requirements (3). The students' progress against practice learning outcomes and competencies

necessary to progress, and entry to the NMC register is managed and reported on by the mentor or sign-off mentor. If concerns are raised about a student's performance, the link lecturer would advise the mentor on any future action that should be taken (11).
What we found at the event
Mentors and sign-off mentors told us that they implement procedures to address issues in student performance. They confirmed that they are well informed about student progression points, NMC standards and the essential skills required. These are accessible in student practice assessment booklets which students take with them to each placement. We were told that at the start of each placement the mentor reviews student performance from the previous placements and agrees a learning contract with the student to focus on agreed areas for development and achievement in the placement. Mentors told us that they deal promptly with any issues of unprofessional conduct or poor performance. Mentors work in partnership with link lecturers when the student fails to make satisfactory progress or if they are at risk of failing the practice competencies. Students confirm the use of action plans to support and guide areas of knowledge and practice which require further development. Mentors and students told us that they are able to access link lecturers to seek support or guidance, when necessary (30, 52-74). We conclude that procedures to address issues of poor performance in practice are well understood and implemented effectively in the programme areas monitored.
Risk indicator 2.1.4 - systems for the accreditation of prior learning and achievement are robust and supported by verifiable evidence, mapped against NMC outcomes and standards of proficiency
What we found before the event
The university has a comprehensive accreditation of prior learning (APL)/recognition of prior learning (RPL) policy and procedures. The procedures include a flow chart which outlines the process for accreditation which includes a committee to adjudicate APL requests. There is also a process to support students who apply to transfer their learning from other AEIs. The school has instigated a committee to adjudicate APL requests. The policy has been applied to facilitate students to access a second registration programme in the fields of children's and learning disabilities nursing (3, 25-26, 96, 101).
What we found at the event
We found that APL/RPL policies, procedures and practices are only presently used for students accessing the pre-registration programme who have a previous nursing

registration. The mapping procedures used for these students are robust and ensure that both NMC learning outcomes and hours of theory and practice are fully mapped within the accreditation process and meets NMC requirements (25-26, 36-39, 45, 83-85).

APL/RPL is not used for the V300 programme (40, 45).

Outcome: Standard met

Comments:

No further comments

Areas for future monitoring:

None identified

Findings against key risks
Key risk 3 - Practice Learning **3.1 Inadequate governance of and in practice learning** **3.2 Programme providers fail to provide learning opportunities of suitable quality for students** **3.3 Assurance and confirmation of student achievement is unreliable or invalid**
Risk indicator 3.1.1 - evidence of effective partnerships between education and service providers at all levels, including partnerships with multiple education institutions who use the same practice placement locations
What we found before the event
The university has effective partnership working and governance arrangements at a strategic and operational level to ensure shared responsibility for students' learning in the practice environments. There are effective quality assurance processes in place to manage risks and address areas for development and enhancement (3). Educational audits are completed for each placement every two years which involves the practice area manager, PEF and an AEI representative (6, 29). There are a number of forums established which evaluate effective partnership working including an undergraduate partnership committee and a regional education practice partnership forum. Placement providers inform the link lecturer and clinical allocations department regarding any service provision issues which are taken into

account prior to the allocation of students. If an issue or concern occurs when students are already on placement, a suitable alternative placement would be used for the students to continue their practice learning (6).

The school has a process for raising concerns which builds on the raising and escalating concerns - guidance for nurses and midwives (NMC, 2013) which reinforces that student nurses have a responsibility to raise concerns about the safety and wellbeing of people in their care or in the environment they are working in. Students are informed of the NMC guidelines as part of the induction provided for all practice modules. The information is also included in an enquiry based learning tutorial about the NMC Code during each year of the programme (16).

The university has signed practice learning agreements with placement providers and the Department of Health and Social Services and Public Safety Northern Ireland which defines the roles and responsibility of all the parties included in the provision of students' practice learning (28).

What we found at the event

We found some evidence that effective partnerships with service providers and associated education providers exists, and we note in particular that the school is involved in facilitating a number of partnership forums across the region, as well as the development of a mentor app that is available to all practice areas. However, we were told by practice based staff during practice visits that there is a relatively serious lack of partnership and joint working between the university and associated placement providers. This perceived lack of joint ownership and effective partnership of the practice learning environments was a theme across a number of practice visits to different organisations. Staff in a number of placement areas told us that they feel there is a greater burden of responsibility being placed on the placement provider and there is a perception among staff that the school is not honouring its partnership responsibilities to the degree that they consider to be equitable (28, 35–40, 42, 52–74).

We found that the educational audit process is effectively undertaken to meet the NMC requirements and involves education staff as active partners (28-29, 42, 107, 125–133, 147–158, 167–176, 179-189).

Placement management meets the many challenges that exist from the escalation process, clinical governance reporting and service reconfigurations. Effective procedures are in place to protect student learning and to assess if placements need to be withdrawn or rested to protect student learning. There are examples of how these measures have been used successfully. We found that there are some issues within the sequencing of placements which inhibits a student's ability to access suitable learning experiences to appropriately develop essential practice skills. We were told by children's nursing students that they had been allocated to a placement on a neonatal unit on week seven of the programme when the theory relating to the complex issues of nursing neonates and the resultant issues for the family had not been explored (36–40, 42, 52–74).

In the academic year 2014-15 the school dealt with a small number of escalated concerns. Two second year students were supported after raising concerns regarding a mental health registrant's practice. Both nurses were involved in the subsequent Health and Social Care Trust disciplinary and follow up appeal. Students were accompanied by a senior member of staff to all disciplinary hearings and were given pastoral support and guidance (6). Policies and procedures for escalating concerns are effective although there is evidence of some confusion with students and practice staff about which procedure they should use to raise issues which occur in practice learning (16, 52-67). The school has an effective process that can respond appropriately to adverse quality inspectorate reports which indicates that placement areas may not be appropriate for students' practice learning. Discussions during the monitoring event confirmed that action would be taken to protect the students' learning through the provision of additional support, collaborative work with the placement provider or moving the students to another placement area. These measures meet the requirement to protect student learning and to ensure that students are not subjected to either poor educational or patient care practices (32–34, 42). The pivotal role of the PEF is commended for the contribution they make in ensuring the provision of positive practice learning experiences for students (52–67). We conclude that partnership working between education and practice staff at programme level must be strengthened to a level consistent with joint ownership of the practice learning environment.
Risk indicator 3.2.1 - practitioners and service users and carers are involved in programme development and delivery
What we found before the event
The school has a service user and carer involvement policy which aims to enhance user and carer involvement in research, educational health and social care provision and clinical practice within the school (18). There is a school service user and carer group with membership from a number of user organisations covering the adult, children's mental health and learning disabilities fields of nursing. During the period 2013–2016 the group has met on a regular basis with an agreed constitution and the school has appointed an academic champion. The school is committed to the involvement of service users and carers in student recruitment; curriculum development, implementation and delivery; module review; programme review; the school's ethics committee; curricula monitoring review: and, approval events (14, 20).
What we found at the event

We found that practitioners are involved in programme development and delivery and there are a number of examples provided of specialist nurses contributing to the teaching programme. We also met practitioners who told us that they had participated in the development of the curriculum (36–39, 52–67). We found that service users and carers are engaged in programme development and delivery in the pre-registration nursing programme. There is some commendable engagement, especially in the mental health and learning disabilities nursing fields, where lecturers are working in partnership with service users to create high quality learning experiences. The school has an appropriate strategy for service user and carer involvement and there is considerable enthusiasm to continue these important developments (18, 20, 30, 44, 49, 52–67, 104). We concluded that further development is required in the pre-registration nursing programme to engage service users and carers in the assessment process to meet contemporary and programme requirements. We found that service users and carers are not currently involved in the V300 programme. There is a service user and carer feedback form included in the V300 practice competency portfolio but students told us that they are unsure about its use and how many service user and carer forms they are expected to complete. DMPs told us that they are not aware that this is a requirement. The university needs to strengthen the inclusion of service users and carers in all aspects of the V300 programme, including providing clarity to students and the DMP about the process for service user and carers feedback to be completed in the prescribing practice competency portfolio (40, 44, 68–74). Our findings confirm that practitioners and service users and carers are involved in the development and delivery of the pre-registration nursing programme. However, their involvement in the assessment process and in the V300 programme requires improvement.
Risk indicator 3.2.2 - academic staff support students in practice placement settings
What we found before the event
We found that the role of the link lecturer is crucial in the support of students in practice. The expectations of the role are clearly defined (3).
What we found at the event
We were told by students, PEFs, service managers and mentors that link lecturers have a low presence in some placement areas and there is a lack of consistency to the regularity of their visits to placement areas. They told us that this serious lack of link lecturers' presence is detrimental to joint working and joint support arrangements (49, 52–67, 104).

We found that the V300 programme leader and module tutor visit students in their placement areas at least once during the programme. Students told us that they are aware of their personal tutor contact details and would not hesitate to contact them if they needed support. Students told us that the programme team are always contactable and that this is highly valued by them (40, 68–74).
Risk indicator 3.3.1 - evidence that mentors, sign-off mentors and practice teachers are properly prepared for their role in assessing practice
What we found before the event
The school provides a mentorship preparation teaching and assessing in practice programme. All mentors undertake this programme and meet the NMC requirements for sign-off in accordance with the Standards to support learning and assessment in practice (SLAiP) (NMC, 2008). Mentors report that they are adequately prepared for their role by PEFs and supported by link lecturers. Some mentors find the role demanding and report that allocated learning time can be dependent upon service demands (3).
What we found at the event
We found that mentors and sign-off mentors are committed to their role and are supportive to students who are experiencing issues with progression. Sign-off mentors and mentors told us that they felt that they were well prepared for the role and clearly understand their responsibilities and accountability in relation to protecting the public from unsafe practitioners (49, 52–67, 104, 178). We found that DMPs are generally prepared and updated for their role by the programme team visiting the students in placement to meet the DMP at the beginning of the programme. Preparation for the role includes the DMP being given a copy of the relevant programme documentation. Some DMPs told us that this was adequate to prepare them for their role. We found that that one DMP had not been appropriately prepared for the assessment of prescribing competence in relation to the V300 programme. The DMP told us they had not been visited by a member of the programme team and had to search out the programme information for themselves without any support from the university. The DMP reported that he was very reliant on using relevant previous experience with medical students and the guidance provided by the DMP student to enable him to meet the programme requirements. (40, 68–74, 143). We conclude from our findings that mentors and sign-off mentors are properly prepared for their role in assessing the practice of pre-registration nursing students. The preparation of the DMP requires improvement to ensure that public protection can be fully assured.

Risk indicator 3.3.2 - mentors, sign-off mentors and practice teachers are able to attend annual updates sufficient to meet requirements for triennial review and understand the process they have engaged with
What we found before the event
Managers encourage and support mentor attendance at annual updates. All mentors are appropriately prepared for their role in supporting and assessing students. Sign-off mentors are clear about their role in ensuring that students are fit to practise (3).
What we found at the event
We found that mentors and sign-off mentors for the pre-registration nursing programme attend updates on an annual basis and triennial review is fully understood and implemented (52–67). We found that the update process for DMPs is undertaken by a visit from a member of the programme team to the placement area (40, 68–74).
Risk indicator 3.3.3 - records of mentors / practice teachers are accurate and up to date
What we found before the event
We found that the database in the allocations department within the school is updated weekly with information from the trusts about mentors and sign-off mentors. Information is accurate and up to date. This electronic database is an excellent resource for practice placement providers and can be accessed by university staff (3).
What we found at the event
We found the records of mentors for the pre-registration nursing programme are comprehensive, accurate and up to date (52–67, 144–146, 159-161). We found that the register of DMPs records the names of all DMPs who are involved with V300 students for the 2015-16 academic year (110).
Outcome: Standard not met
Comments:

- Partnership working between education and practice staff at programme level must be strengthened to a level consistent with joint ownership of the practice learning environment.
- Service user and carer engagement in the assessment process must be further developed in the pre-registration nursing programme.
- Service user and carer involvement must be strengthened in the V300 programme so that it is present in programme development and delivery.
- Academic staff support for students in the practice placement settings must be increased and be delivered in a consistent manner to promote joint support arrangements.
- DMPs must be appropriately prepared for assessing students' prescribing competence and ensuring that they are safe practitioners.

15-16 March 2017: Follow up visit to The Queens University Belfast. Standard now requires improvement

15 and 16 March 2017: Follow up visit to QUB. Standard requires improvement for 3.2.2

3.1.1 We found evidence that appropriate action has been taken by the school to strengthen partnership arrangements with placement providers to enhance students' experiences during practice placements. The service managers and PEFs reported that the working relationship with the academic team and the school has improved since the previous monitoring visit in May 2016. There is now a strong and effective partnership in the development and delivery of the pre-registration nursing programme. Managers and PEFs told us that they are consulted if any changes to the programme are being considered.

The educational audit documents that we reviewed demonstrate that all the placement areas are in-date and have been completed by a member of the academic team and a representative from the placement area. Policies and procedures for escalating concerns are effective and students confirmed they know how to raise concerns and were supported if they had done so.

We concluded from the available evidence that there has been appropriate action taken to strengthen the partnership arrangements between the university and the practice placement providers in supporting the student learning placement experiences.

PEFs and the practice learning team told us that they have undertaken joint action to ensure that the placement profiles, completed as part of the education audit process, are accurate and detailed in relation to the range of experiences and skills a student could reliably be exposed to in the placement learning environment. These profiles have been mapped to ensure theoretical and practice learning outcomes within modules to ensure outcomes are achievable. Mentors and the practice learning team told us that more effective use is being made of 'hub and spoke' placements to enable students to access placements to develop appropriate essential skills. Students told us that they are aware that changes have been made to the allocation of placement patterns as a result of these initiatives. They are now more confident that they will be able to achieve all the programme requirements.

We concluded that appropriate action has been taken to the sequencing of the students' placement experiences to ensure that they are able to develop appropriate essential practice skills.

3.2.1 We found that service users and carers now have appropriate involvement in programme delivery, assessment and evaluation of the non-medical prescribing (V300) programme. These initiatives include the use of a service user and carer feedback form which is included in the non-medical prescribing practice competency portfolio to provide appropriate feedback on patient experiences. Students and DMPs told us that they are clear about the number of completed service user and carer forms required in the competency portfolio. We saw evidence of some that had been completed.

From the available evidence, we concluded that the programme development and delivery of the non-medical prescribing (V300) programme had been appropriately strengthened to include service users' and carers' engagement.

3.2.2 The school has taken action to strengthen the link lecturer system. The link lecturer role descriptor has been revised and strengthened and the number of visits that should be undertaken is now specified. The zoning and team system for maintaining academic links has also been revised and strengthened and is now seen as more equitable with lecturers allocated on average 20 placement areas.

We were informed by the school that two changes have been made to the system for supporting students in practice placement settings by academic staff:

- the geographical area where placement providers are situated has been divided into zones and link lecturers are allocated to a zone. The link lecturer is responsible for supporting all students, irrespective of their field of study, undertaking placement learning in that zone.
- a policy has been initiated whereby each student is seen in the practice setting by a link lecturer on a minimum of six occasions during the programme. The zoning team are expected to cover for other lecturers in times of leave or sickness. The staff development system clarifies that lecturers should spend a minimum of 20 percent of their time linking with practice experience.

Practice staff told us that link lecturer visits have improved in some practice areas since the monitoring visit in May 2016. Students reported being visited by academic staff more frequently than previously. In addition to these face-to-face visits, some students reported that they have had telephone contact with the link lecturer. In addition to the link lecturer, the students told us that during placements, they have frequent contact by email with the year lead, which they have found to be useful. All students, mentors, PEFs and ward managers commented positively on the value of the contact with the academic staff and their role in supporting students and mentors.

However, students, PEFs, service managers and mentors told us that academic staff undertaking the link lecturer role continue to have a low presence in some of the practice placement areas and there is a lack of consistency to the regularity of the link lecturer's visits.

We concluded from our findings that action has been taken to strengthen the link lecturer system; however, students and practice staff continue to report a lack of presence and visibility of academic staff in the practice setting. The actions which are proposed must be further strengthened to ensure that the link lecturer role is fully operational.

3.3.1 DMPs are prepared and updated for their role by the V300 programme team when visiting students and the DMP in placement. Preparation for the role includes a DMP pack that includes a copy of the programme handbook, prescribing practice competency portfolio, timetable and induction presentation.

DMPs told us that they evidence their responsibility in the assessment process and the signing of the declaration of competence as a non-medical prescriber (V300) in the practice competency portfolio documentation. The DMPs demonstrated sound knowledge and understanding of how to manage a student that may be failing.

The programme co-ordinator and module co-ordinator for prescribing in practice undertake the role of the personal tutor and link lecturer, and their visits to practice areas are known by the DMPs and V300 students. They visit practice areas at least once during the student's placement. A record of the practice learning visit to the student is completed by the personal tutor and/or link lecturer and a copy filed in the student's V300 practice competency portfolio. A practice review form is disseminated to all DMPs to ensure that they are satisfied with the preparation given by the link lecturers. If they are not satisfied, additional preparation would be provided.

We concluded from the available evidence that the preparation of DMPs for their role in assessing prescribing competence in the V300 programme has been appropriately strengthened and now fully meets NMC requirements.

Evidence includes:

- NMC self-assessment report, QUB, 2016/17
- NMC monitoring review: action plan, QUB, 23 May 2016
- NMC monitoring report, QUB, pre-registration nursing (adult, child, mental health and learning disabilities fields), non-medical prescribing (V300), 23 May 2016
- Initial review teleconference with senior staff, QUB, 15 March 2017
- Meeting with adult field pre-registration nursing programme team, 15 March 2017
- Meeting with child field pre-registration nursing programme team, 15 March 2017
- Meeting with mental health field pre-registration nursing programme team, 15 March 2017
- Meeting with learning disabilities field pre-registration nursing programme team, 15 March 2017
- Meeting with V300 programme team, 15 March 2017

- Meeting with commissioners, deputy chief nursing officer, Department of Health, Social Services and Public Safety (DHSSPS)
- Meeting to discuss academic staff links with practice settings, 15 March 2017
- Meeting to discuss practice learning, 16 March 2017
- Practice visit to Northern Health and Social Care Trust; neonatal unit, ward A2, meetings with students, mentors, service manager, PEF and link lecturer, 15 March 2017
- Practice visit to Northern Health and Social Care Trust Community, Carrickfergus, meetings with students, mentors, service manager, PEF and link lecturer, 15 March 2017
- Practice visit to Northern Health and Social Care Trust Community, Carrickfergus, Children's Hospice, meetings with students, mentors, service manager, service users and carers, 15 March 2017
- Practice visit to Western Health and Social Care Trust, Altnagelvin Hospital, neonatal unit, meetings with student, mentors, service manager, PEF and link lecturer, 16 March 2017
- Practice visit to Belfast Health and Social Care Trust, Royal Belfast Hospital for Sick Children, PICU, meetings with student, mentors, service manager, PEF and link lecturer, 16 March 2017
- Practice visit to Belfast Health & Social Care Trust, meeting with the mental health field team, operations manager and service user representative, 15 March 2017
- Practice visit to Craigavon Hospital, the Willows and Rosebrook, meetings with students, mentors, PEF and link lecturer, 15 March 2017
- Practice visit to Home Treatment Crisis Response, Craigavon & Banbridge (Lurgan), meetings with students, mentors, PEF, 15 March 2017
- Practice visit to Mater Hospital, Belfast, Wards J and K, meetings with students, mentors, PEF and link lecturer, 15 March 2017
- Practice visit to Home Treatment Team, Belfast, meetings with students, mentors, PEF, 16 March 2017
- Practice visit to Acute Day Treatment, Belfast, meetings with students, mentors, PEF, 16 March 2017
- Practice visit to Community Addictions Team, Belfast, meetings with students, mentors, service manager, 16 March 2017
- Practice visit to Musgrave Park Hospital, spinal cord injuries unit, ward 6A, ward 5B, meetings with student, mentors, ward manager and PEF, 15 March 2017
- Practice visit to Belfast City Hospital, ward 10, meetings with student, mentors, ward manager and PEF, 15 March 2017

- Practice visit to Northern Ireland hospice, meetings with student, mentors, ward manager and PEF, 15 March 2017
- Practice visit to Downe Hospital, ward 2, emergency department, meetings with student, mentors, ward manager and PEF, 16 March 2017
- Practice visit to Belfast City Hospital, meeting with V300 student, 15 March 2017
- Practice visit to Dundrum and Clough Surgery, Meetings with V300 student, and DMP, 15 March 2017
- Practice visit to Ulster Hospital, Dundonald, meeting with V300 student, 15 March 2017
- Practice visit to Ulster Hospital, Ward 16 and Urology Unit, meetings with V300 student, DMP and supporting manager, 15 March 2017
- Practice visit to Royal Victoria Hospital, Belfast, meetings with V300 student, and nursing development leads, Belfast Trust, 16 March 2017
- Practice visit to Warren Children's Centre, meeting with V300 student, 16 March 2017
- QUB, school of nursing and midwifery, non-medical prescribing induction, September 2016
- Copy of DMP register 2016-2017 with link lecturer, training and visit date

Areas for future monitoring:

- The strength of partnership working between education and practice staff at programme level.
- Service user and carer engagement in the assessment process in the pre-registration nursing programme.
- Service user and carer involvement in the programme development and delivery of the V300 programme.
- Academic staff support for students in the practice placement setting
- The preparation of the DMP to assess prescribing competence.

Findings against key risks

Key risk 4 - Fitness for Practice

4.1 Approved programmes fail to address all required learning outcomes in accordance with NMC standards

4.2 Audited practice placements fail to address all required practice learning outcomes in accordance with NMC standards

Risk indicator 4.1.1 – documentary evidence to support students' achievement of all NMC learning outcomes, competencies and proficiencies at progression points and or entry to the register and for all programmes that the NMC sets standards for

What we found before the event
All stakeholders are confident that students completing the programmes are competent to practise as a registered practitioner and enter the NMC professional register. Teaching and learning strategies encourage the development and practice of skills enabling students to be confident in their abilities (3). There is interprofessional learning (IPL) involving year three nursing students and year four medical students who learn in a simulated environment using critical care scenarios using a situation, background, assessment and recommendation tool. There are numerous examples of IPL across all programmes. Some examples have been in place for over 10 years whilst others such as the IPL workshops with mental health students have been running for 12 months (6).
What we found at the event
We found students on the pre-registration nursing programme presented themselves as highly motivated learners with an enthusiasm and commitment to their field of practice. The students achieve the NMC learning outcomes and competencies for entry to the nursing part of the register and students emerging from the programme are considered fit for practice by employers and commissioners (35–39, 41, 49, 52–67, 92–95, 104, 177). We found that there are effective teaching and learning strategies to meet NMC outcomes and competencies and opportunities to rehearse and develop caring, skilled integrated practice (36–39, 52–67). We found that the school has an assessment group which has a remit to improve the quality of the implementation of the assessment strategy across all programmes. The group ensures that all assessments are aligned to the programme learning outcomes. We were told that this group has significantly improved the quality of the assessments and student feedback over the last three years (46, 86-87). There is excellent use of IPL strategies with support field specific tutorial group work which enhances the translation of knowledge and clinical skills from the generic to the field area of practice (36–39, 49, 52–67, 104). Mentors, students and PEFs are cognisant of the programme progression points and the associated learning and assessment requirements to be demonstrated for both theory and practice based outcomes. Mentors, sign-off mentors, PEFs and service managers told us that the calibre of students is very high and that they often present as committed, passionate and extremely employable for their services. (52-67). We found that adult nursing students understand the need to meet the EU directive requirements and they told us that they meet them during the programme (52–67). Students told us that they have a good exposure to the other fields of nursing and value this aspect of the programme (49, 52–67, 104).

We were assured that despite the lack of field specific lecturers teaching in year three of the programme in the child field in particular which presented a challenge for students' learning linking theory and practice they are engaged in the assessment of students. In addition, there is a field leader for each of the four fields of nursing who oversees the three years of the student's programme and confirms to the programme leader and the end of programme examination board that each student has met all of the programme requirements (36–39, 46, 51). External examiners confirmed in their annual reports the quality of the pre-registration nursing programme, the good level of academic support, the rigor of the assessment of practice, the high level of achievement attained by the majority of the students and that in all fields of nursing, students are able to achieve the statutory requirements (75–81). We conclude from our findings that programme learning and teaching strategies, experience and support in practice placements enable students to meet the pre-registration nursing programme learning outcomes and NMC competencies. The V300 programme has clear programme learning outcomes identified in the programme documentation and ensures that the NMC Standards of proficiency for nurse and midwife prescribers (NMC, 2006) are met. We found that the learning outcomes are made explicit to the students in the programme documentation and are tested through a comprehensive assessment strategy. Students were unable to articulate that if they fail to answer correctly any question that may result in direct harm to a patient or client they must be referred. This information was stated in the approval document but was not stated in the module booklets given to students. The programme structure should comprise of a minimum of 26 days of educational preparation (NMC, 2006). We found that the module timetables for both of the V300 modules did not account for a minimum of 26 days. The pharmaco-therapeutic module timetable in semester one did not include details of the activity to be undertaken in the sessions, and other module timetables lacked details of specified learning. We found that there is inconsistency in how the timetable content is presented to students. We conclude from our findings that the V300 programme does not have the minimum 26 days of educational preparation to meet NMC requirements. The school must provide detailed evidence in the form of a programme handbook to confirm that these requirements are explicitly met (4, 40, 68–74, 82, 97, 111–124, 138-139).
Risk indicator 4.2.1 – documentary evidence to support students' achievement of all NMC practice learning outcomes, competencies and proficiencies at progression points and upon entry to the register and for all programmes that the NMC sets standards for
What we found before the event
The Nursing and Midwifery Clinical Education Centre (NMCEC) at QUB is one of the most advanced clinical skills centres in Europe where students learn and practice

fundamental healthcare skills in a safe environment before undertaking clinical placements (1).

Objective structured clinical examinations (OSCEs) are run within the NMCEC for first and third year students. The online video material and access to the centre to practice clinical skills assist the student to prepare for the OSCE. The NMCEC has the facility to examine 120 students per day (1).

The simulation suite is designed as a typical hospital ward where students gain experience in caring for the acutely ill patient using the human patient simulators (Siman & Simbaby). There are two multipurpose simulation suites sited within the centre. The simulator is operated via a computer by a member of teaching staff, who controls the physiological parameters of the simulator as well as interacting with the student as the 'patient' via an intercom. The system allows the lecturer to role play a scenario and act in response to the students' actions; this takes place behind a one way mirror allowing the teaching team to observe and monitor the students' response to specific scenarios. All nursing and midwifery students evaluate this teaching methodology very positively. The teaching team that initiated the first sim teaching were the recipients of a QUB teaching award in 2007 (1).

What we found at the event

We found that pre-registration nursing students are able to meet all NMC outcomes and competencies at progression points and for entry to register. Students told us that mentors use the ongoing record of achievement to track progress and that they submit practice assessments at the end of each year (49, 52–67, 92–95, 104, 177).

We found that students are supported to achieve essential skills in a range of field specific practice settings. Preparatory support is provided by the OSCE sessions at the NMCEC. This also includes the acquisition of mandatory skills and knowledge in relation to moving and handling, breakaway techniques and cardio-pulmonary resuscitation (child and adult). Confirmation of achievement must be recorded before students are able to commence each practice placement (36–39, 49, 52-67, 104).

Mentors and sign-off mentors told us that students attend practice placements with good knowledge and skill sets relative to the placement area. They told us that students have supernumerary status which was confirmed by students. Mentors, sign-off mentors and service managers told us that the students achieve the NMC learning outcomes and competencies for entry to the nursing part of the register and exit the programme fit for practice (49, 52–67, 104, 108).

We were informed by some students that there are inconsistencies in the allocation of placements for some students; this was particularly relevant for the child field nursing students who did not always feel prepared and equipped for the placement experiences. This requires improvement (49, 52–67, 104).

We found that the practice competency portfolio in the V300 programme covers all the NMC learning outcomes and incorporates guidelines for students to meet key components of the portfolio. Students told us that learning opportunities in practice are well structured by DMPs and other prescribers. They told us that they are able to

meet all the programme requirements and that the evidence is logged in the practice portfolio. DMPs and employers confirm students are fit for practice on completion of the programme (68–74, 82, 111-124).

We conclude that students on the V300 programme provide appropriate documentary evidence to support the achievement of all NMC learning outcomes, competencies and proficiencies required for the programme.

We conclude that students on the pre-registration nursing programme provide appropriate documentary evidence to support the achievement of all NMC learning outcomes and competencies at all progression points and for entry to the nursing part of the register. These robust and rigorous processes protect the public from nurses who are unfit for practice.

Outcome: Standard not met

Comments:

- Programme documentation must evidence that the V300 programme includes a minimum of 26 days of educational preparation.
- The sequencing of placements to enable pre-registration nursing students to access practice learning experiences that are suitable to develop essential practice skills.

15-16 March 2017: Follow up visit to The Queens University Belfast. Standard now met

15 and 16 March 2017: Follow up visit to QUB. Standard now met.

4.1.1 We found the programme learning outcomes for the non-medical prescribing (V300) programme are clearly articulated for students in the programme handbook and meet the NMC standards of proficiency for nurse and midwife prescribers (NMC, 2006). The course structure now comprises a minimum of 26 days of educational preparation with an additional minimum of 12 days, equating to 12 x 7.5 hours (6.5 hours excluding breaks) of supervised learning in practice. We found that the module timetable for the non-medical prescribing (V300) modules reflected the minimum of 26 days to include face-to-face and blended approaches to teaching. Students and managers told us that they are aware of the required 26 days of educational preparation.

We found that the assessment of competence is demonstrated through completing all the required assessment of theory and practice elements. Students told us that they are aware that any breach of confidentiality and anonymity and failure to answer any question correctly that may result in direct harm to a patient or client would result in a referral of the assessed piece of work.

The V300 programme has been revised to incorporate the Royal College of Pharmacists (2016) prescribing competency framework into the assessment strategy.

V300 students told us that when they are required to complete the health assessment

module alongside the prescribing module it can have a negative impact on student learning on the prescribing module running concurrently. We concluded that the school may wish to consider reorganising this learning period.

We concluded from the available evidence that the V300 programme fully meets the NMC requirements for a minimum of 26 days of educational preparation.

4.2.1 PEFs, the practice learning team and programme teams told us that they have undertaken joint action since the monitoring visit in May 2016 to ensure that students are adequately prepared for the placement experience. They told us that placement patterns have been reviewed to ensure that the student has preparatory theoretical and practice experience to satisfactorily access the placement experiences.

Students told us that allocated placement journeys have improved significantly and now enable them to appropriately integrate theory to practice. Mentors and practice staff told us that students can link their knowledge to practice learning, and that their level of knowledge is appropriate when accessing placements. They told us that a 'hub and spoke' placement approach is used to ensure students are provided with an appropriate range of practice experiences to facilitate achievement of the NMC practice competencies. This approach is co-ordinated by the mentor and student. Hub mentors work closely with spoke co-mentors to ensure due regard is maintained.

We concluded from the available evidence that the allocation of placements process had been appropriately strengthened to ensure that students are prepared and equipped for the placement experiences.

Evidence to support the standard is met includes:

- QUB, school of nursing and midwifery, V300 programme, prescribing in practice module, 2015/16, 7 September 2016
- QUB, school of nursing and midwifery, V300 programme, Pharmacotherapeutics for prescribing module 2015/16, 8 August 2016
- NMC self-assessment report, QUB, 2016/17
- NMC monitoring review: action plan, QUB, 23 May 2016
- NMC monitoring report, QUB, pre-registration nursing (adult, child, mental health and learning disabilities fields), non-medical prescribing (V300), 23 May 2016
- Initial review teleconference with senior staff, QUB, 15 March 2017
- Meeting with adult field pre-registration nursing programme team, 15 March 2017
- Meeting with child field pre-registration nursing programme team, 15 March 2017
- Meeting with mental health field pre-registration nursing programme team, 15 March 2017
- Meeting with learning disabilities field pre-registration nursing programme team, 15 March 2017

- Meeting with V300 programme team, 15 March 2017
- Meeting with commissioners, deputy chief nursing officer, DHSSPS, 15 March 2017
- Meeting to discuss practice learning, 16 March 2017
- Practice visit to Northern Health and Social Care Trust; neonatal unit, ward A2, meetings with students, mentors, service manager, PEF and link lecturer, 15 March 2017
- Practice visit to Northern Health and Social Care Trust Community, Carrickfergus, meetings with students, mentors, service manager, PEF and link lecturer, 15 March 2017
- Practice visit to Northern Health and Social Care Trust Community, Carrickfergus, Children's Hospice, meetings with students, mentors, service manager, service users and carers, 15 March 2017
- Practice visit to Western Health and Social Care Trust, Altnagelvin Hospital, neonatal unit, meetings with student, mentors, service manager, PEF and link lecturer, 16 March 2017
- Practice visit to Belfast Health and Social Care Trust, Royal Belfast Hospital for Sick Children, PICU, meetings with student, mentors, service manager, PEF and link lecturer, 16 March 2017
- Practice visit to Belfast Health and Social Care Trust, meeting with the mental health field team, operations manager and service user representative, 15 March 2017
- Practice visit to Craigavon Hospital, the Willows and Rosebrook, meetings with students, mentors, PEF and link lecturer, 15 March 2017
- Practice visit to Home Treatment Crisis Response, Craigavon & Banbridge (Lurgan), meetings with students, mentors, PEF, 15 March 2017
- Practice visit to Mater Hospital, Belfast, Wards J and K, meetings with students, mentors, PEF and link lecturer, 15 March 2017
- Practice visit to Home Treatment Team, Belfast, meetings with students, mentors, PEF, 16 March 2017
- Practice visit to Acute Day Treatment, Belfast, meetings with students, mentors, PEF, 16 March 2017
- Practice visit to Community Addictions Team, Belfast, meetings with students, mentors, service manager, 16 March 2017
- Practice visit to Musgrave Park Hospital, spinal cord injuries unit, ward 6A, ward 5B, meetings with student, mentors, ward manager and PEF, 15 March 2017
- Practice visit to Belfast City Hospital, ward 10, meetings with student, mentors, ward manager and PEF, 15 March 2017

- Practice visit to Northern Ireland hospice, meetings with student, mentors, ward manager and PEF, 15 March 2017
- Practice visit to Downe Hospital, ward 2, emergency department, meetings with student, mentors, ward manager and PEF, 16 March 2017
- Practice visit to Belfast City Hospital, meeting with V300 student, 15 March 2017
- Practice visit to Dundrum and Clough Surgery, meetings with V300 student, and DMP, 15 March 2017
- Practice visit to Ulster Hospital, Dundonald, meeting with V300 student, 15 March 2017
- Practice visit to Ulster Hospital, Ward 16 and Urology Unit, meetings with V300 student, DMP and supporting manager, 15 March 2017
- Practice visit to Royal Victoria Hospital, Belfast, meetings with V300 student, and nursing development leads, Belfast Trust, 16 March 2017
- Practice visit to Warren Children's Centre, meeting with V300 student, 16 March 2017
- QUB school of nursing and midwifery, undergraduate certificate in non-medical prescribing (V300), programme handbook, October 2016
- QUB school of nursing and midwifery, postgraduate certificate in non-medical prescribing (V300) programme handbook, October 2016
- QUB school of nursing and midwifery, V300 practice competency portfolio
- QUB school of nursing and midwifery, V300 timetable and outline, September 2016
- QUB school of nursing and midwifery, V300 letter to designated medical practitioners, undated
- QUB school of nursing and midwifery, V300 induction, September 2016
- Copy of DMP Register 2016-2017 with link lecturer, training and visit date

Areas for future monitoring:

- The V300 programme includes a minimum of 26 days of educational preparation.
- The sequencing of placements enables students to access learning experiences that are suitable to develop essential practice skills.

Findings against key risks
Key risk 5- Quality Assurance

5.1 Programme providers' internal QA systems fail to provide assurance against NMC standards
Risk indicator 5.1.1 - student feedback and evaluation / programme evaluation and improvement systems address weakness and enhance delivery
What we found before the event
Student evaluation of practice will be going to an online evaluation in January 2016 (6). Five external examiners visited clinical areas covering the four fields of nursing during 2015. The outcomes of the visits are stated in the individual external examiner's annual report. The visits are scheduled for 2016 (7, 10).
What we found at the event
We found that all modules and fields within the pre-registration nursing programme are subject to programme evaluation and formally reported on an annual basis. We were told by students that they receive limited feedback on actions taken as a result of students' raising issues through the evaluation process. We found that the evaluation of practice experience is currently not effectively undertaken by students, and practice placement providers do not receive information about the quality of students' practice learning experience (52–67, 97-98, 165-167). We conclude that a process for students to evaluate their practice experience must be effectively implemented and the findings from the evaluations must be provided to practice placement providers to enhance the quality of the practice learning environment. Students are requested to complete a module evaluation for both modules in the V300 programme. Feedback from the evaluations is acted upon and students were able to tell us about changes that have been made as a direct result of the evaluation process. We did not find any evidence to confirm that placement learning evaluation takes place for the V300 programme (40, 68-74, 98, 134-137). Student groups have representatives on the staff/student consultative committee as an effective means for students to raise issues. However, there is no representative on this committee from the V300 programme. We found that the outcomes of the meetings could be more widely communicated through the student body (36-40, 68-74). The proforma used by external examiners for their annual reports is excellent and specifically asks for evidence that statutory requirements are being met. There is evidence that the external examiners for the pre-registration nursing programme monitor the assessment of practice and have visited placement areas to meet students and mentors. External examiners' reports are comprehensive and issues

raised in the reports are appropriately responded to by programme leaders (75–81).

The external examiner for the V300 programme does not monitor the assessment of prescribing competence and the report contains no reference to meetings with DMPs or the monitoring of the practice assessment documentation. We conclude that the school must ensure that the external examiner for the V300 programme fulfils all aspects of the role and monitors the assessment of practice (82).

Risk indicator 5.1.2 - concerns and complaints raised in practice learning settings are appropriately dealt with and communicated to relevant partners

What we found before the event

The school has a complaints procedure (31).

What we found at the event

Procedures exist to enable students to raise complaints and concerns about practice learning environments. The process for complaints is detailed within the programme handbook and practice assessment document. During the monitoring visit students told us about two occasions when complaints had been made about the conduct of ward managers towards students which related to alleged bullying and harassment. We heard that on these occasions the complaint was passed to the link lecturer but no satisfactory action was apparent, causing considerable distress to the students concerned. We concluded that the procedure for handling complaints is not effective and action must be taken to ensure that it meets NMC requirements (30-31, 52-56).

On the V300 programme students told us that they are aware of the procedure for making complaints about concerns in practice learning environments. The programme leader confirmed that no complaints have been raised (30-31, 40, 68–74).

Outcome: Standard not met

Comments:

- An evaluation of practice experience must be effectively undertaken and feedback provided to practice staff on the quality of the experience.
- The external examiner for the V300 programme should engage in the theory and practice aspects of the programme.
- Effective procedures must be put in place to enable students to raise complaints and concerns about practice learning settings and to safeguard them from abusive behaviours.

15-16 March 2017: Follow up visit to The Queens University Belfast. Standard now requires improvement

15 and 16 March 2017: Follow up visit to QUB. Standard requires improvement

5.1.1 We found evidence to confirm that the student's evaluation of practice experience in the pre-registration nursing programme has improved since the monitoring event in May 2016. It was demonstrated that this will be further strengthened with the implementation of 'inPlace', an integrated student placement system. An interim student evaluation report has been implemented and this appears to have had some positive improvement to communication and feedback to practice based staff. Students told us that they do not always know whether their feedback has been acted upon. They told us that they have not completed evaluations for all placement areas and practice staff have told them that in some placement areas they rarely receive students' evaluations. Students told us that on completion of their placement experience they participate in sessions in the school where they reflect on their practice learning experiences. They also complete the evaluation of practice experience form that is given to them by the practice staff. The PEFs reported that evaluation forms are analysed by the trust and results are provided to individual practice placement areas and the school.

Mentors, sign-off mentors, service leads and PEFs told us that they receive feedback provided from the PEFs following a trust led evaluation of students' practice experiences. However, they do not receive any student feedback on practice experience from the university.

We concluded from the findings that the evaluations of students practice experience continues to be sporadic, disorganised and inconsistent and requires further improvement to provide an effective system for programme enhancement.

We found that the external examiner for the non-medical prescribing (V300) programme has a plan in place to effectively monitor the assessment of prescribing competence. The external examiner will visit practice placements to meet with students and DMPs so that evaluative comments can be included within their annual report.

We concluded from our findings that the external examiner for the non-medical prescribing (V300) programme has an effective plan in place for monitoring the assessment of practice process.

5.1.2 We found that effective action has been taken to strengthen the procedures for students making complaints relating to practice learning, to raise the awareness of academic staff undertaking the role of link lecturers about agreed procedures and practices, and to create a climate where students feel safe about raising their concerns. We also found evidence that confirmed that concerns and complaints are now managed with sensitivity and that effective support is made available to the student.

The school and associated placement providers have undertaken action to raise the awareness of issues for students in relation to bullying and harassment. The school has updated the link lecturer role description to strengthen their responsibilities in relation to handling complaints. They were also provided with structured training about the framework for managing complaints effectively which was well attended by link lecturers. In practice settings mentor updates have included sessions on bullying

and harassment and the complaints process. Students' complaints are now a standing item on the staff/student consultative committee agenda.

The procedure for raising complaints is now detailed within the programme handbook and the practice assessment document. Additional information has been included to highlight the importance of raising complaints and the support that is available to students.

Student nurses, mentors, sign-off mentors and PEFs told us that there is now a robust procedure which has been fully implemented to enable students to raise complaints and concerns about practice learning settings. Students told us that they understand the process to report and recognise bullying and harassment in the practice and academic settings. They feel more supported and safer in being able to raise their concerns and that concerns and complaints are now taken more seriously and managed more sensitively and responsively.

We viewed documentation which details how the school acted and responded to complaints raised by students. This record, introduced after the monitoring visit in May 2016, records the complaints raised by students and the action taken.

We concluded that the school has taken effective action to ensure that a robust procedure has been implemented to enable students to raise complaints and concerns about practice learning settings.

Evidence includes:

- QUB school of nursing and midwifery, database of action taken in relation to student's complaints in clinical areas, 15 March 2017
- QUB school of nursing and midwifery, annual programme review for programmes (UG), BSc (Hons) Nursing, 2015-16
- QUB school of nursing and midwifery, annual programme review for programmes (UG), graduate certificate in non-medical prescribing, 2015-16
- QUB school of nursing and midwifery, annual programme review: school/subject overview report (PGT), graduate certificate in non-medical prescribing/postgraduate certificate in non-medical prescribing, 2015-16
- QUB school of nursing and midwifery, annual programme review: school/subject overview report (UG), BSc (Hons) Nursing, 2015-16
- QUB school of nursing and midwifery, BSc (Hons) Nursing, nursing students' placement evaluation report, BHSCT, March 2017
- QUB school of nursing and midwifery, BSc (Hons) Nursing, nursing students' placement evaluation report, NHSCT, March 2017
- QUB school of nursing and midwifery, BSc (Hons) Nursing, nursing students' placement evaluation report, SEHSCT, March 2017
- QUB school of nursing and midwifery, BSc (Hons) Nursing, nursing students' placement evaluation report, SHSCT, March 2017
- QUB school of nursing and midwifery, BSc (Hons) Nursing, nursing students'

placement evaluation report, WHSCT, March 2017

- South Eastern Health and Social Care Trust, practice learning feedback questionnaire, March 2017
- Southern Health and Social Care Trust, practice learning feedback questionnaire, March 2017
- Western Health and Social Care Trust, practice learning feedback questionnaire, March 2017
- QUB school of nursing and midwifery, module evaluation questionnaire, undated
- QUB school of nursing and midwifery, module and lecturer evaluations protocol, undated
- NMC self-assessment report, QUB, 2016/17
- NMC monitoring review: action plan, QUB, 23 May 2016
- NMC monitoring report, QUB, pre-registration nursing (adult, child, mental health and learning disabilities fields), non-medical prescribing (V300), 23 May 2016
- Initial review teleconference with senior staff, QUB, 15 March 2017
- Meeting with adult field pre-registration nursing programme team, 15 March 2017
- Meeting with child field pre-registration nursing programme team, 15 March 2017
- Meeting with mental health field pre-registration nursing programme team, 15 March 2017
- Meeting with learning disabilities field pre-registration nursing programme team, 15 March 2017
- Meeting with non-medical prescribing (V300) programme team, 15 March 2017
- Meeting with commissioners, deputy chief nursing officer, DHSSPS, 15 March 2017
- Meeting to discuss student evaluations, 15 March 2017
- Meeting to discuss complaints and concerns relating to practice learning, 16 March 2017
- Practice visit to Northern Health and Social Care Trust; neonatal unit, ward A2, meetings with students, mentors, service manager, PEF and link lecturer, 15 March 2017
- Practice visit to Northern Health and Social Care Trust Community, Carrickfergus, meetings with students, mentors, service manager, PEF and link lecturer, 15 March 2017
- Practice visit to Northern Health and Social Care Trust Community,

Carrickfergus, Children's Hospice, meetings with students, mentors, service manager, service users and carers, 15 March 2017

- Practice visit to Western Health and Social Care Trust, Altnagelvin Hospital, neonatal unit, meetings with student, mentors, service manager, PEF and link lecturer, 16 March 2017
- Practice visit to Belfast Health and Social Care Trust, Royal Belfast Hospital for Sick Children, PICU, meetings with student, mentors, service manager, PEF and link lecturer, 16 March 2017
- Practice visit to Belfast Health & Social Care Trust, meeting with the mental health field team, operations manager and service user representative, 15 March 2017
- Practice visit to Craigavon Hospital, the Willows and Rosebrook, meetings with students, mentors, PEF and link lecturer, 15 March 2017
- Practice visit to Home Treatment Crisis Response, Craigavon & Banbridge (Lurgan), meetings with students, mentors, PEF, 15 March 2017
- Practice visit to Mater Hospital, Belfast, Wards J and K, meetings with students, mentors, PEF and link lecturer, 15 March 2017
- Practice visit to Home Treatment Team, Belfast, meetings with students, mentors, PEF, 16 March 2017
- Practice visit to Acute Day Treatment, Belfast, meetings with students, mentors, PEF, 16 March 2017
- Practice visit to Community Addictions Team, Belfast, meetings with students, mentors, service manager, 16 March 2017
- Practice visit to Musgrave Park Hospital, spinal cord injuries unit, ward 6A, ward 5B, meetings with student, mentors, ward manager and PEF, 15 March 2017
- Practice visit to Belfast City Hospital, ward 10, meetings with student, mentors, ward manager and PEF, 15 March 2017
- Practice visit to Northern Ireland hospice, meetings with student, mentors, ward manager and PEF, 15 March 2017
- Practice visit to Downe Hospital, ward 2, emergency department, meetings with student, mentors, ward manager and PEF, 16 March 2017
- Practice visit to Belfast City Hospital, meeting with V300 student, 15 March 2017
- Practice visit to Dundrum and Clough Surgery, Meetings with V300 student, and DMP, 15 March 2017
- Practice visit to Ulster Hospital, Dundonald, meeting with V300 student, 15 March 2017
- Practice visit to Ulster Hospital, ward 16 and urology unit, meetings with V300

student, DMP and supporting manager, 15 March 2017

- Practice visit to Royal Victoria Hospital, Belfast, meetings with V300 student, and nursing development leads, Belfast Trust, 16 March 2017
- Practice visit to Warren Children's Centre, meeting with V300 student, 16 March 2017
- Telephone interview with external examiner for the V300 programme, 16 March 2017
- QUB, school of nursing and midwifery, external examiner reports 2015–2016

Areas for future monitoring:

- The evaluation of students' practice learning experience is effectively undertaken by students and feedback is provided to practice staff.
- The external examiner for the V300 programme engages in both the theory and practice aspects of the programme.
- Procedures to enable students to raise complaints and concerns about practice learning environments.

Evidence / Reference Source

1. www.qub.ac.uk

2. NMC briefing paper, April 2016

3. NMC monitoring report, QUB registered nurse mental health/registered midwife, 18 and 36 month programmes – 2014-15, January 2015

4. NMC programme approval report, QUB extended/supplementary nursing prescribing V300, 25 January 2012

5. NMC programme approval report, QUB adult BSc (Hons)/pre-registration nursing, mental health BSc (Hons)/pre-registration nursing, children's nursing BSc (Hons)/pre-registration nursing, learning disabilities BSc (Hons), 18 October 2011

6. NMC annual self-assessment programme monitoring report, QUB 2015-16

7. QUB School of nursing and midwifery, key issues for future monitoring identified in the NMC self-assessment document, April 2016

8. QUB School of nursing and midwifery - Key issues for future monitoring identified in the NMC self-assessment document 2016 – Appendix one – Selection process for undergraduate nursing and midwifery 2016-17, April 2016

9. QUB School of nursing and midwifery - Key Issues for future monitoring identified in the NMC self-assessment document 2016 – Appendix two – Monitor academic staff student ratios in light of reduced numbers following voluntary redundancies and early retirements, April 2016

10. QUB School of nursing and midwifery - Key issues for future monitoring identified in the NMC self-assessment document 2016 – Appendix three – Schedule of clinical visits for external examiners, April 2016

11. QUB School of nursing and midwifery - Key issues for future monitoring identified in the NMC self-assessment document 2016 – Appendix four – Role of personal tutor and practice portfolios, April 2016

12. QUB School of nursing and midwifery – Chronology of regulated activity in relation to the protection of children and vulnerable adults, April 2016

13. QUB School of nursing and midwifery, letter to the executive director of nursing at the Health and Social Care (HSC) Public Health Agency, March 2016

14. QUB Legal services – advice on the requirement for Access NI clearance for lecturers involved with nursing and midwifery students, March 2016

15. QUB - Fitness to practise procedure, undated

16. QUB School of nursing and midwifery, process for raising concerns, undated

17. QUB Undergraduate admissions policy, September 2016 entry

18. QUB School of nursing and midwifery, strategy for service user and carer involvement, undated

19. QUB School of nursing and midwifery, screening for good health and good character, undated

20. QUB School of nursing and midwifery, information on the service user and carer group, undated

21. QUB Safeguarding children and adults' policy, undated

22. QUB Equality and diversity policy, undated

23. QUB DiversityNow - an online e-learning training course on equality and diversity, undated

24. QUB - Student disability policy statement, undated

25. QUB - Procedures for recognition of prior learning (RPL), 2015

26. QUB – Overview of the recognition of prior learning flowchart, 2015

27. QUB - School of nursing and midwifery – Process for ensuring checks for monitoring academic staff active registration and for due regard, April 2016

28. Department of Health and Social Services and Public Safety Northern Ireland – Draft practice learning agreement, 2015

29. QUB/University of Ulster/The Open University/Health and Social Care In Northern Ireland – Educational audit for practice learning - 2015

30. QUB - School of nursing and midwifery – Practice portfolio (Record of achievement), 2015

31. QUB - School of nursing and midwifery – Student complaints procedure, 2015

32. RQIA - Unannounced care inspection of the Beeches Professional and Therapeutic Services, 4 August 2015

33. RQIA - Unannounced care inspection of Lisburn Intermediate Care Centre, 15 June 2015

34. RQIA - Unannounced inspection report - Brook Lodge - Lakeview Hospital - Western Health and Social Care Trust, 7–11 September 2015

35. Initial meeting to set the scene for the NMC monitoring event, 11 May 2016

36. Meeting with the adult field team, 11 May 2016

37. Meeting with the children's field team, 11 May 2016

38. Meeting with learning disabilities field team, 11 May 2016

39. Meeting with the mental health field team, 11 May 2016

40. Meeting with the nurse prescribing programme team, 11 May 2016

41. Meeting with deputy chief nursing officer, Department of Health, Social Services and Public Safety (DHSSPS), 11 May 2016

42. Meeting to discuss clinical governance issues/adverse quality reports/ management of practice learning, 11 May 2016

43. Meeting with the LME, School of nursing and midwifery, QUB, 11 May 2016

44. Meeting to discuss service user and carer involvement, 11 May 2016

45. Meeting to discuss APL/RPL, 11 May 2016

46. Meeting to discuss assessments, 11 May 2016

47. Meeting to discuss fitness to practise process and procedures, 12 May 2016

48. Meeting to discuss student support services, 12 May 2016

49. Meeting with first year students, BSc Hons Nursing & Chair of SSCC, 12 May 2016

50. Meeting to discuss lecturer CVs/registration database/academic staffing resources, 12 May 2016

51. Meeting with faculty PVC/dean education/PVC education and students, 12 May 2016

52. Practice visit to Lisburn Health Centre - Meetings with student, mentors, service manager, PEF and Link Lecturer, 11 May 2016

53. Practice visit to Lagan Valley Hospital – Thompson House/Rapid Response Team/Ward 1A/Ward 14 - Meetings with students, mentors, service manager, PEF and link lecturer, 11 May 2016

54. Practice visit to Daisy Hill Hospital, Newry – Emergency Department/Theatres/Recovery/Male Surgical/HDU - Meetings with students, mentors, service manager, PEF and link lecturer, 12 May 2016

55. Practice visit to St John Mitchell Place, Adult Community Team - Meetings with student, mentors, service manager, PEF and link lecturer, 12 May 2016

56. Practice visit to Daisy Hill Hospital - Acute Stroke/Rehab/Male Surgery/HDU - Meetings with students, mentors, service manager, PEF and link lecturer, 12 May 2016

57. Practice visit to Royal Belfast Hospital for Sick Children - Day Care Unit/Barbour Ward/Haematology CHU - Meetings with students, mentors, service manager, PEF and link lecturer, 11 May 2016

58. Practice visit to Causeway Hospital – Causeway Children's Ward - Meetings with student, mentors, service manager, PEF and link lecturer, 12 May 2016

59. Practice visit to Western Health and Social Care Trust – South Wing, Altnagelvin - Ward 6/Ward 42/Neonatal Unit - Meetings with students, mentors, service manager, PEF and link lecturer, 12 May 2016

60. Practice visit to Holywell Hospital, Antrim – Tobernaveen Lower Ward/Tobernaveen Upper Ward/Tobernaveen Centre - Meetings with students, mentors, service manager, PEF and link lecturer, 11 May 2016

61. Practice visit to Belfast Health and Social Care Trust - Primary North and West Community Mental Health Team - Meetings with student, mentors, service manager, PEF and link lecturer, 11 May 2016

62. Practice visit to St Lukes Hospital, Armagh – Gillis Memory Centre/Community Addiction Team/Armagh and Dungannon Support and Recovery Team - Meetings with students, mentors, PEF and link lecturer, 12 May 2016

63. Practice visit to Craigavon Hospital – Cloughmore Bluestone Unit/The Willows Bluestone Unit - Meetings with students, mentors, PEF and link lecturer, 12 May 2016

64. Practice visit to Finaghy Health Centre – Community Children's Learning Disability Team - Meetings with student, mentors, PEF and link lecturer, 11 May 2016

65. Practice visit to Knockbracken Healthcare Park, Community Adult learning Disability Team - Meetings with student, mentors, PEF and link lecturer, 11 May 2016

66. Practice visit to 57 Somerton Road, Belfast - Meetings with student, mentors, PEF and link lecturer, 11 May 2016

67. Practice visit to Muckamore Abbey Hospital - Cranfield Women's Admission and Assessment Unit/Sixmile Treatment and Assessment Forensic Unit/Donegore/Adult Behavioural Support Unit - Meetings with students, mentors, PEF and link lecturer, 12 May 2016

68. Practice visit to Dunluce Health Centre - Meetings with student, PEF and link lecturer, 11 May 2016

69. Practice visit to Belfast Cancer Care - Meetings with student, PEF and link lecturer, 11 May 2016

70. Practice visit to Ward 9 South, Belfast City Hospital - Meetings with student, PEF and link lecturer, 11 May 2016

71. Practice visit to Ulster Hospital – Ward 16 and Urology Unit - Meetings with students, DMP, PEF and link lecturer, 12 May 2016

72. Practice visit to Moy Health Centre - Meetings with student, DMP, PEF and link lecturer, 12 May 2016

73. Practice visit to Brocomba Child and Family Clinic, Portadown - CAMHS - Meetings with student, DMP, PEF and link lecturer, 12 May 2016

74. Practice visit to Lurgan Hospital - Meetings with student, DMP, PEF and link lecturer, 12 May 2016

75. QUB - School of nursing and midwifery – BSc Nursing clinical visit areas, 2015

76. QUB – External examiner's report form: Undergraduate - BSc in Nursing (Adult)— Undergraduate nursing programme, 2014-15

77. QUB – External examiner's report form: Undergraduate - BSc in Nursing (Adult)— Undergraduate nursing programme, 2014-15

78. QUB - School of nursing and midwifery – Response to external examiner's report, 2014-15

79. QUB – External examiner's report form: Undergraduate - BSc in nursing (learning disability) — Undergraduate nursing programme, 2014-15

80. QUB – External examiner's report form: Undergraduate - BSc in nursing (mental health)— Undergraduate nursing programme, 2014-15

81. QUB – External examiner's report form: Undergraduate - BSc in nursing (child)— Undergraduate nursing programme, 2014-15

82. QUB - External examiner's report form: Taught Postgraduate – Non-medical prescribing programme, 2014-15

83. QUB – Recognition of prior learning policy, undated

84. QUB - School of nursing and midwifery – Overview of the RPL process - 2015

85. QUB - School of nursing and midwifery – Draft additional registration programmes 2016/17: Stages within the RPL application process – April 2016

86. QUB - School of nursing and midwifery – Assessment Group - Schedule of meetings, 2015-16

87. QUB - School of nursing and midwifery – Notes of assessment group held on 10 February, 2016

88. QUB - School of nursing and midwifery – Academic offences, 2014-15

89. QUB - School of nursing and midwifery – Academic offences, 2015-16

90. QUB - School of nursing and midwifery – Fitness to practise cases, 2014-15

91. QUB - School of nursing and midwifery – Fitness to practise cases, 2015-16

92. QUB - School of nursing and midwifery – BSc nursing programme and standards, June 2014

93. QUB - School of nursing and midwifery – Programme specification BSc nursing - 2015-16

94. QUB - School of nursing and midwifery – BSc nursing - Module descriptor – Health and wellbeing, 2015-16

95. QUB - School of nursing and midwifery – BSc nursing - Module descriptor – Professional nursing values – 2015-16

96. QUB - School of nursing and midwifery – Secure database for monitoring academic staff active registration and for due regard, 12 May 2016

97. QUB - School of nursing and midwifery – Annual programme review for programmes (Ug) offered in 2014-15 – Non-medical prescribing (V300)

98. QUB - School of nursing and midwifery – Annual programme review for programmes (Ug) offered in 2014-15 – BSc pre-registration nursing

99. QUB - School of nursing and midwifery – Role of personal tutor and practice portfolios, April 2016

100. QUB - School of nursing and midwifery – Role of the year lead, April 2016

101. QUB - School of nursing and midwifery – Role of the module coordinator, April 2016

102. QUB - School of nursing and midwifery – Role of the professional lead, April 2016

103. NMC register, 12 May 2016

104. Meeting with second year pre-registration students, 13 May 2016

105. Information from PEF supporting the Neonatal Unit at Altnagelvin Maternity Unit concerning the sign-off mentorship for a student visited, 13 May 2016

106. Safeguarding Board for Northern Ireland - Report into a concern raised by a member of staff in the School of nursing and midwifery, QUB relating to adult and child safeguarding issue, May 2016

107. Learning and assessment standards in practice re-audit – Practice education co-ordinator, May 2016

108. South Eastern Health and Social Care Trust - Review of supernumery status for pre-registration student nurses on practice learning in South Eastern Trust – Audit report November to December 2013

109. QUB - School of nursing and midwifery - application form for admission to undergraduate and postgraduate certificate in non-medical prescribing, 2015-16

110. QUB - School of nursing and midwifery - Copy of DMP register, 2015-16

111. QUB - School of nursing and midwifery - Undergraduate certificate/postgraduate certificate in non-medical prescribing V300 approval document, January 2012

112. QUB - School of nursing and midwifery - Non-medical prescribing practice competency portfolio - undated

113. QUB - School of nursing and midwifery - 2015–16 Module pharmaco-therapeutics in prescribing NMP 3001 semester one and two lecture timetable

114. QUB - School of nursing and midwifery - 2015–16 Module pharmaco-therapeutics in prescribing NMP 7001 semester one and two lecture timetable

115. QUB - School of nursing and midwifery - 2015–16 Prescribing in practice semester one and two lecture timetable

116. QUB - School of nursing and midwifery - Prescribing in practice timetable 2015/16 additional document

117. QUB - School of nursing and midwifery - 2015–16 Session content non-medical prescribing legislation, unlicensed medication and injectable cosmetic medicinal products.

118. QUB - School of nursing and midwifery - 2015 – 16 Session content non-medical prescribing supplementary prescribing and clinical management plan.

119. QUB - School of nursing and midwifery - Postgraduate taught student handbook 2015–16

120. QUB - School of nursing and midwifery - Module booklet NMP3001 Pharmaco-therapeutics in prescribing

121. QUB - School of nursing and midwifery - Module booklet NMP7001 Pharmaco-therapeutics in prescribing

122. QUB - School of nursing and midwifery - Module booklet NMP3000 Prescribing in practice

123. QUB - School of nursing and midwifery - Module booklet NMP7000 Prescribing in practice

124. QUB - School of nursing and midwifery - continuing professional and academic development module booklet health assessment NMP7002

125. QUB/University of Ulster/The Open University/Health and Social Care in Northern Ireland educational audit for practice learning Belfast Health and Social Care Trust Old See House

126. QUB/University of Ulster/The Open University/Health and Social Care in Northern Ireland educational audit for practice learning Belfast Health and Social Care Trust, Belfast City Hospital Bridgewater haematology unit

127. QUB/University of Ulster/The Open University/Health and Social Care in Northern Ireland educational audit for practice learning Belfast Health and Social Care Trust Ward 9 South

128. QUB/University of Ulster/The Open University/Health and Social Care in Northern Ireland educational audit for practice learning South East Health and Social Care Trust Ulster Hospital Ward 16 CCU

129. QUB/University of Ulster/The Open University/Health and Social Care in Northern Ireland educational audit for practice learning South East Health and Social Care Trust Ulster Hospital Adults OPD

130. QUB/University of Ulster/The Open University/Health and Social Care in Northern Ireland educational audit for non-medical prescribing Independent Moy Health Centre

131. QUB/University of Ulster/The Open University/Health and Social Care in Northern Ireland educational audit for Southern Health and Social Care Trust community district nursing

132. QUB/University of Ulster/The Open University/Health and Social Care in Northern Ireland educational audit for Southern Health and Social Care Trust CAMHS Craigavon and Banbridge locality

133. QUB/University of Ulster/The Open University/Health and Social Care in Northern Ireland educational audit for Southern Health and Social Care Trust Lurgan hospital acute care at home

134. QUB - School of nursing and midwifery - Module evaluation 2014-15 NMP7001 Pharmaco-therapeutics in prescribing

135. QUB - School of nursing and midwifery - Module evaluation 2014-15 NMP3001 Pharmaco-therapeutics in prescribing

136. QUB - School of nursing and midwifery - Module evaluation 2014-15 NMP3000 and NMP7000

137. QUB - School of nursing and midwifery - Minutes of module review 2 July 2015 NMP3000 and NMP7000

138. Northern Ireland Practice and Education Council (NIPEC) - A review into the impact and status of nurse prescribing in Northern Ireland, 2014 final

139. Southern health and social care trust - Non-medical prescribing governance framework, July 2015

140. Curriculum vitae pharmaco-therapeutics in prescribing module leader

141. Curriculum vitae prescribing in practice module leader

142. Curriculum vitae non-medical prescribing programme leader

143. National prescribing centre training non-medical prescribers in practice; a guide to help doctors prepare for and carry out their role of designated medical practitioner

144. Mentor register South Eastern Health and Social Care Trust, accessed on 11 May 2016

145. Mentor register Southern Health and Social Care Trust, accessed on 12 May 2016

146. Mentor register for private, voluntary and independent sector, undated

147. Lisburn Health Centre- Lisburn Community District Team, South Eastern Health and Social Care Trust – Educational audit, 04 May 2016

148. Lagan Valley Hospital -Thompson House, South Eastern Health and Social Care Trust – Educational audit, 5 June 2014

149. Lagan Valley Hospital - Rapid Response Team, South Eastern Health and Social Care Trust – Educational audit, 11 May 2015

150. Lagan Valley Hospital - Ward 1A, South Eastern Health and Social Care Trust – Educational audit, 6 May 2016

151. Lagan Valley Hospital - Ward 14, South Eastern Health and Social Care Trust – Educational audit, 25 November 2015

152. Daisy Hill Hospital, Newry-Emergency Department, Southern Health and Social Care Trust – Educational audit, 5 November 2015

153. Daisy Hill Hospital, Newry-Theatres/ Recovery, Southern Health and Social Care Trust – Educational audit, 10 March 2016

154. Daisy Hill Hospital, Newry- Male Surgical, Southern Health and Social Care Trust – Educational audit, 16 May 2014

155. Daisy Hill Hospital, Newry - HDU, Southern Health and Social Care Trust – Educational audit, 16 May 2014

156. St John Mitchell Place, Adult Community Team, Southern Health and Social Care Trust – Educational audit, 25 April 2016

157. Daisy Hill Hospital, Newry- Acute Stroke and Rehabilitation, Southern Health and Social Care Trust – Educational audit, 15 April 2016

158. Daisy Hill Hospital, Newry- Female surgical ward Southern Health and Social Care Trust – Educational audit, 15 April 2016

159. Local register of mentors, Northern Health and Social Care Trust, accessed 11 May 2016

160. Local register of mentors - Southern Health and Social Care Trust, accessed 12 May 2016

161. Local register of mentors - Belfast Health and Social Care Trust, accessed 11 May 2016

162. Practice duty rotas - Northern Health and Social Care Trust, accessed 11 May 2016

163. Practice duty rotas - Southern Health and Social Care Trust, accessed 12 May 2016

164. Practice duty rotas - Belfast Health and Social Care Trust, accessed 11 May 2016

165. Student evaluation of placement area document - Southern Health and Social Care Trust

166. South Eastern Health and Social Care Trust – student evaluation of placement area (current form used for student evaluations) undated

167. Mentor evaluation document - Southern Health and Social Care Trust

168. Educational audit for practice learning (University of Ulster, The Open University and Queens University Belfast) - Tobernaveen Lower, Holywell Hospital, Antrim

169. Educational audit for practice learning (University of Ulster, The Open University and Queens University Belfast) - Tobernaveen Centre, Holywell Hospital, Antrim

170. Educational audit for practice learning (University of Ulster, The Open University and Queens University Belfast) - Tobernaveen Upper, Holywell Hospital, Antrim

171. Educational audit for practice learning (University of Ulster, The Open University and Queens University Belfast) - Primary North and West Community Mental Health team, Old See House, Antrim Road BT15 4DX

172. Educational audit for practice learning (University of Ulster, The Open University and Queens University Belfast) - Gillis Memory Centre, Mullinure H&W Centre, St. Lukes Hospital Site, Loughall Road, Armagh BT61 7NQ

173. Educational audit for practice learning (University of Ulster, The Open University and Queens University Belfast) - Community Addiction Team, St. Lukes Hospital Site, Loughall Road, Armagh BT61 7NQ

174. Educational audit for practice learning (University of Ulster, The Open University and Queens University Belfast) - Support and Recovery Team (A&D), St. Lukes Hospital Site, Loughall Road, Armagh BT61 7NQ

175. Educational audit for practice learning (University of Ulster, The Open University and Queens University Belfast) - Cloughmore, Bluestone Unit, Craigavon Hospital Site

176. Educational audit for practice learning (University of Ulster, The Open University and Queens University Belfast) - Willows, Bluestone Unit, Craigavon Hospital Site

177. QUB - School of nursing and midwifery - Practice portfolio (Record of achievement) - Mental health

178. All trusts - Mentorship preparation programmes - commencing Autumn 2015 (2015v2) - for trusts and independent sector

179. Educational audit for practice learning (University of Ulster, The Open University and Queens University Belfast) - Royal Belfast Hospital for Sick Children - Day Care Unit/Barbour Ward/Haematology CHU

180. Educational audit for practice learning (University of Ulster, The Open University and Queens University Belfast) - Causeway Hospital – Causeway Children's Ward

181. Educational audit for practice learning (University of Ulster, The Open University and Queens University Belfast) - Western Health and Social Care Trust – South Wing, Altnagelvin - Ward 6/Ward 42/Neonatal Unit

182. Educational audit for practice learning (University of Ulster, The Open University and Queens University Belfast) - Holywell Hospital, Antrim – Tobernaveen Lower Ward/Tobernaveen Upper Ward/Tobernaveen Centre

183. Educational audit for practice learning (University of Ulster, The Open University and Queens University Belfast) - Belfast Health and Social Care Trust - Primary North and West Community Mental Health Team

184. Educational audit for practice learning (University of Ulster, The Open University and Queens University Belfast) - St Lukes Hospital, Armagh – Gillis Memory Centre/Community Addiction Team/Armagh and Dungannon Support and Recovery Team

185. Educational audit for practice learning (University of Ulster, The Open University and Queens University Belfast) - Craigavon Hospital – Cloughmore Bluestone Unit/The Willows Bluestone Unit

186. Educational audit for practice learning (University of Ulster, The Open University and Queens University Belfast) - Finaghy Health Centre – Community Children's Learning Disability Team

187. Educational audit for practice learning (University of Ulster, The Open University and Queens University Belfast) - Knockbracken Healthcare Park, Community Adult Learning Disability Team

188. Educational audit for practice learning (University of Ulster, The Open University and Queens University Belfast) - 57 Somerton Road, Belfast

189. Educational audit for practice learning (University of Ulster, The Open University and Queens University Belfast) - Muckamore Abbey Hospital - Cranfield Women's Admission and Assessment Unit/Sixmile Treatment and Assessment Forensic Unit/Donegore/Adult Behavioural Support Unit

Personnel supporting programme monitoring
Prior to monitoring event
Date of initial visit: 28 Apr 2016
Meetings with:
Acting head of school Director of education School manager Professional lead for adult nursing Professional lead for mental health nursing Professional lead for children's nursing Year two lead BSc nursing Year three lead BSc nursing Programme coordinator PG Cert non-medical prescribing programme (V300) Practice education coordinator - Belfast Health and Social Care Trust Practice education coordinator - Southern Health and Social Care Trust Practice education coordinator - South Eastern Health and Social Care Trust
At monitoring event
Meetings with:
Initial meeting: Acting head of school – School of nursing and midwifery – Queens University Belfast Director of academic and student affairs - Queens University Belfast Director of education - School of nursing and midwifery – Queens University Belfast Lead midwife - School of nursing and midwifery – Queens University Belfast Academic lead for practice and assessment - School of nursing and midwifery – Queens University Belfast Lead, continuing professional development - School of nursing and midwifery – Queens University Belfast Year one lead BSc nursing - School of nursing and midwifery – Queens University Belfast Year two lead BSc nursing - School of nursing and midwifery – Queens University Belfast

Year three lead BSc nursing - School of nursing and midwifery – Queens University Belfast

Practice education coordinator - Belfast Health and Social Care Trust

Practice education coordinator - Southern Health and Social Care Trust

Practice education coordinator - Northern Health and Social Care Trust

Practice education coordinator - South Eastern Health and Social Care Trust

Practice education coordinator - Western Health and Social Care Trust

Meeting with adult field team:

Programme lead – BSc nursing programme - School of nursing and midwifery – Queens University Belfast

Field lead – Adult nursing - School of nursing and midwifery - Queens University Belfast

Year lead - BSc nursing - School of nursing and midwifery - Queens University Belfast

Year lead - BSc nursing - School of nursing and midwifery - Queens University Belfast

Adult nurse lecturers - School of nursing and midwifery - Queens University Belfast x3

Service user and carer representative

Meeting with the children's field team:

Field lead – Children's nursing - School of nursing and midwifery – Queens University Belfast

Children's field lecturers - School of nursing and midwifery – Queens University Belfast x2

Service user and carer representative

Meeting with learning disability field team:

Field lead – Learning disability nursing - School of nursing and midwifery – Queens University Belfast

Senior lecturer – Learning disability field - School of nursing and midwifery – Queens University Belfast x2

Academic lead for practice and assessment - School of nursing and midwifery – Queens University Belfast

Service user and carer representative

Meeting with the mental health field team:

Field lead – Mental health nursing - School of nursing and midwifery – Queens University Belfast

Year lead - BSc nursing - School of nursing and midwifery – Queens University Belfast

Mental health field lecturers - School of nursing and midwifery – Queens University Belfast x2

Service user and carer representative

Meeting with the nurse prescribing programme team:

Programme coordinator PG Cert non-medical prescribing programme (V300)

Senior lecturers – Continuing professional development - School of nursing and midwifery – Queens University Belfast x2

Lead, continuing professional development - School of nursing and midwifery – Queens University Belfast

Service user and carer representative

Meeting with deputy chief nursing officer - Department of Health, Social Services and Public Safety (DHSSPS)

Meeting to discuss clinical governance issues/adverse quality reports:

Academic lead for practice and assessment - School of nursing and midwifery – Queens University Belfast

BSc nursing year leads - School of nursing and midwifery – Queens University Belfast x 4

Practice education coordinator - Belfast Health and Social Care Trust

Practice education coordinator - Southern Health and Social Care Trust

Practice education coordinator - Northern Health and Social Care Trust

Practice education coordinator - South Eastern Health and Social Care Trust

Practice education coordinator - Western Health and Social Care Trust

Independent sector representative - Four Seasons Health Care

Meeting to discuss the management of practice learning

Academic lead for practice and assessment - School of nursing and midwifery – Queens University Belfast

BSc nursing year leads - School of nursing and midwifery - Queens University Belfast x4

Practice education coordinator - Belfast Health and Social Care Trust

Practice education coordinator - Southern Health and Social Care Trust

Practice education coordinator – Northern Health and Social Care Trust

Practice education coordinator - South Eastern Health and Social Care Trust

Practice education coordinator – Western Health and Social Care Trust

Independent sector representative - Four Seasons Health Care

Meeting with lead midwife education - School of nursing and midwifery – Queens University Belfast

Meeting to discuss service user and carer involvement:

Programme lead – BSc nursing programme and chair, service user and carer group (School of nursing and midwifery)

Lead, continuing professional development and deputy chair, service user and carer group (School of nursing and midwifery)

BSc nursing year leads - School of nursing and midwifery – Queens University Belfast x4

Service user and carer representatives

Guest lecturer, sensory awareness

Meeting to discuss accreditation of prior learning:

Chair, APEL group - School of nursing and midwifery – Queens University Belfast

Director of education - School of nursing and midwifery – Queens University Belfast

Student support office - School of nursing and midwifery – Queens University Belfast

School manager - School of nursing and midwifery – Queens University Belfast

Academic and student affairs – Queens University Belfast x2

Meeting to discuss assessments:

Chair, school assessment group - School of nursing and midwifery – Queens University Belfast

Senior lecturers – school assessment group - School of nursing and midwifery – Queens University Belfast x3

Meeting to discuss fitness to practise process and procedures:

Head of school, FtP coordinator - School of nursing and midwifery – Queens University Belfast

BSc nursing year leads - School of nursing and midwifery – Queens University Belfast x4

Meeting to discuss student support services:

School disability officers - School of nursing and midwifery – Queens University Belfast

Peer mentoring lead - School of nursing and midwifery – Queens University Belfast

Personal tutors - School of nursing and midwifery – Queens University Belfast

Link lecturers - School of nursing and midwifery – Queens University Belfast

Education and skills development, student guidance centre – Queens University Belfast

Administrator, SSCC - School of nursing and midwifery – Queens University Belfast

Meeting with first year students, BSc Hons nursing and chair of SSCC:

First year students – BSc (Hons) nursing - School of nursing and midwifery – Queens University Belfast

Chair of SSCC - School of nursing and midwifery – Queens University Belfast

Meeting to discuss lecturer CVs/registration database/academic staffing resources:

Head of school - School of nursing and midwifery – Queens University Belfast

School manager - School of nursing and midwifery – Queens University Belfast

Meeting with faculty PVC/dean education/PVC education and students:

Pro-vice-chancellor, Faculty of medicine, health and life sciences - Queens University Belfast

Dean education, Faculty of medicine, health and life sciences - Queens University Belfast

Pro-vice-chancellor for education and students - Queens University Belfast

Meetings with:

Mentors / sign-off mentors	53
Practice teachers	

Service users / Carers	18
Practice Education Facilitator	11
Director / manager nursing	21
Director / manager midwifery	
Education commissioners or equivalent	1
Designated Medical Practitioners	4
Other:	

Meetings with students:

Student Type	**Number met**
Registered Nurse - Adult	Year 1: 1 Year 2: 3 Year 3: 13 Year 4: 0
Registered Nurse – Mental Health	Year 1: 2 Year 2: 4 Year 3: 8 Year 4: 0
Registered Nurse – Learning Disabilities	Year 1: 2 Year 2: 0 Year 3: 0 Year 4: 0
Registered Nurse – Children	Year 1: 9 Year 2: 5 Year 3: 10 Year 4: 0

Independent / Supplementary Nursing Prescribing	Year 1: 7 Year 2: 0 Year 3: 0 Year 4: 0

Better, safer care through quality assurance of nursing, midwifery and nursing associate education.

Programme approval visit report

Section one

Programme provider name:	The Open University
In partnership with: *(Associated practice learning partners involved in the delivery of the programme)*	Airedale NHS Foundation Trust Aneurin Bevan Health Board Ashford and Canterbury CCG Avon and Wiltshire Mental Health Partnership NHS Trust Banbury Heights Nursing Home Barnsley Hospital NHS Foundation Trust Belfast Health and Social Care Trust Betsi Cadwaladr University Health Board Birmingham Community Health NHS Trust Bradford District Care NHS Foundation Trust Bradford Teaching Hospitals NHS Foundation Trust Brighton and Sussex University Hospitals NHS Trust Calderdale and Huddersfield NHS Foundation Trust Cambridge and Peterborough NHS Foundation Trust Cardiff and Vale NHS Trust Central and North West London NHS Foundation Trust City Hospitals Sunderland NHS Foundation Trust Cornwall Partnership NHS Foundation Trust County Durham and Darlington NHS Foundation Trust Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust Cwm Taf Morgannwyg University Health Board Derbyshire Community Health Services NHS Foundation Trust

	Devon Partnership NHS Trust
	Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust
	Dorset Healthcare University NHS Foundation Trust
	East Cheshire NHS Trust
	Frimley Park Hospital NHS Foundation Trust
	Gateshead Health NHS Foundation Trust
	Great Western Hospitals NHS Foundation Trust
	Hampshire Hospitals NHS Foundation Trust
	Harrogate and District NHS Trust
	Hywel Dda University Health Board
	Isle of Wight NHS Trust
	Kent and Medway NHS and Social Care Partnership Trust
	Kent Community Health NHS Foundation Trust
	Kettering General Hospital NHS Foundation Trust
	NHS Cambridgeshire and Peterborough CCG (Lakeside Healthcare)
	Lancashire and South Cumbria NHS Foundation Trust
	Leeds and York Partnership NHS Foundation Trust
	Leeds Community Healthcare NHS Trust
	Leeds Teaching Hospitals NHS Trust
	Leicestershire Partnership NHS Trust
	Lincolnshire Community Health Services NHS Trust
	Mid Cheshire NHS Trust
	Mid Yorkshire Hospitals NHS Trust
	Midlands Partnership NHS Foundation Trust
	Milton Keynes University Hospital NHS Foundation Trust
	Newcastle Upon Tyne Hospitals NHS Foundation Trust

	NHS Ayrshire and Arran
	NHS Borders
	NHS Dumfries and Galloway
	NHS East Surrey CCG
	NHS Grampian
	NHS Greater Glasgow and Clyde
	NHS Highland
	NHS Lanarkshire
	NHS Lothian
	NHS Orkney
	NHS Western Isles
	North Cumbria Integrated Care NHS Foundation Trust
	North Tees and Hartlepool NHS Foundation Trust
	North West Anglia NHS Foundation Trust
	Northampton General Hospital NHS Trust
	Northamptonshire Healthcare NHS Foundation Trust
	Northern Health and Social Care Trust
	Northumbria Healthcare NHS Foundation Trust
	Nottingham Healthcare NHS Trust
	Nottingham University Hospitals NHS Trust
	Nottinghamshire Healthcare NHS Foundation Trust
	Oxford Health NHS Foundation Trust
	Oxford University Hospitals NHS Foundation Trust
	Poole Hospital NHS Foundation Trust
	Portsmouth Fareham and Gosport and South Eastern Hampshire CCG
	Portsmouth Hospitals NHS Trust
	Powys Teaching Health Board
	Risedale Estates (Risedale at Abbey Meadow)

	Robert Jones and Agnes Hunt Orthopaedic Hospital NHS Foundation Trust
	Rotherham, Doncaster and South Humber NHS Foundation Trust
	Royal Bournemouth and Christchurch Hospitals NHS Foundation Trust
	Salisbury NHS Foundation Trust
	Sheffield Health and Social Care NHS Foundation Trust
	Sheffield Teaching Hospitals NHS Foundation Trust
	Shetland NHS Board
	Shrewsbury and Telford Hospital (SaTH) NHS Trust
	Shropshire Community Health NHS Trust
	Solent NHS Trust
	South Eastern Health and Social Care Trust
	South Tees Hospitals NHS Foundation Trust
	South West Yorks Partnership NHS Foundation Trust
	Southern Health and Social Care Trust
	Southern Health NHS Foundation Trust
	St. Helens and Knowsley Hospitals NHS Trust
	Surrey and Borders Partnership NHS Foundation Trust
	Sussex Health Care
	Sussex Partnership NHS Foundation Trust
	Swansea Bay University Health Board
	Tees, Esk and Wear Valleys NHS Foundation Trust
	The Queen Elizabeth Hospital King's Lynn NHS Foundation Trust (Queen Elizabeth Hospital, King's Lynn)
	Tower Hamlets CCG
	United Lincolnshire Hospitals NHS Trust
	University Hospital Southampton NHS Trust

	University Hospitals of North Midlands NHS Trust University Hospitals of Leicester NHS Trust (Glenfield Hospital) West Kent CCG Western Health and Social Care Trust Western Sussex Hospitals NHS Trust York Teaching Hospital NHS Foundation Trust Cambridge University Hospitals NHS Foundation Trust (Addenbrookes Hospital) James Paget University Hospital NHS Foundation Trust North Middlesex University Hospital NHS Trust (North Middlesex University Hospital) Royal Papworth Hospital NHS Foundation Trust University College London Hospitals NHS Foundation Trust Worcestershire Acute Hospitals NHS Trust Private, voluntary and independent health care providers Education and social care providers

Programme(s) reviewed:

Programme: Pre-registration nursing - Adult
Title of programme: BSc (Hons) Nursing (Adult)
Programme start date: 3 October 2020

Academic level(s):
England, Wales, Northern Ireland:
Level 6

Academic level(s):
SCQF:
Level 10

Programme: Pre-registration nursing - Mental Health
Title of programme: BSc (Hons) Nursing (Mental Health)
Programme start date: 3 October 2020

Academic level(s):
England, Wales, Northern Ireland:

Level 6

Academic level(s):
SCQF:
Level 10

Programme: Pre-registration nursing - Learning Disabilities
Title of programme: BSc (Hons) Nursing (Learning Disabilities)
Programme start date: 3 October 2020

Academic level(s):
England, Wales, Northern Ireland:
Level 6

Academic level(s):
SCQF:
Level 10

Programme: Pre-registration nursing - Child
Title of programme: BSc (Hons) Nursing (Children & Young People)
Programme start date: 3 October 2020

Academic level(s):
England, Wales, Northern Ireland:
Level 6

Academic level(s):
SCQF:
Level 10

Programme: Nursing Degree Apprenticeship route - Adult
Title of programme: BSc (Hons) Nursing (Adult)
Programme start date: 3 October 2020

Academic level(s):
England, Wales, Northern Ireland:
Level 6

Academic level(s):
SCQF:
Level 10

Programme: Nursing Degree Apprenticeship route - Mental Health
Title of programme: BSc (Hons) Nursing (Mental Health)
Programme start date: 3 October 2020

Academic level(s):

England, Wales, Northern Ireland: Level 6 Academic level(s): SCQF: Level 10 Programme: Nursing Degree Apprenticeship route - Learning Disabilities Title of programme: BSc (Hons) Nursing (Learning Disabilities) Programme start date: 3 October 2020 Academic level(s): England, Wales, Northern Ireland: Level 6 Academic level(s): SCQF: Level 10 Programme: Nursing Degree Apprenticeship route - Child Title of programme: BSc (Hons) Nursing (Children & Young People) Programme start date: 3 October 2020 Academic level(s): England, Wales, Northern Ireland: Level 6 Academic level(s): SCQF: Level 10	
Date of approval	9 March 2020
QA visitor(s):	Registrant Visitor: Pepsi Takawira Lay Visitor: Jayne Walters

Section two

Summary of review and findings
The Open University (OU) school of health, wellbeing and social care, an approved education institution (AEI), is seeking approval to deliver the following pre-registration nursing provisions: a full-time undergraduate pre-registration BSc (Hons) nursing programme with pathways in all four fields of nursing practice; adult, children and young people, mental health and learning disabilities; a four-year BSc (Hons) nursing degree apprenticeship (NDA) with pathways in each of the four fields of nursing. The apprentice employers supporting the NDA route are: Cambridge University Hospitals NHS Foundation Trust (Addenbrookes Hospital); Airedale NHS Foundation Trust, Avon and Wiltshire Mental Health Partnership Trust, Banbury Heights Nursing Home, Bradford District Care NHS Foundation Trust, Cambridge and Peterborough NHS Foundation Trust, Capulet Care (Perton Manor), Cornwall Partnership NHS Foundation Trust, County Durham and Darlington NHS Foundation Trust, Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust, Devon Partnership NHS Trust, Haxby Group Practice, Isle of Wight NHS Trust, James Paget University Hospital NHS Foundation Trust, Julie Richardson Ltd, Kent Community Health NHS Foundation Trust, Kettering General Hospital NHS Foundation Trust, Lakeside Healthcare Lancashire and South Cumbria NHS Foundation Trust, Leicestershire Partnership NHS Trust, Lincolnshire Community Health Services NHS Trust, Medway Community Healthcare, North Cumbria Integrated Care NHS Foundation Trust, North Middlesex University Hospital, Northampton General Hospital NHS Trust, Northamptonshire Healthcare NHS Foundation Trust, Northumbria Healthcare NHS Foundation Trust, Nottinghamshire Healthcare NHS Foundation Trust, Oakleaf Care, Oxford University Hospitals NHS Foundation Trust, Portsmouth Hospitals NHS Trust, Queen Elizabeth Hospital (King's Lynn), Risedale Estates (Risedale at Abbey Meadow); Royal Bournemouth and Christchurch Hospitals NHS Foundation Trust, Royal Papworth Hospital NHS Foundation Trust, Sheffield Health and Social Care NHS Foundation Trust, Sheffield Teaching Hospitals NHS Foundation Trust, Solent NHS Trust, South Tees Hospitals NHS Foundation Trust, Sussex Health Care, Tees Esk and Wear Valleys NHS Foundation Trust, University College London Hospitals NHS Foundation Trust, University Hospitals of Leicester NHS Trust (Glenfield Hospital); Woodseats Medical Practice, Worcestershire Acute Hospitals NHS Trust. Programme documentation and approval process confirm the AEI is committed to partnership working with stakeholders in the co-production, co-delivery and evaluation of the programme at strategic and operational levels. The AEI is involved in partnership working with other regional AEIs in the four United Kingdom (UK) nations (Wales, Scotland, Northern Ireland and England), in

the development of practice assessment documents (PADs) and the ongoing achievement record (OAR) for pre-registration nursing students. To support the implementation of these PADs there are shared regional and national strategies and local plan approach to preparing practice supervisors, practice assessors and academic assessors to meet the Standards for student supervision and assessment (NMC, 2018).

Issues raised in external quality monitoring reports necessitating actions by the university and associated practice learning partners (PLPs) to assure the quality of student practice learning placements are addressed collaboratively to mitigate identified risks.

Arrangements at programme level do not meet the Standards framework for nursing and midwifery education (SFNME), Standards for pre-registration nursing programmes (SPNP) (NMC, 2018), Future nurse: Standards of proficiency for registered nurses (NMC, 2018) and SSSA.

The programme is recommended to the NMC for approval subject to five conditions. Two recommendations are made.

Updated 21 April 2020:

The programme team submitted revised documentation which evidences the changes required to meet the conditions. The five conditions are now met. The SFNME and the SSSA are now met at programme level.

The programme is recommended to the NMC for approval.

Recommended outcome of the approval panel	
Recommended outcome to the NMC:	Programme is recommended for approval subject to specific conditions being met
Conditions: *Please identify the standard and requirement the condition relates to under the relevant key risk theme.* *Please state if the condition is AEI/education institution in*	**Effective partnership working: collaboration, culture, communication and resources:** Condition one: Provide a time bound implementation plan (schedule with dates) to demonstrate how the AEI is preparing practice supervisors, practice assessors and students to transition to the new SSSA and SPNP across all four UK nations. (SFNME R4.1; SPNP R2.2, R4.1) Condition two: Provide a process or system to ensure that all service users and carers (SUCs) involved in

nature or specific to NMC standards.	the pre-registration nursing programme receive preparation and training for their roles (to include recruitment and selection). (SFNME R2.6, R2.7; SPNP R2.1) **Selection, admission and progression:** Condition three: Provide a process or procedure to ensure that all recognition of prior learning (RPL) applications for NMC courses are subject to external examiner scrutiny at an individual level as part of or prior to programme admission. (SFNME R2.8; SPNP R1.5, R1.6) **Practice learning:** None identified **Assessment, fitness for practice and award:** Condition four: Revise and update documentation in modules (K326, 327, 328 and 329) to include numeracy assessment at 100 percent pass. (SPNP R4.6) **Education governance: management and quality assurance:** Condition five: Provide documentation demonstrating that the programme has been subject to external and local scrutiny via the AEI approval process. (SFNME R2.1)
Date condition(s) to be met:	21 April 2020
Recommendations to enhance the programme delivery:	Recommendation one: Produce a plan for strengthening inter-professional learning across the programme. (SFNME R1.13) Recommendation two: Develop a strategy for use of simulation across the programme so that it is used effectively and proportionately to support learning and assessment. (SPNP R3.4)
Focused areas for future monitoring:	

Programme is recommended for approval subject to specific conditions being met
Commentary post review of evidence against conditions: The programme team provided schedules and implementation plans to provide assurance of how they are preparing practice assessors, supervisors and students to transition to the new SSSA and SPNP. Condition one is now met. (SFNME R4.1; SPNP R2.2, R4.1) Revised co-production strategy document and service booklet provides assurance that SUCs involved in the pre-registration nursing programme will receive appropriate training for their roles. Condition two is now met. (SFNME R2.6, R2.7; SPNP R2.1) External examiner role has now been strengthened to include scrutiny of individual RPL applications for all NMC approved courses prior to programme admission. Condition three is now met. (SFNME R2.8; SPRNP R1.5, R1.6) Module documentation updated and revised to include the numeracy assessment at 100 percent for pass. Condition four is now met. (SPNP R4.6) Documentation provided gives assurance that the programme has been subject to external and local scrutiny via the AEI approval process. Condition five is now met. (SFNME R2.1)

AEI Observations	**Observations have been made by the education institution** No
Summary of observations made, if applicable	
Final recommendation made to NMC:	Programme is recommended to the NMC for approval
Date condition(s) met:	21 April 2020

Section three

NMC Programme standards

Please refer to NMC standards reference points

Standards for pre-registration nursing programmes (NMC, 2018)

Future nurse: Standards of proficiency for registered nurses (NMC, 2018)

Standards framework for nursing and midwifery education (NMC, 2018)

Standards for student supervision and assessment (NMC, 2018)

The Code: Professional standards of practice and behaviour for nurses and midwives

QA framework for nursing, midwifery and nursing associate education (NMC, 2018)

QA Handbook

Partnerships
The AEI works in partnership with their practice learning partners, service users, students and all other stakeholders

Please refer to the following NMC standards reference points for this section:
Standards framework for nursing and midwifery education (NMC, 2018)

Standard 1: The learning culture:
R1.12 ensure programmes are designed, developed, delivered, evaluated and co-produced with service users and other stakeholders
R1.13 work with service providers to demonstrate and promote inter-professional learning and working

Standard 2: Educational governance and quality:
R2.2 all learning environments optimise safety and quality taking account of the diverse needs of, and working in partnership with, service users, students and all other stakeholders
R2.4 comply with NMC Standards for student supervision and assessment
R2.5 adopt a partnership approach with shared responsibility for theory and practice supervision, learning and assessment, including clear lines of communication and accountability for the development, delivery, quality assurance and evaluation of their programmes
R2.6 ensure that recruitment and selection of students is open, fair and

transparent and includes measures to understand and address underrepresentation
R2.7 ensure that service users and representatives from relevant stakeholder groups are engaged in partnership in student recruitment and selection

Standard 3: Student empowerment:
R3.3 have opportunities throughout their programme to work with and learn from a range of people in a variety of practice placements, preparing them to provide care to people with diverse needs
R3.16 have opportunities throughout their programme to collaborate and learn with and from other professionals, to learn with and from peers, and to develop supervision and leadership skills
R3.17 receive constructive feedback throughout the programme from stakeholders with experience of the programme to promote and encourage reflective learning
R3.18 have opportunities throughout their programme to give feedback on the quality of all aspects of their support and supervision in both theory and practice.

Standard 4: Educators and assessors:
R4.7 liaise and collaborate with colleagues and partner organisations in their approach to supervision and assessment
R4.9 receive and act upon constructive feedback from students and the people they engage with to enhance the effectiveness of their teaching, supervision and assessment
R4.10 share effective practice and learn from others

Standard 5: Curricula and assessment:
R5.4 curricula are developed and evaluated by suitably experienced and qualified educators and practitioners who are accountable for ensuring that the curriculum incorporates relevant programme outcomes
R5.5 curricula are co-produced with stakeholders who have experience relevant to the programme
R5.14 a range of people including service users contribute to student assessment
Standards for student supervision and assessment (NMC, 2018)

Standard 1: Organisation of practice learning:
R1.4 there are suitable systems, processes, resources and individuals in place to ensure safe and effective coordination of learning within practice learning environments
R1.7 students are empowered to be proactive and to take responsibility for their learning

R1.8 students have opportunities to learn from a range of relevant people in practice learning environments, including service users, registered and non-registered individuals, and other students as appropriate Standard 2: Expectations of practice supervisors:
R2.2 there is support and oversight of practice supervision to ensure safe and effective learning

Standard 3: Practice supervisors: role and responsibilities:
R3.3 support and supervise students, providing feedback on their progress towards, and achievement of, proficiencies and skills

Standard 4: Practice supervisors: contribution to assessment and progression:
R4.3 have sufficient opportunities to engage with practice assessors and academic assessors to share relevant observations on the conduct, proficiency and achievement of the students they are supervising

Standard 7: Practice assessors: responsibilities:
R7.9 communication and collaboration between practice and academic assessors is scheduled for relevant points in programme structure and student progression

Standard 9: Academic assessors: responsibilities:
R9.6 communication and collaboration between academic and practice assessors is scheduled for relevant points in programme structure and student progression

Findings against the standard and requirements

Provide an evaluative summary about the effectiveness of the partnerships between the AEI and their practice learning partners, service users, students and any other stakeholders

Analysis of documentary evidence and the approval process confirm that the OU works collaboratively with PLPs and employers across the four countries. SUCs, students and PLPs tell us that they have been involved in the development of the programme.

The leadership team confirm adequate resources to support the delivery of the programme from university and practice learning perspectives. There're plans to increase practice tutors specifically to support pre-registration nursing students in practice learning environments. We found effective governance systems and processes are in place to ensure compliance with legal, regulatory, education and professional requirements.

We found appropriate systems and processes are in place to ensure safe and effective co-ordination of learning within practice learning environments. Placement allocation is undertaken in partnership with PLPs and other AEIs in accordance with regional/national requirements. Students tell us that they experience appropriate practice learning opportunities. Appropriate processes are in place to manage concerns.

Students are positive about support provided for theory and practice learning in the

current pre-registration nursing programme. They confirm support is responsive and timely. Students say they're consulted about the new programme. Learning resources are effective, including academic, pastoral and practice support and for students with additional learning needs.

SUCs confirm their engagement in the co-production of the programme. However, discussions at the approval visit indicate that SUCs are unclear if their contribution has been reflected in the programme. SUCs tell us that they don't receive any training to prepare them for their involvement in the recruitment and selection of students to the programme or learning and teaching activities that they are involved in. This must be addressed. (Condition two)

We found that students can feedback through formal evaluations and directly to the programme team and PLPs.

Assurance is provided that the AEI works in partnership with their practice learning partners, service users, students and all other stakeholders as identified in Gateway 1: Standards framework for nursing and midwifery education

Not Met

SUCs tell us that they don't receive any training to prepare them for their involvement in the recruitment and selection of students to the programme or learning and teaching activities. This needs addressing. (Condition two)

Assurance is provided that the AEI works in partnership with their practice learning partners, service users, students and all other stakeholders as identified in Gateway 2: Standards for student supervision and assessment

Not Met

The programme team and PLPs tell us about preparation plans for the transitioning to SSSA. These plans are inconsistent across the regions and therefore don't provide assurance that those involved in the supervision and assessment of transitioning students are prepared for their roles across the regions. This needs addressing. (Condition one)

If not met, state reason

SUCs tell us that they don't receive any training to prepare them for their involvement in the recruitment and selection of students to the programme or learning and teaching activities. This needs addressing.

Condition two: Provide a process or system to ensure that all SUCs involved in the pre-registration programme receive preparation and training for their roles (to include recruitment and selection). (SFNME R2.6, R2.7; SPNP R2.1)

The programme team and PLPs tell us about preparation plans for the transitioning to SSSA. These plans are inconsistent across the regions and therefore don't provide assurance that those involved in the supervision and assessment of transitioning students are prepared for their roles across the regions. This needs addressing.

Condition one: Provide a time bound implementation plan (schedule with dates) to demonstrate how the AEI is preparing practice supervisors, practice assessors and students to transition to the new SSSA and SPNP across all four UK nations. (SFNME R4.1; SPNP R4.1)

Post Event Review

Identify how the condition is met:

Condition two: The programme team submitted documentary evidence of co-production with SUCs in the delivery, development and evaluation of the pre-registration nursing programme. The documentation provides assurance that service users and carers involved the programme will receive preparation and training for their roles. Condition two is met.

Evidence:
Co-production strategy 2019-2020, April 2020
Service user booklet, April 2020

Condition one: Programme team submitted various SSSA implementation plans which provide assurance that OU staff tutors across the UK have localised plans to prepare practice assessors and practice supervisors for their roles. There is also a plan evidencing how students will be prepared to transition to the new standards. Condition one is met.

Evidence:
Response to NMC condition around practice supervision/assessment, April 2020
Practice assessor and practice supervisor preparation – Wales, April 2020
Practice assessor and practice supervisor preparation - North and West Midlands and Lincolnshire, April 2020
Practice assessor and practice supervisor preparation – Northern Ireland, April 2020
Practice assessor and practice supervisor preparation - South and South West, April 2020
Practice assessor and practice supervisor preparation - North East and Cumbria,

April 2020
Practice assessor and practice supervisor preparation - East of England, April 2020
Practice assessor and practice supervisor preparation - Yorkshire and North West, April 2020
Practice assessor and practice supervisor preparation - East Midlands, April 2020
Practice assessor and practice supervisor preparation – London and South East, April 2020
Students preparation for transition to SSSA memo, 15 April 2020

Date condition(s) met: 21 April 2020

Revised outcome after condition(s) met:

Met

Condition two is now met.
SFNME R2.6 and R2.7 are now met.
SPNP R2.1 is met.

Condition one is now met.
SFNME R4.1 is met.
SPNP R4.1 is met.

Student journey through the programme

Standard 1. Selection, admission and progression

Approved education institutions, together with practice learning partners, must:

R1.1 Confirm on entry to the programme that students:

R1.1.1 are suitable for their intended field of nursing practice: adult, mental health, learning disabilities and children's nursing

R1.1.2 demonstrate values in accordance with the Code

R1.1.3 have capability to learn behaviours in accordance with the Code

R1.1.4 have capability to develop numeracy skills required to meet programme

outcomes

R1.1.5 can demonstrate proficiency in English language

R1.1.6 have capability in literacy to meet programme outcomes

R1.1.7 have capability for digital and technological literacy to meet programme outcomes

R1.2 ensure students' health and character are sufficient to enable safe and effective practice on entering the programme, throughout the programme and when submitting the supporting declaration of health and character in line with the NMC's health and character decision-making guidance. This includes satisfactory occupational health assessment and criminal record checks

R1.3 ensure students are fully informed of the requirement to declare immediately any cautions or convictions, pending charges or adverse determinations made by other regulators, professional bodies and educational establishments and that any declarations are dealt with promptly, fairly and lawfully.

R1.3 ensure students are fully informed of the requirement to declare immediately any cautions or convictions, pending charges or adverse determinations made by other regulators, professional bodies and educational establishments, and that any declarations are dealt with promptly, fairly and lawfully

R1.4 ensure the registered nurse responsible for directing the educational programme or their designated registered nurse substitute are able to provide supporting declarations of health and character for students who have completed a pre-registration nursing programme

R1.5 permit recognition of prior learning that is capable of being mapped to the Standards of proficiency for registered nurses and programme outcomes, up to a maximum of 50 percent of the programme and comply with Article 31(3) of Directive 2005/36/EC (included in annexe one of programme standards document)

R1.6 for NMC registered nurses permit recognition of prior learning that is capable of being mapped to the Standards of proficiency for registered nurses and programme outcomes that may be more than 50 percent of the programme

R1.7 support students throughout the programme in continuously developing their abilities in numeracy, literacy, digital and technological literacy to meet programme outcomes, and

R1.8 ensure that all those enrolled on pre-registration nursing programmes are compliant with Article 31(1) of Directive 2005/36/EC regarding general education length as outlined in annexe one in programme standards document.

Standards framework for nursing and midwifery education specifically:

R2.6, R2.7, R2.8, R2.10

Proposed transfer of current students to the programme under review

Demonstrate a robust process to transfer current students onto the proposed programme to ensure programme learning outcomes and proficiencies meet the Standards For pre-registration nursing programmes (NMC, 2018).

Evidence provides assurance that the following QA approval criteria are met

Evidence that selection processes ensure entrants onto the programme are suitable for the intended field of nursing practice and demonstrate values and have capability to learn behaviours in accordance with the Code. Evidence of service users and practitioners involvement in selection processes. (R1.1.1, R1.1.2, R1.1.3)

Yes

Evidence of selection processes, including statements on digital literacy, literacy, numeracy, values based selection criteria, educational entry standard required, and progression and assessment strategy, English language proficiency criteria specified in recruitment processes (R1.1.4 – R1.1.7)

Yes

There is evidence of occupational health entry criteria, inoculation and immunisation plans, fitness for nursing assessments, Criminal record checks and fitness for practice processes detailed (R1.2)

Yes

Health and character processes are evidenced including information given to applicants and students, including details of periodic health and character review timescales. Fitness for practice processes evidenced and information given to applicants and students are detailed (R1.3)

Yes

Processes are in place for providing supporting declarations by a registered nurse responsible for directing the educational programme (R1.4)

Yes

Provide an evaluative summary from your documentary analysis and evidence AND discussion at the approval visit to demonstrate if assurance is provided that the QA approval criteria below is met or not met

Evidence of recognition of prior learning processes, mapped against programme outcomes at all levels and against academic levels of the programme up to a maximum of 50 percent of the programme and comply with Article 31(3) of Directive 2005/36/EC (R1.5)

Not Met

R1.5 is not met. There's an established university process for RPL. Information regarding credit transfer and credit migration is provided on the OU application form. Documentary evidence and the programme team tell us that RPL can be used for a maximum of 50 percent of the programme. RPL claims are considered in relation to whole modules. A mapping tool to the Standards of proficiency for the future nurse is used to assess claims for RPL. However, there is no evidence that RPL claims are scrutinised by a relevant external examiner. This need addressing. (Condition three)

Evidence that for NMC registered nurses recognition of prior learning is capable of being mapped to the Standards of proficiency for registered nurses and programme outcomes (R1.6)

Not Met

R1.6 is not met. Registered nurses wishing to gain second registration will have their prior learning mapped as outlined in the RPL process. Documentary evidence and the approval process confirm that RPL can be used for up to two-thirds of the programme for registered nurses. RPL claims are considered in relation to whole modules. The programme team tell us that RPL applications will be mapped to the Standards of proficiency.

There's no evidence that RPL claims will be considered by an external examiner. This needs addressing. (Condition three)

Numeracy, literacy, digital and technological literacy mapped against proficiency standards and programme outcomes. Provide evidence that the programme meets NMC requirements, mapping how the indicative content meets the proficiencies and programme outcomes.

Ongoing achievement record (OAR) and practice assessment document (PAD) are linked to competence outcomes in numeracy, literacy, digital and technological literacy to meet programme outcomes Detail support strategies for students throughout the programme in continuously developing their abilities in numeracy, literacy, digital and technological literacy to meet programme outcomes (R1.7)

Met

R1.7 is met. Programme documentation evidence confirms students undertake most of their theoretical learning using a range of online tools. The digital readiness strategy outlines the various stages that digital skills are introduced and monitored. Students tell us that they access online support in relation to study skills and support from the library team and from their personal tutors/programme team.

The programme team confirm the ongoing development of student abilities during the programme are supported by an extensive range of online resources.

The students tell us that support for numeracy is delivered in practice, through forums and online resources. Students tell us that the programme team is responsive to students' requests for support for all aspects of the programme.

There's documentary evidence that the various regional/national PADs and OARs are clearly linked to competence outcomes in numeracy, literacy, digital and technological literacy to meet programme outcomes.

Evidence provides assurance that the following QA approval criteria are met:

Evidence of processes to ensure that all those enrolled on pre-registration nursing programmes are compliant with Directive 2005/36/EC regarding general education length (R1.8)

Yes

Proposed transfer of current students to the programme under review

There is evidence that current students learning in theory and practice is mapped to the programme standards and Standards of proficiency for registered nurses and support systems are in place

Not Met

The documentation and programme team tell us that current first year students will transfer to the 2018 standards at the end of part one of the programme. All other students will remain on the 2010 NMC standards. The learning outcomes for the existing first year modules have been mapped to the new first year modules. The programme team tell us that transitioning students will need to complete a bridging module to address a shortfall in practice hours and pharmacology requirements for the programme. This must be completed before students can start part three of the programme.

The programme team and PLPs tell us about preparation plans for the SSSA.

These don't provide assurance that those involved in the supervision and assessment of transitioning students are prepared for their roles across the regions. This needs addressing. (Condition one)

Evidence that for NMC registered nurses recognition of prior learning is capable of being mapped to the Standards of proficiency for registered nurses and programme outcomes

Not Met

RPL is reviewed on an individual basis. Information regarding credit transfer and credit migration is provided on the OU application form. There's an established university process for RPL. Documentary evidence and the programme team tell us that RPL can be used for a maximum of 50 percent of the programme. RPL claims are considered in relation to whole modules. The programme team tell us that RPL applications will be mapped to the Standards of proficiency. However, there's no evidence that RPL claims will be considered by an external examiner. (Condition three)

Assurance is provided that Gateway 1: Standards framework for nursing and midwifery education relevant to selection, admission and progression are met

Yes

Outcome

Is the standard met?

Not Met

The programme team and PLPs tell us about preparation plans for the SSSA. These don't provide assurance that those involved in the supervision and assessment of transitioning students are prepared for their roles across the regions. This needs addressing.

Condition one: Provide a time bound implementation plan (schedule with dates) to demonstrate how the AEI is preparing practice supervisors, practice assessors and students to transition to the new SSSA and SPNP across all four UK nations. (SFNME R4.1; SPNP R4.1)

Applicants to the programme complete a written piece of work which is marked by SUCs. SUCs set a question which is used at interview. SUCs tell as that they are not prepared for these activities and don't know if their contributions are appropriate. SUCs don't know if the applicants they assess are admitted to the

programme. SUCs are involved in face to face interviews in some regions.

Condition three: Provide a process or procedure to ensure that all RPL applications for NMC courses are subject to external examiner scrutiny at an individual level as part of or prior to programme admission. (SFNME R2.8; SPRNP R1.5, R1.6)

Date: ***24 March 2020***

Post Event Review

Identify how the condition is met:

Condition one: Programme team submitted various SSSA implementation plans which provide assurance that OU staff tutors across the UK have localised plans to prepare practice assessors and practice supervisors for their roles. There is also a plan evidencing how students will be prepared to transition to the new standards. Condition one is now met.

Evidence.
Response to NMC condition around practice supervision/assessment, April 2020
Practice assessor and practice supervisor preparation – Wales, April 2020
Practice assessor and practice supervisor preparation - North and West Midlands and Lincolnshire, April 2020
Practice assessor and practice supervisor preparation – Northern Ireland, April 2020
Practice assessor and practice supervisor preparation - South and South West, April 2020
Practice assessor and practice supervisor preparation - North East and Cumbria, April 2020
Practice assessor and practice supervisor preparation - East of England, April 2020
Practice assessor and practice supervisor preparation - Yorkshire and North West, April 2020
Practice assessor and practice supervisor preparation - East Midlands, April 2020
Practice assessor and practice supervisor preparation – London and South East, April 2020
Students preparation for transition to SSSA memo, 15 April 2020

Condition three: The programme team have submitted documentation to provide assurance that the external examiner role has now been strengthened to include scrutiny of individual RPL applications for all NMC approved courses prior to programme admission. Condition three is now met.

Evidence:
External adviser review of RPL policy, 2 April 2020

RPL assessment panel: terms of reference and membership, 2 April 2020

Date condition(s) met: 21 April 2020

Revised outcome after condition(s) met:

Met

Condition one is now met.
SFNME R4.1 and SPNP R4.1 are met

Condition three is now met.
SFNME R2.8, SPRNP R1.5 and R1.6 are met.

Standard 2. Curriculum

Approved education institutions, together with practice learning partners, must:

R2.1 ensure that programmes comply with the NMC Standards framework for nursing and midwifery education

R2.2 comply with the NMC Standards for student supervision and assessment

R2.3 ensure that all programme learning outcomes reflect the Standards of proficiency for nursing associates.

R2.4 design and deliver a programme that supports students and provides exposure across all four fields of nursing practice: adult, mental health, learning disabilities and children's nursing

R2.5 state routes within their pre-registration nursing programme that allows students to enter the register in one or more of the specific fields of nursing practice: adult, mental health, learning disabilities or children's nursing

R2.6 set out the general and professional content necessary to meet the Standards of proficiency for registered nurses and programme outcomes

R2.7 set out the content necessary to meet the programme outcomes for each field of nursing practice: adult, mental health, learning disabilities and children's nursing

R2.8 ensure that field specific content in relation to the law, safeguarding, consent,

pharmacology and medicines administration and optimisation is included for entry to the register in one or more fields of nursing practice

R2.9 ensure the curriculum provides an equal balance of theory and practice learning using a range of learning and teaching strategies

R2.10 ensure that programmes delivered in Wales comply with legislation which supports use of the Welsh language

R2.11 ensure pre-registration nursing programmes leading to registration in the adult field of practice are mapped to the content for nurses responsible for general care as set out in Annexe V.2 point 5.2.1 of Directive 2005/36/EC (included in Annexe 1 of programme standards document)

R2.12 ensure that all pre-registration nursing programmes meet the equivalent of minimum programme length for nurses responsible for general care in Article 31(3) of Directive 2005/36/EC (included in Annexe 1 of programme standards document)

R2.13 ensure programmes leading to registration in two fields of nursing practice are of suitable length to ensure proficiency in both fields of nursing, and

R2.14 ensure programmes leading to nursing registration and registration in another profession, are of suitable length and nursing proficiencies and outcomes are achieved in a nursing context.

Standards framework for nursing and midwifery education specifically:

R1.9, R1.13; R2.2, R2.14, R2.15, R2.18, R2.19; R3.1, R3.2, R3.4, R3.9, R3.10, R3.15, R 3.16;

R5.1 - R5.16.

Standards for student supervision and assessment specifically:

R1.2, R1.3, R1.7, R1.10, R1.11

Evidence provides assurance that the following QA approval criteria are met

There is evidence that the programme complies with the NMC Standards for nursing and midwifery education (R2.1)

No

R2.1 is not met. There's a SUC strategy. SUCs tell us that they don't receive training to support them in their role. They tell us that they are unsure if their

contribution to recruitment and selection processes are appropriate. (Condition two)

The approval visit was not conducted as a conjoint event; we are unable to determine that the programme has been subject to external and internal scrutiny. (Condition five)

We found SUC involvement in learning and teaching is through service user accounts, online videos and case studies. SUCs are asked to provide feedback in practice via the PADs.

We found that consultation with students, PLPs and SUCs has taken place. A sample of partnership agreements have been provided to confirm the support of employers to the NDA route.

Students tell us that they feel supported in their academic and practice learning. They are supported by an online tutor, academic assessor and practice tutor and others. Students tell us they have access to academic student support services.

Students provide feedback through module and placement evaluations. Students also feedback to their practice tutors.

There's an interprofessional learning (IPL) strategy. The programme team and students tell us that there are opportunities for IPL with other health and social care students and others in practice. A hub and spoke approach in most regions facilitates this. In Northern Ireland, practice learning takes place in health and social care trusts. One module is shared with nursing associates and social workers and provides an opportunity for IPL in the academic component of the programme. (Recommendation one)

Documentation, the programme team and PLPs tell us that placement audits are undertaken by the OU or other AEIs as part of the various PAD regional and national groups, to assure the quality of placement learning environments.

There is evidence that the programme complies with the NMC Standards for student supervision and assessment (R2.2)

No

R2.2 is not met. Documentary evidence and the approval process confirms students on the programme will be supported and assessed in accordance with the SSSA. However, evidence is not provided to verify preparation plans for all regions/nations. This needs addressing. (Condition one)

The documentation and programme team tell us that the practice tutor will also act as academic assessor. The programme team tell us practice tutors have participated in compulsory online training. The programme team tells us that there

are sufficient academic assessors for the proposed number of students on the programme.

Mapping to show how the curriculum and practice learning content reflect the Standards of proficiency for registered nurses and each of the four fields of nursing practice: adult, mental health, learning disabilities and children's nursing (R2.3)

Yes

Provide an evaluative summary from your documentary analysis and evidence AND discussion at the approval visit to demonstrate if assurance is provided that the QA approval criteria below is met or not met

There is evidence to show how the design and delivery of the programme will support students in both theory and practice to experience across all four fields of nursing practice: adult, mental health, learning disabilities and children's nursing (R2.4)

Met

R2.4 is met. The programme team and the approval process confirm that all taught modules are generic, and exposure to the four fields is achieved through both the module content and practice learning. The programme team and PLPs tell us a regional/national approach to placement allocation is taken. Employer PLPs have responsibility for allocating practice learning placements in partnership with other AEIs in the individual regions/nations.

Students confirm that they have exposure to the four fields through enquiry-based learning and practice learning opportunities. They have opportunities to gain an appropriate breadth of practice learning experiences across the lifespan in a variety of settings and these experiences are recorded in the PAD. Employer PLPs work reciprocally with other trusts and independent practice partners to ensure students have the necessary breadth of practice learning experience. PLPs work with students to identify other opportunities which will enable them to meet practice placement learning outcomes.

Student progress and placement learning is monitored by the practice tutors/academic assessors.

Evidence that programme structure/design/delivery will illustrate specific fields of practice that allows students to enter the register in one or more specific fields of nursing practice. Evidence of field specific learning outcomes and content in the module descriptors (R2.5)

Met

R2.5 is met. Students complete field specific as well as generic core modules within the programme. The generic and field specific learning allows students to develop field specific identities and enter the register in their field of nursing practice.

Evidence provides assurance that the following QA approval criteria are met

There is evidence that mapping has been undertaken to show that the programme meets NMC requirements of the Standards of proficiency for registered nurses (R2.6)

Yes

There is evidence that mapping has been undertaken to set out the content necessary to meet the programme outcomes for each field of nursing practice: adult, mental health, learning disabilities and children's nursing (R2.7)

Yes

Provide an evaluative summary from your documentary analysis and evidence AND discussion at the approval visit to demonstrate if assurance is provided that the QA approval criteria below is met or not met

There is evidence that mapping has been undertaken to ensure that field specific content in relation to the law, safeguarding, consent, pharmacology and medicines administration and optimisation is included for entry to the register in one or more fields of nursing practice (R2.8)

Met

R2.8 is met. Programme documentation provides evidence that supports the development of field specific content in relation to the law, safeguarding, consent, pharmacology and medicines administration and optimisation for entry to the register in the four fields of nursing practice. The regional/national PADs adopted for the programme are designed to assess this for entry to the register. The programme team and students tell us that a range of skills teaching is delivered via the skills net platform. The proposed programme has been presented to stakeholder groups from all fields to ensure appropriate field specific content.

The programme structure demonstrates an equal balance of theory and practice learning. This is detailed in the designated hours in the module descriptors and practice learning allocations. A range of learning and teaching strategies are detailed in the programme specification, programme handbook and module descriptors with theory / practice balance detailed at each part of the programme and at end point.
There are appropriate module aims, descriptors and outcomes specified.

There is a practice allocation model for the delivery of the programme that clearly demonstrates the achievement of designated hours for the programme detailed. (R2.9)

Met

R2.9 is met. Programme documentation and approval process confirms that the programme has an equal balance of theory and practice. This is detailed in the designated hours in the module descriptors and practice learning allocations. All hours and learning outcomes must be achieved by the end of the programme. The programme handbook and module specifications detail theory and practice content and expected learning outcomes. The proposed programme structure confirms the practice allocation model which demonstrates achievement of programme hours.

A comprehensive range of learning and teaching strategies are detailed in the programme documentation. We found that students will undertake most of the theory learning using online tools, interspersed with face to face student forums. These strategies are designed to offer students a variety of learning opportunities that align with their module learning outcomes and enable appropriate preparation and support as they progress through the programme.

Evidence provides assurance that the following QA approval criteria are met

Evidence to ensure that programmes delivered in Wales comply with any legislation which supports the use of the Welsh language (R2.10)

Yes

Evidence that the programme outcomes are mapped to the content for nurses responsible for general care and will ensure successful students met the registration requirement for entry to the register in the adult field of practice (R2.11)

Yes

Evidence that the pre-registration nursing programme will meet the equivalent of minimum programme length for nurses responsible for general care in Article 31(3) of Directive 2005/36/EC (R2.12)

Yes

Evidence that programmes leading to registration in two fields of nursing practice are of suitable length to ensure proficiency in both fields of nursing (R2.13)

No

Not applicable; single field of registration proposed.

Evidence to ensure that programmes leading to nursing registration and registration in another profession, will be of suitable length and nursing proficiencies and outcomes will be achieved in a nursing context (R2.14)

No

Not applicable; registration is solely with the NMC.

Assurance is provided that Gateway 1: <u>Standards framework for nursing and midwifery education</u> relevant to curricula and assessment are met

No

Whilst there is a SUC strategy, SUCs tell us that they don't receive training to support them in their role. They tell us that they are unsure if their contribution to recruitment and selection processes are appropriate. (Condition two)

The approval visit was not conducted as a conjoint event; we are unable to determine that the programme has been subject to external and internal scrutiny. (Condition five)

Assurance is provided that Gateway 2: <u>Standards for student supervision and assessment</u> relevant to curricula and assessment are met

Yes

Outcome

Is the standard met?

Not Met

Documentary evidence and the approval process confirms students on the programme will be supported and assessed in accordance with the SSSA. However, evidence is not provided to verify preparation plans for all regions/nations. This needs addressing.

Condition one: Provide a time bound implementation plan (schedule with dates) to demonstrate how the AEI is preparing practice supervisors, practice assessors and students to transition to the new SSSA and SPNP across all four UK nations. (SFNME R4.1; SPNP R2.2, R4.1)

SUCs tell us that they don't receive any training to prepare them for their

involvement in the recruitment and selection of students to the programme or learning and teaching activities. This needs addressing.

Condition two: Provide a process or system to ensure that all SUCs involved in the pre-registration nursing programme receive preparation and training for their roles (to include recruitment and selection). (SFNME R2.6, R2.7; SPNP R2.1)

The approval visit was not conducted as a conjoint event, we are unable to determine that the programme has been subject to external and internal scrutiny.

Condition five: Provide documentation demonstrating that the programme has been subject to external and local scrutiny via the AEI approval process. (SFNME R2.1; SPNP R2.1)

Date: ***24 March 2020***

Post Event Review

Identify how the condition is met:

Condition one: Programme team submitted various SSSA implementation plans which provide assurance that OU staff tutors across the UK have localised plans to prepare practice assessors and practice supervisors for their roles. There is also a plan evidencing how students will be prepared to transition to the new standards. Condition one is now met.

Evidence:
Response to NMC condition around practice supervision/assessment, April 2020
Practice assessor and practice supervisor preparation – Wales, April 2020
Practice assessor and practice supervisor preparation - North and West Midlands and Lincolnshire, April 2020
Practice assessor and practice supervisor preparation – Northern Ireland, April 2020
Practice assessor and practice supervisor preparation - South and South West, April 2020
Practice assessor and practice supervisor preparation - North East and Cumbria, April 2020
Practice assessor and practice supervisor preparation - East of England, April 2020
Practice assessor and practice supervisor preparation - Yorkshire and North West, April 2020
Practice assessor and practice supervisor preparation - East Midlands, April 2020
Practice assessor and practice supervisor preparation – London and South East, April 2020
Students preparation for transition to SSSA memo, 15 April 2020

Condition two: The programme team submitted documentary evidence of co-production with SUCs in the delivery, development and evaluation of the pre-registration nursing programme. The documentation provides assurance that SUCs involved the programme will receive preparation and training for their roles. Condition two is now met.

Evidence:
Co-production strategy 2019-2020, April 2020
Service user booklet, April 2020

Condition five: Evidence of internal and external scrutiny of the programme has been submitted together with evidence of approval by the AEI's quality approval committee. Condition five is now met.

Evidence:
Quality academic committee (QAC) comments by chair of QAC, undated
Board of studies minutes, 14 March 2018
Internal and external scrutiny – table of evidence, undated
Approvals stage - gate process, August 2019
QAC amendment to BSc (Hons) nursing, October 2019
R39-R43 nursing annexe four - external advisor report, undated
R39-R43 nursing annexe five – external examiner advisor report, 19 July 2019

Date condition(s) met: 21 April 2020

Revised outcome after condition(s) met:

Met

Condition one is now met.
SFNME R4.1, SPNP R2.2 and R4.1 are met.

Condition two is met.
SFNME R2.6 and R2.7 are met.

Condition five is met.
SFNME R2.1 and SPNP R2.1 are met.

Standard 3. Practice learning

Approved education institutions, together with practice learning partners,

must:

R3.1 provide practice learning opportunities that allow students to develop and meet the Standards of proficiency for registered nurses to deliver safe and effective care to a diverse range of people, across the four fields of nursing practice: adult, mental health, learning disabilities and children's nursing

R3.2 ensure that students experience the variety of practice expected of registered nurses to meet the holistic needs of people of all ages

R3.3 provide practice learning opportunities that allow students to meet the communication and relationship management skills and nursing procedures, as set out in Standards of proficiency for registered nurses, within their selected fields of nursing practice: adult, mental health, learning disabilities and children's nursing

R3.4 ensure technology enhanced and simulation-based learning opportunities are used effectively and proportionately to support learning and assessment and pre-registration nursing programmes leading to registration in the adult field of practice comply with Article 31(5) of Directive 2005/36/EC (included in Annexe 1 of programme standards document)

R3.5 take account of students' individual needs and personal circumstances when allocating their practice learning including making reasonable adjustments for students with disabilities

R3.6 ensure students experience the range of hours expected of registered nurses, and

R3.7 ensure that students are supernumerary.

Standards framework for nursing and midwifery education specifically:

R1.1, R1.3, R1.5; R2.9, R2.11; R3.3, R3.5, R 3.7, R3.16; R5.1, R5.7, R5.10, R5.12

Standards for student supervision and assessment, specifically:R1.1 – R1.11

Provide an evaluative summary from your documentary analysis and evidence AND discussion at the approval visit to demonstrate if assurance is provided that the QA approval criteria below is met or not met

Evidence that the practice learning opportunities allow students to develop and meet the Standards of proficiency for registered nurses to deliver safe and effective care, to a diverse range of people, across the four fields of nursing practice: adult, mental health, learning disabilities and children's nursing (R3.1)

Met

R3.1 is met. A visit to the Dorsy Unit, Craigavon Area Hospital and Royal Victoria Hospital, in Northern Island prior to the approval visit found there are sufficient physical and staff resources in place at the services to support the new learning disabilities and child pre-registration nursing programme. Documentary evidence and discussion at the approval visit confirms the OU, in partnership with PLPs, has procedures and policies in place to ensure students meet the Standards of proficiency for registered nurses (NMC, 2018) to deliver safe and effective care to a diversity of people across the four fields of nursing practice. The programme team tells us that an individualised approach is taken to placement allocation to ensure students have the necessary placement learning opportunities. This is co-ordinated by practice tutors in line with regional/national approaches. The OU works with other PLPs and AEIs to ensure appropriate practice learning is in place for all students. This approach ensures there's sufficient practice learning capacity.

The OU is adopting the national/regional PADs and OARs which have been mapped to the Standards of proficiency for registered nurses (NMC, 2018).

Current students tell us they have opportunities to undertake spoke practice learning placements in a variety of alternative areas in order to gain other relevant practice learning experiences.

There are established processes and procedures for raising and escalating concerns which students and PLPs confirm they understand. There is a joint procedure between PLPs and AEI for managing fitness to practise issues.

There is evidence of how the programme will ensure students experience the variety of practice learning experiences to meet the holistic needs of people in all ages. There are appropriate processes for assessing, monitoring and evaluating these practice experiences (R3.2)

Met

R3.2 is met. The programme team and PLPs confirm students will have opportunities to engage in a diverse range of practice placement experiences to meet the holistic needs of people of all ages. An exemplar plan of a student practice placement journey demonstrates allocation of appropriate and relevant experiences ensuring students have these opportunities.

The student handbook clearly sets out how students will be supported and assessed in practice. The tripartite nature of practice assessment is made clear in the student handbook and the PAD. Documentary evidence indicates that the identification and monitoring of placements is undertaken by the practice tutors.

Students feedback about their placement learning through formal placement evaluations; the programme team is responsive to these evaluations. There's

evidence that placement audits are undertaken to assure the quality of placement learning.

There's evidence that students will be supported by practice supervisors and practice assessors who will identify learning opportunities which will enable them to develop and meet the Standards of proficiency for registered nurses (NMC, 2018).

Evidence that the practice learning opportunities allow students to meet the communication and relationship management skills and nursing procedures, as set out in the Standards of proficiency for registered nurses, within their selected fields of nursing practice: adult, mental health, learning disabilities and children's nursing (R3.3)

Met

R3.3 is met. The various regional/national PADs adopted for the programme clearly map the Future nurse: Standards of proficiency for registered nurses (NMC, 2018) and identify where the platforms and nursing procedures are recorded and assessed. Communication and relationship management skills are assessed for all fields of nursing practice through the PAD. SUC give feedback to students through the PAD.

Students tell us that communication is an aspect of learning that is particularly well integrated throughout the programme with increased level of complexity and links with other elements of the programme.

Evidence to ensure technology enhanced and simulation-based learning opportunities are used effectively and proportionately to support learning and assessment and pre-registration nursing programmes leading to registration in the adult field of practice comply with Article 31(5) of Directive 2005/36/EC (R3.4)

Met

R3.4 is met. Programme documentation and the approval process confirm that simulation is used to support and enhance skills teaching. The OU works with PLPs to identify simulation facilities and opportunities. Students and the programme team tell us that they use ClinicalSkills.net, an online learning system. The number of hours used for skills and simulated learning equates to 100 hours per module. The programme team tell us that there are plans to increase the virtual reality simulation of skills to support learning, especially in relation to the annexes A and B skills. (Recommendation two)

There are processes in place to take account of students' individual needs and personal circumstances when allocating their practice learning including making reasonable adjustments for disabilities (R3.5)

Met

R3.5 is met. Documentation, students, PLPs and the programme team confirm that procedures and policies are in place to ensure that the students' individual needs and circumstances are given consideration in all parts of the programme. This includes making reasonable adjustment for students with disabilities. Students can declare if they need a reasonable adjustment in practice and this is recorded in the various PADs. Information is provided to those involved in the supervision and assessment of the students via the PADs.

A range of academic and pastoral support services are in place to support students.

Evidence provides assurance that the following QA approval criteria are met

Evidence of how programme is planned to allow for students to experience the range of hours expected of registered nurses (e.g. 24 hour care, seven days night shifts planned examples) (R3.6)

Yes

Processes are in place to ensure that students are supernumerary (R3.7)

Yes

Assurance is provided that Gateway 1: Standards framework for nursing and midwifery education relevant to practice learning are met

Yes

Assurance is provided that Gateway 2: Standards for student supervision and assessment relevant to practice learning are met

Yes

Outcome

Is the standard met?

Met

Date: ***24 March 2020***

Post Event Review

Identify how the condition is met:
Date condition(s) met: ***N/A*** **Revised outcome after condition(s) met:** ***N/A***

Standard 4. Supervision and assessment
Approved education institutions, together with practice learning partners, must: R4.1 ensure that support, supervision, learning and assessment provided complies with the NMC Standards framework for nursing and midwifery education R4.2 ensure that support, supervision, learning and assessment provided complies with the NMC Standards for student supervision and assessment R4.3 ensure they inform the NMC of the name of the registered nurse responsible for directing the education programme R4.4 provide students with feedback throughout the programme to support their development R4.5 ensure throughout the programme that students meet the Standards of proficiency for registered nurses and programme outcomes for their fields of nursing practice: adult, mental health, learning disabilities and children's nursing R4.6 ensure that all programmes include a health numeracy assessment related to nursing proficiencies and calculation of medicines which must be passed with a score of 100% R4.7 ensure that students meet all communication and relationship management skills and nursing procedures within their fields of nursing practice: adult, mental health, learning disabilities and children's nursing R4.8 assess students to confirm proficiency in preparation for professional practice as a registered nurse

R4.9 ensure that there is equal weighting in the assessment of theory and practice

R4.10 ensure that all proficiencies are recorded in an ongoing record of achievement which must demonstrate the achievement of proficiencies and skills set out in Standards of proficiency for registered nurses, and

R4.11 ensure the knowledge and skills for nurses responsible for general care set out in Article 31(6) and the competencies for nurses responsible for general care set out in Article 31(7) of Directive 2005/36/EC for pre-registration nursing programmes leading to registration in the adult field of practice have been met. (included in Annexe 1 of programme standards document)

Standards framework for nursing and midwifery education specifically:

R2.11; R3.5, R3.6, R 3.8, R3.11, R3.13, R3.14, R3.17;

R4.1, R4.2, R4.3, R4.4, R4.5, R4.6, R4.8, R4.11; R5.9

Standards for student supervision and assessment

R4.1 – R4.11

Provide an evaluative summary from your documentary analysis and evidence AND discussion at the approval visit to demonstrate if assurance is provided that the QA approval criteria below is met or not met

There is evidence of how the programme will ensure how support, supervision, learning and assessment provided complies with the NMC Standards framework for nursing and midwifery education. (R4.1)

Not Met

R4.1 is not met. Documentary evidence and discussion with the programme team indicates that students will be supported in line with the SSSA. There's evidence that stakeholder events have been held in some regions/nations to discuss the implementation of the SSSA. There is no clear evidence of preparation programmes being rolled out taking account of practice supervisor and practice assessor previous experience in supporting students in practice. The information provided is inconsistent and does not provide assurance that this is the case in all regions/nations. This need addressing. (Condition one)

The PADs presented provide opportunities for practice supervisors and practice assessors to provide written feedback in a variety of formats.

PLPs confirm there are sufficient numbers of practice supervisors and practice assessors to support student capacity.

The students confirm good support systems and describe the staff as helpful and supportive. Students describe the feedback from tutors on academic assessments as of a good standard. Feedback is individualised with opportunities for further discussions with tutors. Students present told us they receive high levels of support, particularly from their practice tutors. PLPs and practice tutors provided assurance that students are supernumerary on placement and are not counted in numbers. PLPs confirm that students are reminded of their supernumerary status empowering them to report any concerns.

Student evaluations and a range of evaluative and monitoring processes in the OU ensure the effectiveness of lead roles in supporting programmes.

There is evidence of how the Standards for student supervision and assessment are applied to the programme. There are processes in place to identify the supervisors and assessors along with how they will be prepared for their roles. (R4.2)

Met

R4.2 is met. The documentation, programme team and PLPs tell us that support for, and the assessment of, students complies with the SSSA. Students will be supported and assessed by suitably prepared practice supervisors, practice assessors and academic assessors in line with regional/national implementation plans. PLPs explain that current mentors will undertake practice assessor or practice supervisor preparation and that this preparation of supervisors and assessors had already begun in some areas. The practice representatives say that they have appropriate systems in place to monitor and assure capacity for practice supervision and assessment.

The national and regional PADs provide opportunities for practice supervisors and practice assessors to provide written feedback in a variety of formats.

We found the AEI has plans in place to identify and prepare the academic assessors. The programme team tells us that there have sufficient numbers of academic assessors to support the proposed student numbers.

Evidence provides assurance that the following QA approval criteria are met

There are processes in place to ensure the NMC is informed of the name of the registered nurse responsible for directing the education programme (R4.3)

Yes

Provide an evaluative summary from your documentary analysis and evidence AND discussion at the approval visit to demonstrate if assurance is provided that

the QA approval criteria below is met or not met

There are processes in place to provide students with feedback throughout the programme to support their development. Formative and summative assessment strategy is detailed (R4.4)

Met

R4.4 is met. Documentary evidence and discussions at the approval visit confirm effective processes to provide students with formative and summative feedback throughout the programme. Formative assessment and feedback opportunities are included in modules and in practice learning experiences. Documentary analysis indicates these are scheduled appropriately to provide students with feedback throughout the programme and support their development. Feedback from practice supervisors and practice assessors is recorded in the PAD. Students, PLPs and the programme team confirm regular tripartite meetings are held in practice. Students confirm they're able to obtain service user feedback through the PAD with the facilitation of practice supervisors. Students confirm that they receive a good level of support within the university and in practice learning environments.

Students say they have formative feedback opportunities to prepare them for summative assessments. Feedback is prompt, supportive of learning and feeds forward for their development. The module specification and assessment strategies detail an appropriate range of assessment modalities. Mapping against programme learning outcomes is provided in module specification.

There is appropriate mapping of the curriculum and practice learning placements to ensure throughout the programme that students meet the Standards of proficiency for registered nurses and programme outcomes for their fields of nursing practice: adult, mental health, learning disabilities and children's nursing (R4.5)

Met

R4.5 is met. The standards of proficiency relating to practice learning have been mapped to the various regional/national PADs.

A summary mapping document is provided indicating where the Standards of proficiency for registered nurses (NMC, 2018) are met in the modules.

Students say their programme and practice learning prepares them for entry to the register.

Evidence provides assurance that the following QA approval criteria are met

There is evidence that all programmes include a health numeracy assessment related to nursing proficiencies and calculation of medicines

which must be passed with a score of 100 percent (R4.6)

No

R4.6 is not met. Skills and competencies in relation to the safe administration of medicines is assessed in the PAD. Programme documentation states that students will have a health numeracy assessment. There's no evidence that students undertake a summative numeracy assessment that must be passed with 100 percent. This need addressing. (Condition four)

Processes are in place to ensure that students meet all communication and relationship management skills and nursing procedures within their fields of nursing practice: adult, mental health, learning disabilities and children's nursing (R4.7)

Yes

Evidence of processes to assess students to confirm proficiency in preparation for professional practice as a registered nurse (R4.8)

Yes

There is an assessment strategy with details and weighting expressed for all credit bearing assessments. Theory and practice weighting is calculated and detailed in award criteria and programme handbooks (R4.9)

Yes

There is evidence that all proficiencies are recorded in an ongoing record of achievement which must demonstrate the achievement of proficiencies and skills as set out in the Standards of proficiency for registered nurses (R4.10)

Yes

Evidence to ensure the knowledge and skills for nurses responsible for general care set out in article 31(6) and the competencies for nurses responsible for general care set out in article 31(7) of Directive 2005/36/EC for pre-registration nursing programmes leading to registration in the adult field of practice have been met (R4.11)

Yes

Assurance is provided that Gateway 1: <u>Standards framework for nursing and midwifery education</u> relevant to supervision and assessment are met

No

We found no assurance that there are plans in place to prepare practice assessors and students for transition to the new SSSA. (Condition one)

Assurance is provided that Gateway 2: <u>Standards for student supervision and assessment</u> are met

Yes

Outcome

Is the standard met?

Not Met

We found no assurance that there are plans in place to prepare practice assessors and students for transition to the new SSSA.

Condition one: Provide a time bound implementation plan (schedule with dates) to demonstrate how the AEI is preparing practice supervisors, practice assessors and students to transition to the SSSA across all four UK nations. (SFNME R4.1; SPNP R2.2, R4.1)

We found that there's no summative assessment in relation to pharmacology/medicines calculation which must be passed at 100 percent. This must be addressed to meet SPNP R4.6.

Condition four: Revise and update documentation in modules (K326, 327, 328 and 329) to include numeracy assessment at 100 percent pass. (SPNP R4.6)

Date: *24 March 2020*

Post Event Review

Identify how the condition is met:

Condition one: Programme team submitted various SSSA implementation plans which provide assurance that OU staff tutors across the UK have localised plans to prepare practice assessors and practice supervisors for their roles. There is also a plan evidencing how students will be prepared to transition to the new standards. Condition one is now met.

Evidence:
Response to NMC condition around practice supervision/assessment, April 2020
Practice assessor and practice supervisor preparation – Wales, April 2020
Practice assessor and practice supervisor preparation - North and West Midlands and Lincolnshire, April 2020

Practice assessor and practice supervisor preparation – Northern Ireland, April 2020
Practice assessor and practice supervisor preparation - South and South West, April 2020
Practice assessor and practice supervisor preparation - North East and Cumbria, April 2020
Practice assessor and practice supervisor preparation - East of England, April 2020
Practice assessor and practice supervisor preparation - Yorkshire and North West, April 2020
Practice assessor and practice supervisor preparation - East Midlands, April 2020
Practice assessor and practice supervisor preparation – London and South East, April 2020
Students preparation for transition to SSSA memo, 15 April 2020

Condition four: The programme team has submitted updated module specifications which provide assurance that there's summative assessment in relation to pharmacology/medicines calculation which must be passed at 100 percent.

Evidence :
KYN326 Module specification, 17 April 2020
KYN327 Module specification, 17 April 2020
KYN328 Module specification, 17 April 2020
KYN 329 Module specification, 17 April 2020

Condition four is now met.

Date condition(s) met: 21 April 2020

Revised outcome after condition(s) met:

Met

Condition one is now met.
SFNME R4.1, SPNP R2.2 and R4.1 are met.

Condition four is now met.
SPNP R4.6 is met.

Standard 5. Qualification to be awarded

Approved education institutions, together with practice learning partners, must:

R5.1 ensure that the minimum award for a pre-registration nursing programme is a bachelor's degree, and

R5.2 notify students during and before completion of the programme that they have five years to register their award with the NMC. In the event of a student failing to register their qualification within five years they will have to undertake additional education and training or gain such experience as specified in our standards.

Evidence provides assurance that the following QA approval criteria are met

The pre-registration nursing programme award to be approved is clearly identified in all programme documentation and is a minimum of a bachelor's degree (R5.1)

Yes

Documentary evidence that the registered nurse responsible for directing the educational programme or their designated registered nurse substitute have advised students during and before completion of the requirement to register their qualification within five years of the award. (R5.2)

Yes

Fall Back Award

If there is a fall back exit award with registration as a nurse all NMC standards and proficiencies are met within the award. Standards framework for nursing and midwifery education specifically R2.11, R2.20

N/A

No fall back award with NMC registration.

Assurance is provided that the <u>Standards framework for nursing and midwifery education</u> relevant to the qualification to be awarded are met

Yes

Outcome

Is the standard met? ***Met*** **Date:** ***24 March 2020***
Post Event Review
Identify how the condition is met:
Date condition(s) met: ***N/A*** **Revised outcome after condition(s) met:** ***N/A***

Section four

Source of evidence

The following documentation provided by the AEI/education institution was reviewed by the visitor(s):

Key documentation	Yes/No
Programme document, including proposal, rationale and consultation	Yes
Programme specification(s) include fields of nursing practice: adult, mental health, learning disabilities and children's nursing	Yes
Module descriptors	Yes
Student facing documentation including: programme handbook	Yes
Student university handbook	Yes
Practice assessment documentation	Yes
Ongoing record of achievement (OAR)	Yes
Practice learning environment handbook	Yes
Practice learning handbook for practice supervisors and assessors specific to the programme	Yes
Academic assessor focused information specific to the programme	Yes
Placement allocation / structure of programme	Yes
PAD linked to competence outcomes, and mapped against standards of proficiency	Yes
Mapping document providing evidence of how the education institution has met the Standards framework for nursing and midwifery education (NMC, 2018)	Yes
Mapping document providing evidence of how the education institution has met the Standards for pre-registration nursing programmes (NMC, 2018)	Yes
Mapping document providing evidence of how the Standards for student supervision and assessment (NMC, 2018) apply to the programme(s)	Yes
Curricula vitae for relevant staff	Yes
CV of the registered nurse responsible for directing the education programme	Yes
Registrant academic staff details checked on NMC website	Yes
External examiner appointments and arrangements	Yes
Written confirmation by education institution and associated practice learning partners to support the programme intentions, including a signed supernumerary for protected learning	Yes
If you stated no above, please provide the reason and mitigation	
List additional documentation: Post approval visit documentary evidence to meet conditions:	

Co-production strategy 2019-2020, April 2020 Service user booklet, April 2020 Response to NMC condition around practice supervision/assessment, April 2020 Practice assessor and practice supervisor preparation – Wales, April 2020 Practice assessor and practice supervisor preparation - North and West Midlands and Lincolnshire, April 2020 Practice assessor and practice supervisor preparation – Northern Ireland, April 2020 Practice assessor and practice supervisor preparation - South and South West, April 2020 Practice assessor and practice supervisor preparation - North East and Cumbria, April 2020 Practice assessor and practice supervisor preparation - East of England, April 2020 Practice assessor and practice supervisor preparation - Yorkshire and North West, April 2020 Practice assessor and practice supervisor preparation - East Midlands, April 2020 Practice assessor and practice supervisor preparation – London and South East, April 2020 Students preparation for transition to SSSA memo, 15 April 2020 External adviser review of RPL policy, 2 April 2020 RPL assessment panel: terms of reference and membership, 2 April 2020 KYN326 Module specification, 17 April 2020 KYN327 Module specification, 17 April 2020 KYN328 Module specification, 17 April 2020 KYN 329 Module specification, 17 April 2020 QAC comments by chair of QAC, undated Board of studies minutes, 14 March 2018 Internal and external scrutiny – table of evidence, undated Approvals stage - gate process, August 2019 QAC amendment to BSc (Hons) nursing, October 2019 R39-R43 nursing annexe four - external advisor report, undated R39-R43 nursing annexe five – external examiner advisor report, 19 July 2019
Additional comments:

During the visit the visitor(s) met the following groups	Yes/No
Senior managers of the AEI/education institution with responsibility for resources for the programme	Yes
Senior managers from associated practice learning partners with responsibility for resources for the programme	Yes
Programme team/academic assessors	Yes
Practice leads/practice supervisors/ practice assessors	Yes
Students	Yes

If yes, please identify cohort year/programme of study: 10 registered nursing adult year one Eight registered nursing adult year two Seven registered nursing adult year three Six registered nursing mental health year one Five registered nursing mental health year two Three registered nursing mental health year three

Service users and carers	Yes
If you stated no above, please provide the reason and mitigation	
Additional comments:	

The visitor(s) viewed the following areas/facilities during the visit:	Yes/No
Specialist teaching accommodation (e.g. clinical skills/simulation suites)	No
Library facilities	No
Technology enhanced learning / virtual learning environment	No
Educational audit tools/documentation	Yes
Practice learning environments	Yes

If yes, state where visited/findings: Dorsy Unit Craigavon Area Hospital: Northern Ireland - Learning disability assessment unit. Met students, practice learning leads and PLPs. Royal Victoria Hospital: Northern Ireland - Children. Met students, practice learning leads and PLPs. A visit to the Dorsy Unit, Craigavon Area Hospital and Royal Victoria Hospital, in Northern Ireland prior to the approval visit found there are sufficient physical and staff resources in place at the services to support the new learning disabilities and child pre-registration nursing programme. Documentary evidence and discussion at the approval visit confirms the OU in partnership with PLPs has procedures and policies in place to ensure students meet the Standards of proficiency for registered nurses (NMC, 2018) to deliver safe and effective care to a diversity of people across the four fields of nursing practice.

System regulator reports reviewed for practice learning partners	Yes

System Regulator Reports List Borders General Hospital, 16-17 November 2016 Chesterfield Royal Hospital, 6 November 2019 Chesterfield Royal Hospital NHS Foundation Trust, 25 January 2019 The Leeds Teaching Hospitals NHS Trust, 15 February 2019

Muckamore Abbey Hospital, 23 January 2019 Northern Devon Healthcare NHS Trust, 12 September 2019 Nottingham University Hospitals NHS Trust, 14 March 2019 Oxford University Hospitals NHS Foundation Trust, 7 June 2019 Pilgrim Hospital United Lincolnshire Hospitals NHS Trust, 17 October 2019 Poole Hospital NHS Foundation Trust, 26 January 2018 Raigmore Hospital NHS Highland, 7–8 February 2017 Rampton Hospital, 26 October 2016 Rotherham General Hospital, 20 December 2019 The Queen Elizabeth Hospital King's Lynn NHS Foundation Trust, 24 July 2019 The Rotherham NHS Foundation Trust, 18 March 2019
If you stated no above, please provide the reason and mitigation OU is an established provider of NMC programmes.
Additional comments:

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Issue record			
Final Report			
Author	Pepsi Takawira Jayne Walters	Date	13 March 2020
Checked by	Pamela Page	Date	22 May 2020
Submitted by	Amy Young	Date	27 May 2020
Approved by	Leeann Greer	Date	29 May 2020

Better, safer care through quality assurance of nursing, midwifery and nursing associate education.

Programme approval visit report

Section one

Programme provider name:	University of Ulster at Jordanstown
In partnership with: *(Associated practice learning partners involved in the delivery of the programme)*	Belfast Health and Social Care Trust Northern Health and Social Care Trust South Eastern Health and Social Care Trust Southern Health and Social Care Trust Western Health and Social Care Trust Private, voluntary and independent health care providers Education and health care providers
Programme(s) reviewed: Programme: Pre-registration nursing - Adult Title of programme: BSc(Hons) Nursing (Adult) Programme start date: 14 September 2020 Academic level(s): England, Wales, Northern Ireland: Level 6 Programme: Pre-registration nursing - Mental Health Title of programme: BSc(Hons) Nursing (Mental Health) Programme start date: 14 September 2020 Academic level(s): England, Wales, Northern Ireland: Level 6	
Date of approval	30 March 2020
QA visitor(s):	Registrant Visitor: Elizabeth Mason Lay Visitor: Philip Stephenson

Section two

Summary of review and findings
The University of Ulster (UU) at Jordanstown, is an established approved education institution (AEI). The school of nursing and midwifery (the school) at the Magee campus delivers adult and mental health pre-registration nursing programmes and a range of postgraduate specialist programmes in nursing and allied health. The faculty presented programme documentation for approval of routes in the adult and mental health nursing fields. The following awards for pre-registration nursing, BSc (Hons) nursing (adult) and BSc (Hons) nursing (mental health) were presented for approval. The programme is proposed for delivery from September 2020. The approval visit was undertaken at a distance. The programme documentation and discussion during the approval visit demonstrate collaborative working to support a partnership approach between the AEI and their practice learning partners (PLPs) to manage practice learning and mitigate any risks to student learning whilst in the practice environment. Documentation and evidence from the approval visit confirms partnership working is strong at operational and strategic levels for the delivery of healthcare programmes. There is evidence of co-production with the school for curriculum development; service users are involved in the development, delivery and assessment of the programme. Students told us they were consulted on the development of the new programmes and the processes of transfer to the new curriculum and the Standards for student supervision and assessment (SSSA) (NMC, 2018). The Northern Ireland practice assessment document (NIPAD) has been co-produced in collaboration with two other AEIs, PLPs, service users and current students. This collaborative group has co-produced a framework for practice learning, student supervision and assessment for all three AEIs in Northern Ireland (NI). There's evidence of a shared approach to the preparation of practice supervisors, practice assessors and academic assessors across the partnership with PLPs. The SSSA are met at programme level. The Standards framework for nursing and midwifery education (SFNME) is met at programme level. The programme is recommended to the NMC for approval subject to three university conditions. The NMC QA visitors made three recommendations. The

university made one recommendation.

Updated 15 May 2020:

The programme team has provided documentation to meet the university conditions. The conditions are met. The programme is recommended to the NMC for approval.

Recommended outcome of the approval panel	
Recommended outcome to the NMC:	Programme is recommended for approval subject to specific conditions being met
Conditions: *Please identify the standard and requirement the condition relates to under the relevant key risk theme.* *Please state if the condition is AEI/education institution in nature or specific to NMC standards.*	**Effective partnership working: collaboration, culture, communication and resources:** None identified **Selection, admission and progression:** None identified **Practice learning:** None identified **Assessment, fitness for practice and award:** None identified **Education governance: management and quality assurance:** Condition one: All issues identified by the academic office detailed in the appendix to the panel report to be addressed. (University condition) Condition two: Amend the descriptors in learning outcomes in the respective programme specifications to demonstrate differentiation between the programme levels. (University condition) Condition three: Provide clarification of the assessment strategy for awarding of credit to, and summative assessment of, preparatory work undertaken by students prior to the final summative assessment. (University condition)

Date condition(s) to be met:	8 May 2020
Recommendations to enhance the programme delivery:	Recommendation one: The university should develop a strategic plan to demonstrate how services users can become more engaged in student selection and the delivery, assessment and evaluation of the programme. (SFNME R1.12, R2.7 and Standards for pre-registration nursing programmes (SPRNP) R2.1) Recommendation two: The university should consider providing a flowchart to demonstrate the opportunities students have for engagement in governance throughout their programme and to give feedback on the quality of all aspects of their support and supervision in both theory and practice. (SFNME, R3.18) Recommendation three: The university should consider how newly appointed academic staff will be supported to develop the skills and knowledge needed for the academic assessor role to meet increased requirements as student numbers increase. (SFNME R3.8 and SPRNP R4.2) Recommendation four: The AEI should consider how the current resource base supports provision and future needs as the student numbers continue to grow. (University recommendation)
Focused areas for future monitoring:	The development of service user engagement in student selection, and the development, delivery, assessment and evaluation of the programme.

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Programme is recommended for approval subject to specific conditions being met	
Commentary post review of evidence against conditions: The chair of the university approval panel has confirmed the university conditions are met. All issues identified by the academic office in the appendix to the panel report have been appropriately addressed. Condition one is now met. The descriptors in learning outcomes in the respective programme specifications have been amended to demonstrate differentiation between the programme levels. Condition two is now met. The assessment strategy has been clarified regarding the awarding of credit to preparatory work and formative assessment to recognise the work students do throughout the modules. Condition three is now met.	
AEI Observations	**Observations have been made by the education institution** Yes
Summary of observations made, if applicable	The wording of the university conditions has been amended to ensure they accurately reflect the university panel report. R2.9 Objective structured clinical examinations (OSCEs) has been removed from the list of assessment strategies used within the programme. R3.2 The required practice hours has been corrected to 2325. R4.2 The reference to the database that PLPs will maintain has been corrected to state practice assessors only.
Final recommendation made to NMC:	Programme is recommended to the NMC for approval
Date condition(s) met:	15 May 2020

Section three

NMC Programme standards
Please refer to NMC standards reference points *Standards for pre-registration nursing programmes (NMC, 2018)* *Future nurse: Standards of proficiency for registered nurses (NMC, 2018)* *Standards framework for nursing and midwifery education (NMC, 2018)* *Standards for student supervision and assessment (NMC, 2018)* *The Code: Professional standards of practice and behaviour for nurses and midwives* QA framework for nursing, midwifery and nursing associate education (NMC, 2018) QA Handbook

Partnerships
The AEI works in partnership with their practice learning partners, service users, students and all other stakeholders
Please refer to the following NMC standards reference points for this section: Standards framework for nursing and midwifery education (NMC, 2018) **Standard 1: The learning culture:** R1.12 ensure programmes are designed, developed, delivered, evaluated and co-produced with service users and other stakeholders R1.13 work with service providers to demonstrate and promote inter-professional learning and working **Standard 2: Educational governance and quality:** R2.2 all learning environments optimise safety and quality taking account of the diverse needs of, and working in partnership with, service users, students and all other stakeholders R2.4 comply with NMC Standards for student supervision and assessment

R2.5 adopt a partnership approach with shared responsibility for theory and practice supervision, learning and assessment, including clear lines of communication and accountability for the development, delivery, quality assurance and evaluation of their programmes
R2.6 ensure that recruitment and selection of students is open, fair and transparent and includes measures to understand and address underrepresentation
R2.7 ensure that service users and representatives from relevant stakeholder groups are engaged in partnership in student recruitment and selection

Standard 3: Student empowerment:
R3.3 have opportunities throughout their programme to work with and learn from a range of people in a variety of practice placements, preparing them to provide care to people with diverse needs
R3.16 have opportunities throughout their programme to collaborate and learn with and from other professionals, to learn with and from peers, and to develop supervision and leadership skills
R3.17 receive constructive feedback throughout the programme from stakeholders with experience of the programme to promote and encourage reflective learning
R3.18 have opportunities throughout their programme to give feedback on the quality of all aspects of their support and supervision in both theory and practice.

Standard 4: Educators and assessors:
R4.7 liaise and collaborate with colleagues and partner organisations in their approach to supervision and assessment
R4.9 receive and act upon constructive feedback from students and the people they engage with to enhance the effectiveness of their teaching, supervision and assessment
R4.10 share effective practice and learn from others

Standard 5: Curricula and assessment:
R5.4 curricula are developed and evaluated by suitably experienced and qualified educators and practitioners who are accountable for ensuring that the curriculum incorporates relevant programme outcomes
R5.5 curricula are co-produced with stakeholders who have experience relevant to the programme
R5.14 a range of people including service users contribute to student assessment
Standards for student supervision and assessment (NMC, 2018)

Standard 1: Organisation of practice learning:
R1.4 there are suitable systems, processes, resources and individuals in place to ensure safe and effective coordination of learning within practice learning environments
R1.7 students are empowered to be proactive and to take responsibility for their learning

R1.8 students have opportunities to learn from a range of relevant people in

practice learning environments, including service users, registered and non-registered individuals, and other students as appropriate

Standard 2: Expectations of practice supervisors:
R2.2 there is support and oversight of practice supervision to ensure safe and effective learning

Standard 3: Practice supervisors: role and responsibilities:
R3.3 support and supervise students, providing feedback on their progress towards, and achievement of, proficiencies and skills

Standard 4: Practice supervisors: contribution to assessment and progression:
R4.3 have sufficient opportunities to engage with practice assessors and academic assessors to share relevant observations on the conduct, proficiency and achievement of the students they are supervising

Standard 7: Practice assessors: responsibilities:
R7.9 communication and collaboration between practice and academic assessors is scheduled for relevant points in programme structure and student progression

Standard 9: Academic assessors: responsibilities:
R9.6 communication and collaboration between academic and practice assessors is scheduled for relevant points in programme structure and student progression

Findings against the standard and requirements

Provide an evaluative summary about the effectiveness of the partnerships between the AEI and their practice learning partners, service users, students and any other stakeholders

The senior team and programme team tell us there's been a strategic regional approach to co-produce the programme presented for approval. The documents provided and discussion during the approval visit provide assurance of this. UU is a member of the NI practice learning collaborative with two other AEIs. This collaborative arrangement has an agreed regional approach to ensure standards and quality in both academic and practice components of nursing programmes in NI are maintained. A regional project officer manages the future nurse and future midwife development to ensure consistency in collaboration between PLPs, the university and other stakeholders. During the approval visit, the senior team tell us how local steering and workflow groups were involved in designing the curriculum, the practice placement flows and implementation of the SSSA. The PLPs say there’s shared responsibility for quality assurance of practice learning. The senior team and PLPs tell us of the regular strategic and operational meetings with directors of nursing and the university, and related sub-groups for workforce

planning and the annual monitoring group to ensure the quality of practice learning.

The regional and local steering and workgroups provide evidence of robust partnership working with key stakeholders. Implementation of the SSSA is well organised and PLPs confirm practice supervisors and practice assessors are prepared in collaboration with academic staff from the universities in NI. PLPs confirm they attend stakeholder events and working groups relating to the proposed programme. The working groups form part of the co-production. PLPs tell us they are able to contribute to developing the programme and the SSSA through workshops and co-production meetings. They tell us they can ask questions, present ideas and feel fully involved in the processes of developing and implementing the programmes.

Regional practice assessment documents have been developed through the NI practice learning collaborative and steering groups. This includes the NIPAD and NIPAD practice learning handbook along with other guidance documents to support the implementation of the SSSA (NMC, 2018). The regional transition process for implementing the SSSA has been effective; newsletters and seminars have been provided for PLPs for regular updates. The university has provided education and training for new and existing mentors for the practice supervisor and practice assessor roles. The university also has e-learning packages to support PLPs in preparation for the SSSA. The practice educator facilitator and link lecturer role will stay in place to support practice learning and to support partnership working with PLPs. The programme team tell us academic staff are being provided with support to develop their skills for the academic assessor role. The academic assessor will be linked to geographical areas and in placement areas related to their clinical interest.

Partnership working is robust and effective at strategic and operational levels for delivery of the programme. Documentary analysis and discussion at the approval visit provide evidence of shared responsibility for theory and practice learning, student recruitment and supervision and assessment with PLPs. Clear lines of communication and accountability for the quality assurance, development, delivery and evaluation of the nursing programme is assured. This includes using clinical experts to deliver specialist teaching to students and participate in the assessment of students during OSCEs. Partnership meetings and practice education facilitator meetings are held regularly throughout the year to review and provide feedback on student practice learning experiences. The NI model for reporting students' concerns about practice learning is used to review their experiences and there's a shared flow chart to enable students to raise concerns and seek support.

Service users contribute to partnership working through the 'people engagement in education and research' (PEER) group. Service users, as part of PEER, meet three times a year and have opportunities to attend training on equality and diversity, the NMC standards, and changes to practice learning assessment. The service users tell us of their contributions and experiences of being involved in

programme development and how they felt part of co-constructing the programme.

The service users tell us their contribution to the programme is valued and they feel well supported in the various activities they undertake. The PEER group are involved in student selection as they review interview questions and personal statements scoring criteria. They provide feedback on applications from potential students but service users are not actively engaged in the selection interviews. They also tell us how much they welcome being part of the teaching and learning activities. Service users' feedback on programme delivery and are excited at the prospect of being more involved in the teaching and assessment of students as well as other aspects of the programme (Recommendation one). The students from both fields tell us how learning with a service user through patient stories about compassion and caring has left a lasting impression.

Partnership working with service users, PLPs and students is also evidenced by what students tell us about the annual student mental health conference. Students tell us about their learning with and from others, as they can hear about patient experiences from services users and carers.

Students tell us they've played an active role in developing the new programme and feel their feedback is valued and used by the university. There have been several formal and informal meetings arranged to facilitate this. Students tell us of the sessions on the development of the curriculum, how it will change ways of working, and the engagement of the university in exploring how they feel about the changes. They tell us the feedback they provide is implemented into the new programme, including changes to the assessment structure, use of workshops and role play.

Students tell us they feel well supported by the university and during practice learning by clinical link tutors and practice education facilitators. They tell us they have regular meetings with personal tutors, receive verbal feedback from lecturers and written feedback for summative assessments. The university has student support teams and students tell us they receive support for reasonable adjustment for individual needs to complete practice learning and support for additional learning needs such as dyslexia. While students tell us they feel listened to and receive feedback in different forms, some students are unsure how they can become involved in formal meetings and staff student meetings. The university has a system for student representation and engagement in governance; the students tell us they aren't familiar with this opportunity to provide feedback. It is recommended the university provide a flow chart to demonstrate opportunities for students to engagement in the governance of their programme and give feedback on the quality of their support and supervision in theory and practice learning. (Recommendation two)

Assurance is provided that the AEI works in partnership with their practice learning partners, service users, students and all other stakeholders as

identified in Gateway 1: Standards framework for nursing and midwifery education ***Met***
Assurance is provided that the AEI works in partnership with their practice learning partners, service users, students and all other stakeholders as identified in Gateway 2: Standards for student supervision and assessment ***Met***
If not met, state reason
Post Event Review
Identify how the condition is met:
Date condition(s) met: 30 March 2020 **Revised outcome after condition(s) met:** ***Met***

Student journey through the programme
Standard 1. Selection, admission and progression
Approved education institutions, together with practice learning partners, must: R1.1 Confirm on entry to the programme that students: R1.1.1 are suitable for their intended field of nursing practice: adult, mental health, learning disabilities and children's nursing R1.1.2 demonstrate values in accordance with the Code

R1.1.3 have capability to learn behaviours in accordance with the Code

R1.1.4 have capability to develop numeracy skills required to meet programme outcomes

R1.1.5 can demonstrate proficiency in English language

R1.1.6 have capability in literacy to meet programme outcomes

R1.1.7 have capability for digital and technological literacy to meet programme outcomes

R1.2 ensure students' health and character are sufficient to enable safe and effective practice on entering the programme, throughout the programme and when submitting the supporting declaration of health and character in line with the NMC's health and character decision-making guidance. This includes satisfactory occupational health assessment and criminal record checks

R1.3 ensure students are fully informed of the requirement to declare immediately any cautions or convictions, pending charges or adverse determinations made by other regulators, professional bodies and educational establishments and that any declarations are dealt with promptly, fairly and lawfully.

R1.3 ensure students are fully informed of the requirement to declare immediately any cautions or convictions, pending charges or adverse determinations made by other regulators, professional bodies and educational establishments, and that any declarations are dealt with promptly, fairly and lawfully

R1.4 ensure the registered nurse responsible for directing the educational programme or their designated registered nurse substitute are able to provide supporting declarations of health and character for students who have completed a pre-registration nursing programme

R1.5 permit recognition of prior learning that is capable of being mapped to the Standards of proficiency for registered nurses and programme outcomes, up to a maximum of 50 percent of the programme and comply with Article 31(3) of Directive 2005/36/EC (included in annexe one of programme standards document)

R1.6 for NMC registered nurses permit recognition of prior learning that is capable of being mapped to the Standards of proficiency for registered nurses and programme outcomes that may be more than 50 percent of the programme

R1.7 support students throughout the programme in continuously developing their abilities in numeracy, literacy, digital and technological literacy to meet programme outcomes, and

R1.8 ensure that all those enrolled on pre-registration nursing programmes are compliant with Article 31(1) of Directive 2005/36/EC regarding general education length as outlined in annexe one in programme standards document.

Standards framework for nursing and midwifery education specifically:

R2.6, R2.7, R2.8, R2.10

Proposed transfer of current students to the programme under review

Demonstrate a robust process to transfer current students onto the proposed programme to ensure programme learning outcomes and proficiencies meet the Standards For pre-registration nursing programmes (NMC, 2018).

Evidence provides assurance that the following QA approval criteria are met

Evidence that selection processes ensure entrants onto the programme are suitable for the intended field of nursing practice and demonstrate values and have capability to learn behaviours in accordance with the Code. Evidence of service users and practitioners involvement in selection processes. (R1.1.1, R1.1.2, R1.1.3)

Yes

Evidence of selection processes, including statements on digital literacy, literacy, numeracy, values based selection criteria, educational entry standard required, and progression and assessment strategy, English language proficiency criteria specified in recruitment processes (R1.1.4 – R1.1.7)

Yes

There is evidence of occupational health entry criteria, inoculation and immunisation plans, fitness for nursing assessments, Criminal record checks and fitness for practice processes detailed (R1.2)

Yes

Health and character processes are evidenced including information given to applicants and students, including details of periodic health and character review timescales. Fitness for practice processes evidenced and information given to applicants and students are detailed (R1.3)

Yes

Processes are in place for providing supporting declarations by a registered

nurse responsible for directing the educational programme (R1.4)

Yes

Provide an evaluative summary from your documentary analysis and evidence AND discussion at the approval visit to demonstrate if assurance is provided that the QA approval criteria below is met or not met

Evidence of recognition of prior learning processes, mapped against programme outcomes at all levels and against academic levels of the programme up to a maximum of 50 percent of the programme and comply with Article 31(3) of Directive 2005/36/EC (R1.5)

Met

R1.5 is met. Current university policies allow recognition of prior learning (RPL) which may exempt candidates for modules up to a maximum of 33 percent of the programme. Submissions for RPL are reviewed by two members of academic staff within the school and then considered at the RPL board. An external examiner is appointed to oversee the RPL process. The RPL mapping documents indicate a robust process for reviewing prior learning and are mapped to the module and programme outcomes and Standards of proficiency for registered nurses (SPRN) (NMC, 2018).

Evidence that for NMC registered nurses recognition of prior learning is capable of being mapped to the Standards of proficiency for registered nurses and programme outcomes (R1.6)

Met

R1.6 is met. RPL mapping against the programme outcomes and the NMC (2018) SPRN is evidenced. NMC registered nurses who apply for entry to the programme for a different field of nursing will have their prior learning mapped to the SPRN and programme outcomes that may be more than 50 percent. The mapping tools developed for this process provide assurance. The university regulations permit RPL for up to 66 percent of the programme for NMC registered nurses.

Numeracy, literacy, digital and technological literacy mapped against proficiency standards and programme outcomes. Provide evidence that the programme meets NMC requirements, mapping how the indicative content meets the proficiencies and programme outcomes.

Ongoing achievement record (OAR) and practice assessment document (PAD) are linked to competence outcomes in numeracy, literacy, digital and technological literacy to meet programme outcomes Detail support strategies for students throughout the programme in continuously

developing their abilities in numeracy, literacy, digital and technological literacy to meet programme outcomes (R1.7)

Met

R1.7 is met. The evidence and discussion with the programme team and students during the approval visit demonstrates that support structures are in place for students within the university and the school for numeracy, literacy, digital and technological literacy. Students told us they feel well supported by the university and able to access any support needed to develop their skills. An induction programme includes study advice and techniques, academic writing and plagiarism, introduction to blackboard learn (BBL), information technology and a library induction. Students on entry to the programme assess their information and communications technology (ICT) capability using the online joint information systems committee (JISC) discovery tool. This helps inform the support required to enable students to develop their digital skills. Students are provided with an introduction to BBL the virtual learning environment (VLE) used by the school to support learning, and the use of digital technology to support learning. BBL has a bespoke induction programme that guides students through its use.

The university recognises some students require additional input and support to develop competence, confidence and proficiency in the use of ICT. The library provides services to support students and facilitate access to journals, books and e-resources. Students access a range of digital technologies in addition to BBL that includes studiosity, turnitin, nearpod and blackboard collaborate. Studiosity is an online service where students receive feedback on their academic writing style, referencing and grammar. Student induction continues throughout the academic year. Students can access additional support for numeracy, literacy, digital and technological literacy from a range of sources such as the library, information services department (ISD), student support and their adviser of studies. The adviser of studies offers support and guidance such as academic writing, referencing and programme regulations.

Evidence provides assurance that the following QA approval criteria are met:

Evidence of processes to ensure that all those enrolled on pre-registration nursing programmes are compliant with Directive 2005/36/EC regarding general education length (R1.8)

Yes

Proposed transfer of current students to the programme under review

There is evidence that current students learning in theory and practice is mapped to the programme standards and Standards of proficiency for registered nurses and support systems are in place

Met

PLP partnership meetings demonstrate the development of a regional agreement in NI for each AEI to transfer students to their new programme. Students tell us they attended sessions explaining the changes to the curriculum, participated in curriculum development activities as well as engaging in polls and surveys. Evidence of consultation indicates a consent form was sent to all students in this cohort explaining the transfer plan to the new programme. The students told us about their participation in the consultation processes and their ability to provide feedback and ask questions about transfer processes for theory and to the SSSA. Students tell us they understand the new roles and the support for assessment of learning provided by practice supervisors and practice assessors.

Year one students on the existing programme will transfer into year two of the new programme in September 2020. The programme team tell us of the mapping undertaken to support the transfer of existing students to the new programme. This is assured by the mapping tool for transfer to year two of the proposed programme. This assures the SPRNP and SPRN will be met.

Evidence that for NMC registered nurses recognition of prior learning is capable of being mapped to the Standards of proficiency for registered nurses and programme outcomes

Met

RPL mapping against the programme outcomes and the NMC (2018) SPRN is evidenced. NMC registered nurses who apply for entry to the programme for a different field of nursing will have their prior learning mapped to the SPRN and programme outcomes that may be more than 50 percent. The mapping tools developed for this process provide assurance. The university regulations permit RPL for up to 66 percent of the programme for NMC registered nurses.

Assurance is provided that Gateway 1: <u>Standards framework for nursing and midwifery education</u> relevant to selection, admission and progression are met

Yes

Outcome

Is the standard met?

Met

Date: ***30 March 2020***

Post Event Review
Identify how the condition is met:
Date condition(s) met: ***N/A*** **Revised outcome after condition(s) met:** ***N/A***

Standard 2. Curriculum
Approved education institutions, together with practice learning partners, must: R2.1 ensure that programmes comply with the NMC Standards framework for nursing and midwifery education R2.2 comply with the NMC Standards for student supervision and assessment R2.3 ensure that all programme learning outcomes reflect the Standards of proficiency for nursing associates. R2.4 design and deliver a programme that supports students and provides exposure across all four fields of nursing practice: adult, mental health, learning disabilities and children's nursing R2.5 state routes within their pre-registration nursing programme that allows students to enter the register in one or more of the specific fields of nursing practice: adult, mental health, learning disabilities or children's nursing R2.6 set out the general and professional content necessary to meet the Standards of proficiency for registered nurses and programme outcomes R2.7 set out the content necessary to meet the programme outcomes for each field of nursing practice: adult, mental health, learning disabilities and children's nursing R2.8 ensure that field specific content in relation to the law, safeguarding, consent, pharmacology and medicines administration and optimisation is included for entry

to the register in one or more fields of nursing practice

R2.9 ensure the curriculum provides an equal balance of theory and practice learning using a range of learning and teaching strategies

R2.10 ensure that programmes delivered in Wales comply with legislation which supports use of the Welsh language

R2.11 ensure pre-registration nursing programmes leading to registration in the adult field of practice are mapped to the content for nurses responsible for general care as set outin Annexe V.2 point 5.2.1 of Directive 2005/36/EC (included in Annexe 1 of programme standards document)

R2.12 ensure that all pre-registration nursing programmes meet the equivalent of minimum programme length for nurses responsible for general care in Article 31(3) of Directive 2005/36/EC (included in Annexe 1 of programme standards document)

R2.13 ensure programmes leading to registration in two fields of nursing practice are of suitable length to ensure proficiency in both fields of nursing, and

R2.14 ensure programmes leading to nursing registration and registration in another profession, are of suitable length and nursing proficiencies and outcomes are achieved in a nursing context.

Standards framework for nursing and midwifery education specifically:

R1.9, R1.13; R2.2, R2.14, R2.15, R2.18, R2.19; R3.1, R3.2, R3.4, R3.9, R3.10, R3.15, R 3.16;

R5.1 - R5.16.

Standards for student supervision and assessment specifically:

R1.2, R1.3, R1.7, R1.10, R1.11

Evidence provides assurance that the following QA approval criteria are met

There is evidence that the programme complies with the NMC Standards for nursing and midwifery education (R2.1)

Yes

There is evidence that the programme complies with the NMC Standards for student supervision and assessment (R2.2)

Yes

Mapping to show how the curriculum and practice learning content reflect the Standards of proficiency for registered nurses and each of the four fields of nursing practice: adult, mental health, learning disabilities and children's nursing (R2.3)

Yes

Provide an evaluative summary from your documentary analysis and evidence AND discussion at the approval visit to demonstrate if assurance is provided that the QA approval criteria below is met or not met

There is evidence to show how the design and delivery of the programme will support students in both theory and practice to experience across all four fields of nursing practice: adult, mental health, learning disabilities and children's nursing (R2.4)

Met

R2.4 is met. Documentary evidence and the approval visit show how the design and delivery of the programme supports students to gain experience in all four fields of nursing. The programme mapping document and the NIPAD demonstrate how theory and practice learning experiences map to proficiencies and module content. Mapping of each field of nursing practice against the proficiencies confirms there will be experience and exposure to all four fields of nursing in theory and practice. The programme team and documents provide examples of a student journey through the routes in mental health and adult nursing. Students will participate in shared and field modules and will develop their field identify during field specific modules. The programme team tell us in theory modules clinical experts in child and adolescent mental health services (CAMHS), learning disabilities and the child field provide taught sessions and workshop events. The students tell us they value the input from clinical experts and service users.

The programme handbook and planners indicate practice learning experiences planned across the three years cover all four fields of nursing. The NIPAD provides learning opportunities for the students across the four fields of practice. The documentary evidence demonstrates students complete learning experiences in child-centred care and supporting people with a learning disability. This is evidenced within relevant worksheets completed by students to support learning for the four fields of nursing. Adult field students undertake practice experiences in mental health and learning disabilities, and gain experience with children and young people. Mental health field students undertake practice experiences in learning disability and adult and gain experience with children and young people. Evidence of learning is included within the student's NIPAD. Students share practice learning placements across both mental health and adult nursing fields. A hub and spoke model of practice learning is used. A diverse range of practice learning environments are used, and students document their experiences of

spoke practice placements in the NIPAD. When allocating students for practice learning, the university streams students according to their postcode. There are six placement learning streams, and each has a specific learning circuit the student will follow for three years. All students share the same experiences although not in the same order.

Evidence that programme structure/design/delivery will illustrate specific fields of practice that allows students to enter the register in one or more specific fields of nursing practice. Evidence of field specific learning outcomes and content in the module descriptors (R2.5)

Met

R2.5 is met. The documentation demonstrates that successful completion of the programme enables students to be awarded a BSc (Hons) nursing, in either adult or mental health. Successful completion of the programme confers eligibility to apply for registration with the NMC as a registered nurse in their field of practice.

Evidence provides assurance that the following QA approval criteria are met

There is evidence that mapping has been undertaken to show that the programme meets NMC requirements of the Standards of proficiency for registered nurses (R2.6)

Yes

There is evidence that mapping has been undertaken to set out the content necessary to meet the programme outcomes for each field of nursing practice: adult, mental health, learning disabilities and children's nursing (R2.7)

Yes

Provide an evaluative summary from your documentary analysis and evidence AND discussion at the approval visit to demonstrate if assurance is provided that the QA approval criteria below is met or not met

There is evidence that mapping has been undertaken to ensure that field specific content in relation to the law, safeguarding, consent, pharmacology and medicines administration and optimisation is included for entry to the register in one or more fields of nursing practice (R2.8)

Met

R2.8 is met. The programme specification and module descriptors demonstrate field specific content in relation to the law, safeguarding, consent, pharmacology and medicines administration and optimisation is included within the programme.

The programme structure demonstrates an equal balance of theory and practice learning. This is detailed in the designated hours in the module descriptors and practice learning allocations. A range of learning and teaching strategies are detailed in the programme specification, programme handbook and module descriptors with theory / practice balance detailed at each part of the programme and at end point.
There are appropriate module aims, descriptors and outcomes specified.
There is a practice allocation model for the delivery of the programme that clearly demonstrates the achievement of designated hours for the programme detailed. (R2.9)

Met

R2.9 is met. Programme structure demonstrates an equal balance of theory and practice learning. Module specifications outline the range of teaching and learning strategies used, with appropriate aims and outcomes stated. Both routes of the programme contain the required number of theory and practice learning hours. There's a variety of assessments used including poster presentations, oral examination, written examinations, written work and observed practice. Students are provided with a programme planner that demonstrates the structure of theory and practice learning. Practice learning hours are documented in the NIPAD and monitored by the PLPs and the university. Simulated learning is central to the programme but not included in practice learning hours. The university has a sickness and absence reporting policy for students to follow. The expectation for student attendance for theory and practice learning is assured in programme documents. Any deficit in practice hours are achieved as make up time by the student in agreement with the university and PLPs. Students must submit evidence to their year head or programme director to demonstrate achievement of learning outcomes for any theory time they have missed during the academic year.

Evidence provides assurance that the following QA approval criteria are met

Evidence to ensure that programmes delivered in Wales comply with any legislation which supports the use of the Welsh language (R2.10)

N/A

The programme is not delivered in Wales.

Evidence that the programme outcomes are mapped to the content for nurses responsible for general care and will ensure successful students met the registration requirement for entry to the register in the adult field of practice (R2.11)

Yes

Evidence that the pre-registration nursing programme will meet the equivalent of minimum programme length for nurses responsible for general care in Article 31(3) of Directive 2005/36/EC (R2.12)

Yes

Evidence that programmes leading to registration in two fields of nursing practice are of suitable length to ensure proficiency in both fields of nursing (R2.13)

Yes

Evidence to ensure that programmes leading to nursing registration and registration in another profession, will be of suitable length and nursing proficiencies and outcomes will be achieved in a nursing context (R2.14)

Yes

Assurance is provided that Gateway 1: Standards framework for nursing and midwifery education relevant to curricula and assessment are met

Yes

Assurance is provided that Gateway 2: Standards for student supervision and assessment relevant to curricula and assessment are met

Yes

Outcome

Is the standard met?

Met

Date: ***30 March 2020***

Post Event Review

Identify how the condition is met:

Date condition(s) met:

N/A

Revised outcome after condition(s) met:

N/A

Standard 3. Practice learning

Approved education institutions, together with practice learning partners, must:

R3.1 provide practice learning opportunities that allow students to develop and meet the Standards of proficiency for registered nurses to deliver safe and effective care to a diverse range of people, across the four fields of nursing practice: adult, mental health, learning disabilities and children's nursing

R3.2 ensure that students experience the variety of practice expected of registered nurses to meet the holistic needs of people of all ages

R3.3 provide practice learning opportunities that allow students to meet the communication and relationship management skills and nursing procedures, as set out in Standards of proficiency for registered nurses, within their selected fields of nursing practice: adult, mental health, learning disabilities and children's nursing

R3.4 ensure technology enhanced and simulation-based learning opportunities are used effectively and proportionately to support learning and assessment and pre-registrationnursing programmes leading to registration in the adult field of practice comply with Article 31(5) of Directive 2005/36/EC (included in Annexe 1 of programme standards document)

R3.5 take account of students' individual needs and personal circumstances when allocating their practice learning including making reasonable adjustments for studentswith disabilities

R3.6 ensure students experience the range of hours expected of registered nurses, and

R3.7 ensure that students are supernumerary.

Standards framework for nursing and midwifery education specifically:

R1.1, R1.3, R1.5; R2.9, R2.11; R3.3, R3.5, R 3.7, R3.16; R5.1, R5.7, R5.10, R5.12

Standards for student supervision and assessment, specifically:R1.1 – R1.11

Provide an evaluative summary from your documentary analysis and evidence AND discussion at the approval visit to demonstrate if assurance is provided that the QA approval criteria below is met or not met

Evidence that the practice learning opportunities allow students to develop and meet the Standards of proficiency for registered nurses to deliver safe and effective care, to a diverse range of people, across the four fields of nursing practice: adult, mental health, learning disabilities and children's nursing (R3.1)

Met

R3.1 is met. There's evidence in programme documentation and the NIPAD to give assurance that students will develop both practical and theoretical skills to deliver safe and effective care and meet the diverse needs of people. Students told us about their placement experiences and how these contribute to their understanding of providing care to people across the four fields of nursing. Regionally agreed practice learning profiles have been established to support the range of practice learning experiences required for each field of nursing practice. This is managed through the in-place programme, which is an electronic system used to manage and record the allocation of practice learning placements for individual students. There's a well-developed approach to ensuring students have meaningful learning experiences of the four fields of nursing. There are additional learning outcomes, competencies and proficiencies for field specific learning in the NIPAD for the spoke placements students undertake in the other nursing fields. The streaming of student groups for practice learning ensures learning journeys cover all four fields of nursing practice. Student journeys and a mapping document confirm that adult nursing students will meet the European Union directive 2005/36/EU, annexe V2 clinical instruction element for general nursing in practice learning experiences.

There is evidence of how the programme will ensure students experience the variety of practice learning experiences to meet the holistic needs of people in all ages. There are appropriate processes for assessing, monitoring and evaluating these practice experiences (R3.2)

Met

R3.2 is met. The documents provided evidence that students have the opportunity to gain practice learning experiences with people across the lifespan in public health, community and hospital addressing mental, physical and social health needs. The programme documents for adult and mental health detail the range of practice experiences provided for students. Student allocations are mapped on in-place to the programme requirements. This ensures students experience a range of practice learning to gain understanding of providing holistic care for people of all ages. A regional approach provides an agreed process of assessing, monitoring

and evaluating practice learning experiences using the practice placement audit tool and student placement learning evaluations which have been co-produced for use by the three AEIs in NI. The NI regional audit tool evidences the capacity, facilities and resources available in each practice learning environment to deliver safe and effective learning opportunities and practical experience for students to meet their learning outcomes.

In practice learning, students work a 37.5-hour week with shift pattern determined by the practice area. This allows students to experience the 24/seven hours of the care cycle. Reasonable adjustment is permitted in certain circumstances for shift patterns; the requirement for 2,325 hours practice learning stands and is not subject to reasonable adjustments. Students record all practice learning hours in the NIPAD.

Evidence that the practice learning opportunities allow students to meet the communication and relationship management skills and nursing procedures, as set out in the Standards of proficiency for registered nurses, within their selected fields of nursing practice: adult, mental health, learning disabilities and children's nursing (R3.3)

Met

R3.3 is met. The programme documents indicate practice learning opportunities are identified. The range of experiences will support students' development of skills to work with people across the lifespan and different levels of abilities and needs. The practice learning opportunities also support students to gain skills in inter-professional and inter-agency team working. The programme team tell us students will work with a range of health professionals during practice learning. Students are required to evidence learning in relation to communication and relationship management skills and nursing procedures specific to each part and across all parts of the programme.

PLPs confirm organisation policies are changed to permit students to undertake procedures set out in the SPRN. The PLPs tell us they are ready to support students through the SSSA to gain learning opportunities and proficiency with the extended procedures in annexe B. Programme mapping documents provide evidence to support the provision of practice learning opportunities allowing students to develop and meet communication and relationship management skills and nursing procedures within their selected field of practice. The NIPAD is mapped to the SPRN and annexe A which focuses on communication and interpersonal relationship skills. The nursing procedures in annexe B are included and modules are mapped to the NIPAD. Clinical skills teaching is provided to meet the increasing level of skills required during the programme.

Evidence to ensure technology enhanced and simulation-based learning opportunities are used effectively and proportionately to support learning and assessment and pre-registration nursing programmes leading to

registration in the adult field of practice comply with Article 31(5) of Directive 2005/36/EC (R3.4)

Met

R3.4 is met. The programme uses a wide variety of teaching and learning methods including simulation-based and technology enhanced learning. The university has invested financially in developing its provision of simulation resources for teaching clinical skills across all health programmes. The programme team tell us low and high fidelity simulation is used for teaching clinical skills to prepare students for practice learning and the extended nursing procedures. Simulation activities are adaptive and range in complexity from practicing communication and essential skills to more complex decision making and management simulations. Technology enhanced and simulation-based learning opportunities are effective and proportionate.

For the adult field, learning opportunities comply with Article 31 (5) of Directive 2005/36/EC. Service users take part in simulation-based learning and assessment and tell us they're prepared for this through the PEER group training. The students tell us they find the clinical skills teaching to be very useful in developing their skills and confidence prior to practice placement learning. The programme team and students tell us high fidelity simulation with technical equipment or low fidelity simulation using care scenarios with service users provides additional ways to support the development of clinical, communication skills as well as the opportunity to apply theoretical knowledge to practice.

Students tell us they're involved in a major simulated leadership exercise at their appropriate level. Year one and two students participate as casualty actors and year three students are involved in leadership roles in this exercise. This allows students to learn with and from each other in a safe environment and the students tell us they value the learning from this simulated experience. The programme team tell us this ensures students can apply nursing values to leadership in rapidly changing situations, for example major incident reporting and organisational planning for major incidents. This exercise is provided in response to a major event or series of events involving a range of inter-professional and inter-agency voluntary and statutory services where scenarios are modelled on real life events. Medical equipment, devices and radio communications are used by students during the exercise.

There are processes in place to take account of students' individual needs and personal circumstances when allocating their practice learning including making reasonable adjustments for disabilities (R3.5)

Met

R3.5 is met. The documentary evidence indicates the university has a process for the identification and management of reasonable adjustment in practice learning

where this is necessary. This process was developed with student support and disability services within the university, and is agreed with PLPs.

Where reasonable adjustments are required, the consent of the student is gained to share information, and an agreed plan of support is put in place to meet the student's specific requirements prior to the start of practice learning opportunities. Information on applying reasonable adjustment is provided within the NIPAD practice learning handbook and programme handbooks.

The programme documents evidence that a process for making an application for consideration of mitigating circumstances is in place to take account of students' individual needs and personal circumstances when allocating their practice learning.

There are well-established support structures in place for students at the university. Academic and pastoral support includes access to a personal advisor of studies, a programme director and year tutor. In addition, each student is allocated a link lecturer (an academic member of staff) when on practice learning experiences. Students with individual needs and personal circumstances in the practice learning environment can access support through the link lecturer. The student handbook signposts students to a range of services for issues around health and wellbeing, finance, disabilities, medical conditions and counselling.

Evidence provides assurance that the following QA approval criteria are met

Evidence of how programme is planned to allow for students to experience the range of hours expected of registered nurses (e.g. 24 hour care, seven days night shifts planned examples) (R3.6)

Yes

Processes are in place to ensure that students are supernumerary (R3.7)

Yes

Assurance is provided that Gateway 1: <u>Standards framework for nursing and midwifery education</u> relevant to practice learning are met

Yes

Assurance is provided that Gateway 2: <u>Standards for student supervision and assessment</u> relevant to practice learning are met

Yes

Outcome
Is the standard met? ***Met*** **Date:** ***30 March 2020***
Post Event Review
Identify how the condition is met:
Date condition(s) met: ***N/A*** **Revised outcome after condition(s) met:** ***N/A***

Standard 4. Supervision and assessment
Approved education institutions, together with practice learning partners, must: R4.1 ensure that support, supervision, learning and assessment provided complies with the NMC Standards framework for nursing and midwifery education R4.2 ensure that support, supervision, learning and assessment provided complies with the NMC Standards for student supervision and assessment R4.3 ensure they inform the NMC of the name of the registered nurse responsible for directing the education programme R4.4 provide students with feedback throughout the programme to support their development R4.5 ensure throughout the programme that students meet the Standards of proficiency for registered nurses and programme outcomes for their fields of nursing practice: adult, mental health, learning disabilities and children's nursing R4.6 ensure that all programmes include a health numeracy assessment related to

nursing proficiencies and calculation of medicines which must be passed with a score of 100%

R4.7 ensure that students meet all communication and relationship management skills and nursing procedures within their fields of nursing practice: adult, mental health, learning disabilities and children's nursing

R4.8 assess students to confirm proficiency in preparation for professional practice as a registered nurse

R4.9 ensure that there is equal weighting in the assessment of theory and practice

R4.10 ensure that all proficiencies are recorded in an ongoing record of achievement which must demonstrate the achievement of proficiencies and skills set out in Standards of proficiency for registered nurses, and

R4.11 ensure the knowledge and skills for nurses responsible for general care set out in Article 31(6) and the competencies for nurses responsible for general care set out inArticle 31(7) of Directive 2005/36/EC for pre-registration nursing programmes leading to registration in the adult field of practice have been met. (included in Annexe 1 of programme standards document)

Standards framework for nursing and midwifery education specifically:

R2.11; R3.5, R3.6, R 3.8, R3.11, R3.13, R3.14, R3.17;

R4.1, R4.2, R4.3, R4.4, R4.5, R4.6, R4.8, R4.11; R5.9

Standards for student supervision and assessment

R4.1 – R4.11

Provide an evaluative summary from your documentary analysis and evidence AND discussion at the approval visit to demonstrate if assurance is provided that the QA approval criteria below is met or not met

There is evidence of how the programme will ensure how support, supervision, learning and assessment provided complies with the NMC Standards framework for nursing and midwifery education. (R4.1)

Met

R4.1 is met. Programme documentation and the approval process confirm compliance with the NMC Standards framework for nursing and midwifery education. The NI regional placement agreements outline a partnership approach between the university and PLPs with shared responsibility for theory and practice

supervision, learning and assessment. PLPs tell us they participated in the development of the NIPAD and the SSSA implementation strategy. They attend meetings for student supervision and assessment to ensure consistency across different practice learning environments. The PLPs demonstrate collaborative working with the university for the development, delivery, quality assurance and evaluation of the programme. We found PLPs recognise the opportunities the new NMC standards offer and view the SSSA as an opportunity to enhance practice learning experiences for students. There's documentary evidence of how practice supervisors will have sufficient opportunities to engage with practice assessors and academic assessors to share relevant observations on the conduct, proficiency and achievement of the students they are supervising.

Students told us they're aware of the complaints procedures and know how to access practice and academic staff to escalate any concerns. The programme handbooks identify that students' learning within the practice learning environment is protected and as such they are supernumerary. Students we met confirmed their supernumerary status and protected learning time during their practice learning experiences and tell us they feel able to speak with a person from the PLP or academic team if they feel their supernumerary status is not being respected. Senior nurses, practice education staff and practice assessors and supervisors tell us all students undertaking the pre-registration nursing programme have protected supernumerary practice learning time.

There is evidence of how the Standards for student supervision and assessment are applied to the programme. There are processes in place to identify the supervisors and assessors along with how they will be prepared for their roles. (R4.2)

Met

R4.2 is met. The NI regional agreement includes a coordinated approach for the implementation of the SSSA. The transition plan outlines processes to transfer to the SSSA including communication plans with PLPs and students. Factsheets and newsletters provide information about the changes to student supervision and assessment. A practice supervisor and practice assessor handbook are presented with the programme documents and this outlines the roles and responsibilities of practice supervisors, practice assessors and academic assessors. The programme team tell us PLPs identify staff who have the appropriate skills to become practice supervisors and practice assessors. Practice supervisor, practice assessor and academic assessor preparation is monitored through partnership meetings and evaluated through feedback via link lecturers and students. Ongoing support is provided to practice supervisors and practice assessors via a practice support website and e-learning packages. PLPs keep a database of practice assessors who are allocated to students. Senior nurses, practice education staff and the programme team tell us there's sufficient training and education and ongoing support in place to ensure practice supervisors and practice assessors

are fully prepared to undertake their roles. PLPs tell us they understand these roles and the requirements to meet the new NMC Standards. PLPs confirm they're reviewing processes to ensure all standards and requirements are met.

The role of the academic assessor is clearly explained in programme documentation. All academic assessors are registered nurses who have met the required professional development and revalidation requirements for their role. These requirements are monitored and recorded via the university's annual professional development appraisal system. With the recruitment of new academic staff and increase in student numbers, it is recommended that the university plan how newly appointed academics will be supported to develop the skills and knowledge needed for the academic assessor role. (Recommendation three)

Communication and collaboration between practice and academic assessors is scheduled for relevant points in the programme. Communication will occur in person, by phone or electronically. The in-place placement allocation system will ensure a student has a different academic assessor for each part of the programme.

Evidence provides assurance that the following QA approval criteria are met

There are processes in place to ensure the NMC is informed of the name of the registered nurse responsible for directing the education programme (R4.3)

Yes

Provide an evaluative summary from your documentary analysis and evidence AND discussion at the approval visit to demonstrate if assurance is provided that the QA approval criteria below is met or not met

There are processes in place to provide students with feedback throughout the programme to support their development. Formative and summative assessment strategy is detailed (R4.4)

Met

R4.4 is met. The documentary evidence demonstrates a robust process to the provision of feedback. The university's learning and teaching strategy clearly identifies feedback to students as a key component to successful progression and achievement. Documentary analysis identifies students receive feedback from a range of professionals, including PLPs, personal tutors and academic staff. This demonstrates students receive feedback during practice learning at specific points to include a progress review and final discussion. Students are provided with opportunities for formative and summative assessment and the provision of feedback. The tripartite formative assessment involves the link lecturer, the student and practice assessor; it is completed midway through the practice

learning experience and recorded in the NIPAD. This provides feedback to students on practice performance to that point to enable them to progress. The practice supervisor and practice assessor record feedback on the student within the relevant NIPAD. There's a support mechanism for action planning in the NIPAD. Students who've not achieved the required level of proficiency during a practice learning period are provided with an action plan which is developed by the practice supervisor and the practice assessor in partnership with the student to guide future learning needs. Students receive written feedback recorded in the NIPAD from a range of people including service users (including families and carers), practice supervisors, practice assessors, link lecturers, academic assessors and other healthcare professions whom they meet in practice. This enables students to demonstrate the way in which they communicate and work with patients, families and other health professionals to provide care.

Programme documentation evidences students are expected to reflect on feedback and link to their wider learning objectives. There's an expectation for students to actively engage in reflective dialogue with those who are supervising and assessing them in practice. The weekly learning log in the NIPAD requires students to record their learning, analyse challenges and determine their focus for future practice learning opportunities.

Formative and peer feedback are embedded throughout the programme and in each of the modules to enable students to self-reflect on their development and identify areas that need further development and recognise their strengths. Other opportunities for students to receive feedback includes the student's reflection on their development. An area of good practice is the consolidation period at the end of each part of the programme that offers students time to reflect with peers and academic staff on their development across the year.

There is appropriate mapping of the curriculum and practice learning placements to ensure throughout the programme that students meet the Standards of proficiency for registered nurses and programme outcomes for their fields of nursing practice: adult, mental health, learning disabilities and children's nursing (R4.5)

Met

R4.5 is met. Mapping documents for the adult and mental health routes provide assurance the content of the programme and practice learning experiences enable students to meet the SPRN. The evidence presented indicates that for each part of the programme students are assessed against criteria within the NIPAD to evidence their achievement of the proficiencies for their field of nursing practice.

The assessment strategy detailed within the NIPAD handbook and programme document is provided to ensure students are assessed appropriately to determine if they have met the required proficiencies for their field of practice. The programme regulations require students to pass theoretical modules with a pass

mark of at least 40 percent and practice learning modules with a pass (evidencing achievement of proficiencies within the NIPAD) before they can progress to the next part of the programme.

Evidence provides assurance that the following QA approval criteria are met

There is evidence that all programmes include a health numeracy assessment related to nursing proficiencies and calculation of medicines which must be passed with a score of 100 percent (R4.6)

Yes

Processes are in place to ensure that students meet all communication and relationship management skills and nursing procedures within their fields of nursing practice: adult, mental health, learning disabilities and children's nursing (R4.7)

Yes

Evidence of processes to assess students to confirm proficiency in preparation for professional practice as a registered nurse (R4.8)

Yes

There is an assessment strategy with details and weighting expressed for all credit bearing assessments. Theory and practice weighting is calculated and detailed in award criteria and programme handbooks (R4.9)

Yes

There is evidence that all proficiencies are recorded in an ongoing record of achievement which must demonstrate the achievement of proficiencies and skills as set out in the Standards of proficiency for registered nurses (R4.10)

Yes

Evidence to ensure the knowledge and skills for nurses responsible for general care set out in article 31(6) and the competencies for nurses responsible for general care set out in article 31(7) of Directive 2005/36/EC for pre-registration nursing programmes leading to registration in the adult field of practice have been met (R4.11)

Yes

Assurance is provided that Gateway 1: Standards framework for nursing and midwifery education relevant to supervision and assessment are met

Yes **Assurance is provided that Gateway 2: <u>Standards for student supervision and assessment</u> are met** ***Yes***
Outcome
Is the standard met? ***Met*** **Date:** ***30 March 2020***
Post Event Review
Identify how the condition is met:
Date condition(s) met: ***N/A*** **Revised outcome after condition(s) met:** ***N/A***

Standard 5. Qualification to be awarded
Approved education institutions, together with practice learning partners, must: R5.1 ensure that the minimum award for a pre-registration nursing programme is a bachelor's degree, and R5.2 notify students during and before completion of the programme that they have five years to register their award with the NMC. In the event of a student failing to register their qualification within five years they will have to undertake additional education and training or gain such experience as specified in our standards.

Evidence provides assurance that the following QA approval criteria are met

The pre-registration nursing programme award to be approved is clearly identified in all programme documentation and is a minimum of a bachelor's degree (R5.1)

Yes

Documentary evidence that the registered nurse responsible for directing the educational programme or their designated registered nurse substitute have advised students during and before completion of the requirement to register their qualification within five years of the award. (R5.2)

Yes

Fall Back Award

If there is a fall back exit award with registration as a nurse all NMC standards and proficiencies are met within the award. Standards framework for nursing and midwifery education specifically R2.11, R2.20

N/A

A fall back award is not applicable to these programmes.

Assurance is provided that the Standards framework for nursing and midwifery education relevant to the qualification to be awarded are met

Yes

Outcome

Is the standard met?

Met

Date: ***30 March 2020***

Post Event Review

Identify how the condition is met:

Date condition(s) met:

N/A

Revised outcome after condition(s) met:

N/A

Section four

Source of evidence

The following documentation provided by the AEI/education institution was reviewed by the visitor(s):

Key documentation	Yes/No
Programme document, including proposal, rationale and consultation	Yes
Programme specification(s) include fields of nursing practice: adult, mental health, learning disabilities and children's nursing	Yes
Module descriptors	Yes
Student facing documentation including: programme handbook	Yes
Student university handbook	Yes
Practice assessment documentation	Yes
Ongoing record of achievement (OAR)	Yes
Practice learning environment handbook	Yes
Practice learning handbook for practice supervisors and assessors specific to the programme	Yes
Academic assessor focused information specific to the programme	Yes
Placement allocation / structure of programme	Yes
PAD linked to competence outcomes, and mapped against standards of proficiency	Yes
Mapping document providing evidence of how the education institution has met the Standards framework for nursing and midwifery education (NMC, 2018)	Yes
Mapping document providing evidence of how the education institution has met the Standards for pre-registration nursing programmes (NMC, 2018)	Yes
Mapping document providing evidence of how the Standards for student supervision and assessment (NMC, 2018) apply to the programme(s)	Yes
Curricula vitae for relevant staff	Yes
CV of the registered nurse responsible for directing the education programme	Yes
Registrant academic staff details checked on NMC website	Yes
External examiner appointments and arrangements	Yes
Written confirmation by education institution and associated practice learning partners to support the programme intentions, including a signed supernumerary for protected learning	Yes
If you stated no above, please provide the reason and mitigation	
List additional documentation: Evidence to meet conditions:	

Approval panel meeting notes, 30 March 2020 Letter confirming chairs approval of conditions response, 14 May 2020
Additional comments:

During the visit the visitor(s) met the following groups	Yes/No
Senior managers of the AEI/education institution with responsibility for resources for the programme	Yes
Senior managers from associated practice learning partners with responsibility for resources for the programme	Yes
Programme team/academic assessors	Yes
Practice leads/practice supervisors/ practice assessors	Yes
Students	Yes
If yes, please identify cohort year/programme of study: One student from the adult year one cohort Three students from the adult year two cohort One student from the adult year three cohort Three students from the mental health second year cohort	
Service users and carers	Yes
If you stated no above, please provide the reason and mitigation	
Additional comments:	

The visitor(s) viewed the following areas/facilities during the visit:	Yes/No
Specialist teaching accommodation (e.g. clinical skills/simulation suites)	No
Library facilities	No
Technology enhanced learning / virtual learning environment	No
Educational audit tools/documentation	No
Practice learning environments	No
If yes, state where visited/findings:	
System regulator reports reviewed for practice learning partners	Yes
System Regulator Reports List Belfast Health and Social Care Trust: Summary of 'a review of safeguarding at Muckamore Abbey Hospital - a way to go', February 2019	
If you stated no above, please provide the reason and mitigation This is an established AEI and visits to facilities were not needed.	

Additional comments:

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Issue record			
Final Report			
Author	Elizabeth Mason Philip Stephenson	Date	30 March 2020
Checked by	Ian Felstead-Watts	Date	15 May 2020
Submitted by	Amy Young	Date	28 May 2020
Approved by	Leeann Greer	Date	1 June 2020