
Education Quality Assurance

Review of the 2024 Mandatory Exceptional Reports

December 2024

Contents

Introduction	3
Background information	4
Methodology	6
Use of simulated practice learning within nursing practice learning hours	8
Classification of protected time for reflective practice within practice learning hours on preregistration programmes	13
Alternative delivery locations	22
Classification of a student's break within practice learning hours	24
Total programme hours	30
Conclusions	31
Overarching recommendations	32

Introduction

- 1 Our vision is safe, effective and kind nursing and midwifery practice that improves everyone's health and wellbeing. As the independent regulator of 2,205 NMC approved education programmes¹, being delivered by 99² approved education institutions (AEIs) across the UK, the education quality assurance (EdQA) function has an important role to play in making this vision a reality.
- 2 We're here to protect the public by setting and upholding high professional nursing and midwifery standards, which the public has a right to expect. This starts with **The Code** – the professional standards that nurses and midwives in the UK and nursing associates in England must uphold in order to practise. We set and promote higher education and professional standards which underpin the Code and we quality assure education programmes to ensure students will be able to meet our standards when they graduate. In doing so, we maintain the integrity of the register of those eligible to practise.
- 3 We take a collaborative approach to EdQA. This includes an increased focus on undertaking AEI and programme monitoring, and requesting independent quality assurance visitors to undertake face to face monitoring visits. This is important because our standards for education and training give AEIs indefinite approval of programmes, unless approval is withdrawn by the NMC because our standards are not being met or there is a significant change to the NMC Standards upon which that approval is based. We are reviewing this approach and will engage with our stakeholders and plan for the co-production of any change to this position if a different approach is needed in the future.

1 For the purpose of this review, 1,128 preregistration programmes have been considered.

2 As of July 2024, we have 99 approved education institutions, with one being approved to deliver post registration provision only in July 2024.

Background information

- 4 Our **standards for education and training** are set out in three parts:
 - 4.1 [Part 1: Standards framework for nursing and midwifery education](#)
 - 4.2 [Part 2: Standards for student supervision and assessment](#)
 - 4.3 [Part 3: Programme standards](#)
- 5 Our **standards for education and training** set out our expectations for AEs to manage the programme, the students' learning journey and the quality of the student experience. They exist to help nursing, midwifery and nursing associate students to achieve the NMC [standards of proficiency](#) and their approved programme learning outcomes. AEs are required to comply with our standards for education and training.
- 6 Our **standards of proficiency** represent the knowledge, skills and attributes all student nurses, midwives and nursing associates must demonstrate in order to practise safely. Individual students are required to demonstrate they meet our standards of proficiency in order to join the register.
- 7 Our approach to EdQA acknowledges it can be possible for students to achieve the standards of proficiency in circumstances where the AEI has not fully met the standards for education and training. In these circumstances, it is essential to ensure the assessment of students' proficiency and achievement of the programme learning outcomes is robust and meets the associated standards and requirements, including the standards for student supervision and assessment (SSSA). When we have concerns that our standards are not being met, we work collaboratively with the AEI to undertake restorative actions through a supportive action planning process.
- 8 In Spring 2024, our work to actively monitor the quality of preregistration nursing, midwifery and nursing associate programmes against the standards for education and training highlighted themes affecting some approved education institutions (AEIs). This included:
 - 8.1 Incorrect use of simulated practice learning hours in nursing programmes;
 - 8.2 Incorrect use of reflective practice time, as practice learning hours; and
 - 8.3 Use of unapproved satellite sites to deliver training.
- 9 The annual self reporting process for the academic year 2022/23 also highlighted that AEIs were taking different approaches to the classification of 'breaks' within practice learning time.

- 10 Earlier this year we asked the AEsIs who deliver preregistration programmes (four of our AEsIs only deliver post-registration provision) to assure us, via a mandatory exceptional report form, that their preregistration programmes are being delivered in line with our standards, in these four areas.
- 11 Initial analysis of this data, (referred to as the stage one analysis) indicated variance in the way preregistration programme standards (part three of our standards for education and training) have been interpreted and applied, particularly in relation to practice learning time. The stage one analysis also presented a new line of enquiry, which was potential variance in the total overall practice learning hours being required by programmes at some AEsIs.
- 12 The stage one analysis focused on identifying risks to compliance with our standards for education and training. It was not possible from this high-level analysis to conclude or assess whether students being recommended to join our register, or people who have recently joined our register, may not have met the required standards of proficiency.
- 13 This highlighted an urgent need to examine the evidence we hold about our approved programmes, in a systematic and robust way.
- 14 This report provides the stage two analysis, where we've undertaken an in-depth review of other information sources we hold to establish a comprehensive risk assessment of the preregistration provision delivered by 95 AEsIs.
- 15 During the period of this review, we continued to work collaboratively with all AEsIs where we had open concerns.
- 16 This report examines our findings for each of the five identified risk areas, across the UK and for each professional programme area. It provides a synopsis of the review which examined each AEI and, where multiple risks were identified, the potential for accumulative impact on the student learning journey.
- 17 Our data from January 2024 indicates there were a total of 111,477 students enrolled on the 1,123 preregistration programme routes being considered in scope of the review.

Methodology

- 18 At the end of March 2024, AEIs were requested to submit a mandatory exceptional report. We received responses in April and May 2024.
- 19 The stage one analysis considered the responses of AEIs and identified where additional information was required in order to undertake a complete risk assessment process.
- 20 This stage one analysis was based on the mandatory exceptional report returns and was completed in May 2024; it did not include wider sources of data and intelligence held by the EdQA team.
- 21 The stage one analysis used a RAG-rating system (red, amber, green), based on the five lines of enquiry identified.
- 22 The stage one analysis concluded that 31 AEIs were RAG rated 'red', 61 were rated 'amber' and two were rated 'green', indicating that no concerns were identified (one AEI submitted a late return). Although this was a useful indicator, this snapshot presented an incomplete data picture, and we needed to undertake additional exploration of our EdQA records.
- 23 The stage two analysis process considered the following information sources to develop an accurate risk assessment of provision at each AEI:
 - 23.1 Approved programme list, per AEI
 - 23.2 Approved satellite site list, per programme, per AEI
 - 23.3 Original approval documents, per programme, per AEI
 - 23.4 Major modification documents, per programme, per AEI (where applicable)
 - 23.5 Each AEI's annual self report for the academic year 2021/22 (ASR 21/22), submitted January 2023
 - 23.6 2022 Simulated Practice Learning returns (where applicable)
 - 23.7 Future programme standards survey 2022
 - 23.8 RN6(D) approval records (where applicable)
 - 23.9 Each AEI's annual self report for the academic year 2022/23 (ASR 22/23), submitted January 2024
 - 23.10 Mandatory exceptional report 2024, submitted April and May 2024
 - 23.11 Monitoring visit reports (where applicable)
 - 23.12 Extraordinary review reports (where applicable)

- 23.13 Enhanced scrutiny records (where applicable)
- 23.14 AEI quality improvement action plans (where applicable)
- 24 The risk assessment review was undertaken using a team-based approach, engaging people with the right knowledge and skills across the Professional Practice Directorate.
- 25 Before starting the review, the review lead, who is a senior member of the EdQA team, led a standardisation exercise. The review lead had oversight of the whole process to ensure consistency of approach and expectations.
- 26 The information sources listed above were collated per AEI and per programme and included all programme routes in approval. This information was first reviewed by the team, who highlighted any areas of concern or discrepancy to the review lead. Random sampling was used to check the accuracy of the risk assessment process.
- 27 All areas of concern or discrepancy were then second reviewed by the review lead to ensure consistency of decision making and allocation of the risk-level outcome.
- 28 It was determined that any missing data or additional lines of enquiry would require direct contact with the AEI to provide clarification and/or confirmation of the risk assessment outcome. Follow up actions taken by EdQA can be classified as:
- 28.1 A need for further data, due to the absence of evidence – email follow up was then undertaken with the AEI and their response formed part of the evidence base considered; or
- 28.2 A need for clarification, due to inconsistency of evidence – email follow up with AEI requesting clarification statement(s) and/or additional evidence submission; or
- 28.3 A need for follow up on a line of enquiry – request for meeting(s) with the AEI for verbal assurances, which were supplemented by written statements and/or additional evidence submission.
- 29 The NMC used anonymised AEI data and intelligence, gathered from the stage two analysis process, to create a series of hypothetical scenarios which were shared with members of the Council of Deans of Health in a workshop format. This enabled attendees to engage with us in a ‘confirm and challenge process’; ensuring the approaches being taken were robust, objective and evidence based.
- 30 This feedback informed discussions at the NMC’s Quality Assurance Board (QA board), which oversees all education quality assurance activities and decisions, and shaped our approach to mitigating any remaining risks – including the need to develop policy positions and our future planning recommendations.

Use of simulated practice learning within nursing practice learning hours

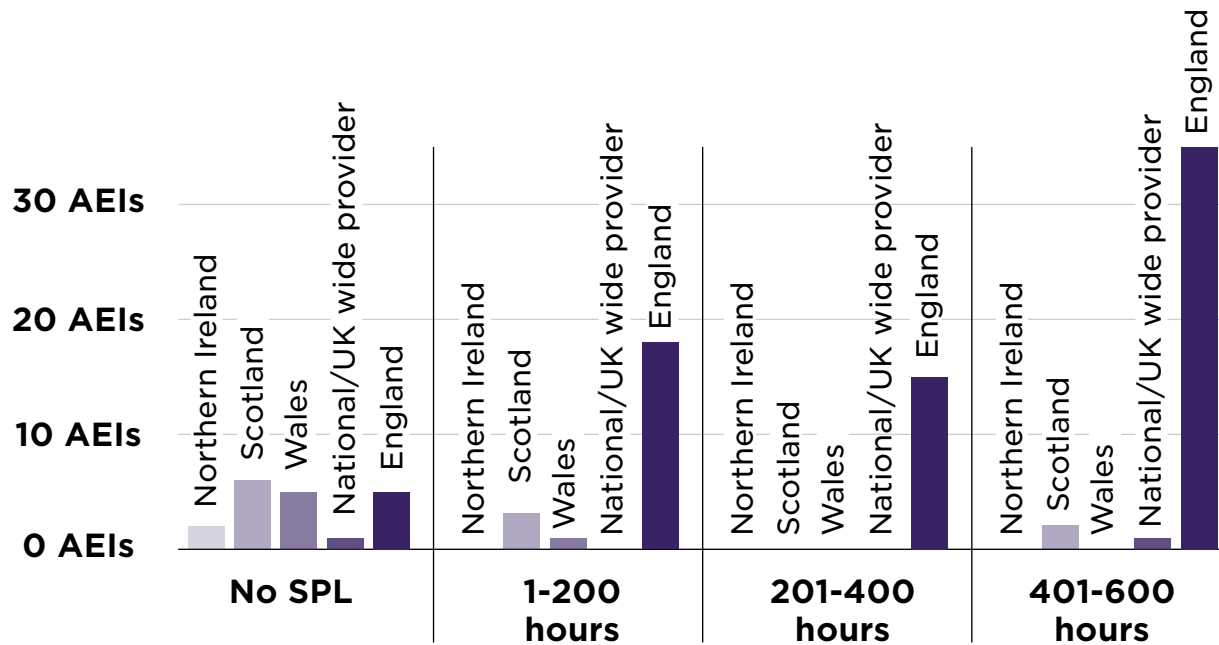
Contextual Information

- 31 Through monitoring and our ongoing engagement with AEs, it became evident some AEs did not return their nursing programmes to their approved provision of simulated practice hours when the Covid-19 emergency and recovery standards were withdrawn.
- 32 Additionally, some programmes had been wrongly counting parts of their programme as 'Simulated Practice Learning (SPL) hours' for activities that would not meet our standards, in particular the SSSA. Concerns about this were addressed by the EdQA team to ensure compliance with our standards was achieved.
- 33 The mandatory exceptional report request and the subsequent analysis was built upon our understanding of the circumstances at three AEs, where earlier concerns in relation to SPL had been identified through monitoring and extraordinary review of provision. The risks associated with the delivery of SPL at each of the three AEs with known concerns have been mitigated in full by the AEs, each of whom have proactively engaged with the EdQA team through restorative support mechanisms.
- 34 In response to this concern, we published [supporting information](#) to help AEs understand SPL and how to apply our standards in this area. We've also undertaken an [evaluation of simulated practice learning in preregistration nursing programmes](#).
- 35 It is noted that SPL is the only form of practice-based learning that requires NMC approval to deliver; this is because it relates directly to a standard, within the [Standards for preregistration nursing programmes](#).

Findings

- 36 The use of SPL within nursing programmes varies significantly across the 94 providers of preregistration nursing programmes in the UK. We also found regional differences within England and across the devolved nations.
- 37 In this report, we've provided the maximum amount of SPL an AEI is considered approved to deliver. However, some AEIs might not choose to use the full amount and variations can exist between pathways through nursing. For example, it is common that a smaller number of SPL hours are being used on post-graduate level preregistration programmes, where recognition of prior learning is also being used.
- 38 We're aware, through our approvals process, some AEIs have been approved with higher amounts of SPL within specific fields of nursing practice, most commonly in the child and mental health fields.
- 39 The full range of approved SPL hours may not be routinely used by all AEIs. It is often held 'in reserve' for changes in practice learning capacity, or for the simulation of proficiency elements which may not have occurred in the practice learning environment.
- 40 75 AEIs which deliver preregistration nursing programmes are using SPL within at least one approved programme route, although the amount of hours approved demonstrates significant regional differences.
- 41 31 AEIs are approved to deliver up to 600 hours of SPL, which is the maximum amount permitted by our standards. Again, there are significant regional differences.

AEI maximum approved use of SPL in hours, by country



Detailed breakdown of the maximum number of SPL hours approved for use at each AEI, by location

Location and number of AEIs	No SPL	1 to 100	101 to 200	201 to 300	301 to 400	401 to 500	501 to 600
Northern Ireland (n = 2)	2	0	0	0	0	0	0
Scotland (n = 11)	6	0	3	0	0	1	1
Wales (n = 6)	5	1	0	0	0	0	0
National/UK wide provider (n = 2)	1	0	0	0	0	1	0
England - East of England (n = 6)	0	0	2	2	0	0	2
England - London (n = 10)	1	1	0	1	0	3	4
England - Midlands (n = 17)	3	2	1	3	1	0	7
England - North East, Yorkshire & Humber (n = 13)	1	0	4	1	2	0	5
England - North West (n = 10)	0	2	0	1	2	0	5
England - South East (n = 11)	0	0	6	0	0	1	4
England - South West (n = 6)	0	0	0	2	0	1	3

EdQA follow up undertaken

- 42 Through the stage two analysis process, we actively followed up with 14 AEIs regarding nursing practice learning hours. Whilst this area was primarily related to the use of SPL in curricula, it became apparent that some AEIs students were undertaking other activities within their practice based learning time that extended beyond our definition of SPL.
- 43 We contacted eight AEIs to request factual information due to an absence of data or the identification of inconsistencies within the data we hold. We identified five AEIs where further action was required and the follow up undertaken addressed the following themes:
- 43.1 Ensuring SPL is accurately and consistently recorded;
 - 43.2 Clarity of language used to describe the support provided for students undertaking SPL, and ensuring this clearly aligns to our standards;
 - 43.3 Following appropriate and proportionate minor and major modification processes to make changes to SPL; and,
 - 43.4 Ensuring the accuracy of NMC records, through the AEI factual accuracy checking process, following any approval and/or modification processes.
- 44 Four additional AEIs were contacted to explore lines of enquiry in further detail, specifically relating to risks in the AEIs' interpretation and/or application of our standards.
- 45 Of these four, one AEI had independently taken appropriate actions to rectify a deficit in practice learning hours without impacting on the overall programme length for students, and evidence of this enabled the closure of this line of enquiry.
- 46 One AEI had, at the time of the mandatory exceptional reporting, requested a major modification process with the NMC. This has subsequently been completed and approved, enabling the closure of this line of enquiry.
- 47 The QA Board considered the evidence presented and risks associated with SPL at the remaining two AEIs, concluding:
- 47.1 They are delivering SPL in accordance with their approved programme, but the approved approaches pre-dated supporting information being provided by the NMC.
 - 47.2 In October 2023, we strengthened our [supporting information regarding SPL](#) which necessitated minor changes to the approach being taken at the two AEIs.

- 47.3 The QA Board concluded that requiring students to undertake additional hours of practice learning is not proportionate and would cause a significant detriment to the student learning experience.
- 47.4 The QA Board concluded there is no evidence of an increased risk to public safety, or the students' ability to achieve the standards of proficiency for registered nurses.
- 47.5 The two AEs will now be supported to implement the necessary changes by the EdQA team, through internal minor modification processes.

EdQA next steps

- 48 We'll develop a formal EdQA policy position on SPL to ensure this is consistently interpreted.
- 49 We'll ask our Quality Assurance Service Partner to ensure the approval of SPL hours is clearly stated within all nursing approval and/or major modification reports.
- 50 In collaboration with our Quality Assurance Service Partner, we'll ensure that checking reports for factual accuracy is undertaken separately to the NMC's formal observations process. This will ensure that AEs are empowered to make comments about the detail of the report before it is submitted to us for approval.
- 51 We'll consider the most proportionate approach to making changes to the number of SPL hours approved within a programme or if approval should always be given at the maximum 600 hours for all AEs who request, and meet the quality assurance criteria for SPL. This could help eliminate variation in the sector and demonstrate trust in AEs who have provided assurance of their approach, internal governance and rigour. This recommendation is proportionate following a UK wide quality assurance risk assessment which has evidenced the significant majority of AEs are upholding their approved programmes.

Classification of protected time for reflective practice within practice learning hours on preregistration programmes

Contextual Information

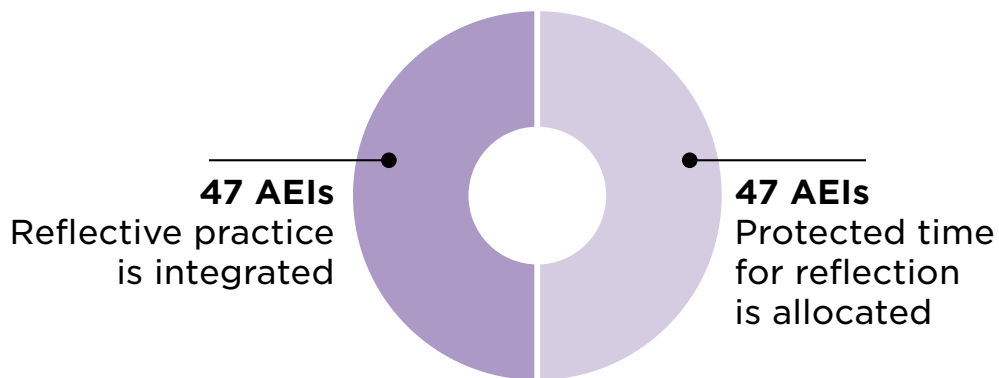
- 52 Through monitoring and our engagement with AEs in 2023, it became evident that some had been counting a significant number of hours of reflection as practice learning hours, without any defined structure, timetabled activity or supervision. This would not meet our SSSA.
- 53 If a student is given allocated or protected time for reflective practice as part of their overall practice learning time, this should be purposeful and supported by their practice supervisor (using direct, or indirect practice supervision).
- 54 Reflection is fundamental to nursing and midwifery practice, integral to The Code and an important part of student learning. To assist AEs in understanding our approach to reflective practice and how to apply our standards, we have published [supporting information](#).
- 55 In August 2023, we asked all AEs to exceptionally report to us any concerns they had regarding allocated time for reflection within their practice learning hours. While a number of AEs contacted the EdQA team for confirmation of their approach to reflective practice, we were not alerted to any concerns by AEs and no AEs exceptionally reported programme delivery outside of the NMC standards.
- 56 In 2024, through our monitoring activities, we identified a further two AEs where there were concerns regarding reflective practice meeting our standards. This indicates that the AEs were not aware of this difference in the interpretation of the requirements, or that NMC standards were not being met. This point is considered within the next steps and recommendations of this report.
- 57 The QA Board was mindful of being consistent with past circumstances where students have needed to undertake additional practice learning time, for example, when an AE has allowed a disproportionate amount of time for unsupervised reflective practice.

- 58 In previous QA Board decisions, time for reflection has not been deemed proportionate when it has been unsupervised (without clear application of the SSSA) and occurs without consistent evidence being provided by students that it was productive, purposeful learning time. All AEs should demonstrate how required practice learning hours contribute to, and are assessed against, the standards of proficiency and programme learning outcomes.

Findings: Nursing

- 59 The allocation of protected time for reflective practice within nursing programmes is equally split across the 94 providers of preregistration nursing programmes in the UK. 47 AEs integrate this into practice time and 47 use a model of protected time for reflection.
- 60 Where a model of protected time for reflective practice is being used, this can differ significantly and is not currently reported by AEs in a consistent manner. For example, one AE has established a formula of four minutes per hour of practice learning, another AE allows 5% of the practice learning time undertaken. Some AEs allocate 30 minutes per long shift (only), and others set a maximum amount of time per placement block. This means data cannot be directly compared by EdQA due to variations in delivery patterns across the approved programmes.
- 61 The most common allocation of protected time for reflective practice, being used by 23 AEs, is a maximum of 2.5 hours per week, during all periods of practice. This time is generally negotiated with the practice supervisor and requires evidence of written output through the practice assessment documentation. Many AEs tell us time is not 'signed off' or agreed by practice assessors if the student has not provided evidence of the time spent in reflective practice.
- 62 We've observed significant differences between approaches of the devolved nations, and differences within the regions of England:
- 62.1 In Scotland, two of 11 AEs provide students with an allocation of time for reflection, and nine integrate reflective practice into standard practice based learning;
- 62.2 In Wales, one of six AEs provide students with an allocation of time for reflection, and five integrate reflective practice into standard practice based learning;
- 62.3 In Northern Ireland, students do not have an allocation of time for reflection, meaning both AEs integrate reflective practice into standard practice based learning; and
- 62.4 In England, 44 AEs provide students with an allocation of time for reflection, and 31 integrate reflective practice into standard practice based learning.

Approach to allocating time for reflective practice on preregistration nursing programmes



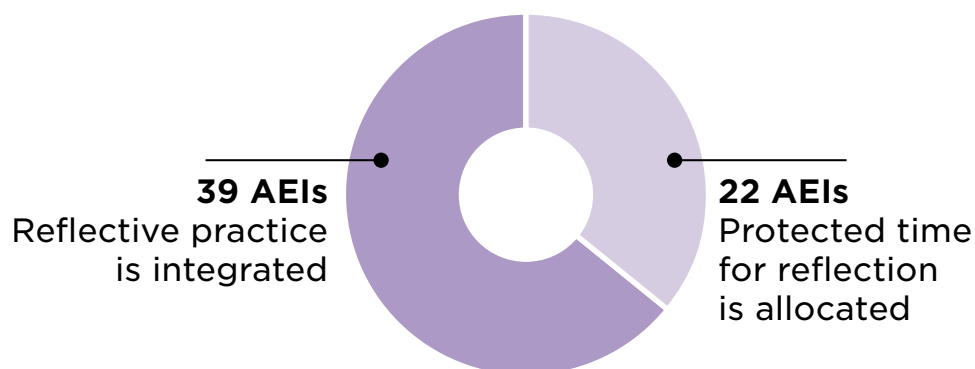
Detailed breakdown of the approach to allocating time for reflective practice on preregistration nursing programmes at each AEI, by location

Location and number of AEIs	Reflective practice is integrated	Protected time for reflection is allocated
Northern Ireland (n = 2)	2	0
Scotland (n = 11)	9	2
Wales (n = 6)	5	1
National/UK wide provider (n = 2)	1	1
England - East of England (n = 6)	3	3
England - London (n = 10)	2	8
England - Midlands (n = 17)	5	12
England - North East, Yorkshire & Humber (n = 13)	6	7
England - North West (n = 10)	4	6
England - South East (n = 11)	6	5
England - South West (n = 6)	4	2

Findings: Midwifery

- 63 The allocation of protected time for reflective practice within midwifery programmes differs across the 61 providers of preregistration midwifery programmes in the UK, with 39 AEs integrating this into practice time and 22 using a model of protected time for reflection.
- 64 Where a model of protected time for reflective practice is being used it is generally more consistent than we've found in nursing programmes. At 17 of the 22 AEs using a model of protected learning time for reflective practice, the model is for students to undertake a maximum of 2.5 hours per week, during all periods of practice. We find that this time is evidenced to a practice supervisor and requires students to show evidence of written output either through the practice assessment documentation or a separate reflective journal.
- 65 However, again we have observed significant differences between approaches of the devolved nations, and differences within each of the regions of England:
- 65.1 In Scotland, one of three AEs provides students with an allocation of time for reflection, and two integrate reflective practice into standard practice based learning;
- 65.2 In Wales, all four AEs integrate reflective practice into standard practice based learning;
- 65.3 In Northern Ireland, the AE's students integrate reflective practice into standard practice based learning; and
- 65.4 In England, 21 AEs provide students with an allocation of time for reflection, and 32 integrate reflective practice into standard practice based learning.

Approach to allocating time for reflective practice on preregistration midwifery programmes



Detailed breakdown of the approach to allocating time for reflective practice on preregistration midwifery programmes at each AEI, by location

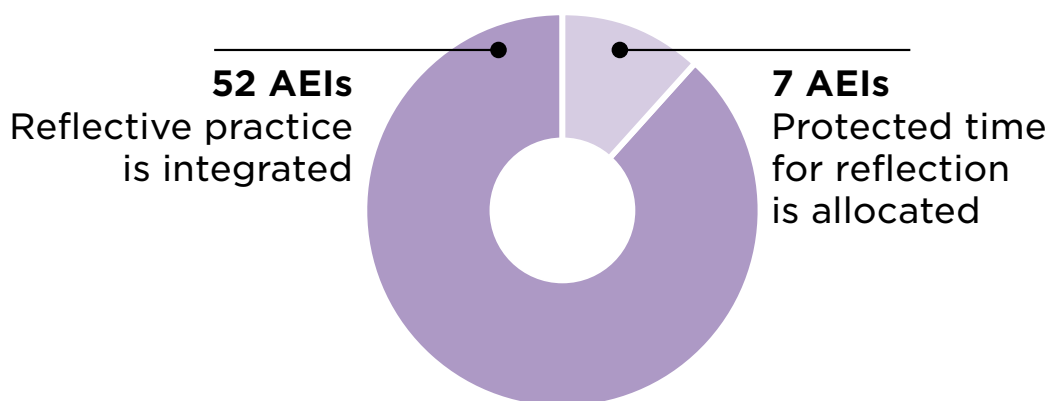
Location and number of AEIs	Reflective practice is integrated	Protected time for reflection is allocated
Northern Ireland (n = 1)	1	0
Scotland (n = 3)	2	1
Wales (n = 4)	4	0
England - East of England (n = 5)	4	1
England - London (n = 8)	8	0
England - Midlands (n = 13)	5	8
England - North East, Yorkshire & Humber (n = 10)	5	5
England - North West (n = 8)	5	3
England - South East (n = 7)	4	3
England - South West (n = 2)	1	1

Findings: Nursing Associate

- 66 The allocation of protected time for reflective practice is uncommon within nursing associate programmes, with only seven of the 59 providers in England using a model of protected time for reflection.
- 67 Where a model of protected time for reflective practice is being used, it is often (four AEIs) specified as a maximum of 2.5 hours per week, during all periods of practice. However, the remaining three AEIs have a smaller allocation of time allowed.
- 68 Some AEIs proactively tell us that reflective time is only being used on direct entry programmes and is rarely used on apprenticeship pathways.
- 69 The noted difference between direct entry and apprenticeship programmes is an interesting finding and the EdQA team will explore this further. In NMC guidance, it is clear that on an employment-based preregistration nursing associate programme **protected learning time for nursing associate students** can include supporting students to reflect on learning. This may therefore be indicative of employer partner influence on the interpretation of practice based learning requirements on the programme.

70 The high degree of consistency may also be related to the origins of the programme, prior to the introduction of professional regulation for nursing associates in 2018.

Approach to allocating time for reflective practice on preregistration nursing associate programmes



Detailed breakdown of the approach to allocating time for reflective practice on preregistration nursing associate programmes at each AEI, by location

Location and number of AEs	Reflective practice is integrated	Protected time for reflection is allocated
England-wide provider (n = 2)	1	1
England - East of England (n = 6)	6	0
England - London (n = 8)	7	1
England - Midlands (n = 12)	10	2
England - North East, Yorkshire & Humber (n = 9)	8	1
England - North West (n = 8)	7	1
England - South East (n = 8)	7	1
England - South West (n = 6)	6	0

EdQA follow up undertaken (across nursing, midwifery and nursing associate programmes)

- 71 Through the stage two analysis process, we actively followed up with 14 AELs regarding use of practice learning hours. While this was primarily related to the use of reflective practice, it became apparent that, at some AELs, students were undertaking other activities that did not sit neatly within our current interpretation of protected time for reflective practice.
- 72 We followed up with nine AELs to request factual information, due to an absence of data or the identification of inconsistencies within the data we hold. All nine were able to provide us with the evidence requested and we did not identify any areas for further action.
- 73 Five AELs were contacted to explore the proportionality of their use of reflective practice time and/or the application of the SSSA. All five areas of follow up related to nursing programmes only.
- 74 Of these five AELs, two provided additional evidence and clarification that reflective practice on their nursing programmes is proportionate and delivered in line with the SSSA. This line of enquiry was closed by EdQA without further action.
- 75 At the three remaining AELs we identified a concern that students were undertaking a higher than anticipated amount of protected time for reflective practice (between 7.5 hours and 10 hours per practice week), so we took steps to understand if this reflection, was appropriately structured and undertaken in line with the SSSA.
- 76 In each of these three AELs, we found that learning time had not been well expressed through documentation and that supplementary evidence demonstrated that structured and productive learning was being undertaken and supported in line with the SSSA. This learning time may also involve traditional practice-based learning opportunities, such as 'spoke' visits as part of a 'hub and spoke' model of practice learning, or time spent following the patient journey through specialist services.
- 77 EdQA collaborated with the Council of Deans of Health to establish a series of 'conditions' that determine the usefulness of practice-related learning, therefore providing risk mitigation:
- 77.1 The learning contributes to student achievement of the achievement of the standards of proficiency;
 - 77.2 The SSSA is applied;
 - 77.3 The practice learning is structured, productive, and evidenced (there is no absence of practice learning hours);

- 77.4 Learning takes place under AEI direction, and appropriate guidance and/or instruction is provided; and
 - 77.5 Students are supported and provided with developmental feedback to guide their learning.
- 78 The QA Board considered in depth the evidence presented by the EdQA team and risks associated with programme delivery at the three AEIs, noting:
- 78.1 All three AEIs are able to articulate and demonstrate a clear oversight of all aspects of their provision, in line with our standards.
 - 78.2 The time identified at the three AEIs is not automatically allocated or exclusively used for reflective practice, but involves other structured elements where students are supported and supervised to learn, in accordance with the SSSA.
 - 78.3 There is evidence at all three AEIs that students are undertaking learning opportunities that contribute to the development/achievement of their approved programme learning outcomes and the standards of proficiency for registered nurses.
 - 78.4 There is robust evidence to support that the students' time has been productive, supervised and well-documented.
- 79 The QA Board concluded this was purposeful activity, being delivered in accordance with our standards and met the conditions to be considered practice-related learning. On this basis:
- 79.1 Requiring students to undertake additional hours of practice learning is not proportionate or indicated, as this would cause a significant detriment to the student learning experience.
 - 79.2 We believe these students will achieve the required 2,300 hours of practice learning and have suitable opportunities to achieve their programme learning outcomes and the standards of proficiency for registered nurses.
 - 79.3 There is no 'absence' of practice learning hours within the students' learning journey.
 - 79.4 There has not been an adverse impact on students' ability to achieve or evidence the standards of proficiency for registered nurses.
 - 79.5 There is no evidence to suggest an increased risk to public safety.

- 80 One of the three AElS has received additional support from the NMC to make a minor modification to their programme. The purpose of this modification was to strengthen the communication surrounding, and governance of, their practice-related learning activity. It will ensure all students are consistently required to provide the same level of robust evidence of their engagement, and ensure practice supervisors and assessors understand the expectations of students.

EdQA next steps

- 81 We will develop a formal EdQA policy position on the classification of protected time for reflective practice within the practice learning hours requirements of preregistration programmes to ensure this is consistently interpreted and applied.
- 82 We will consider with stakeholders, as a new key line of enquiry, the definition, role and potential value of ‘practice-related learning’ and the extent to which this can contribute towards the development of safe, effective and proficient care skills for students.
- 83 At many AElS, there is evidence of disparities between whether time for reflective practice is allocated within the programme, or not. The amounts of time allocated can also differ across different preregistration programmes and routes. This could be confusing for students, practice learning partners and employer partners. It may also appear to be inequitable to students and there needs to be EDI consideration factored into this. AElS looking to amend the amount of protected time for reflective practice to provide consistency across their provision should do so, using a minor modifications process. All AElS must inform the EdQA team of these changes, as part of the ASR process.
- 84 The NMC should consider how the ‘conditions’ of safe and effective practice learning utilised by the QA Board can be used by the EdQA team to promote and enable innovation within approved programmes.

Alternative delivery locations

Contextual Information

- 85 In late 2023, through our routine exceptional reporting process, one AEI reported a satellite site was being used, without prior NMC approval. This was a historical error, which had occurred through a lack of understanding of NMC requirements for alternative delivery locations. In response to this, the QA Board required the AEI to pause recruitment of new students to the site, until the appropriate quality assurance processes had been undertaken and approval was granted.
- 86 The NMC can approve programmes to be delivered and operationalised using a variety of different locations and models. AEIs and their practice learning partners are required to gain approval before using any delivery location. There are four categories of delivery location:
- 86.1 **AEI Campus Delivery** – a campus is owned and/or operated by the AEI, including teaching staff and wider support facilities. We do not specify geographical location of what defines an AEI campus, with some AEIs having these collocated in one geographical location, and some being a significant distance apart (such as spread across a city).
 - 86.2 **Satellite Site Delivery** – a satellite site is functionally operated by an AEI and enables delivery of an approved programme at a non-AEI ‘owned’ premises. The programme would be delivered by the AEI’s own staff, but the students may not have equal access to AEI facilities, due to their location. Independent QA Visitors assess these local delivery facilities before we approve a satellite site, to ensure that students will have access to the learning resources they require to achieve the approved programme.
 - 86.3 **Partnership Delivery** – a partnership programme is contractually agreed between an AEI and an independent organisation for programme delivery. The AEI maintains full oversight and holds quality assurance responsibility for the approved programme to the NMC, but programme delivery is undertaken by a third-party at their own premises. Independent QA Visitors assess partnership delivery arrangements, facilities and learning resources before we approve a partnership delivery model.
 - 86.4 **Endorsement Delivery** – a programme endorsement is a form of partnership provision, where the programme delivery takes place in agreed locations, outside of the UK – for example, the Isle of Man. Independent QA Visitors assess endorsement delivery arrangements, facilities and learning resources before we approve a programme endorsement model.

Findings

- 87 Through the mandatory exceptional reporting process, we followed up with five AEs to clarify our records regarding alternative delivery locations. In some instances, this is because we had alternative delivery locations on our approved list, that were not referenced in the mandatory reporting. These AEs were contacted regarding whether they wished to discontinue the alternative delivery location.

EdQA follow up

- 88 We did not identify any areas of concern associated with alternative delivery locations and we were aware of the operation of all satellite sites, partnership arrangements and endorsements. Therefore, we took the opportunity to ensure our records are consistently accurate and that AEs are clear about our requirements.

EdQA next steps

- 89 We will consider with stakeholders, including our Quality Assurance Service Partner, the risks associated with alternative delivery locations, particularly AEI campus sites and existing approved satellite sites. This is with a view to revising the existing approval requirements to a minor modification process. This could have the benefit of reducing regulatory burden and promoting agility and flexibility for AEs, and their practice learning partners.

Classification of a student's break within practice learning hours

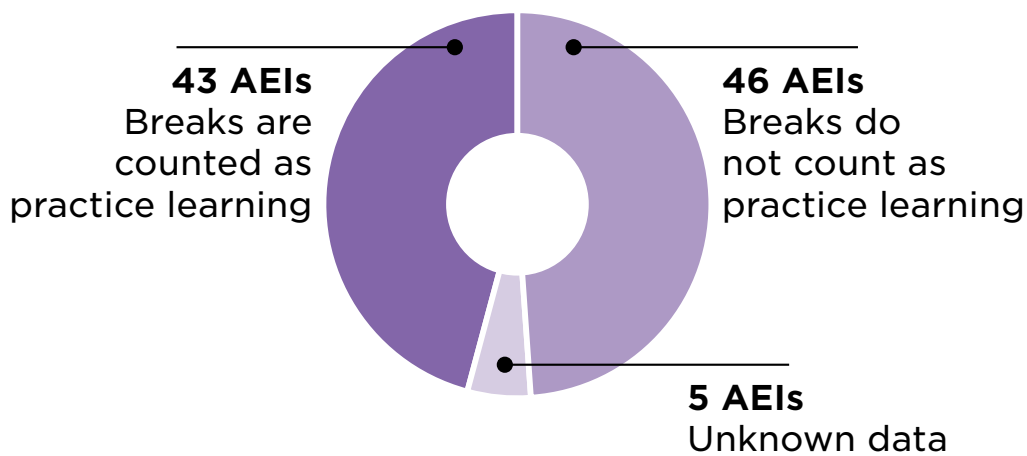
Contextual Information

- 90 In undertaking this review, we've identified variation in the approach AEs across the UK take to students' break times when in a practice learning environment.
- 91 The NMC's **guidance** clearly states that it is important that all students are given rest or break times during the day, in accordance with the principles of **Rest breaks at work**. This is essential to support a student's health and wellbeing needs, alongside public safety.
- 92 The NMC does not specify whether student break times classify as practice based learning, meaning this is currently determined by individual AEs or local-level policy.
- 93 The stage two analysis therefore only makes reference to the inclusion of breaks, or not, as an observation. This data is collated and presented for statistical purposes only.

Findings: Nursing

- 94 In undertaking this review of AEs across the UK, we've identified variation in the approach to nursing students' break times when undertaking practice based learning.
- 95 The use of breaks within nursing programmes is almost equally split across the 94 providers of preregistration nursing programmes in the UK. However, we have observed significant differences between approaches of the devolved nations, and a relatively even split within each of the regions of England. There are two national/UK wide AEs, which are reflected separately. We find:
- 95.1 In Scotland, all 11 AEs classify a student's break time as practice based learning;
- 95.2 In Wales, the majority (five out of six AEs) do not allow students to count their break time as practice based learning;
- 95.3 In Northern Ireland, the two AEs do not count break times within their practice based learning hours;
- 95.4 In England, 38 AEs do not count break times, 30 count break times, and we do not hold data on a remaining five England AEs.

Approach to the classification of break times on preregistration nursing programmes



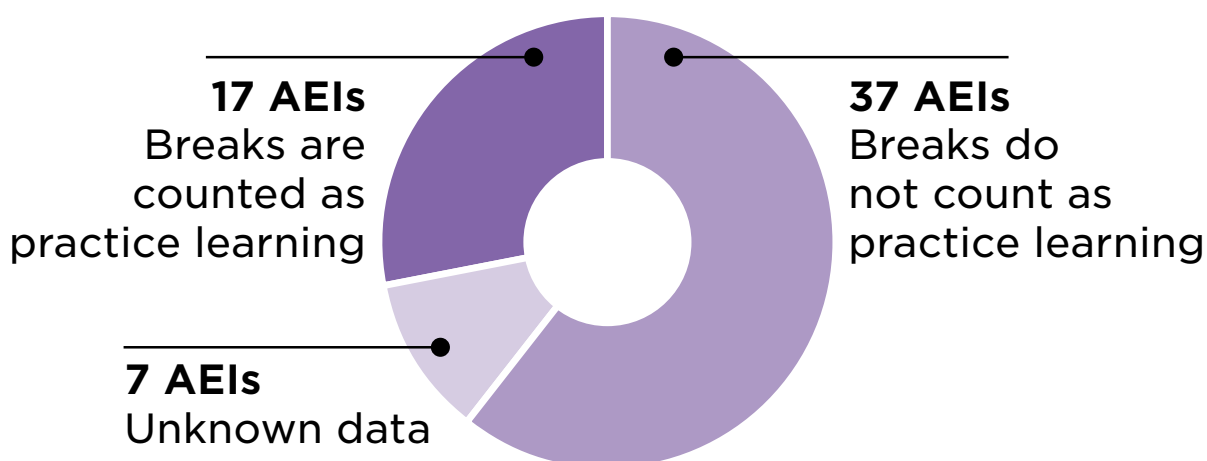
Detailed breakdown of the classification of break times on preregistration nursing programmes, by location

Location and number of AEIs	Breaks are counted as practice learning	Breaks do not count as practice learning	Unknown data
Northern Ireland (n = 2)	0	2	0
Scotland (n = 11)	11	0	0
Wales (n = 6)	1	5	0
National/UK wide provider (n = 2)	1	1	0
England - East of England (n = 6)	4	2	0
England - London (n = 10)	3	5	2
England - Midlands (n = 17)	9	8	0
England - North East, Yorkshire & Humber (n = 13)	4	7	2
England - North West (n = 10)	4	6	0
England - South East (n = 11)	5	6	0
England - South West (n = 6)	1	4	1

Findings: Midwifery

- 96 Evidence suggests there is also variation in the approach the 61 AEs approved to deliver midwifery programmes have taken to their use of students' break times when in a practice learning environment.
- 97 We are aware that 17 AEs enable students to use their break times to count towards their practice learning hours within midwifery programmes. However, 37 AEs do not. We do not hold data regarding this for seven AEs who deliver a midwifery programme.
- 98 We've observed country-based differences between approaches of the devolved nations, however there was less use of this approach across the regions of England:
- 98.1 In Scotland, all three AEs classify a student's break time as practice based learning;
- 98.2 In Wales, the majority (three out of four AEs) do not allow students to count their break time as practice based learning;
- 98.3 In Northern Ireland, students do not count break times within their practice based learning hours;
- 98.4 In England, 33 AEs do not count break times, 13 count break times, and we do not hold data on a remaining seven England AEs.

Approach to the classification of break times on preregistration midwifery programmes



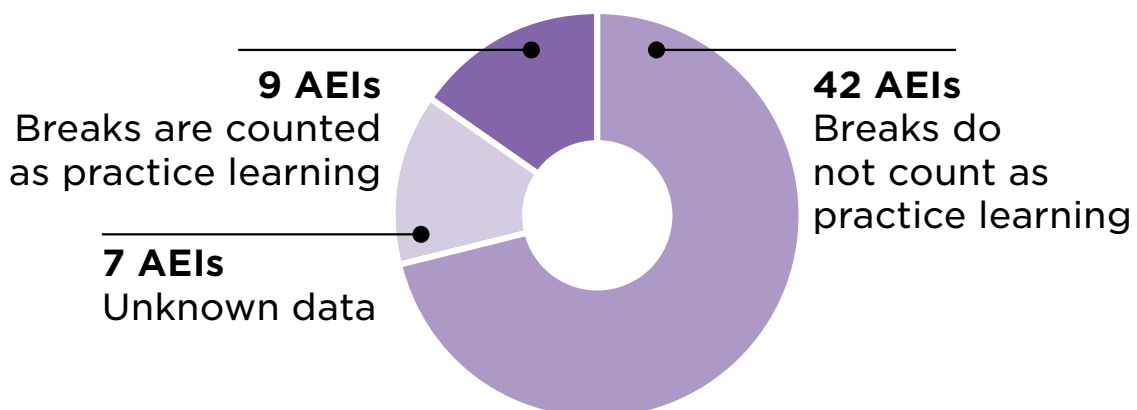
Detailed breakdown of the classification of break times on preregistration midwifery programmes, by location

Location and number of AEs	Breaks are counted as practice learning	Breaks do not count as practice learning	Unknown data
Northern Ireland (n = 1)	0	1	0
Scotland (n = 3)	3	0	0
Wales (n = 4)	1	3	0
England - East of England (n = 5)	2	3	0
England - London (n = 8)	0	6	2
England - Midlands (n = 13)	4	8	1
England - North East, Yorkshire & Humber (n = 10)	1	7	2
England - North West (n = 8)	2	5	1
England - South East (n = 7)	3	3	1
England - South West (n = 2)	1	1	0

Findings: Nursing Associate

- 99 When examining the use of student break times within nursing associate programmes, a significant difference is observed, with only nine AEIs telling us that students can use their break times to count towards their practice learning hours. However, 42 do not. We do not hold data regarding this for the remaining eight AEIs.
- 100 In contrast to other NMC approved programmes, the majority of nursing associate students are undertaking an apprenticeship route. This may account for the differences we've observed between the approach being taken at the same AEI between their nursing and nursing associate programmes. We do not hold information on whether all students, regardless of route through the nursing associate programme, are able to count breaks, or if there are different expectations between direct entry and employed/ apprenticeship learners.

Approach to the classification of break times on preregistration nursing associate programmes



Detailed breakdown of the classification of break times on preregistration nursing associate programmes, by location

Location and number of AEs	Breaks are counted as practice learning	Breaks do not count as practice learning	Unknown data
England - East of England (n = 6)	3	3	0
England - London (n = 8)	0	7	1
England - Midlands (n = 12)	1	8	3
England - North East, Yorkshire & Humber (n = 9)	2	6	1
England - North West (n = 8)	1	6	1
England - South East (n = 8)	2	6	0
England - South West (n = 6)	0	4	2
England-wide provider (n=2)	0	2	0

EdQA next steps

- 101 We will collaborate with stakeholders to develop a formal EdQA policy position on the classification of students' breaks within their required practice learning, to ensure this is consistently interpreted. To do this, we must carefully consider the equality, diversity and inclusion implications for students associated with the introduction of a formal policy or guidance, including consideration of any unintended consequences.

Total programme hours

Contextual Information

- 102 Each set of preregistration programme standards follow the student journey and are grouped under the following five headings: selection, admission and progression, curriculum, practice learning, supervision and assessment; and, qualification to be awarded. They have been designed so that students can get the most out of their education and learn the knowledge and skills they need. All our preregistration programme standards state this as a specific number of total programme hours required.
- 103 The preregistration programme standards also state the amount of recognition of prior learning (RPL) that can be applied, or not, to the programme at the point of entry. RPL cannot be applied to midwifery programmes, but can be applied within nursing and nursing associate programmes in accordance with our standards.
- 104 RPL is defined within our standards as: “a process that enables previous certificated or experiential learning to be recognised and accepted as meeting some programme outcomes, this includes both theory and practice achievement”.

Findings

- 105 We did not identify any areas of concern associated with the total number of hours within an approved programme.
- 106 Through the mandatory exceptional reporting process, we followed up on lines of enquiry with four AEs where concerns about their overall programme hours being delivered were indicated. We contacted all four and gained assurance, through documentary evidence, that our programme standards are being met.
- 107 All four AEs also appear in other areas of this report, as initially requiring follow-up action by the EdQA team, which has later been closed as a line of enquiry. This indicates that the mandatory exceptional reporting forms may not have been accurately completed, or with the level of clarity required by the NMC.

EdQA next steps

- 108 The NMC must always communicate to AEs the importance, proportionate nature and significance of any formal request for information that is being made. This is to ensure the requested reporting is completed in a timely and accurate way by AEs with the right level of detail clearly indicated.

Conclusions

- 109 The outcomes of the mandatory exceptional reporting exercise provide a UK wide assessment of known risk areas within preregistration programmes; allowing for the targeted and robust follow up of all areas where a concern was indicated.
- 110 It is notable that the majority of lines of enquiry related only to nursing programmes, and whilst this is likely influenced by the scale of nursing provision in the UK and that the SPL line of enquiry was only focused on nursing, there may be other factors that are worthy of consideration by the NMC and stakeholders. For example:
- 110.1 The influence of country-wide approaches within Northern Ireland, Scotland and Wales and regionally-agreed policies in England;
 - 110.2 The strength of the Lead Midwife for Education forum in providing a supportive network for the dissemination and discussion of good practice;
 - 110.3 The collaboration and influence of practice learning partners and employers within local areas; and,
 - 110.4 The influence of other regulators, most noticeably within the delivery of apprenticeship programmes in England.
- 111 Through collaborative working with stakeholders across the UK, the NMC have been able to pragmatically apply a robust yet proportionate approach to the mitigation of potential risks to public protection, without impacting on students' planned programme completion dates, or detriment to workforce planning.
- 112 The engagement and cooperation of AEs through this process has been essential and commendable; we've seen a consistent demonstration of AEs welcoming feedback, in order to deliver the highest possible standards of programme for their students to meet their intended standards of proficiency. However, it is evident that some core messaging from the NMC has not been clear to all AEs and this requires strengthening.

Overarching recommendations

- 113 Throughout this report a series of recommendations have been made, that align to specific risk elements addressed within the report.
- 114 In addition to these recommendations, and as part of the EdQA continuous improvement programme, the NMC will:
- 114.1 Strengthen engagement of EdQA with established and influential networks within the higher education sector and practice learning partners, through the development of a reference group;
 - 114.2 Strengthen communications with AEs and other stakeholders through the website, providing a central repository for all EdQA letters, and other communications, in a consistent and accessible way;
 - 114.3 Strengthen relationships with AEs and other stakeholders on a local level, by increasing the number and visibility of Regional EdQA Officers within the team;
 - 114.4 Host an EdQA conference for AEs, and provide online sessions for AE and/or practice learning partner staff, which are targeted to different roles and knowledge bases;
 - 114.5 Explore with stakeholders the introduction of a Lead Nurse for Education role, which mirrors that of the Lead Midwife for Education;
 - 114.6 Ensure our learning from this review feeds into the [**NMC review of nursing and midwifery practice learning**](#);
 - 114.7 Reconsider the existing criteria for minor and major modifications, ensuring that they remain fit for purpose and demonstrate appropriate levels of trust in our AEs; and,
 - 114.8 Collaborate with stakeholders, to consider our approach to monitoring programmes that should include the ability to make timely modifications to approved programmes to promote agility and flexibility for AEs, as well as reduce the burden of, and confusion about, our regulatory processes.



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