Quality assurance monitoring results
2010-2011
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 standards of education, training, conduct and performance so that nurses and midwives can deliver high quality healthcare consistently throughout their careers.

• We ensure that nurses and midwives keep their skills and knowledge up to date and uphold our professional standards.

• We have clear and transparent processes to investigate nurses and midwives who fall short of our standards.
Introduction

All quality assurance of education and training operates within the requirements of the Nursing and Midwifery Order 2001 (the order) which came into being on 1 April 2002. Specifically Part IV of the order pertains to education and training and can be found on the NMC website at www.nmc-uk.org/about-us. This vital role contributes to the realisation of our vision to safeguard the public by ensuring that nurses and midwives consistently deliver high quality healthcare.

Quality assurance of NMC approved nursing and midwifery education covers approval of new programmes, reapproval of existing programmes, endorsement of programmes delivered offshore and the annual monitoring of programme providers.

This booklet contains an overview of the results of our annual monitoring of programme providers for 2010-2011 which was carried out by Mott MacDonald across all four countries of the United Kingdom (UK). This monitoring activity relates specifically to Article 15 point 5 (b) which states that the Council shall:

(b) take appropriate steps to satisfy itself that those standards and requirements (for education and training) are met.

Individual providers are not identified and institutions who had earned autonomy for monitoring following the previous year’s very good results are not included in the statistical analysis. Summary reports of individual providers’ performance will be available on our website at www.nmc-uk.org/education from early October.
During the 2010-2011 monitoring cycle, we reviewed a total of 133 programmes across 49 of the 83 NMC approved programme providers. 34 approved programme providers had earned autonomy so were not visited during 2010-2011 monitoring cycle.

We concentrated on those programmes perceived to carry the greatest risk but also reduced the number of pre-registration nursing programmes for review due to the increased approval schedule for this programme as a result of the release of the new standards for pre registration nursing education in September 2010. Programmes reviewed included:

- the framework for teacher, practice teacher and mentor preparation (SLAiP).
- prescribing
- return to practice
- overseas nursing
- specialist practitioner qualifications (SPQ)
- specialist community public health nursing (SCPHN).

We use the results of monitoring to inform our future work and this is reflected in the monitoring review plan for 2011-2012. Both the review plan and the monitoring schedule for 2011-2012 have already been announced and are available on the NMC website at [www.nmc-uk.org/education](http://www.nmc-uk.org/education).

Anne Trotter
Head of UK Quality Assurance
Nursing and Midwifery Council
September 2011
# The clinical focus of programmes monitored in 2010–2011

<table>
<thead>
<tr>
<th>Programme</th>
<th>Number of programmes monitored</th>
<th>Percentage of all programmes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pre-registration nursing</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Adult</td>
<td>6</td>
<td>8</td>
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<tr>
<td>Child</td>
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<td>4</td>
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<tr>
<td>Learning disabilities</td>
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<td>3</td>
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<tr>
<td>Mental health</td>
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<td>7</td>
</tr>
<tr>
<td><strong>Return to practice nursing</strong></td>
<td>1</td>
<td><strong>2</strong>*</td>
</tr>
<tr>
<td>Overseas nursing</td>
<td>2</td>
<td>10</td>
</tr>
<tr>
<td>Pre-registration midwifery</td>
<td>13</td>
<td>24</td>
</tr>
<tr>
<td><strong>Return to practice midwifery</strong></td>
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</tr>
<tr>
<td>SCPHN</td>
<td></td>
<td></td>
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<tr>
<td>Health visiting</td>
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</tr>
<tr>
<td>School nurse</td>
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<td>2</td>
</tr>
<tr>
<td><strong>SPQ</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>District nursing with V100</td>
<td>2</td>
<td>7</td>
</tr>
<tr>
<td>Community practitioner nurse prescriber</td>
<td>1</td>
<td><strong>3</strong>*</td>
</tr>
<tr>
<td><strong>Prescribing</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Independent-supplementary prescribing</td>
<td>6</td>
<td><strong>9</strong>*</td>
</tr>
<tr>
<td>Nurse prescribing with SPQ</td>
<td>2</td>
<td><strong>2</strong>*</td>
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<tr>
<td><strong>SLAiP</strong></td>
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<td></td>
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<tr>
<td>Mentor</td>
<td>36</td>
<td><strong>52</strong>*</td>
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<tr>
<td>Practice teacher</td>
<td>24</td>
<td><strong>48</strong>*</td>
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<tr>
<td>Teacher</td>
<td>26</td>
<td><strong>47</strong>*</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>133</td>
<td></td>
</tr>
</tbody>
</table>

* Reflects percentage of programmes with students enrolled.
2 Contributors to the monitoring process

We monitor and review programmes to capture the views and experiences of a wide range of partners and stakeholders. This year has been no exception. We meet with academic partners who support the programmes under review together with the education commissioners. It is also vital to engage with practice placement partners in order to accurately capture the range and requirements for supporting learning and assessment in practice. Reviewers engaged with 244 service managers, 95 clinicians, 103 practice education facilitators, 92 practice teachers and 479 mentors.

Equally students have an important role to play in annual monitoring in order to accurately capture their lived experiences of the programmes that they are studying. The monitoring process also provided an opportunity to review the contribution of the wider service user and carer engagement that formed a vital part of their overall learning experiences. This was evidenced through service user testimonials obtained as part of the practice assessment and through service user and carer involvement in classroom sessions in the university.
3 Results of grading

The chart below shows the percentage of grades across all themes in 2010-2011 compared with previous years. The picture across the four years reflects an overall growth of consistently good grades with a year on year reduction of satisfactory grades. Outstanding grades are awarded for exceptional and consistently high performance which are worthy of dissemination and emulation by other approved programme providers. The chart reflects the small number of providers who improve their performance to outstanding through innovation within their programmes.

A small number of unsatisfactory grades have been awarded during this four year period, and have been followed up with appropriate action plans that were achieved within an agreed timeframe.

The chart overleaf shows the number of grades awarded for each theme in 2010-2011 compared with previous years, with the total number of providers graded on the right. The tables on page 7 illustrate the four year trend.
<table>
<thead>
<tr>
<th></th>
<th>Outstanding</th>
<th>Good</th>
<th>Satisfactory</th>
<th>Unsatisfactory</th>
<th>Total</th>
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<tr>
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<tr>
<td>Resources*</td>
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<td>11</td>
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<td>57</td>
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<tr>
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<td><strong>2008–2009</strong></td>
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<tr>
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<td>3</td>
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<tr>
<td>Fitness for practice</td>
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<td>2</td>
<td>84</td>
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</tbody>
</table>

* Grades for these themes include single issue monitoring.
4 Brief analysis of results by theme

Each of the five key risks have been scrutinised in order to establish relevant themes or trends that can inform current and future quality assurance of education. The quality and quantity of the data collected is pivotal in ensuring that all future quality assurance activity is targeted, proportionate and timely in ensuring that the NMC standards for education are upheld in our duty to protect the public.

The following subsections for each key risk provide exemplars which have been quoted directly from individual monitoring reports. It is important that we celebrate and share the elements of the quality assurance activity that is reflected in the outstanding grades awarded.

Good grades form the highest grade awarded across all five key risk areas indicating that appropriate risk control systems are in place. A small number of exemplars are provided for information.

Satisfactory grades indicate that students can achieve all stated learning outcomes however programme providers are required to address any specific weaknesses that have been noted.

Unsatisfactory grades indicate where there are weak risk control measures that require urgent improvements in order to become satisfactory. During the monitoring activity of 2010-2011 improvements have been achieved through instigation and achievement of all necessary action plans. It is important to display unsatisfactory exemplars as part of an open and transparent dissemination of the lessons learned from the monitoring activity this year.
4.1 Resources

Examples of elements leading to a grade of outstanding included:

- a staff development programme in which all new staff are allocated an experienced preceptor to provide support while the appointee completes a structured workbook and checklist of activities

- a system where following preceptorship midwives are enrolled on the mentorship programme and then closely followed up to ensure that they achieve the requirements for sign-off status.

Good was earned by the majority of providers and one example of effective practice was highlighted including:

- monthly electronic checking system approach to maintaining a database for teachers’ NMC registration.

Reasons for satisfactory grades included:

- no strategy to encourage nurse and midwife teachers to record their teaching qualifications with the NMC at a small number of institutions

- students criticising very limited library resources at a remote site

- mentors not accessing annual updating, consequently the number of mentors available to support students was barely adequate.

On two occasions an unsatisfactory grading was given where the programme leader’s NMC registration was found to have lapsed.
4.2 Admissions and progression

The one outstanding grade was awarded for:

- development of an attrition risk prediction tool which identifies eight factors which are statistically significant in predicting attrition.

The majority of grades were good with several examples of effective practice identified. These included:

- service users and carers contributing to recruitment and selection processes
- a numeracy assessment tool as part of the selection process for non-medical prescribing
- the level of support provided to students with disability in ensuring that reasonable adjustments in the practice setting does not impinge in patient safety.

A satisfactory grade was given where the system for students to declare ongoing good health and good character was considered weak.

Two unsatisfactory grades were awarded where processes were inadequate for ensuring Criminal Records Bureau (CRB) clearance is completed before students have contact with patients or the public.

4.3 Practice learning

Examples of outstanding elements included:

- innovative approaches to communication and information across campuses and placement providers
- high quality governance of the practice learning environment
- joint initiatives between different providers within the region, for example a ‘medicines with respect’ project
• an excellent strategic and operational approach to service user participation.

**Good** was earned by the majority of providers and several examples of effective practice were highlighted. These included:

• the learning environment manager (LEM) system in demonstrating partnership working between LEMs, practice education facilitators and link lecturers

• the care home educational facilitator (CHEF) role in supporting practice placements in the independent and voluntary sectors

• a well-structured system of support for students with dyslexia.

Reasons for **satisfactory** grades included:

• weakness in the approach to educational audit

• confusion regarding whether the sign-off mentor status is achieved by the end of the practice teacher programme

• service user or carer strategies not fully operationalised

• variability of policies to support teachers spending time in practice and the outcomes are infrequently audited.

Three **unsatisfactory** grades were awarded and included:

• two providers who could not demonstrate up to date and accurate mentor registers

• one provider who had failed to make any arrangement for triennial review and mentors who were unaware of the requirement

• one provider who failed to provide specific preparation for mentors of students undertaking a return to practice programme.
4.4 Fitness for practice

The one outstanding grade was awarded for:

- a high fidelity simulation facility which is recognised as a European leader in enabling students to practise clinical decision making, critical thinking and team work which contributes to the development of highly professional, competent, confident professionals.

Good was earned by the majority of providers and several examples of effective practice were highlighted including:

- a nurse teacher programme that offers strong links between theory and practice that maximises professional development
- detailed portfolio guidelines which reflect the evidence for meeting NMC requirements
- simulated learning in obstetric emergencies contributing to competency.

Reasons for satisfactory grades included:

- weak approaches to interprofessional learning
- a need to review consolidation of practice within part time SCPHN programmes
- challenges in ensuring that NMC requirements for teacher programmes are met when the provision is based in a non-health and social care faculty.
4.5 Quality assurance

The one outstanding grade was awarded for:

- an approach to the evaluation of internal quality assurance systems which is conducted by the head of a different school within the AEI.

Good was earned by the majority of providers and several examples of effective practice were highlighted including:

- an electronic system which informs students of changes made to programme specifications following major modification.

Reasons for satisfactory grades included:

- being unaware of the need to engage external examiners for non-academic credit bearing NMC-approved programmes
- ill-defined reporting systems for external examiner engagement with practice
- student feedback on practice placements is too generalised and too brief
- actions arising from student evaluations are not always clear.
5 Main issues for future monitoring

Each year we refine the quality assurance review plan based on our analysis of findings from the previous year’s monitoring. In previous years we have presented this with a practice focus, however this year the specific risks that are less well controlled have been found to span across all NMC programmes. They are as follows:

5.1 Resources

• NMC registration status and recordable teaching qualifications of programme leaders
• Teacher’s presence and roles in the practice placement setting

5.2 Admissions and progression

• Ensuring CRB clearance
• Implementation of systems for the accreditation of prior learning and achievement

5.3 Practice learning

• Qualified practice teacher availability
• Maintenance of accurate practice teacher registers, progress in developing and maintaining ‘sign-off’ status and development of triennial reviews
• Governance of shared practice placements, audit processes and mentor registers where there are partnerships between local AEIs
• Involvement of service users and carers
5.4 Fitness to practise
• Curriculum fails to address NMC requirements

5.5 Quality assurance
• External examiners’ engagement with practice learning
6 Results by provider

In 2011-2012 there will be two categories for annual monitoring.

<table>
<thead>
<tr>
<th>Risk control</th>
<th>2010–2011 QA monitoring</th>
<th>Number of providers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Good and outstanding</td>
<td>Providers with good and outstanding grades across all elements of the review are eligible for earned autonomy and the results were scrutinised by the Registrar’s Education Group in order to establish which AEIs will earn autonomy for monitoring the following year. This means that AEIs who successfully earn autonomy will not be visited but will provide us with a report in the same format which results from an internal process of review.</td>
<td>27*</td>
</tr>
<tr>
<td>Satisfactory and unsatisfactory</td>
<td>Providers with any satisfactory or unsatisfactory grades will have a two-day visit by NMC reviewers.</td>
<td>22*</td>
</tr>
</tbody>
</table>

There were 34 providers who earned autonomy for monitoring in 2010-2011 so are not classified in the table above. They will automatically have a two-day visit in 2011-2012.

* A small number of AEIs who achieved good grades across all elements of the review during 2010–2011 will continue to be visited during 2011-2012 as part of ongoing governance activity in practice learning environments.
This edition of *Quality assurance monitoring results 2010–2011* was published in September 2011. The information is available on our website at www.nmc-uk.org
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