CHRE Performance Review 2009-10 – Nursing and Midwifery Council

NOTE: For the purposes of publication, the comments made by CHRE, together with our responses (submitted March 2010), have been amalgamated into our original submission of December 2009.
Throughout this submission, references to “the Order” are to the Nursing and Midwifery Order 2001, as amended.
Where available, web links are provided in footnotes as supporting evidence. It should be noted we have launched a new website since the performance review documentation was submitted to CHRE. Where a link is not provided, the document may be unavailable or is being revised; any updates will appear on our website in due course. If you have a specific request, please contact us by email at communications@nmc-uk.org.

4. Fourth function: Education and learning

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4.1 The regulator ensures that its standards for education and training to be met by students/trainees prioritise patient safety and interests and reflect up-to-date practice.

### Minimum requirements

| 4.1 i) Standards for education and training prioritise patient safety and patient interests and link in with the standards of competence and conduct for registrants. |
|---|---|
| **2008-2009 Response** | **2009-2010 Response** |
| We have established standards of proficiency for each of the three parts of the register\(^1\), which include the standards for education and training. These standards enable the public to have confidence that nurses and midwives are able to provide safe and competent care. This includes the requirement that pre-registration students are mentored and supervised in clinical practice by appropriately trained professionals. This has the dual benefit of maintaining the safety of patients and the users of maternity services whilst enabling students to develop their skills and knowledge in a safe way. All our pre-registration standards support our *Standards of conduct, performance and ethics for nurses and midwives (The Code)*\(^2\) and require *The Code* to be addressed as part of the programme. For example, | As part of our review of pre-registration nursing education and in conjunction with the library of standards project (see Standards 4.1(iii) and 4.2(i) for further information), we are creating a document bringing together the education standards that are common between nursing and midwifery. Examples of these are entry requirements to education programmes, sign off mentors and requirements for good character. The standards must be applied wherever these programmes are delivered, including approved education institutions (AEIs) and practice learning providers. They describe the level of quality that providers of nursing and midwifery education are expected to meet. Performance will be measured against these standards, which must be met. The first standard - *Safeguarding the Public* - The |

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1. *Standards of proficiency for pre-registration nursing education* - [http://www.nmc-uk.org/Documents/Standards/nmcStandardsofProficiencyForPre_RegistrationNursingEducation.pdf](http://www.nmc-uk.org/Documents/Standards/nmcStandardsofProficiencyForPre_RegistrationNursingEducation.pdf)
2. *Standards of proficiency for pre-registration midwifery education* - [Note – this link is no longer available. The document has been replaced by *Standards for pre-registration midwifery education* - [http://www.nmc-uk.org/Documents/Standards/nmcStandardsforPre_RegistrationMidwiferyEducation.pdf](http://www.nmc-uk.org/Documents/Standards/nmcStandardsforPre_RegistrationMidwiferyEducation.pdf).]
those for nursing education state that This code provides the foundation for the Standards of proficiency and must be reflected at all stages of programmes of preparation.

The standards of proficiency also set out our requirements for good health and good character to enable safe and effective practice. Students must meet the requirements to gain entry to a training programme and to remain on the programme.

The pre-registration standards for both nursing and midwifery specifically require students to use professional standards of practice to self-assess performance.

We have also set Standards for the preparation and practice of supervisors of midwives.

CHRE commented:

We are concerned that there is reference in this requirement and others, as well as the website about the three parts of the register. We believed that this matter had been resolved and that, indeed, there are only two parts to the register. Could the NMC provide an explanation on this matter?

NMC responded:

While we regulate the two professions of nursing and midwifery, we do so by means of a three part register for nurses, midwives and specialist community public health nurses. There is no direct entry to the specialist community public health nurses’ part and any applicant for this part must hold an effective registration as a nurse.

A new competency framework for pre-registration nursing education has also been developed. This will provide robust standards from which comprehensive education programmes can be developed. It includes the knowledge, skills and attitudes that all nurses need to demonstrate at the point of registration, irrespective of their chosen field of practice, together with a number that are unique to each field.

It is recognised that there are certain fundamental skills that all nurses need to demonstrate, to a safe and effective standard. The delivery of all skills must be executed with care and compassion, preserving the dignity of people at all times, treating them with respect and upholding their human rights.

Nurses and midwives must practise in a non-judgemental, person-centred way, maintaining the best interests of the people they are engaging with at all times.

It is proposed that essential skills clusters (ESCs), similar to those supporting existing nursing programmes, will be used as guidance to inform the development of local

or a midwife. This requirement has remained unchanged since the current register was opened in 2004.

The matter to which you refer related to the maintenance of registration on the specialist community public health nurses’ part. In December 2005, the Council agreed to remove the requirement for anyone registered on this part to maintain their original registration on the nurses’ of midwives’ part. It was that particular decision that had to be reversed in December 2007.

We have identified a number of criteria within these essential skills, which must be achieved by the end of the first part of the programme and before a student is able to progress to the next part. These will include those considered to be essential for public safety and any student failing to demonstrate these skills will not be allowed to progress beyond the progression point. One of these criteria is associated with safety and safeguarding people of all ages, their carers and their families.

We will be consulting on the new draft standards and the competency framework for nursing between January and April 2010.

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| 4.1 ii) The regulator ensures that standards are applicable to the different stages of training and education. Standards outline students’/trainees’ future personal responsibility for their own practice as well as for inter- | We have established progression points for students to ensure that they meet the required competences before proceeding to the next part of the programme. The progression points were set following Phase 1 of the ongoing pre-registration nursing review of fitness for practice at the point of registration. Our pre-registration standards for nursing include proficiencies to demonstrate knowledge of effective inter-professional working practices and those for midwifery include work in partnership with women and other care providers. The standards are designed to ensure that students are left in no doubt as to their future professional responsibilities to provide safe and sensitive | During the second phase of the review of pre-registration nursing education, we have developed proposed new teaching, learning and assessment (TLA) requirements for pre-registration nursing education programmes. These are currently being incorporated into the draft standards document and will form part of the consultation. The new requirements for nursing programmes state that there must be two progression points, which will normally separate the programme into three equal parts and be determined when a student progresses from one academic level to the next. The word ‘normally’ is to allow some flexibility for programmes which are longer than three years or those that are offered part time. |

5 Pre-registration midwifery education programmes: progression points – [Note: this link is no longer available. The progression points have been incorporated into Standard 15 of the new Standards for pre-registration midwifery education - footnote 1 provides a link.]

We are preparing guidance on professional behaviour for nursing and midwifery students. The document for consultation takes into account similar guidance being produced by other regulators and will be circulated early in 2009. A key driver for the guidance was a need, identified through consultation, for us to identify and set the standard for people skills and professional values.

Our review of pre-registration midwifery education was completed in 2007. Since September 2008, all new pre-registration midwifery students have been assessed at required progression points to judge whether they are able to practise safely and effectively. These progression points happen when a midwifery student moves from one academic level to the next and at the end of the programme, prior to registration. All educational outcomes within a progression point period must have been achieved and confirmed within 12 weeks of entering the next academic level.

We will host a conference for student midwives on 13 March 2009. The conference will enable us to engage with student midwives so that they understand the role of the NMC, to consult on the guidance on professional behaviour for students and to provide information on the role of the Local Supervising Authority and Supervisor of Midwives.

We specify the criteria that must be achieved at progression points one and two, before the student nurse can progress from one part to the next (as described in Standard 4.1(i)). Programme providers may choose to include additional progression points and add additional criteria for achievement at any of the progression points.

Within the competency framework, there are four domains representing areas of nursing practice:

- professional values
- communication and interpersonal skills
- nursing practice and decision making
- leadership, management and team working

Each domain has an overall standard of competence, which nurses in all fields of nursing (adult, children’s, learning disability and mental health) must achieve.

The leadership, management and team working domain specifies that all nurses must be able to:

- respond with autonomy to planned and uncertain situations confidently
- manage themselves and others effectively
- create and maximise opportunities to improve services
CHRE commented:
We were pleased to see that the NMC are preparing guidance on professional behaviour for nursing and midwifery students. We would like to discuss this further with you and would be grateful for any further details.

NMC responded:
The draft guidance was approved by the Council at its meeting in January 2009. The paper set out the background to the development of the guidance, the current situation and also identified a number of documents and reports, which we used to inform the development of the draft. Annexe 1 to the paper was the draft guidance, which we issued for consultation later that month. The consultation runs until 20 April 2009. The second Annexe to the Council paper was an executive summary of a review of student guidance, which was carried out on our behalf by the University of Hull.

- be prepared to develop further management and leadership skills during their preceptorship and beyond

In addition, there are competencies for each field which require nurses to participate in collaborative inter-professional and inter-agency team working as needed.

One of the new standards relating to the delivery of programmes requires that programme providers must ensure that students have the opportunity to learn with, and from, other health and social care professionals.

We will be consulting on the teaching, learning and assessment standards for nursing between January and April 2010.

As noted in Standard 1.1(iii), we published our new Standards for pre-registration midwifery education in February 2009. We will review the need for updating these in light of outcomes from the ongoing Midwifery 2020 project. (Standard 4.2(iii) provides further information.)

In conjunction with the publication of our Guidance on professional conduct for nursing and midwifery students, we hosted a launch event in Liverpool in October 2009. A summary of the event, together with the presentations, is available on our website. The launch was supported by a feature article in the November 2009 issue of NMC News (page 21) and the establishment of a page on our website specifically for students, together with a link from the home page. Initially, we distributed copies to all students of nursing and midwifery, and their mentors, via the Higher Education Institutions (HEIs). The guidance was inserted inside a special edition of our new annual student magazine, &YOU, which provides real life examples and

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interviews about its use in practice. Copies of the guidance are also available on request. In future years we will send copies to the HEIs for distribution to all first year students.

We held our first conference for student midwives, *The NMC and Statutory Supervision - how they work for you*, in Edinburgh in March 2009. The aim of the conference was to engage actively with students so they could get to know the NMC and its functions. An account and podcast of the event are available on our website.

Due to the success of this conference and our annual midwifery conference, we plan to hold a joint event for midwives and student midwives in March 2010 to highlight the work of the NMC and statutory supervision. This will take place in Wales.

4.1 iii)

The regulator regularly reviews its standards to ensure that they are up-to-date. The regulator revises standards or produces supplementary guidance as required and in consultation with stakeholders.

We review all our standards every three years, to ensure that they remain up to date in a modern healthcare environment and support good practice.

We are continuing our Review of pre-registration nursing education, which is being undertaken in association with the Government’s work around Modernising Nursing Careers. The Review focuses on the future and how nursing programmes across the UK meet the needs of patients, safely and effectively. Detailed information about the Review is available on our website.

Following extensive consultation, we agreed the principles to support a new framework for pre-registration nursing education in September 2008. These are

Our ESCs for pre-registration midwifery programmes have been mandatory since September 2009.

The second phase of our review of pre-registration nursing education (the review) commenced in January 2009. During this phase we are developing new *Standards for pre-registration nursing education*, which will be published in Autumn 2010 and will replace the current *Standards of proficiency for pre-registration nursing education*. New programmes will be introduced from September 2011.

This second phase of the review has focused on developing the programme structure, standards template, competency framework and programme requirements.

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12 Pre-registration nursing education: Phase 1 - [http://www.nmc-uk.org/Get-involved/Consultations/Past-consultations/By-year/Pre-registration-nursing-education-Phase-1/](http://www.nmc-uk.org/Get-involved/Consultations/Past-consultations/By-year/Pre-registration-nursing-education-Phase-1/)


The review is being undertaken alongside the library of standards (LoS) project, which is revising the way the standards for educational delivery are framed, organised and updated. The new draft standards document sets out the standards that must be met and the requirements which underpin them. For each programme of education, there will be additional guidance, which should be followed, together with advice to assist application of the standards. There are of course additional, profession specific competencies that will ensure that nurses and midwives are competent in their sphere of practice at the point of registration.

We also established the principle that there should be a period of mandatory preceptorship for all entrants to the nurses’ part of the register, this will provide supervision and support to new registrants. We are commissioning a feasibility study on the implementation of the principle.

Our next stage is to develop new competences for those completing training programmes and review the pre-registration standards for nursing. We will issue draft standards and guidance for consultation in December 2009 and expect the standards to be in place for the academic year beginning in September 2011.

We have completed our review of the Standards of proficiency for pre-registration midwifery education and will publish our new Standards for pre-registration midwifery education in February 2009. Our revised standards will incorporate information currently contained designed to ensure that education programmes provide appropriate training and include:

- A minimum programme outcome at degree level
- Increased opportunities for shared learning
- Continued emphasis on the four fields of practice (adult, children, mental health and learning disability).

The template used in the LoS document is currently being populated within the new draft standards for pre-registration nursing education. We will be consulting on the format of this new document and the new standards between January and April 2010.

The new pre-registration nursing standards document and supporting information will include the new standards for competence, teaching, learning and assessment. This will use a new web-based format which will provide links to supporting documents.

The new competency framework for pre-registration nursing education and the standards for teaching, learning and assessment have been developed with the help of

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15 Focus group consultation report on a review of pre-registration nursing education - http://www.nmc-uk.org/Documents/Consultations/RPNE/RPNE%20Phase%201/RPNE%20Phase1%20consultation%20focus%20group%20report.pdf
in circulars and will include the following:

- Students successfully completing programmes are at degree level
- The ratio of practice to theory ratio must be no less than 50% practice and 40% theory, leaving 10% at the discretion of the programme provider
- ESCs for midwifery
- Assessment at required progression points
- Grading of clinical practice.

We have also updated the language and style of the publication to make it more accessible and to be more explicit about the proficiencies required of midwives at the point of registration.

We are reviewing and improving the development, accessibility and dissemination of standards for education and training. The Library of Standards project will complete in September 2009 and deliver a consistent framework for our standards (see Standard 1.2(i)).

Article 3(14) of the Order\textsuperscript{14} sets out the requirement for the Council to consult stakeholders before establishing any standards.

We involve stakeholders in framing proposals for consultation, addressing outcomes, and developing the standards themselves. The nature and extent of stakeholder involvement is dependent upon the work being progressed but normally involves practitioners with due regard to the field of practice, students, commissioners of programmes, education providers and several project groups, which included representation from education, practice, students and user groups. We have also used feedback obtained through our e-portal surveys. The project groups include:

- Advisory group - provides us with advice around how best to engage and communicate with our stakeholders. The group also helps to address strategic issues relating to the impact of our intentions. Membership includes the four UK government health departments, unions, representatives of education providers, representatives of employers and the Patients' Association. It will work with us until the completion of Phase 2 in August 2010.
- Generic working group – helps us to develop the generic competencies, together with the associated framework for teaching, learning and assessment. We recruited 20 people, including patients’ representatives, to join the group in March 2009.
- Field working groups - involved in developing the competencies for the four nursing fields (adult, children’s, learning disability and mental health). They also looked at aspects of teaching, learning and assessment. Established in the summer of 2009.
- Reference group - provided support and expert information to the working groups. We invited many of the applicants who we could not accommodate on the working groups to join this group. By the end of the policy development phase, there were approximately 200 members of the reference group.
lay people. This arrangement ensures that standards reflect contemporary practice and the interests of key stakeholders.

For example, we developed the ESCs for nurses using specialist stakeholders such as the National Patient Safety Agency and Skills for Health. The consultation undertaken for the review of pre-registration nursing education, which sought views in five key areas, involved two separate processes conducted independently of each other. We held focus group discussions with professionals (eight groups) and lay people (one group) across the UK over a two month period. Running in parallel with this was a questionnaire-based online survey. We received responses from more than 3,000 individuals and organisations from around the UK.

The themes for the ESCs for midwifery were generated from the consultation on pre-registration midwifery education, which concluded in 2006, there were 327 responses of which 150 came from organisations. There were also seven student midwife responses and 10 Key Stakeholder responses. Five working groups then developed the content of the ESCs for midwifery. The membership of these groups included women who had recently given birth, lay organisations and student midwives, as well as other regulatory bodies such as the Royal Pharmaceutical Society of Great Britain.

CHRE commented:

We noted the consultation work undertaken by the NMC around the development of the Essential Skills Clusters for nurses and midwives. It would be helpful if we could have further information how the feedback from the consultees was taken into account in the final product.

• Practice education facilitators - we held a workshop for practice education facilitators (PEFs), representing each of the four UK countries, and all of the Strategic Health Authorities in England in April 2009. This explored issues around teaching, learning and assessment in practice.

Both generic and field working group members, which included a number of patients’ representatives, networked with their own stakeholders to develop the new competencies and requirements for teaching, learning and assessment. A PEF representative from each area and country was invited to join the reference group and to network with their colleagues in response to e-portal surveys.

Between April and October 2009, we used an e-portal to facilitate participation in the development of generic and specific competencies for pre-registration nursing and the requirements for teaching, learning and assessment. Participants responded to questions and provided thoughts on issues.

All members of the pre-registration nursing project groups were given access to the e-portal and it was widely advertised through our website, postcards distributed at conferences and exhibitions, and to PEFs. The surveys on the e-portal were analysed and the information fed back to the working groups.

Future work as part of the consultation process will include specific activities targeted at ‘seldom heard’ groups, particularly children, older people, people with learning disabilities and those who use mental health services. We will be asking how they think the standards for nursing will make a difference to them. In order to encourage a greater
NMC responded:

Council agreed that the essential skills clusters would:

- be seen as a ‘starting point’,
- be developed in partnership with stakeholders
- be compatible with other national and UK-wide competency frameworks
- enhance rather than replace existing measures
- be developed to a timescale that allows the work to be completed to the required standard
- be evaluated and regularly reviewed so that they remain current and enable clusters to be added or removed as need dictates.

In addition they would be:

- Profession/branch specific
- Practice focused and evidence based
- Linked to underpinning knowledge
- Be holistic rather than reductionist (tick box)
- Demonstrate progression
- Provide for robust, objective, consistent, systematic assessment whilst being flexible enough to meet student need
- Be achieved ‘by’ rather than ‘at’ a progression point and allow for testing of specific skills more than once.

and more meaningful response from patients and the public, we will also target patients, clients, parents, family or carers whose lives are affected by what nurses do.

In November 2009, we developed a framework of EU adaptation programmes for nursing in response to EU requirements for compensation measures in line with Directive 2005/36/EC on the recognition of professional qualifications. Other regulators (in particular the General Medical Council) have expressed interest in looking at our model as best practice. We have had strong collaboration with stakeholders during this development, notably the Department of Health, the Department of Business Innovation and Skills, which is the national co-ordinator for the Directive, the European Commission and HEIs.

We will review our Standards for adaptation to midwifery in the UK (overseas midwives programme) in 2010-2011.

CHRE commented:

We note that the NMC intends to undertake specific activities to target seldom heard groups as part of its consultation on pre-registration nursing standards. We would be interested to hear more about how the NMC plans to do this work.

NMC responded:

The targeted work provides another avenue for service users and their representatives to have an input into our review of pre-registration nursing education (the review). The focus is on groups of service users who receive care from nurses working in the four fields of nursing – adult (includes older people), children’s, learning disabilities and mental health.

We are undertaking this work in partnership with
### Nursing

We identified six essential skills clusters to be developed:

- communication
- care and compassion
- hygiene and infection control
- nutrition and fluid maintenance
- medicines management
- management of care.

We held a series of reference groups in 2006 to consider the six essential skills clusters, details of the institutions and organisations represented are provided at the end of this document. We also circulated information to a wider reference group, the member organisations of which are listed at the end of this document.

Drafts of each section were created by NMC officers using input from the members of the reference groups and these drafts were circulated back to the reference groups and the wider reference group for comment and amendment. This was an iterative process and several drafts of each section were produced and then combined into a final document which, in turn, was also circulated for comment and amendment.

### Midwifery

Our 2006 consultation on pre-registration midwifery education proposed 10 specific skills to be assessed in more depth for midwifery:

- Alzheimer’s Society, Age Concern & Help the Aged, Children’s Hospices UK, Mencap and Rethink. This allows us to use their expertise and knowledge to plan consultation activities that are appropriate to the people that they represent.

  During the early stages of Phase 2 of the review, a scoping exercise was undertaken with a range of groups and organisations that represent service users, including those mentioned above. It looked at:

  - how the consultation could be made accessible to members of the public, together with seldom heard and vulnerable groups of service users
  - any particular groups of service users that needed to be given specific attention during Phase 2, for example, people with profound and multiple learning disabilities, children of particular ages
  - issues that are of relevance to the people that they represent

All organisations involved felt that if we are to engage service users and carers within our consultation, we need to use means other than mainstream consultation methods to do so.

The main consultation is by its nature detailed and complex. To increase the level of input, short surveys are being developed that target each of the given groups of service users, as well as their carers. We are working with each organisation’s research, policy or engagement officers to identify issues that are of particular relevance. The surveys will be designed specifically with each client group in mind and will run for eight weeks from 1 March 2010.
Organisations representing the identified hard to reach groups see the benefit of focus groups as a way to explore further, certain issues that we have touched upon within the surveys. They are also a means for gaining access to groups of people, for example, people with profound and multiple learning disabilities, or children, who may be less inclined, or may not be able to, take part in the surveys.

For some organisations, for example, Alzheimer’s Society, the findings from the groups will be used to help formulate the organisation’s response to our consultation.

Because of the work that we have already undertaken with older people in 2007, developing our Guidance for the care of older people, we feel that we have sufficient information about the competencies to be demonstrated by nurses when caring for older people. Therefore, we will not be undertaking additional focus group with older people.

All organisations have shown enthusiasm for the review and have offered to use their communications channels and contacts to help us publicise our consultation.

CHRE commented:
You have mentioned that the NMC has developed a framework of EU adaptation programmes for nursing and that other regulators have expressed an interest in the model as best practice. We would like to hear more about the framework and why it is considered best practice.

NMC responded:
In order to provide EU trained nurses who have significant shortfalls in their training with a route to access the register, we amended our existing framework for the adaptation of non-EU (‘overseas’) applicants. Where required, this allows, for EU nurses to undertake both
representation included UNICEF, Royal Pharmaceutical Society, Clwyd Community Health Council, Adverse Psychiatric Reactions Informations Link (APRIL), Antenatal Result and Choices (ARC). Peer supporters from Bosom Buddies also attended.

Each working group met on one occasion. Following the meeting the information gathered was developed into the relevant ESC and sent out for further comment. When the comments were incorporated the ESCs were approved by the Midwifery Committee.

Theoretical and clinical components of study, whilst simultaneously being assessed against each of the proficiencies for entry to the register. The guidance also outlines requirements for mentorship, practice placements and competence sign off.

We have shared this guidance with other UK healthcare regulators, such as the General Medical Council, who have been keen to study our approach. Other EU competent authorities, dealing with an increase in the number and complexity of applications, have also sought information about our adaptation standards. Our guidance has informed the establishment of adaptation standards in a number of EU member states, including Ireland, Portugal and Spain. We also sought, and received, the approval of the European Commission Internal Market Directorate in the setting up of these standards.

Extra supporting information

Information about ESCs is used by our Communications Team in responding to press coverage on a number of issues, such as compassion and dignity, infection control and nutrition in hospitals, to give patients confidence that we are addressing these issues. Our development of ESCS pre-empted many of the issues that have been raised by the media, enabling us to respond positively to any public concern in these areas.

Following the consultation on pre-registration midwifery education, we strengthened the emphasis that midwifery training programmes put on ensuring the safe and effective practice of midwives in supporting women experiencing normal childbirth. This includes skills in critical decision making to identify where normal processes are adversely affected or compromised and require a referral to another healthcare professional or

We have been working closely with EU nursing regulators and educators, in particular FEPI (European council of nursing regulators), FINE (European network of nurse educators) and the Tuning project (competences for nursing) towards updating the EU training requirements for nursing. We have completed a proposal for a review of the relevant annexe of the EU Directive on the recognition of professional qualifications (2005/36/EC) and have been in communication with the European Commission. The annexe was drafted in the late 1960s and we are encouraging an update of the content to reflect contemporary practice.

As reported in Standard 5.2(vii), we have been working collaboratively with the French regulator of midwives (L'Ordre de Sages Femmes) in the development of the European network of midwifery regulators. One of the network's priorities going forward is the improvement
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<td>4.2 i)</td>
<td>Standards for the delivery of education and training prioritise patient safety and interests and link in with the standards of competence and conduct for registrants.</td>
<td>We accept no compromises to public safety and will not allow inconsistency of educational outcomes. Our standards for education and training are expressed in such a way as to allow scope for providers’ interpretation in developing their own programmes, in consultation with commissioners and local service providers.</td>
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<td>Our standards of proficiency for the three parts of the register (^1) are designed to prioritise the safety of patients and service users. The standards set what should be achieved by students in the form of outcomes and proficiencies, as well as the standards for those delivering the programme. The latter includes:</td>
<td>We are developing a library of education standards in which there is a set of 10 common standards for programmes of education. Prior to the formal consultation on the proposed new standards for pre-registration nursing education, we carried out an informal consultation, with a targeted group, on the proposed common standards, which are as follows:</td>
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<td></td>
<td>• Length of programme</td>
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<td></td>
<td>• Content for nursing to be 50% theory and 50% practice</td>
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<td></td>
<td>• Content for midwifery to be a minimum of 40% theory and 50% practice, leaving 10% at the discretion of the programme provider</td>
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\(^{19}\) Good health and good character guidance - [http://www.nmc-uk.org/Documents/Circulars/2008%20circulars/NMC%20circular%202008%202008.pdf](http://www.nmc-uk.org/Documents/Circulars/2008%20circulars/NMC%20circular%202008%202008.pdf). [Note – the links provided on page 2 of the NMC Circular are no longer available, however, information for students, nurses and midwives and for educational institutions is available on the following links - http://www.nmc-uk.org/Students/Good-health-and-good-character-Guidance-for-students-nurses-and-midwives/; http://www.nmc-uk.org/Educators/Good-health-and-good-character/]
<table>
<thead>
<tr>
<th>1 Safeguarding the public</th>
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<tr>
<td>The education of nurses and midwives must be consistent with The Code: Standards of conduct, performance and ethics for nurses and midwives (NMC 2008).</td>
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<th>2 Equality and diversity</th>
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<tr>
<td>The education of nurses and midwives must be based on principles of equality.</td>
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<th>3 Selection, admission, progression and completion</th>
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<tr>
<td>Processes for selection and admission, and opportunities for progression and completion must be open and fair.</td>
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<th>4 Support of students and educators</th>
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<tr>
<td>Programme providers* must support students to achieve the programme’s outcomes and give support to educators to undertake relevant personal development.</td>
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<th>5 Structure, design and delivery of programmes</th>
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<tr>
<td>The programme must be developed and delivered in partnership using evidence-based sources to meet the approved outcomes.</td>
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<th>6 Practice learning opportunities</th>
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<td>Practice learning opportunities must be integral to the programme, appropriate to meet the programme outcomes and within a safe and effective environment.</td>
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<th>7 Outcomes</th>
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arrangements ensure effective mentoring and the rigorous assessment of students in practice. For example, the inclusion of the role of sign off mentor is crucial to ensuring public protection and is responsible for confirming practice proficiency prior to progression (for midwifery) and at the end of the programme (for nursing).

We issued new guidance on good health and good character in 2008 and used an NMC Circular\(^{19}\) to set out the key issues and provide links to the updated guidance. We highlighted the requirement for education providers and their partners to ensure that local student fitness to practise panels were in place by 1 January 2009. These panels will protect the public by addressing issues of student behaviour that might be incompatible with training.

Early in 2009, we are consulting on draft guidance for the behaviour of pre-registration students and will be issuing the guidance later in the year.

**CHRE commented:**

The NMC appear to be prescriptive in relation to the standards set for the delivery of education and training which is contrary to the approach taken on CPD. For example, setting out for education providers the percentage of each course that should cover theory and practice. What is the rationale for this?

**NMC responded:**

The rationale for being prescriptive about the theory and practice components is to ensure that the programmes comply with EU Directive 2005/36.

For nursing, while the requirement in the Directive relates

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<th>8 Assessment</th>
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<td>Programme outcomes must be tested through valid and reliable assessment processes.</td>
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<th>9 Resources</th>
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<td>The educational facilities in academic and in practice settings must facilitate delivery of the approved programme.</td>
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<th>10 Quality Assurance</th>
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<td>Programme providers must have effective quality assurance processes in which findings lead to quality enhancement.</td>
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* 'programme providers' includes those in the AEI and their practice partners.

Standard 3 covers policies to assure students' conduct and Standard 7 relates to competence.

In monitoring during the academic year 2008-2009, we found that fitness to practise panels, or their equivalent, were well established and functioning effectively. Service providers were included in the membership of these panels and practice partners were aware of the processes for dealing with student conduct issues. Our recently launched *Guidance on professional conduct for nursing and midwifery students*\(^{6}\) further strengthens this requirement. We took the opportunity to promote the guidance at our annual QA conference in September 2009 and it will be used, as a reference, by reviewers when...
to general nursing, for consistency we have chosen to apply the same principle to all fields of nursing.

As a result of our consultation on pre-registration midwifery education, we revised the midwifery requirement from 50/50 to the current requirement of a minimum of 40% theory and 50% practice, leaving 10% at the discretion of the programme provider.

CHRE commented:
We were pleased to see that the NMC has required education providers and their partners to implement local student fitness to practise panels. Has the NMC checked whether they have complied with this requirement? We also consider that the NMC’s work on guidance for the behaviour of pre-registration students is a good development.

NMC responded:
We identified the admission process, particularly the conduct of students of nursing and midwifery, as one of the five key risks to be included in the monitoring programme for the year 2007/08. The results showed positive progress made in advance of the requirement for fitness to practise panels coming into force in January 2009. Providers have a wide variety of approaches, many of which constitute effective practice in managing the conduct of students.

Eighty QA reports contained direct reference to the risk indicators identified in the review plan. Of these eighty providers:

- 31 (39%) already had Fitness to Practise panels in looking at this aspect.

CHRE commented:
How has the NMC been assured that student fitness to practise panels are established and functioning effectively.

NMC responded:
As reported in our main submission for Standard 4.2(i), our monitoring during the academic year 2008-2009 found that fitness to practise panels, or their equivalent, were well established and functioning effectively.

In our second year of monitoring these panels, we found enhanced public protection arising from:

- higher levels of awareness of panels by service representatives
- increased engagement of service representatives on panels
- service representatives leading on decisions regarding students’ access to placements and patients
- inter-professional representation on fitness to practise panels
place of which

- 18 (58%) explicitly identified the involvement of service personnel in the process.
- 43 (54%) required students to undertake annual self-declarations of good character and a further 4 had this under consideration

7 providers were found to require checks on character upon students return after interruptions in training
6 providers suspended students from practice settings pending the outcome of fitness to practise proceedings.
1 SHA had funded 3 providers to undertake annual CRB checks.

Whilst many providers referred specifically to Fitness to Practise Panels a number of other titles were used including:

- Suitability Board
- Professional Conduct Panel
- Police Panel
- Professional Suitability Panel
- Adjudication Hearing
- Student Conduct in Practice Committee.
### 4.2 ii)
The regulator ensures that standards are applicable to all situations, including placements.

Requirements for placement learning are set out within each of the respective standards of proficiency documents and, where appropriate, include those set out under European Directive 2005/36/EC. Examples of the latter are requiring the practice component of pre-registration nursing and midwifery programmes to be a minimum of 50% and, for nursing, specifying requirements for clinical and theoretical instruction for general care. The overarching *Standards to support learning and assessment in practice* apply to the supervision, mentoring and assessment of students undertaking practice learning in all NMC approved programmes. (See Standard 4.2 (i)).

The *Standards for the preparation and practice of supervisors of midwives*, which came into effect in September 2007, cover admission to a programme of preparation as a supervisor of midwives; the programme itself; initial and subsequent appointment as a supervisor of midwives; and continuation in that role.

We have also established *Standards for the supervised practice of midwives*.

In our new library of education standards template, we have defined programme providers as those responsible for delivering nursing or midwifery education, or both, in either academic or practice setting (formerly referred to as placements).

The template includes common standards (see Standard 4.2(i)) with associated generic requirements which must be met. It will be further populated with:

- requirements specific to pre-registration nursing, which must be met
- guidance, which should be followed
- advice

### 4.2 iii)
The regulator regularly reviews its standards to ensure that they are up-to-date. The regulator

We review our standards at least every three years and issue supplementary advice, in the form of NMC Circulars, to inform programme delivery. Our standards for delivery of programmes are reviewed through our QA monitoring processes (see Standard 4.3 for further information).

We intend the library of education standards to be held in an electronic format, which can be updated as supplementary requirements or advice are identified. We plan to have a process for updating and revising, which will allow comments from stakeholders to be taken into account before proposed changes are implemented.

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We updated our *Standards to support learning and assessment in practice*\(^\text{18}\) in 2008. The revisions took account of inquiries generated by the original publication and incorporated issues that came out of Phase 1 of the pre-registration nursing review of fitness for practice at the point of registration and which had, initially, been issued as NMC Circulars. We published the updated version, in July 2008, through an NMC Circular\(^\text{21}\) and a series of NMC Education Roadshows across the UK.

We are currently reviewing and improving the development, accessibility and dissemination of standards for education and training. We will complete our Library of Standards project in September 2009, which will enable us to deliver a consistent framework for standards.

As reported in Standard 4.1(iii), Article 3(14) of the Order sets out the requirement for the Council to consult stakeholders before establishing any standards.

We involve stakeholders in framing proposals for consultation, addressing outcomes, and developing the standards themselves. The nature and extent of stakeholder involvement is dependent upon the work being progressed but normally involves practitioners with due regard to the field of practice, students, commissioners of programmes, education providers and lay people. This arrangement ensures that standards reflect contemporary practice and the interests of key stakeholders.

Version control will allow archiving on a regular (possibly annual) basis. We hope to produce all education standards in this format as they come up for review under the current three-yearly process.

The LoS project was not completed by September 2009 as it is dependent on our new website, which is currently under development. (See extra supporting information for Standard 5.2.)

As noted in Standard 4.1(ii), our *Standards for pre-registration midwifery education*, published in February 2009, will be reviewed once the Midwifery 2020 project is completed. This project, which is being led by Department of Health (England), is considering how midwives’ contributions to the care of women and families in the UK can be maximised by the year 2020. The work is scheduled to be complete and reported by the end of 2010. We are engaged with all aspects of the project in the four countries.

For example, we developed the ESCs for nurses using specialist stakeholders such as the National Patient Safety Agency and Skills for Health. The consultation undertaken for the review of pre-registration nursing education, which sought views in five key areas, involved two separate processes conducted independently of each other. We held focus group discussions with professionals (eight groups) and lay people (one group) across the UK over a two month period\(^\text{15}\). Running in parallel with this was a questionnaire based online survey\(^\text{16}\). We received input from more than 3,000 individuals and organizations from around the UK.

The themes for the ESCs for midwifery were generated from the consultation on pre-registration midwifery education, which concluded in 2006\(^\text{17}\), there were 327 responses of which 150 came from organisations. There were also seven student midwife responses and 10 Key Stakeholder responses. Five working groups then developed the content of the ESCs for midwifery. The membership of these groups included women who had recently given birth, lay organisations and student midwives, as well as other regulatory bodies such as the Royal Pharmaceutical Society of Great Britain.

### Extra supporting information

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<tr>
<th>Information Type</th>
<th>Description</th>
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<tr>
<td>Extra supporting information</td>
<td>Our QA Fact Sheets provide information to support programme providers. For example, one sets out principles for practice learning for programmes leading to entry onto the professional register(^\text{22}). Another provides information about the statement of compliance, which providers are required to provide, confirming that</td>
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We are incorporating relevant QA factsheets into standards as they are revised. The processes for updating the new library of education standards will allow us to incorporate new requirements as they occur, rather than producing extra factsheets or NMC circulars.

We have commissioned research to help us decide...

appropriate resources are secured to deliver approved programmes. The QA Fact Sheets will be reviewed as part of the Library of Standards project.

In October 2008, we issued good practice guidance for selection of candidates to pre-registration nursing and midwifery programmes. This followed responses to our 2007 consultation on pre-registration general entry requirements.

whether there is an optimum midwife teacher resource (staff:student ratio) for delivery of pre-registration midwifery education and, if so, whether it could be universally applied. Led by the University of Nottingham, this is a collaborative study involving the universities of Glamorgan, Kingston (St Georges), Plymouth and Robert Gordon. Known as the Midwives in Teaching (MINT) project, the work is being undertaken over 18 months and is due to be completed in September 2010.

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<tr>
<th>Supporting evidence</th>
<th>Provided in footnotes.</th>
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## Standard 4.3

The regulator has a transparent and proportionate system of quality assurance for education and training providers.

<table>
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<tr>
<th>Minimum requirements</th>
<th>2008-2009 Response</th>
<th>2009-2010 Response</th>
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<tr>
<td>4.3 i) The regulator assesses education and training providers, including arrangements for placements, at</td>
<td>We approve all providers of nursing and midwifery education and training as well as the individual programmes. This is a statutory obligation and includes the power to set conditions on, or make recommendations to, the provider at approval. Our QA Handbook sets out aspects of our UK-wide QA Framework. We provide the Handbook to programme</td>
<td>We regard evaluation of the learning environments for nursing and midwifery as an essential facet of our public protection duties. HLSP are now known as Mott MacDonald and the handbook for 2009-2010 can be viewed on their website. We have completed three years using the UK-wide QA framework and have evidence that the standard of</td>
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appropriate intervals, which may vary between establishments proportionally to risk. It is available through the websites of our QA suppliers, HLSP\textsuperscript{25} and Healthcare Inspectorate Wales\textsuperscript{26}. Information on our QA Framework is also available on our website\textsuperscript{27}.

Our UK-wide framework for QA is now in its third year and information and analysis from the previous two years is being used to determine the monitoring activity for the current year. Five key risk areas have been identified for the year 2008/09 – resources; admissions and progression; practice learning; fitness for practice; and quality assurance. Following QA a provider is awarded one of the following grades:

1 **Outstanding**: Exceptionally and consistently high performance with examples of effective practice which is innovative and worthy of dissemination and emulation by other programme providers.

2 **Good**: The element/programme enables students to achieve stated learning outcomes without need for specific improvements.

3 **Satisfactory**: The element/programme enables students to achieve stated learning outcomes but education provision is generally good. The monitoring process appears to be improving standards as the proportion of 'good' and 'outstanding' grades has increased each year\textsuperscript{31}. Using the risk-based approach, we have been able to plan the following year's monitoring in proportion to the risks identified.

We have retained the five key risks (resources, admissions and progression, practice learning, fitness for practice, and quality assurance) to drive the review plan for the academic year 2009-2010. By doing this, we can collect comparable data across the risk areas and be transparent in continuing to use an accepted process.

By reflecting on the grades awarded, we have made slight adjustments to the wording of the criteria to make them more consistent and to recognise continuing excellence even when there has been little innovation. The grading criteria being used for monitoring during the academic year 2009-2010 are:

- Outstanding

  Exceptional and consistently high performance. Strong risk controls are in place across the provision and, in addition, reviewers must identify specific

\begin{tabular}{|l|l|}
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\multicolumn{2}{|l|}{\textit{Nursing and Midwifery Council}} \\
\multicolumn{2}{|l|}{December 2009 and March 2010} \\
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\end{tabular}

\textsuperscript{25} HLSP - [Note – this link is no longer available. Footnote 30 provides current link.]

\textsuperscript{26} Healthcare Inspectorate Wales – [Note – this link is no longer available. Mott MacDonald (link in footnote 30) is now responsible for QA in Wales.]

\textsuperscript{27} Quality assurance of education - [http://www.nmc-uk.org/Educators/Quality-assurance-of-education/]

\textsuperscript{28} Framework for QA monitoring 2008/09 – providers by category – [Note – this link is not currently available.]

\textsuperscript{29} Framework for QA monitoring 2008/09 – overall framework – [Note – this link is not currently available.]

\textsuperscript{30} Mott MacDonald website - [www.nmc.mottmac.com]

improvement is needed to overcome weaknesses.

4 Unsatisfactory: Exceptionally low performance. The element/programme makes a less than adequate contribution to the achievement of stated learning outcomes. Significant and urgent improvement is required to become acceptable.

The overall outcomes of monitoring activity in 2007 resulted in providers being placed in one of the following categories:

- Programme providers with acceptable risk control: these are considered to be managing acceptably and are subject to a standard 3-day visit (33 providers).
- Programme providers with well developed risk control: these are asked to carry out a self-assessment for one year, using the same reporting format as the NMC’s reviewers (31 providers).
- Programme providers with weaker levels of risk control: these will be subject to a standard visit with the potential for a revisit. The initial visits are carried out early in the academic year to allow time for a revisit if required. Action plans are put in place prior to the visit (20 providers).

A list of the providers in each of these categories is available on our website. This is just one of the links available from that part of our website providing details of the framework for QA monitoring for the current year.

Monitoring always includes visits to practice learning environments, except in very exceptional circumstances, features within the risk control systems that are worthy of dissemination and emulation by other programme providers.

- Good
  The element or programme enables students to achieve stated learning outcomes. Appropriate risk control systems are in place without need for specific improvements.
- Satisfactory
  The element or programme enables students to achieve stated learning outcomes but improvements are required to address specific weaknesses in risk control processes.
- Unsatisfactory
  The element or programme makes less than adequate contribution to the achievement of stated learning outcomes. Risk control systems and processes are weak and significant and urgent improvements are required to become satisfactory.

We awarded ‘earned autonomy’ to 31 institutions for the 2008-2009 monitoring cycle. This meant that they did not have a monitoring visit but were asked to self-assess against the identified risks using the same proforma as our reviewers. The difference in the process was that they did not grade their own performance. As we base the award of earned autonomy on analysis of grades, this means that an HEI with earned autonomy can only be in this position for one review cycle and we will carry out a monitoring visit the following year. Monitoring visits are to both the AEI and the practice learning providers.
such as teacher programmes, where this is not appropriate. Our reviewers usually meet with mentors, practice educators and students as part of the process of triangulating evidence. The contributions of patients and service users to programme development and delivery are also taken into account in programme monitoring.

CHRE commented:
The NMC’s approach to quality assurance is different to that undertaken by the other regulators and in order to understand the NMC’s approach it would be helpful to have further information:

- How does the NMC co-ordinate its quality assurance process with other agencies?

NMC responded:
NMC approved programme providers request approval events in respect of programmes for which we set standards. We always respond to these positively in order to accommodate the demand for approval. We approve programmes in a con-joint activity with programme providers. We work with other regulators in the approval of inter-professional programmes. For example, this has involved co-ordinating approvals with the Health Professions Council for non-medical prescribing programmes.

The Head of UK Quality Assurance has annual meetings with the workforce development leads of the Strategic Health Authorities (SHAs) in England and representatives of the devolved administrations in Northern Ireland, Scotland and Wales. Furthermore Managing Reviewers make contact with SHAs in advance of their visits. Programme providers have the

We reviewed the use of three-day visits to weaker institutions and found that the extra time was only of benefit where the provision was very large.

For 2009-2010 we have divided providers into four groups. On the same basis as last year, those with all ‘good’ or ‘outstanding’ grades (23) have been given earned autonomy. We will carry out a one-day visit to target a specific issue in four institutions who will be invited to self-assess for the remaining risks. We will carry out a ‘normal’ two-day visit to the majority (55), which includes all those who earned autonomy the previous year. The remaining two institutions, who have demonstrated consistently weak performance, will receive a three-day visit to monitor progress. We have retained the requirement for an action plan to be produced to address any ‘Unsatisfactory’ grade but will not ask for action plans unless risk control is graded ‘Unsatisfactory’. We see these processes as reducing the burden of inspection on the basis of merit.

In September 2009, we received representatives from the Chinese Nursing Fund who wanted to link with UK nursing education processes because they held them in such high regard.

The Chief Executives’ Steering Group (CESG) has discussed the possibility of developing a single cross-regulatory memorandum of understanding (MOU) with the Care Quality Commission (CQC) (the successor body to the Healthcare Commission). Discussions are ongoing about this approach and the CESG met with CQC officials in September 2009. A cross-regulatory working group of leads in this area has been convened to develop the thinking. We are also independently taking forward work on the development of an MOU with the CQC.
opportunity to negotiate with our QA suppliers if proposed dates clash with other activity. Managing reviewers access appropriate quality assurance material available in the public domain during their initial visit. Programme providers are also asked to identify any other quality activity or visits being undertaken by other agencies that might have bearing on the NMC review. We have a memorandum of agreement with the Healthcare Commission and are developing similar arrangements with the Care Quality Commission.

CHRE commented:
- What is the rationale for those with an acceptable risk control being subject to a standard three day visit but those with a weaker risk control only having one extra day to their visit.

NMC responded:
Those providers found to have acceptable risk control will have recommendations made for improvement as part of last year's monitoring activity. This will have included some satisfactory grades; defined in the QA handbook as:

The element/programme enables students to achieve stated learning outcomes but improvement is needed to overcome weaknesses in key risk control processes.

Programme providers found to have weaker levels of risk control are subject to an additional day's visit, focussing on clinical areas. The visit overall will look at the outcomes of the previous year’s visit and pay particular attention to the risk areas that were poorly controlled. In the event that any of these areas are graded satisfactory (Standard 5.2(i) provides further information about our work on MOUs.)

CHRE commented:
We are still concerned that the NMC’s quality assurance process might not be proportionate. We would like to discuss with you how this process ensures that the education of nurses and midwives reaches the appropriate standard and that the public is better protected.

NMC responded:
By monitoring education providers’ adherence to the standards set for NMC approved programmes of education, we can ensure that any apparent shortcomings are addressed in a specified time-frame and thus be assured that the likelihood of unsuitable people being put forward for registration is absolutely minimal. The process of monitoring against a fairly specific review plan in itself raises awareness of issues, such as students’ good character, which we deem particularly important.

Tighter standards for teaching and assessment in practice have strengthened the training of those who sign off competence in practice. One of the areas which this preparation addresses is the difficult situation of a failing student. The providers of practice experience (placement providers) are required to keep ‘live’ registers of mentors and practice teachers who meet our standards as set out in Standards to support learning and assessment in practice. The QA review plan requires that these registers be checked, to ensure that those supporting students in practice have been suitably prepared and updated.

For the HEIs providing a number of programmes, we review approximately 20 percent of their provision each
or unsatisfactory, a return visit will be done to follow up on actions. This will be additional to the four planned days.

**CHRE commented:**
- We have received feedback from a workshop of the Council of Deans in which concerns were raised that changes to the quality assurance process were made public without consultation, that there seem to be inconsistency between the grade and the risk assessment and that education providers are only able to comment on factual errors in the report. What are your thoughts on these comments?

**NMC responded:**
We consulted widely on the introduction of the UK wide QA Framework and gave a number of presentations across the UK to introduce the targeted nature of monitoring activity. We decided to make a positive statement about the outcomes of our monitoring activity in the interests of transparency. Providers with well developed risk control have been very positive about this development. It would not be possible to have been transparent about this group without the same level of information about providers with weak risk control.

We have changed our approach to reporting following feedback from programme providers. The first year of risk based monitoring activity reported whether key risks were or were not controlled. We analysed the outcomes of all the activity at the end of the cycle and then placed providers in one of the three groups according to their level of risk control. It was clear that these two positions could be incompatible. For this year we have removed the overall grade and QA suppliers will grade the year.

In the last two years we have introduced ‘earned autonomy’ for HEIs with consistent good performance against the review plan. They are required to self-assess using the same criteria but are not subjected to an external visit for one year.

We would like to discuss this further at the review meeting on 10 March 2010.
individual key risk areas leaving us to determine the level of engagement for next year.

Programme providers are able to comment on factual errors. They may appeal against the outcome on the basis that due process was not followed. They are invited to give feedback on and evaluate the process as they have experienced it. These are standard procedures within the higher education environment. For example, students would normally only be allowed to appeal against the outcome of an assessment on the basis that due process had not been followed.

**CHRE commented:**

- Given the different approach taken by the NMC, what effect does the quality assurance process have on the outcomes of education and training for nurses and midwives and is the NMC convinced that the approach it takes is proportionate?

**NMC responded:**

It is evident already that some providers have responded positively to our UK-wide QA Framework. Some have taken a pro-active approach to improving their performance and, as a result, have achieved earned autonomy status a year after issues had been identified. There is evidence of greater sharing across the UK and the dissemination of effective practice has been a very positive innovation. A particular area of development has been in the recording and maintenance of our requirements for registration and teaching qualifications amongst nursing and midwifery lecturers. Key risks for the admission of students to programmes were found to be well controlled and this area has been modified to
include consideration of student progression. The level of engagement is directly proportionate to the degree of risk control. Those providers demonstrating well developed risk control have earned autonomy; those lacking such control have increased levels of engagement. We are experiencing higher levels of engagement with our QA processes and have seen improving performance from many providers. The fact that we received only one complaint (which was resolved quickly and effectively) from 84 providers indicates high levels acceptance of our QA activity.

4.3 ii) Students'/trainees' and patients' perspectives are taken into account as part of the evaluation.

Reviewers meet with students as part of the approval and monitoring activity unless the programme being approved is new and there are no previous students. Reviewers meet with students independent of university or clinical staff and gather evidence of their experience of a particular programme and/or provider. Reviewers take steps to prevent any feedback being directly attributable to individual students and confidentiality is observed.

In 2008/2009 we are asking providers to give us information as to how they target patients and users.

**CHRE commented:**
We would be interested to know how you intend providers give you information about how they target patients and users.

**NMC responded:**
The monitoring review plan for 2008/09 includes the following direction for reviewers:

*Identify how providers elicit the views of individual and groups of service users and patients; to ask about the*

Reviewers continue to meet with students, whenever possible, during monitoring and approval events. Where remote provision is being reviewed, this may involve video or telephone conferencing.

We have encouraged service user participation in the review process by asking for their feedback to be incorporated in the programme evaluation. During the 2008-2009 monitoring cycle, we identified a number of innovative schemes for getting service user feedback and were pleased to invite providers to disseminate these at workshops at our annual QA conference in September 2009. The fact that reviewers asked the question, stimulated providers to look at how they currently involve service users in all aspects of programme development and delivery.

While our current contracted QA processes do not have lay representation, they do seek service user feedback. We are working with other healthcare regulators to explore the issue of lay representation. A meeting in June 2009 identified different levels of lay involvement and suggested a number of possibilities including a shared panel of
care offered to them by students, their level of awareness of the role of students and the programme.

CHRE commented:
Following on from the NMC’s email of 22 January 2009, we are interested to know whether progress has been made on the setting up of a sub-group to look at the feasibility of involving lay members in quality assurance activity.

NMC responded:
We have written to HPC, GMC, GDC, GSCC, PSNI to arrange a sub-group of the PPI meeting in March to look at the feasibility of involving lay members in quality assurance activity.

externals.

We also include the views of students and maternity service users when considering safety issues during the conduct of reviews of local supervising authorities and supervision of midwives. The outcomes of these are published on our website and are available to our QA reviewers.

CHRE commented:
We would be interested to hear some of the innovative schemes discussed at the quality assurance conference to establish whether these can be disseminated more widely.

NMC responded:
Examples of innovative schemes presented at the 2009 QA conference are as follows:

- University of Central Lancashire
  The Consensus Project for service user and carer input to programmes created a community of 120 volunteer service users available for teaching and curriculum development work. The volunteers participate in a range of different activities.

- Derby University
  The interview process for pre-registration programmes, which includes OSCE style work stations to assess attributes such as communications and team work. Assessment is by lecturers, practitioners and service users and carers.

- Kingston University
  Inclusion of service users and carers in ‘Snapshot’ structured assessments of practice in years two and
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<th>4.3 iii)</th>
<th>We approve programmes against the standards we set. We contract with external QA suppliers that manage teams of reviewers who undertake quality assurance activity. Further information about the training and management of the reviewers is provided in the 'extra information' section. The quality assurance activity comprises prospective approval activity and retrospective monitoring activity. Our reviewers are practitioners or educationalists holding current registration and are experienced in quality assurance. They are allocated to quality assure only those programmes that lead to qualifications they hold. In the academic year 2007/2008 a total of</th>
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| **Educational and training providers that meet the required standards are approved, and steps are taken where a provider falls short of the standards.** | **All conditions of approval set during approval activity last year were met apart from one. This was with a provider of a generic teacher preparation programme who did not wish to work in collaboration with another HEI to provide an NMC approved programme.**
**There were no formal complaints against the process or its outcomes last year. The action plans to address unsatisfactory risk controls, identified in last year’s monitoring cycle, have all been met.**
**CHRE commented:**
Following concerns being raised at Basildon and Thurrock University Hospitals NHS Foundation Trust, we note that |

32 [QA annual monitoring reports](http://www.nmc-uk.org/Educators/Quality-assurance-of-education/Reviewing-and-monitoring/QA-monitoring-reports/)
228 programmes were considered for approval, all of which were approved. All our standards must be met before we approve a programme. In some instances, we impose conditions, which must be met before the programme is allowed to run. In many cases conditions reflect the need to clarify programme documentation rather than substantial changes to the curriculum.

Our risk based approach to monitoring is designed to target weak performance and enhance quality. If issues are identified in programme monitoring (which takes place when the programme is running) action plans are immediately put in place to ensure that standards are met. Reviewers make detailed checks to confirm that action plans are completed satisfactorily.

We currently approve 84 programme providers across the UK. These offer over 1,100 approved programmes covering pre-registration nursing and midwifery, return to practice for all three parts of the register and post registration qualifications, including specialist community public health nursing, teacher programmes and prescribing.

QA monitoring reports are available on our website.

CHRE commented:

We are unclear how managing reviewers ensure quality and consistency in the work of the reviewers? Could the NMC provide further information on this matter?

NMC responded:

Managing Reviewers have a clear role in moderating the processes and outcomes of our monitoring activity. Managing Reviewer responsibilities include the peer review of each others’ reports, evaluation of Reviewers’

the NMC announced that it planned to visit the Trust to check whether student placements should continue. We would be interested to know if the Trust was visited, how the NMC worked with other system and professional regulators and what outcome was achieved.

NMC responded:

A team of nursing and midwifery reviewers visited Basildon and Thurrock University Hospitals NHS Foundation Trust (the trust) on 11 and 12 December 2009. The QA reviewers focussed on practice learning in nursing areas, using the review plan for elements specific to learning in practice. The LSA reviewers focussed on midwifery supervision and practice but also spoke to midwifery students in the context of their learning experience, together with women receiving care from midwives about their experiences.

We requested the detailed reports from Monitor, the Care Quality Commission and Dr Foster in advance of the visit, but were not sent them. Our visit was, therefore, informed by those reports that were in the public arena.

We found that the trust had put a large number of measures in place in response to the adverse reports. Generally, student nurses and midwives were not currently at risk of being exposed to poor practice. We did identify some concerns in relation to privacy and dignity for patients and some issues with staffing. However, we concluded that, with the exception of gynaecology placements, student nurses and midwives could safely continue at the trust. The report of our visit has not yet been published; a number of recommendations for improvement will be considered by the Council at its meeting in May 2010.
performance and the QA of Reviewers’ reports. They maintain direct contact with the higher education institution, basing themselves there for the duration of the visit. Managing Reviewers are part of a small team of eight who are in regular contact with each other and also have direct contact with the Director of Reviews. Managing Reviewers challenge Reviewers on the quality of their evidence base, their triangulation of evidence used in making decisions.

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<tr>
<th>4.3 iv) Information on the assessment process and details of the final assessments are accessible to all stakeholders.</th>
<th>Information on our QA processes is available on our website(^\text{27}), together with details of the monitoring programme for the current year(^\text{29}) and reports of the monitoring(^\text{32}). A searchable list of approved courses/programmes and institutions is also available on our website(^\text{33}).</th>
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<tr>
<td>Extra supporting information</td>
<td>Our reviewers are prepared for their role through training and support from our QA suppliers. The suppliers also employ managing reviewers who provide guidance and support for reviewers in the field. This ensures consistent application of the QA framework and consistency in the reporting of the outcomes of the reviews. Our risk based approach allows us to operate flexibly to address issues of public protection. For example, results of monitoring activity in 2007/08 demonstrated that risks associated with admissions to programmes had been controlled effectively. This enabled us to refocus activity to concentrate on specific points of progression during programmes.</td>
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\(^{33}\) Search NMC approved programmes - [http://www.nmc-uk.org/Approved-Programmes/](http://www.nmc-uk.org/Approved-Programmes/)


We have been approached by the Children’s Workforce Development Council (CWDC) and other healthcare regulators (including the GSCC and GMC) for information about our QA framework.

Our framework for reviewing Local Supervising Authorities provides further information and feedback on the competence of newly qualified midwives and any concerns relating to the practice environment in which students are learning. This information is fed back into the QA process to ensure that student midwives are able to meet the required standards. (See Extra supporting information’ section of Standard 1.1.)

The Head of QA has briefed managing reviewers on the monitoring review plan. A presentation has also been prepared for the Joint Health and Social Care Regulators’ PPI Group.

We are considering the benefits of involving lay reviewers.

| Supporting Evidence       | Provided in footnotes. | Provided in footnotes. |
The following organisations were involved in the development of ESCs for nursing (see 4.1(iii) above): [Note: this information was provided in response to a CHRE comment on the 2008-2009 submission.]

### Care compassion and communication

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<th>University of Huddersfield</th>
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### Hygiene and infection control

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### Management of care

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<td>University Hospitals Leicester</td>
<td>Mid-Cheshire NHS Trust</td>
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<td>Pembrokeshire and Derwen NHS Trust</td>
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<td>Swansea University</td>
<td>Skills for Health</td>
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## Medicines management

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<td>The Robert Gordon University, Queen's University Belfast</td>
<td>EH&amp;SSB</td>
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<td>National Prescribing Centre</td>
<td>Patient Concern</td>
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<td>University of Nottingham</td>
<td>Trent Multi-Professional Deanery</td>
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<td>Royal College of Nursing</td>
<td>Robert Gordon University</td>
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<tr>
<td>London, Eastern and South East PCT</td>
<td>Hertfordshire Partnership NHS Trust</td>
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<tr>
<td>Specialist Pharmacy Services Southwark</td>
<td>London South Bank University</td>
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## Hygiene and nutrition

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The wider reference group included representatives from:

- Department of Health
- MENCAP
- University of Ulster
- The Open University
- University of Huddersfield
- University of Wolverhampton
- University of Northumbria
- Anglia Ruskin
- Skills for Health
- Action on elder abuse
- Respond