Nursing & Midwifery Council

Education standards consultation response

May 2018

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Introduction

Background

Our Strategy 2015-2020 sets out our ambition to be a dynamic, forward looking regulator that anticipates, shapes and responds to new expectations.

In 2016, following approval by the Council, we began a programme of work that would reform nursing and midwifery education. This work would make sure that our standards are outcome-based, proportionate, flexible, future-focussed and emphasise public protection.

Our work in this area also sought to reflect the changing landscape in which nurses and midwives work, and to anticipate what people will need nurses and midwives to know and be capable of doing safely and effectively. It also seeks to reflect changes to the way nursing and midwifery education is delivered, particularly in the context of new and flexible routes into nursing (such as apprenticeships and nursing associates).

As part of this programme of change, the Council asked us to develop a new suite of education standards. These were to be comprised of new outcome focussed nursing and midwifery proficiencies and new standards for the delivery of education and training that would apply to all approved education institutions (AEIs) delivering all NMC approved programmes. These standards were also to include a new approach to student learning and assessment. Taken together, these would establish the basis of the future requirements for safe and effective nursing and midwifery education and practice in the UK.

The Council asked us to prepare draft documents that were to be consulted on in summer 2017.

In accordance with the Council's requests, we sought the views of key stakeholders in developing draft standards. A new set of proposed standards, comprised of drafts of new *Standards of proficiency for registered nurses*, *Standards framework for education and training*, *Standards for student supervision and assessment* and *Standards for pre-registration nursing education programmes* was then produced for consultation.

Key stakeholder groups (including thought leadership groups (TLGs)) helped greatly with the development of the future nurse proficiencies and the requirements for AEIs. We appointed Professor Dame Jill Macleod Clark as our senior lead adviser to the development of the future nurse standards. We're extremely grateful for her help throughout the development stage and during post-consultation draft standards refinements.

We aligned this work with our separate proposals for the review of our current *Standards of proficiency for nurse and midwife prescribers* and our *Standards for medicines management*. This was timely as part of our review of future nurse proficiencies included considering whether a greater level of prescribing theory should

be included in pre-registration nursing degree programmes. This would enable nurses to undertake post-registration prescribing programmes sooner with a view to providing opportunities for a substantial increase in the number of nurses who hold prescribing qualifications. It also enabled us to review these standards in the context of how having standards in these subject areas specific to nurses and midwives fitted with the increase in interdisciplinary education and practice.

Our review of midwifery programme and proficiency standards is underway. We're planning to consult on our proposed new midwifery programme requirements and proficiencies in February 2019.

Design principles

The design principles, agreed with stakeholder partners early in the development of the draft standards, were that the standards would:

- place patient safety at their core
- produce enhanced outcome and future focussed requirements
- be right-touch – consistent, clear, proportionate and agile, allowing for innovation while still ensuring patient safety and public protection
- promote evidence based regulatory intervention that supports interdisciplinary learning and cross-regulatory assurance
- provide a framework that can apply to a range of learning environments
- be measureable and assessable
- promote equality and diversity.

Background to consultation – evidence sources

This section sets out the key evidence sources that informed development of the draft standards that went out for consultation. The responses to the consultation and how they further informed the new standards are addressed later in this document.

We regularly review all our standards and guidance as part of our ongoing 'business as usual'. However, the most recent review of our nursing and midwifery education standards was initially triggered by the findings and recommendations of Sir Robert Francis QC's report (2013) into events at Mid-Staffordshire NHS Foundation Trust. Among his recommendations, Sir Robert Francis QC proposed a thorough review of our education standards. Our initial response to this was to commission an extensive evaluation of the effectiveness of our existing pre-registration nursing and midwifery education standards. We outsourced this work to a company called IFF Research to ensure independence and rigour. They produced an interim report in February 2015 and a final report with recommendations in December 2015.

IFF's evaluation involved considerable engagement with a range of stakeholders (including educators, students, nurses, midwives and service users), and was carried out in the context of increasingly differing approaches across the four countries of the UK with regard to the future shape of healthcare education, delivery and funding.

The review's findings and recommendations greatly helped to shape the ongoing work to review our education standards. It became apparent that although students were competent not all students felt confident that they could demonstrate all necessary outcomes for safe and effective practice when they finished their programmes. The ability to accurately carry out drug calculations was a particular area where students felt they lacked confidence. It also discussed an unacceptable level of variation and inconsistency in how programmes were taught and how students were supported and mentored, with skills and knowledge gaps becoming apparent as a result.

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

To take account of future changes in care delivery models, it was therefore recommended that future nursing and midwifery programmes should provide greater learning experiences in a variety of practice settings, with more emphasis placed on skilled practice and better integration of practice and theory learning. It was also said that programmes should place a higher emphasis on promoting health and the prevention of illness. The evaluation emphasised the role of mentorship and the need for fair and consistent assessment of students; it was felt that the profile of the mentorship role should be raised to help achieve this.

On a more general level it was also said that we needed to do more to raise the profile and understanding of our educational standards – something that would be more easily achieved if there was greater clarity of the structure of those standards and the language used within them.

We took these comments and recommendations on board.

At the same time as the IFF evaluation was taking place, we carried our own initial scoping work. This included research into how other health and care regulators structured their education programmes and standards, not just in the UK but abroad. We critically appraised the structure of our current standards and the language used within them, aiming to propose a new structure for our future education standards.

As a result of this scoping work, it became clear that the structure of any new set of standards needed to be more streamlined and coherent than at present, removing repetition and confusion and enhancing clarity. For example, it became apparent that

having pre-registration nursing education standards that combined requirements for students undertaking programmes, requirements for education institutions delivering programmes, standards of proficiency for nursing practice and details of legal requirements had left it unclear who the standards were aimed at. This then caused confusion as to their purpose and the language used within them. This would have to change in any new set of standards.

We shared the initial findings of this work with stakeholders at a series of events in autumn 2015. We asked for their views about our early conclusions and our proposed direction of travel.

We then held more engagement events across the four countries in December 2016 and February 2017. Here, we tested the conclusions we had drawn from our work to date, and discussed the structure and content for our draft new standards. The feedback from these meetings was the final piece in the jigsaw that helped to inform the draft versions of the new standards that went out for public consultation in June 2017.

Consultation and stakeholder engagement

Between June and September 2017, we ran two consultations on drafts of the new education standards.

In consultation 1, we put forward ambitious proposals for standards of proficiency for registered nurses that reflected the knowledge, proficiency and skills necessary for registration as a nurse, together with the programme outcomes for pre-registration nursing programmes.

We also set out our new approach for student supervision and assessment, as well as our intention to create a single set of education and training standards that were flexible and agile enough to apply across all nursing and midwifery programmes. These were aligned to the standards used by other professional healthcare regulators in order to encourage shared approaches to learning.

As a result, we sought views on:

- draft *Standards of proficiency for registered nurses*
- draft standards for education and training, including requirements for student supervision and assessment
- draft standards for pre-registration nursing education programmes

In consultation 2, we proposed new standards that would address anticipated future expectations that nurses and midwives will be required to take on greater responsibilities – in particular, a greater need for them to have prescribing qualifications.

We also sought to address known issues relating to prescribing practice and the management and administration of medicines, both of which were reliant on standards

that were no longer up to date and did not reflect interdisciplinary approaches to education and practice in these areas.

As a result, we sought views on:

- our proposal to adopt the Royal Pharmaceutical Society's prescribing competency framework

- draft *Standards for nurse and midwife prescribing programmes*

- our proposal to withdraw the *Standards for medicines management.*

This document seeks to summarise our original proposals and present how we've refined them as a result of information, both qualitative and quantitative, gathered from a number of sources. This includes consultation responses and analysis as well as a range of stakeholder engagement activities. It doesn't seek to go into detail about all the evidence sources we examined, nor does it seek to breakdown all responses to every question we asked in the consultation, every event held or attended, or attribute every written comment received.

We had 1,563 responses to consultation 1 (including 268 responses from organisations) and 706 responses to consultation 2 (including 120 responses from organisations). Annexe A provides a breakdown of the responses received from registered nurses and midwives broken down by field of practice and geography.

As part of the consultation, we produced two shortened versions of the consultation paper. One was aimed at patients and the public, the other was aimed at nurses and midwives. They focusing on some of the key issues covered in the full consultation exercise. We had 544 responses from patients and the public and 368 responses from nurses and midwives. We also issued an 'easy read' version of the consultation, developed in conjunction with Mencap, aimed at enabling people with learning difficulties to contribute to the consultation exercise. We had 151 responses to this document.

Why Research Ltd analysed the responses to the consultation to ensure that any figures produced were independently verified and any analysis was similarly unbiased.

In addition to the formal consultation exercises and surveys, we carried out a range of other engagement activities.

- A series of NMC-run engagement events across the four countries where nurses, midwives, educators, students and members of the public discussed our proposals in depth.

- We attended engagement events run by stakeholder organisations such as the Royal College of Nursing (RCN) and the Royal College of Midwives (RCM). These events focused on our consultation, and took place across the four countries.

- Independent research organisations ran a series of qualitative focus groups across the four countries, seeking to get the views of members of the public. These included elderly patients, patients with comorbidities, patients with a learning disability, people who were currently or had recently used mental health services, and children and young adults. In total 88 adults and 34 children or young adults took part in these focus groups.

- Our proposals were discussed at a series of webinars and Twitter chats, both NMC-run and hosted by stakeholder organisations.

- We met (or held teleconferences with) key stakeholder organisations representing particular interest groups to discuss how our proposals would affect them and the people they represent. These groups included Mencap, MIND, Bliss and the CNO's Black & Minority Ethnic Steering Group.

- We worked with the Chief Nursing Officers, regional and local directors of nursing and heads of midwifery, and other commissioning and education provision organisations across the four countries.

- We also user tested our proposals for future nurse proficiencies and the education standards framework. Groups of key stakeholders tested our proposals to check that they were workable, deliverable and could be assessed locally to ensure we can undertake our quality assurance of education responsibilities effectively in the future.

Over the 13 weeks of the consultation we took part in 67 external engagement events. We also participated in 13 webinars, in which nearly 500 people participated. We sent more than 630,000 emails, had more than 120,000 visits to our website, more than 9,000 visits to our Facebook page, and more than 5,000 visits to our Twitter account, many of which were responding to our series of Twitter chats on matters pertaining to the consultation exercise. We added the feedback from all of these engagement activities to the consultation results to give an overall picture of how our proposals were viewed across the full range of our stakeholders.

As part of our consultation activity we also produced an equality and diversity impact assessment (EQIA), which sought to ensure and exhibit that our proposals did not disadvantage any group within society as a result of any protected or other characteristic. This was informed by responses to consultation as well as ongoing engagement work that we'd done as we developed the standards.

We took the needs of Welsh language speakers into account in all aspects of our consultation and stakeholder engagement, so Welsh speakers could participate in the consultation as well as ensuring equality of treatment in all aspects of nursing education and care delivery for Welsh speakers in the future. This was acknowledged by the Welsh speakers who took part in the consultation and engagement activities.

As a result, all of our new standards have clear direction to education providers and practice placement partners that they must have regard for all relevant equalities and

diversity legislation, in particular around ensuring that programmes delivered in Wales comply with any legislation that supports the use of the Welsh language. We recognise as a four country regulator that education providers will need to take into account local and national policies and frameworks, as well as differences in legislation where appropriate.

Following the consultation and the independent analysis of the findings, we created a small number of groups made up of subject matter experts from a range of nursing, midwifery and other healthcare backgrounds with representation from across the four countries. These groups considered some of the key issues that had arisen from the consultation, taking into account the consultation results, analysis and other evidence gathered from our engagement activities. This helped us to decide the changes we could consider and take forward when we refined our proposals.

Our proposals for the new standards then went through our internal governance processes, before going to our Council for final decision and approval. Council approved the new standards on 28 March 2018.

The new *Standards framework for nursing and midwifery education* and the new *Standards for student supervision and assessment* will apply to all AEIs and practice learning partners that deliver NMC approved programmes of whatever type. The *Standards for pre-registration nursing programmes* and the *Standards for prescribing programmes* will apply only to those specific programmes of education. The *Standards of proficiency for registered nurses* will provide not only the standards of proficiency that student nurses will have to meet to enter onto the register, but also the proficiencies that registered nurses will then have to continue to meet throughout their careers in accordance with their scope of practice in order to remain on the our register and be allowed to practise in the UK.

Structure and contents of this document

We've divided this document into seven separate sections. These sections focus on our proposals regarding:

1. *Future nurse: Standards of proficiency for registered nurses*
2. *Standards framework for nursing and midwifery education*
3. *Standards for student supervision and assessment*
4. *Standards for pre-registration nursing programmes*
5. *Standards for prescribing programmes*
6. Adopting the Royal Pharmaceutical Society's *A Competency Framework for all Prescribers*
7. Withdrawal of the *Standards for medicines management*

Each section sets out in turn:

- the rationale for our initial proposed draft standards as issued for consultation
- the high level feedback to the consultation and engagement
- the proposed new standards (where applicable), including the rationale for any amendments to our proposals since the consultation, and the evidence to support those changes.

Future nurse: Standards of proficiency for registered nurses

Rationale for proposed draft standards

The standards that went out for consultation set out the proficiencies that we proposed would be required from the future registered nurse at the point of entry to the register. These proficiencies were seen by us and stakeholder partners as ambitious in terms of the enhanced knowledge and skills that we would expect from nurses in the future.

Our vision for the standards of proficiency promotes a person-centred approach to the registered nurses deliver, and puts the individual at the centre of the decision making process when it comes to considering and making choices about their health, lifestyle, and how care is delivered. Future nursing care will see increasing integration of health and social care and dependencies between mental and physical health, and increased comorbidities. Care will increasingly be delivered in domestic or community settings by multi-professional teams, with nurses taking an increasing leadership role in managing and delivering that care.

The draft proficiencies therefore aimed to ensure that nurses will have the necessary knowledge to promote mental and physical health and wellbeing and adopt an evidenced based approach to care delivery. There was a focus on preparing nurses for complex leadership roles and for working effectively in interdisciplinary and multi-agency teams. The draft standards of proficiency would also prepare nurses to work more flexibly across settings and manage the care of people who may have complex needs.

We were aware that many patients and family members already believe that nurses can prescribe and have expressed a preference for timelier issuing of prescriptions in line with their plan of care. The draft standards of proficiency therefore included elements of prescribing theory to support the next generation of integrated models of care delivery, so nurses would be able to access prescribing qualifications soon after registration.

Feedback from consultation and engagement

Person-centred care

Generally, feedback on the future nurse proficiencies was positive. More than three-quarters of respondents to the consultation agreed that we had met the design principles for the proficiencies and they would provide for safe and effective nursing practice at the point of registration with person-centred care at its core. This would in turn enable those receiving care to have greater control over decisions regarding their care and treatment. This was reinforced by feedback from our service user focus groups, in which 94% agreed that the draft proficiencies suitably emphasised the importance of person-centred care.

The need for those receiving care to be fully involved in decisions about their care, with nurses helping them to make decisions about their own health and being able to deliver safe and effective care in home and community environments, was also very strongly

supported by those responding to the easy-read version of the consultation (99% of respondents agreed). Members of the service user focus groups also strongly supported this approach (100% agreed). The latter group also strongly supported the premise that nurses should take a holistic approach to a person's physical and mental health and wellbeing rather than just focusing on their immediate condition (100% agreed). A small minority of respondents to the consultation (5%) did, however, feel the need to comment specifically on the fact that they felt the focus on person-centred care needed to be made even more explicit.

The proficiencies

Respondents to the consultation generally agreed that the new proficiencies placed sufficient emphasis on health and wellbeing (82% agreed) and public health (77% agreed); reflected the higher levels of knowledge and skills that would be required of the future nurse (80% agreed); and struck a suitable balance between mental and physical health and care (80% agreed). This was backed up by our service user focus groups, who told us that they found the proposed new proficiencies to be clear (77% agreed); easy to understand (76% agreed); readily applicable across the four fields of nursing (73% agreed); and gave sufficient emphasis to the leadership skills that would be central to future nursing practice (78% agreed). User testing also found the proposed draft proficiencies to be easy to understand, measureable and supportive of inclusion.

There were some areas where respondents to the formal consultation exercise felt that the proficiencies needed strengthening or clarifying. In particular, how the proficiencies applied across the four fields of nursing (only 54% of respondents to the consultation exercise felt that all the stated proficiencies were applicable and necessary across all four fields of nursing); whether nurses should be equally proficient across all four fields at the point of entry onto the register (only 47% of respondents to the consultation exercise felt that they should be); and the need for greater emphasis on leadership and management skills (only 48% of respondents to the consultation exercise felt that the proposed proficiencies placed enough emphasis on leadership and management skills) were all areas that were highlighted in responses to the formal consultation exercise.

Feedback from engagement events with stakeholders was similarly mixed. Some stakeholder groups voiced concerns about the need for greater emphasis on person-centred care, end of life care and caring for those with learning disabilities. In particular, although 76% of respondents to the consultation supported the greater use of simulation in nursing education, especially in terms of learning skills in simulation before trying them out in practice settings, feedback from user testing showed concerns about how certain items (including those listed above) could be taught and assessed using simulation techniques.

Skills annexes

Some stakeholders at engagement events felt the skills annexes were difficult to map across all four fields of nursing, were overly focused on acute, hospital based care and did not focus enough on the skills required in mental health and learning disabilities nursing in particular. Some stakeholders also felt they were not always clear in stating

the level of proficiency required. Others felt that lists of skills produced in this manner would lead to a ‘tick box’ approach to the delivery of nursing education in the future.

An enhanced focus on bowel and bladder care and nutrition in the skills annexes was welcomed by some stakeholders in their written feedback. Others, however, identified a need for future care requirements to be considered as much as current ones and the need for a greater appreciation of the communication techniques necessary when caring for people with learning difficulties.

Prescribing

The inclusion of a greater level of knowledge of prescribing theory as a precursor to more nurses becoming prescribers was supported by respondents to the easy-read version of the consultation (75% agreed that more nurses should be able to prescribe). Service user focus group members (69% agreed that more nurses should be able to prescribe) similarly agreed, as did the children and young adults focus group.

Communication

Children and young adults also felt that good communication skills, keeping patients informed about their care and the ability to work well in teams and provide reassurance were key aspects of future nursing proficiencies. 91% of our service user focus group members agreed that the communication and relationship management skills as set out in the draft proficiencies were clear and sufficient.

Employers

Employer groups in particular stated in written feedback that our proposals would provide the future nurse with the knowledge and skills they require, helping to provide a more flexible and adaptable nursing workforce for the future.

The new standards

The structure of the new standards remains largely the same, maintaining our original design principles and based around seven ‘platforms’ which set out the key components of the roles, responsibilities and accountabilities of the registered nurse. However, we’ve reworked the titles of the platforms so that they’re more ‘active’ in tone.

We revisited the whole document to ensure that person-centred care remained at its core throughout. It now emphasises that the requirements contained within the proficiencies apply to all four fields of nursing, and highlights not only the importance of both management and leadership to the role of the future nurse, but the subtle differences between the two. The importance of excellent communication skills, both with those receiving care and with colleagues, is also emphasised throughout the document.

Accountability and professionalism

Platform one, ‘Being an accountable professional’, focuses on accountability and the professional attributes registered nurses need to provide safe and effective care. It now includes a proficiency for keeping accurate records. It also has a stronger focus on equality and diversity, particularly around identifying and challenging discrimination and health inequalities, as well as identifying and supporting the potentially vulnerable.

We’ve introduced a specific reference to record keeping in platform one in recognition of the central role this plays in safe and effective nursing practice. Some narrative responses to consultation identified this as an area where the proposed proficiencies needed strengthening.

The nurse’s role in challenging discrimination and health inequalities and supporting the vulnerable was also an area that had been identified as weak in the original version by some respondents to consultation and we have strengthened it accordingly.

The public health agenda

We have revisited and revised platform two, ‘Promoting health and preventing ill health’, with a much stronger focus on public protection and preventing ill health as well as promoting good health. We’ve also introduced a new proficiency about the need to understand the factors that can lead to health inequalities and emphasised global health principles.

This is in recognition of the growing importance of the public health agenda. Some respondents, in particular those who specialised in this area of nursing care, identified this as lacking in the consultation version of the proficiencies. We have strengthened the proficiencies in this area, recognising their concerns.

Care

Platforms three (‘Assessing needs and planning care’) and four (‘Providing and evaluating care’) now place greater emphasis on person-centred care and partnership working, acknowledging the growth of interdisciplinary learning and working, and placing people at the heart of a partnership approach to planning their own treatment and care. We’ve also emphasised the role of the nurse in recognising and assessing vulnerability and risk of harm, and the need to take swift and effective action to safeguard those who are potentially at risk.

Platform four now explicitly mentions the need for nurses to be able to demonstrate the skills and knowledge necessary to support people with common mental health, behavioural, cognitive and learning difficulties as well as physical health conditions. This highlights the fact that those skills are central to nursing regardless of field – they are not just necessary for mental health or learning disabilities nurses.

The greater emphasis on partnership working in platforms three and four recognises that in the future care is increasingly likely to be delivered by multi-professional teams in non-conventional settings. This will include working in partnerships with patients,

families, carers and others, as well as other health and social care professionals. We've also highlighted the safeguarding role of the nurse as some respondents felt that this needed strengthening in the new standards.

Prescribing

Platform four now clarifies our position on the inclusion of prescribing theory in future pre-registration nursing degree programmes.

We want to make it clear that nurses will not be able to prescribe, even from a limited formulary, at the point of entry onto the register. We do however want to move to a position where increasing numbers of nurses are practising as prescribers. Our revised proposals in this area make clearer what is to be learnt as part of the pre-registration nursing degree programme to enable more rapid progression onto a prescribing programme and what will be learnt as part of post-registration study.

Leadership, management and patient and public safety

Platform five, 'Leading and managing nursing care and working in teams', now distinguishes more clearly between the managerial and leadership roles of the registered nurse, acknowledging that in future nurses will take on a greater leadership role in the provision of care and that their range of management duties will increase. It also places a greater emphasis on the role of human factors involved in influencing health and safety in the care environment.

Platform six, 'Improving safety and quality of care', now places a greater emphasis on the nurse's role in identifying, reporting and reflecting on near misses, incidents and adverse events and in managing risk. It highlights the need for nurses to be aware of improvement methodologies, audit activities and strategies for managing uncertainty. All of this is aimed at not only avoiding the compromising of care, but actively seeking to improve patient safety and care quality.

We made the changes in platforms five to highlight more clearly that future nurses will perform both management and leadership roles as well as to recognise the role that human factors can play in risks to patient safety and public protection. This links back to section 19 of the Code which also highlights the role of human factors in this area and section 25 which emphasises the leadership role of the registered nurse.

Changes to platforms six and seven also reflect the need to improve patient safety and public protection, and recognise the role that risk management and improvement methodologies can play in making these improvements.

Coordinating care

Platform seven, 'Coordinating care', focuses on the nurse's role in delivering care across, and facilitating transfer between, a range of care settings. We have also taken the opportunity to emphasise the need for person-centred care at all stages of life as highlighted in consultation responses.

The new standards therefore seek to highlight the elevated role future nurses will play in the coordination of care and the transition of people between care settings, and the future nurse's role in acting as an advocate for the vulnerable.

The skills annexes

The contents of both skills annexes are now annotated differently to how they were annotated in the consultation. The introductory text of each annexe is also clearer that the requirements are relevant to all fields of nursing practice. However, we recognise that different care settings will need different approaches to care provision, and some fields of nursing require a greater depth and application of knowledge and expertise with regard to particular nursing procedures.

Responses to the consultation indicated that using annotations in the skills annexes was confusing. We've removed them. Instead, we make it clearer in the introductions that while we expect all nurses to be proficient in all the skills and procedures in the annexes, we expect a higher level of proficiency to be shown in those areas particularly relevant to a nurse's intended field or fields of practice.

We've also sought where possible to ensure that the required skills are set out less as a list but more as a narrative. Consultation responses indicated that many people felt that containing this skills in lists would merely lead to a 'tick box' approach to educating student nurses in these skills. Placing them within the narrative embeds them within a comprehensive approach to delivering safe and effective person centred nursing care.

Standards framework for nursing and midwifery education

Rationale for proposed draft standards

Our current *Standards for pre-registration nursing education* and the equivalent standards for pre-registration midwifery education include standards for institutions and programmes, as well as standards for individuals involved in delivering education and standards of proficiency. This can lead to confusion about what the standards intended use actually is. Our programme of change seeks to separate each set of standards and provide greater clarity for users.

To address the current potential for confusion, and in line with our design principles, we developed a draft education framework. It sought to underpin all aspects of education and training across both theory and practice settings for all pre- and post-registration programmes that lead to entry or annotation on our register. Public protection and student safety was central to this framework, as was our aim to lead and promote interdisciplinary learning and collaboration in practice.

The education framework sought to empower AEIs and their practice learning partners, enabling them to focus on outcomes and be flexible and innovative in their approach to programme design, delivery and management.

The framework is a departure from the inputs and process-focused approach of our current standards. The education framework was designed to be capable of responding to new, flexible models of programme design and curriculum and to encourage greater partnership working between academic and practice placement organisations.

Feedback from consultation and engagement

Separation of standards aimed at institutions and individuals

Feedback from the consultation generally supported the move to a set of standards targeted specifically at AEIs and practice placement partners, with 74% of respondents supporting this approach. Consultation responses taken as a whole were also generally supportive of the framework, agreeing that what makes a good learning provider can be captured in one set of standards and applied to pre-registration and post-registration nursing and midwifery programmes across all settings.

Meeting the design principles

Overall, respondents agreed that we had met our objectives and design principles (82% of respondents agreed) and that the outcomes focussed design of the framework is future proofed (72% of respondents agreed) and offered greater flexibility for education providers (70% of respondents agreed). There was general agreement that the requirements could be readily applied within a range of learning environments – 74% agreed that the framework was readily applicable across both nursing and midwifery education provision whilst 68% agreed it would be readily applicable in both pre- and post-registration contexts. 81% of respondents agreed that the framework would

support equality and diversity within nursing and midwifery education; 72% of respondents agreed that it would promote safety in academic learning settings; and 69% agreed that it would promote safety in practice learning settings. 66% of respondents felt that the requirements set out in the proposed framework standards were measurable and assessable while 72% felt they gave sufficient priority to safety in all education settings.

However, 28% of respondents to the consultation did feel that there were gaps in the framework, highlighting the need for greater clarification over supernumerary status and more details on approval and monitoring activities. These will be addressed elsewhere – in programme standards for supernumerary status and in the new *Quality assurance framework* for approval and monitoring activities. They are not central to the purposes of this standards document.

User testers' responses were similarly encouraging. The structure of the framework was well received and seen as logical and easy to understand, while the content was seen as comprehensive and inclusive.

Service user involvement

Engagement with other stakeholders, including hard to reach groups and representatives from the CNO Black & Minority Ethnic Steering Group, informed us there was a clear need to amplify our commitment to the voice of the service user in nursing and midwifery education and to express our expectations for equality and fairness for all students on nursing and midwifery programmes. These commitments are now more clearly expressed in standards and by using legislative terminology which can be linked directly to the Care Act 2014 and equalities and human rights legislation.

The new standards

We've made some changes to the terminology of our proposed *Standards for providers of nursing and midwifery education* to expand on some points and improve the clarity, enhancing their accessibility. There haven't been any major changes to the structure of the standards or the policy intent behind them.

We've made changes to strengthen commitments to equality and diversity, and to ensure that this is placed at the heart of nursing and midwifery education provision. This has included providing clearer definitions and making more extensive use of the terminology used in the Care Act 2014 and equalities and human rights legislation. This embeds them clearly within the standards and highlights the direct link between the requirements set in these standards and overarching legislation that applies to all walks of life and professions, not just nursing and midwifery.

We've also strengthened the outcomes to emphasise expectations of service user involvement in education and training, and clarified expectations with regard to protected learning time for students.

Standards for student supervision and assessment

Rationale for proposed draft standards

To support the proposed new standards for providers of nursing and midwifery education, we proposed introducing new *Standards for student supervision and assessment*. These would set out the mechanisms and processes for ensuring students are appropriately supervised and rigorously yet fairly assessed in both academic and practice learning environments.

In the framework and requirements for supervision and assessment, we sought to strike a balance in enabling innovation, while providing assurance that students are being appropriately supervised and assessed against the relevant standards of proficiency and course outcomes. We initially proposed the new approach to learning and assessment as an annexe to the proposed standards for providers of nursing and midwifery education, and as a replacement for our current *Standards to support learning and assessment in practice* (SLAiP) (2008).

Feedback from consultation and engagement

The supervision and assessment model

There were some concerns about our proposals for the new supervision and assessment model. A small majority of respondents (52%) disagreed with the proposals that the practice assessor need not be from the same field of nursing practice as the intended field of practice for the student nurse they're assessing. Some commented that this would only be appropriate in some instances and then only if the assessor was appropriately skilled, otherwise there could be a lowering of standards as a result.

However, comments provided by some of the 31% who supported the proposal implied that this proposal would support interdisciplinary learning and working, and may increase the number and variety of available placements. They saw the current arrangements as too prescriptive, which in turn often lead to numerous enquiries to the NMC about how the current system should operate in situations that don't fit within the restrictions of the current model, and pointed to best practice models in other professions where interdisciplinary learning and assessment is actively encouraged.

Preparation

Some also expressed concerns that we would not be providing or setting proficiencies for approved training programmes for the assessor roles. In total, 62% of respondents opposed our proposal not to provide training or set proficiencies in this area. Reasons they gave included that it would bring about a lack of consistency and a diluting of professionalism, that other professionals may not be willing to participate and that the definition of 'suitably prepared' was too vague. Comments we received from some of the 28% who supported the proposal, however, indicated that they saw no risks in the proposal and felt that involving other health and care professionals in the process added value.

Separating supervision and assessment

A slight majority supported the proposal to separate supervision from assessment (51% agreed, 33% disagreed, 15% expressed no opinion). There was no clear majority for or against the proposal that the practice assessor be independent of the practice supervisor. However, more respondents agreed with this proposal than opposed it (47% agreed, 36% disagreed, 16% expressed no opinion). People who disagreed with these proposals cited a lack of clarity as to how this would operate, the need for assessment to be an ongoing process and lack of continuity for students as reasons for opposition.

Extending the supervisory role to non-NMC registered healthcare professionals

Views were split on the proposals that the practice supervisor need not be an NMC registrant, with 42% of respondents supporting this proposal and 42% opposing it. Those who opposed it feared that it would dilute the four fields of nursing, however, those who supported the proposal felt that it wold work effectively if the individual concerned had appropriate equivalent experience in their own field and if the processes for ensuring effective supervision were clearly set out in supporting information. There was also no clear overall majority either in favour or against the proposals that students would be assigned to one practice and one academic assessor per part of the programme. However nearly half of all respondents (49%) supported this proposal.

Supporting information

In addition to subject matter experts helping to analyse the consultation responses, we established a four country representative working group to look at creating supporting information to help with implementation and address some of the issues raised in consultation. This work is ongoing.

The new standards

The new version of the *Standards for student supervision and assessment* has undergone a number of changes in both content and structure as a result of feedback during the consultation exercise.

Preparation

There will be no NMC approved course for assessors or supervisors. However, assessors will be required to have preparation or training. We will expect practice supervisors to be prepared for their role, but we will not mandate that they have specific training approved or provided by us.

Instead, we now set out a series of high level outcomes for assessor training in the *Standards for student supervision and assessment*. This is a reversal of the position we set out in consultation not to set any competencies for the new assessor roles.

Mandating that assessors or supervisors take a course that we have *approved* does not fit in with our stated design principles. No other regulator prescribes a mandated course and the course itself does not add regulatory value, as it is not necessary for assessors

to take an approved course for us to be assured of their competence. In addition, the existence of an approved mentorship course does not currently provide consistency or quality.

By mandating that assessors must have preparation in the future we will still seek assurance that assessors are suitably qualified through our quality assurance activity. This should ensure that no assessors are undertaking the role unless they are suitably prepared to do so and that there is local oversight of this.

This, in addition to the high level outcomes we set for preparation and the requirements of the Code, will provide us with the regulatory assurance needed.

Extending the supervisory role to non-NMC registered healthcare professionals

The practice supervisor will be 'any registered health and social care professional' who is delivering learning in practice in line with their competence.

The four healthcare systems of the UK are moving towards more integrated provision of health and social care. Several of the major healthcare reviews that have reported in the few years also identified a lack of a coherent approach to interdisciplinary working. It's important that our standards reflect and enable new ways of learning and working.

As a result we're proposing that the practice supervisor be any registered health and social care professional. We believe that some of the concerns recorded within the consultation regarding this question were based on misunderstandings regarding the proposal. For example many of those opposed to the change appeared to have conflated the roles of supervisor and assessor. In addition, there was a misconception that professionals would be providing education outside of their scope of practice. The *Standards for student supervision and assessment* set the expectation that learning must only be provided in line with the supervisor's experience and scope of practice.

The supervision and assessment model

We will not require the practice and academic assessors for nursing students to be from the same field of practice as the student they are assessing. However, they must have suitable equivalent experience in order to fulfil this role. SCPHN students will be assessed by a suitably experienced SCPHN, regardless of field.

Students will be assigned to a different academic assessor per part of the programme, and a practice assessor for a placement or a series of placements.

The current expectation that nurses and SCPHN must be in the same field/area of practice as the student they are assessing is not in keeping with the reality of nursing and SCPHN practice. Being registered in a particular field does not always indicate current expertise. Many registrants are highly experienced and have further qualifications in a different field to the one they originally qualified in. In addition the structure of the register does not allow for those on the SCPHN part of the register to register more than one field of practice, even if they have the requisite qualifications.

This proposal is a way to recognise that scope of practice is a better indicator of current expertise than registration.

We believe that our proposed model is a more proportionate approach to our role in setting standards in this area, whilst taking account of concerns voiced during the consultation process in this area. We will monitor this area as part of our approvals and education quality assurance processes to ensure that the model is being used effectively and proportionately, that supervisors and assessors do have suitable equivalent experience, and that providers are not using inexperienced individuals in these roles merely to reduce costs.

Although the responses to the consultation were broadly positive to the proposal for the student to have one practice and academic assessor per part of the programme (49% agreed and 28% opposed this proposal), feedback from education stakeholders has been that one practice assessor per part of the programme may be too difficult to implement in all areas. We acknowledge the concerns some respondents to the consultation had in this area but it remains our expectation that one practice assessor will work with the academic assessor for student progression. This is to ensure that this link between practice and the academic environments remains, while allowing flexibility in implementation.

Structure of the document

The new standards are not an annexe to the standards for providers of nursing and midwifery education but are a separate set of stand-alone standards in their own right, with supporting information to follow in due course.

We believe that student supervision and assessment deserves a set of standards in its own right, rather than being contained in an annexe to another set of standards. This is supported by the volume and nature of responses to the consultation on this subject and the complexities that may arise from adopting and adapting to the new processes set out within the requirements.

Standards for pre-registration nursing programmes

Rationale for proposed draft standards

Programme requirements for pre-registration nursing degree programmes are currently contained within the *Standards for pre-registration nursing education* (2010).

For clarity we proposed that information unique to pre-registration nursing degree programmes should be presented as a stand-alone document and all subsequent programme requirements we develop will follow this approach. In 2018-2019 we will develop new standards for pre-registration midwifery programmes.

Feedback from consultation and engagement

Recognition of prior learning

Respondents largely welcomed the proposals that we continue to set limits for recognition of prior learning (RPL). 75% of respondents said they agreed with this. Stakeholders who commented at our engagement events generally supported a 50% cap on RPL. There was, however, an acceptance that in the future there may be a rationale for raising or even doing away with the cap in terms of widening access to the profession, particularly in the context of nursing apprenticeships and the introduction in England of the nursing associate role.

Theory and practice learning

We proposed maintaining the equal split between theory and practice. 77% of respondents supported this.

Practice assessment documents

The proposal to promote the development of a standardised national practice assessment document (PAD) was supported by 89% of respondents. 96% of those who agreed with the proposal also agreed that we should work with other stakeholders to support the development of such a document.

On the issue of a standardised PAD, there was strong support for this at the engagement events. A number of regions already have standardised PADs which appear to be very popular – for example, we received 70 positive comments regarding Scotland's existing Student Ongoing Achievement Record (SOAR) in responses to our consultation.

Simulation

Some respondents expressed concern in answer to consultation questions on simulation. Opinion was divided on whether the amount of learning provided through simulation should be increased, and on the subject of removing the current 300 hour

maximum for simulated learning. 94% of respondents believed there should continue to be a cap on hours spent learning in simulation.

Simulation was seen by education commissioners and providers as an enhancement that provides a wider range of learning opportunities in both theory and practice settings. However, there were concerns voiced at stakeholder engagement events about:

- the lack of availability of high level facilities for simulated learning across all providers
- the lack of readily available simulated learning tools in fields such as mental health nursing
- simulated learning was being pushed purely on the grounds of cost.

Overall, however, stakeholders at these events agreed that the emphasis should be on the quality of learning carried out in simulation rather than the quantity of it, both in theory and in practice.

Supernumerary status

There were numerous requests during the consultation and engagement process for greater clarity on our definition of students' supernumerary status – even though we didn't ask a direct consultation question in this area.

Entry requirements

Opinion was split on whether AEIs and the practice placement learning partners should be allowed to set entry criteria for literacy, numeracy and digital numeracy, or whether these should be set by us.

On entry requirements, stakeholders generally accepted that digital literacy was becoming more important for health and care professionals than ever before. Educators highlighted that the numeracy skills taught in, for example, GCSE mathematics, didn't necessarily reflect the numeracy skills that would be needed for safe and effective nursing practice.

The new standards

We've made several policy decisions as a result of the assimilation of the consultation responses, feedback from engagement and discussion with subject matter experts. These decisions are reflected in the new *Standards for pre-registration nursing programmes*. They include the following.

Theory and practice learning

We've maintained the equal split between theory and practice. This reflects the equal importance of theory and practice learning, as well as ensuring compliance with the EU's Recognition of Professional Qualifications Directive.

Simulation

In recognition of the increasing usefulness and ethical value of simulation for learning and assessment we've taken a new approach to simulated hours, enabling education providers to integrate their application of simulation across the programme, in both theory and practice settings.

Our new approach recognises the growing role and importance of simulated learning in professional healthcare education. This provides AEIs with flexibility in determining how simulation is used for learning and assessment while ensuring that the required amount of practice hours is not diminished and compliance with European legislation is assured.

Supernumerary status

We've maintained supernumerary status for students. However, some flexibility is provided in the definition of supernumerary. We propose that decreasing levels of supervision can be permitted in relation to students' increasing proficiency and confidence. This would maintain public safety while providing students with opportunities to develop their practice.

Students aren't in staffing numbers but are part of the team. This reflects the intentions of clinical instruction and practice as set out in the EU's Recognition of Professional Qualifications Directive.

Our approach to the supernumerary status of students seeks to provide some flexibility of approach to student supervision while also providing students with a broader range of opportunities to develop their practice and their confidence safely and effectively. In addition, the anticipated growth of nursing and nursing associate apprenticeships will benefit from a more flexible approach to practice learning than previously given to pre-registration students.

Practice assessment documents

Our support for moves towards the standardisation of ongoing records of achievement for students has been driven by calls for greater consistency from students, mentors and educators, both prior to and during the consultation process.

We support moving towards more standardised PADs but we're looking to help facilitate this by encouraging cooperation between education providers and their placement partners rather than by owning the issue ourselves and mandating the use of a particular format that we've devised and imposed. The latter approach wouldn't be within our regulatory remit, and we see our role in this area as one of encouraging others to work together.

Standards for prescribing programmes

Rationale for proposed draft standards

Nurses and midwives are increasingly being expected to take on more responsibility as they respond to the changing needs and expectations of patients and the public. As care increasingly moves towards being delivered in the community and in integrated health and social care settings, prescribing practice is expected to become a key requirement of future care delivery.

That being the case, there's an anticipation that more nurses and midwives will want to undertake prescribing programmes in order to gain the necessary qualifications to be able to prescribe from one of the formularies available to nurses, midwives and SCPHNs.

Those education providers that deliver prescribing programmes have been saying for a number of years that the current programme requirements for prescribing programmes are unduly focused on process rather than outcomes, and are so detailed that the effective delivery of prescribing programmes is hampered and innovation stifled. As a result, we proposed new programme requirements that allow providers to be more creative in designing their programmes and the content of their curricula.

In addition, in light of the proposal to include a greater level of 'prescribing theory' in the pre-registration nursing degree programme, we proposed that the time limit to undertake a V150 community prescriber programme should be reduced from two years to zero (i.e. a registrant could undertake this programme as soon as they entered onto the NMC register). Similarly, we proposed that for a V300 supplementary/independent prescriber programme it should be reduced from three years to one.

As part of our ambition to promote interdisciplinary learning, teaching and working, we also proposed widening the supervision and assessment of trainee prescribers to all suitably qualified and experienced prescribers. Supervision is currently only undertaken by a designated medical practitioner. This was in line with the General Pharmaceutical Council's plans to similarly widen the supervision of trainee prescribers on their register to pharmacist prescribers and other non-medical prescribers.

It was further proposed that in the future all NMC-approved prescribing programmes would use the Royal Pharmaceutical Society's *A Competency Framework for all Prescribers* as the basis of their course outcomes. This proposal is covered in more detail later in this paper.

Implementation of these proposals would see section 1 of our current Standards of proficiency for nurse and midwife prescribers and supporting circulars withdrawn. This is because they would effectively be superseded by the new standards.

Feedback from consultation and engagement

Entry requirements

Consultation feedback on our proposals with regard to future prescribing programme requirements was generally positive. There were however concerns voiced by some current registrants through feedback to the formal consultation exercise and through stakeholder engagement with regard to the entry requirements for both the V150 and V300 prescribing programmes. 55% of respondents to our consultation opposed our proposals regarding entry requirements for V150 programmes (51% of organisational respondents agreed but only 32% of individual respondents agreed). 64% opposed our proposals regarding the V300 programme (39% of organisational respondents agreed but only 26% of individual respondents agreed).

Service users, nursing students and (to a lesser extent) nurses who currently work in community settings expressed general support for our proposals at our engagement events. They highlighted the benefits of having more nurses who are able to prescribe, particularly in view of the fact that in future more care will be delivered in home or community settings.

However, some who work in other nursing and midwifery settings voiced concerns. These were mainly based on opinions that the periods being put in place were too short and wouldn't ensure that applicants were suitably experienced or skilled prior to undertaking prescribing programmes. There were also concerns voiced by some stakeholders at these engagement events that nurses might be pushed by employers into doing such a course when they don't want to do it or it isn't necessary for their particular job role. Others were concerned that opening up access to such courses may encourage a drain away from mainstream NHS nursing practice to private cosmetic practice.

While these concerns were shared and discussed with our subject matter experts, their main comment was that the proposed entry requirements, being based solely on 'time since initial registration', were process driven rather than outcome focused. They felt this didn't guarantee that applicants would have the right knowledge and experience to be ready for the programme. In that respect it's an 'illusory safeguard'.

We have agreed with this view and feel that there's a need to avoid relying on 'time since initial registration' as the sole indication of whether someone is ready to enter a prescribing programme. Other requirements need to be in place, either in addition to or instead of time-based qualifications.

We've decided, therefore, that there's a need for the entry requirements set out in the new standards to be based on skills, qualifications and experience. This wouldn't only ensure greater student readiness, but would also ensure that the student had spent enough time gaining post-registration experience. This also provides continuity with our plans to include more prescribing theory in pre-registration nursing degree programmes.

Our new proposals have resulted in us moving away from our previous position, where the only qualification nurses and midwives needed to meet to enter onto a prescribing programme was based on length of time on the register. Instead we're now basing future entry requirements on evidencing the achievement of certain skills, qualifications and experience prior to application.

To this, we're adding a proviso that for the V300 programme, the one-year qualifying period stated in the consultation version of these standards should be maintained. This is to make sure that for those wishing to move into the field of independent/supplementary prescribing, their knowledge is based upon a suitable period of post-registration experience.

Student support in practice learning

Our other proposals relating to the prescribing programme requirements were generally supported. 63% of respondents supported the proposal to open up the role of supervising and assessing prescribing practice learning to all suitably qualified and experienced prescribers, rather than it being carried out by a designated medical practitioner as at present.

It was suggested in comments made by respondents who supported the proposal that this would open up access to prescribing programmes. They also said it would highlight the growing acceptance of the success story that non-medical prescribing has been in recent years. However, some concerns were expressed at our stakeholder engagement events regarding the need to communicate this change and the reasons for it clearly and to make sure that support and guidance is provided for those nurses and midwives who may undertake this role in the future.

Assessment

Similarly, there was substantial support for keeping the required pass marks for the numeracy and pharmacology assessments in prescribing programmes as they are at present. 90% of respondents supported the numeracy assessment pass mark remaining at 100%. 94% supported the pharmacology assessment pass mark being 80% or higher.

There were, however, comments from some educational stakeholders at engagement events about the need to ensure consistency across providers with regard to the content and marking of these assessments.

The new standards

Our proposed requirements for prescribing programmes are broadly similar to those that went out for consultation. Those changes we have made since consultation are summarised below.

Entry requirements for prescribing programmes

We've made changes to the entry requirements for prescribing programmes. We've moved away from relying solely on 'time served' towards a position where applicants also need to evidence that they have the competence, experience and academic ability necessary for the programme. They need to be proficient to a level appropriate to the programme they wish to undertake and their intended area of prescribing practice in areas such as clinical/health assessment, diagnostics/care management and the planning and evaluation of care.

The reason we've made these amendments is not only to ensure patient safety and public protection but also to ensure that entry requirements for prescribing programmes are outcomes-focussed and based experience and skills rather than time since initial registration. We believe this to be a more appropriate and proportionate approach which is more likely to guarantee quality applicants and subsequent safe and effective prescribing practice than relying on time spent on the register alone.

Requirements for practice learning

We've also emphasised the role of AEIs in making sure that arrangements for practice learning are suitably robust. We've placed specific emphasis on ensuring that robust arrangements are in place for student prescribers who are self-employed. This is to make sure that those who wish to practise in self-employed prescribing settings do their practice learning in settings that are suitable and that effective governance is in place to ensure that the highest standards are met.

Our new standards also ensure equality of access to prescribing programmes and emphasise the robustness of governance required for practice learning environments, in particular for those who are self-employed and may not have access to the range of learning environments available to NHS-employed nurses and midwives.

Adopting the Royal Pharmaceutical Society Competency Framework

Rationale for initial proposals

As part of our commitment to being a modern, dynamic regulator and in recognition of a multi-professional approach to prescribing proficiency, we proposed that in future all NMC-approved prescribing programmes would deliver outcomes which meet the Royal Pharmaceutical Society's (RPS) *A Single Competency Framework for all Prescribers*. This competency framework would therefore also become our proficiencies for nurse and midwife prescribing practice, as well as forming the required outcomes for all NMC-approved prescribing programmes going forward.

Our proposals also included the withdrawal of sections 2 and 3 of our current *Standards of Proficiency for Nurse and Midwife Prescribers* and the circulars that underpin them. This is because they would effectively be superseded by the competency framework.

Feedback from consultation and engagement

Views expressed via the consultation exercise in this area were strongly supportive of our proposals. 82% of consultation responses supported adopting the RPS Competency Framework, with 95% of those who supported the proposal also feeling that doing so would lead to shared approaches to prescribing competency across health and social care professions.

In addition, 91% of respondents felt that there were certain key areas of prescribing practice where further guidance would also be required. The areas most often mentioned in accompanying comments were cosmetic prescribing, private sector prescribing, remote prescribing, prescribing in pregnancy and prescribing for children.

These views were supported by external engagement both before and during the 2017 consultation exercises. The RPS were very supportive of this proposal and spoke at some engagement events outlining the content of the framework and the benefits of adopting it – this was widely appreciated by stakeholders. No opposition was voiced to this proposal at any of those engagement events.

The new approach

It's proposed that we adopt the RPS Competency Framework as our competency framework for nurse and midwife prescribing practice. As such, in future all NMC-approved prescribing programmes will be expected to deliver these competencies as their course outcomes, and all nurse and midwife prescribers will use the framework as the benchmark for safe and effective prescribing practice.

In addition, it's proposed that we support key stakeholder partners, in particular the RPS and organisations such as the RCN and RCM, in developing cross-regulatory guidance in key areas of prescribing practice.

Adopting the RPS Competency Framework doesn't represent an amendment from our original proposals but working with the RPS and other stakeholder partners on developing new cross-regulatory prescribing practice guidance does go further than we originally consulted on. It does however reiterate our intention to lead on the need for a multi-professional approach to prescribing practice.

We believe it's necessary that new guidance is developed in this growing and increasingly important area of nursing and midwifery practice and the RPS in particular have regularly and clearly indicated their willingness to take the lead on this. They have the expertise to assist us greatly in developing high quality guidance in this field. Working with them on such guidance will build on the relationship we formed through working on the development of their competency framework for all prescribers.

Prescribing is an area that's becoming increasingly important across all health and care professions and we'll continue to support the development of guidance that will be applicable on a cross-regulatory basis wherever possible.

Withdrawal of the Standards for medicines management

Rationale for initial approach

Our rationale for withdrawal was clear from the outset. These standards were now our only wholly practice-focused standards. They served minimal educational or regulatory purpose, and don't fit in with a multi-professional approach to education and practice. Nor does providing such standards on clinical practice matters fit in with the role of a modern, proportionate, right-touch regulator as envisaged by the Professional Standards Authority. We remain the only professional regulator who currently sets such standards. Managing medicines is now covered in the Code as well as in both the current pre-registration nursing standards and the draft new proficiencies for the future registered nurse.

We therefore consulted on the basis of withdrawing our *Standards for medicines management* (SMM) and not replacing them with a document produced by us. We did propose, however, to signpost to alternative sources of guidance via our website.

Feedback from consultation and engagement

Responses to consultation questions in this area were mixed and in some respects inconsistent. There was strong agreement with the premise that policy decisions about medicines management should be made at a local level by service providers (72% in favour) and that guidance in this field should apply equally across the board to all health and social care professionals rather than just to nurses and midwives (82% in favour). Conversely, there were mixed views about whether the SMM should be withdrawn as proposed (27% supported withdrawal, 40% opposed and 33% did not have a view one way or the other).

Feedback from other engagement activities was similarly mixed, and it appeared that views were largely dependent on where the feedback was obtained from. Those who took part in our webinars on this subject area, for example, were on the whole much more supportive of withdrawal. Those who attended more formal, larger scale externally organised events seemed to be more opposed to withdrawal and voiced particular concern as to what would replace these standards if they were withdrawn. There was a clear mood in the room among many nurses and midwives attending these meetings for retaining the SMM, notwithstanding the fact that many people accepted they're largely out of date and don't reflect safe and effective modern medicines optimisation and management practice.

Some stakeholders commented at engagement events that the current standards needed to be replaced by something produced by us. They claimed there was a clear need for a document where all the information in this key area of nursing and midwifery practice was all held in one place for use by nurses and midwives. This was particularly necessary for those who worked in areas of practice (e.g. small scale private care homes) or physical locations (e.g. remote community settings) where locally produced guidance was not always available or practicable.

Others, however, said that perhaps opposition to withdrawal had been caused by the fact that we had been very unclear as to what, if anything, would replace the SMM. What were seen as vague promises regarding signposting to alternative forms of guidance on subject areas covered in the SMM had clearly not been sufficient to ease doubts in this area. It was felt that if withdrawal was to go ahead, something more concrete than mere ‘signposting’ was required.

The new approach

We still propose that the current SMM be withdrawn as the rationale for withdrawal remains strong. This outcome is not wholly in line with the views expressed in response to the consultation exercise, as previously outlined.

We believe that the reasons we have long stated for withdrawal remain sound, however, we recognise that we need to make nurses and midwives more aware of alternative sources of information relating to medicines management through our website and ongoing engagement activities. What we do intend to change, therefore, is what the SMM will be replaced with.

We’ve agreed with the partner stakeholder groups concerned that we’ll work alongside the Royal Pharmaceutical Society (RPS) and other key stakeholder partner groups to develop cross-professional guidance on safe and effective medicines management.

The RPS already produces guidance on safe and effective handling of medicines and medicinal products that’s used by a range of healthcare professionals (not just pharmacists) and which is due for review and updating. In its consultation response, the RPS expressed its strong wish to develop this guidance further so that it covers all areas of medicines management (including medicines administration, which it currently does not cover) and to make it readily applicable in all settings and to all professions (including nurses and midwives).

We would also ensure that any such guidance would be readily applicable to nursing associates going forward.

It has become clear that merely signposting to other existing sources of guidance in this area from hyperlinks on our website is not a popular option and doesn’t provide nurses and midwives with the ‘one stop shop’ for medicines management guidance that many clearly think is necessary.

We believe that supporting initiatives that lead to the development of interdisciplinary guidance in this area will address concerns from respondents and reflect a proportionate approach to collaborating with others as well as addressing the needs of nurses and midwives.

Working in conjunction with the RPS and others such as the RCN and RCM will ensure that the guidance development is led by those who are experts in the field. Its cross-professional nature shows that we’ve listened to the views expressed in the consultation saying that such guidance is the right way forward.

Summary

Our consultation and engagement activities during the development of our new education standards were a success, with significant numbers of people and the public, nurses and midwives, students and organisations taking part and expressing their views on our proposals.

It is only through the expression and analysis of those views, in whatever form they are made and received, that we can develop and enhance our standards. This in turn ensures that our nursing and midwifery education and proficiencies are the best they can be, with patient safety, public protection and person-centred care at their core.

We would like to thank everybody who participated in our consultation and engagement exercises.

Annexe A:

Table 1

Breakdown of nurse respondents to the consultations by field of practice.

Nurses - scope of practice	Proportion of nurse registrants	Consultation 1	Consultation 2
Adult (and general care)	62.8%	58.0%	67.0%
Mental health	10.6%	14.0%	6.0%
Children's (and neo-natal) nursing	5.8%	11.0%	11.0%
Health visitor	2.8%	5.0%	4.0%
Learning disabilities	1.6%	5.0%	1.0%

Tables 2 and 3

Midwife responses to consultations

Consultation 1

Midwives	Proportion of registrants	Proportion of responses	Net difference (% points)
Midwives	6.3%	6.8%	+0.5%

Consultation 2

Midwives	Proportion of prescribers	Proportion of responses	Net difference (% points)
Midwives	0.3% of prescribers	4.1%	+3.8%

Table 4

Four country responses to consultations by NMC registrants

Country	Proportion of registrants	Consultation 1	Consultation 2
England	78.9%	70.1%	78.5%
Scotland	10.0%	14.5%	10.4%
Wales	5.2%	6.9%	6.9%
N. Ireland	3.5%	6.4%	4.3%
Non-UK	2.4%	1.8%	0.0%