Nursing & Midwifery Council

COUNCIL

24 MAY 2017

ITEM 7   FUTURE NURSE STANDARDS AND EDUCATION FRAMEWORK: CONSULTATION

Item 7
NMC/17/42
24 May 2017

**Nursing &
Midwifery
Council**

Council

Future nurse standards and education framework: consultation

Action:	For decision
Issue:	Seeks Council's approval to consult on draft standards for the future nurse; a draft education framework and associated requirements.
Core regulatory functions :	Education Standards
Strategic priority:	Strategic priority 1: Effective regulation
Decisions required:	**The Council is asked to approve consultation on:** • **draft standards of proficiency for the future registered nurse** • **draft education framework** • **proposals to adopt the Royal Pharmaceutical Society's Single competency framework for all prescribers as our standards for proficiency for nurse and midwife prescribers** • **proposals to withdraw our Standards for medicines management**
Annexes:	The following annexes are attached: • **Annexe 1:** Draft Standards of proficiency for the future registered nurse. • **Annexe 2:** Draft education framework for AEIs, practice placement and work placed partners. • **Annexe 3:** Draft education and training standards relating to learning in theory and practice, including a new draft model of learning and assessment. • **Annexe 4**: Draft programme requirements to underpin the draft standards of proficiency for the future registered nurse. • **Annexe 5:** Draft programme requirements to underpin prescribing programmes for nurse and midwife prescribers. • **Annexe 6**: Royal Pharmaceutical Society's (RPS) *Single competency framework for all prescribers.* • **Annexe 7***:* Proposed consultation questions.

Further information: If you require clarification about any point in the paper or would like further information please contact the author or the director named below.

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Context: 1 The Council's Strategy 2015-2020 sets out our ambition to be a dynamic forward looking regulator, regulating for the needs of the future by anticipating, shaping and responding to new expectations. This is at the heart of our approach to development of ambitious new standards for education, and training the professions.

2 Ensuring that the standards we set for education and training deliver new entrants to the professions able to meet the needs of patients and the public - not just now but in the future - is critical to our core purpose of public protection.

3 Our work has been informed by the rapid pace of change across the health, care and education sectors across the UK. This includes the increasing commitment to deliver person centred care; care provision that is closer to home; and a significant focus on the promotion of health and wellbeing. System level changes are also shaping future health and care environments, including moves towards integrated health and social care; maximising technological and medical advances, new roles and effective and efficient multidisciplinary team working. Changes in the higher education sector, along with increasing opportunities at a range of entry points for people from all backgrounds have access to professional training have also been taken into account in development of this work.

4 We are indebted to Professor Dame Jill Macleod Clark who has led work on draft new standards for the future nurse. With Dame Jill, we have engaged extensively with nurses, students, employers and educators across the four countries to construct a picture of the expectations of stakeholders about the knowledge and competences that a newly qualified nurse should be able to demonstrate.

5 This built on independent evaluation of existing pre-registration standards for both nurses and midwives, which included support for learning and assessment. The evaluation and subsequent engagement activity have together included:

5.1 Some 40 group discussions, 135 in depth interviews; a survey of over 2,000 members of the public; a survey of almost 3,500 students and new registrants.

5.2 Widespread stakeholder engagement events and workshops across all four countries. Collaboration with nurses and others with follow up in key areas to hear more about nursing evidence and research, and to seek feedback on some of our working assumptions and emerging ideas.

5.3 Engagement with professional leaders through our Future Nurse Board, as well as ongoing input from a thought leadership group of senior professionals and experts.

5.4 Examining how international regulators set standards for nursing in other countries.

6 Some of the issues we found through our engagement to be addressed in new standards include:

6.1 Setting higher level skills and proficiencies, recognising nurses' role in leading and coordinating care, often in multi-disciplinary teams, which is evidence based, compassionate and tailored to the individualised needs of each person.

6.2 Enabling newly qualified nurses to be capable of working flexibly across a range of care settings to meet the changing needs of people and patients.

6.3 Improving the confidence of newly registered nurses and midwives, particularly in delivering technical skills.

6.4 Responding to the expectations of patients and carers who want to work in partnership with nurses, knowing their needs are listened to and being supported in making decisions about their lifestyle and care decisions.

6.5 Moving the requirements on educators away from detailed, input and process standards in favour of a more outcome focused and proportionate approach.

6.6 Replacing prescriptive process requirements for learning and assessment in practice with higher level principles, which will allow education and practice providers to develop more bespoke innovative models to support student supervision, and allow more robust and objective student assessment, whilst enabling more opportunities for students to practice nursing skills across a range of setting eg public health.

7 In the light of all the feedback and engagement, the following drafts have been developed as a basis for a full and open consultation:

7.1 Draft Standards of proficiency for the future registered nurse (**annexe 1**).

7.2 A new draft education framework for Approved Education Institutions (AEIs), practice placement and work placed

partners (**annexe 2**), which include:

7.2.1 Draft education and training standards relating to all learning in theory and practice, including a new draft model of learning and assessment (**annexe 3**).

7.2.2 Draft programme requirements to underpin the draft standards of proficiency for the future registered nurse (**annexe 4**).

7.2.3 Draft programme requirements to underpin prescribing programmes for nurse and midwife prescribers (**annexe 5**).

7.3 Proposals to adopt the Royal Pharmaceutical Society's (RPS) *Single competency framework for all prescribers* as our standards of proficiency for prescribing practice (**annexe 6**).

7.4 Proposals to withdraw our Standards for medicines management (SMM).

8 We have sought to build on the successful approach taken to Revalidation adopting a right touch, more outcome focused, proportionate approach whilst also moving towards greater collaboration with other regulators and professional bodies.

9 The Council is now asked to agree to initiate a fully open public consultation on these drafts, so that the views on all aspects of the proposals can be sought and taken into account before reaching any final decisions on the content of the standards and framework. Proposed consultation questions are at **annexe 7.**

10 We expect to bring the outcomes of the consultation, together with revised proposed draft standards taking into account responses received, to the Council for decision in January 2018.

Four country factors:

11 The draft standards are applicable across all four countries and there has been extensive engagement in all countries in development of the draft standards and framework.

Discussion: **Draft standards of proficiency for the future registered nurse**

12 The new standards will set out the proficiencies required for the future registered nurse at the point of entry to the register. These new proficiencies are ambitious in setting out the enhanced knowledge and skills that people can expect from nurses in the future.

13 Future care contexts will see increasing dependencies between

health and social care, mental and physical health, and an increase in co-morbidities to ensure safe and effective person centred care. The draft proficiency standards aim to ensure that nurses have the necessary knowledge to promote mental and physical health and wellbeing and adopt an evidenced based approach to skilled care delivery. There is also a focus on preparing nurses for complex leadership roles and for working effectively in multi-disciplinary and inter-agency teams.

14   The draft standards of proficiency are capable of being applied across all four fields of nursing practice (adult nursing, children's nursing, learning disabilities' nursing and mental health nursing). This would prepare nurses to work more flexibly across settings and support and manage the care of people who may have multiple needs, whilst maintaining the ability to enter the register in one or more of the four fields.

15   When asked, patients and the public often already believe that nurses can prescribe and do not want to wait for a medical prescriber to become available. Instead they have stated a preference for timely prescriptions that are effective and safe for their care needs.

16   The draft new standards of proficiency for the future registered nurse therefore include elements of prescribing theory to support the next generation of integrated models of care delivery by providing a stepping stone to earlier access to gain prescribing qualifications after registration.

17   We have undertaken independent user testing of the draft standards of proficiency for the future nurse. 22 interviews and five focus groups took place and included nurses, students, educators, patients and the public. This has enabled us to gain additional feedback on the accessibility of these draft standards.

18   Recommendation: The Council is asked to agree to consult on the draft standards of proficiency for the future registered nurse (annexe 1).

Education framework

19   Our existing standards currently contain a wide range of standards including standards for institutions, programmes, educationalists and individuals. Our moves towards developing new standards of proficiency for the future registered nurse, and our parallel work in relation to midwifery, therefore requires that we address our education and training standards currently embedded within these documents and across our other standards.

20   The education sector is also changing. This includes changes to student funding in England; the development of national quality frameworks for teaching and education; an increase in flexible programme models, apprenticeships and routes to registration that support workforce needs.

21   With this evolving landscape in mind we have developed a draft education framework that seeks to underpin all aspects of education and training across both theory and practice settings (**annexe 2**). Public protection and student safety is central to this framework as is our aim to lead and promote inter-professional learning and collaboration.

22   The draft education framework seeks to empower education institutions and partners to focus on outcomes and be flexible and innovative in their approach to programme design, delivery and management. The draft framework is designed to be capable of responding to new, flexible models of programme design and delivery by encouraging partnerships between academic and work placed organisations.

23   Our current standards to support learning and assessment in practice (2008) overly rely on processes and have been reported as stifling innovation. The draft new model of learning and assessment seeks to strike a proportionate balance in promoting innovation and flexibility, while providing assurance that students are being appropriately supervised and assessed against our standards of proficiency (**annexe 3**).

24   Draft specific programme requirements for nursing registration (**annexe 4**) and nurse and midwife prescribing (**annexe 5**) are also included within the draft framework.

25   The education framework has been developed alongside external experts, including the General Medical Council (GMC). We have also subjected the education framework to independent user testing. Five focus groups and 69 interviews took place which included nurses, midwives, clinical educators, nurse and midwife educators, student nurses and midwives, university quality leads, patients and the public. Any revisions of the education framework will need to align closely to our future quality assurance (QA) model which Council will be asked to consider later this year.

26   **Recommendation: The Council is asked to agree to consult on the draft education framework, supporting standards and programme requirements (annexes 2 to 5).**

Changes to nurse and midwife prescribing standards

27   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.

28 As part of our commitment to be a dynamic regulator and in recognition of a multi-professional approach to prescribing proficiency, we are proposing that in future all NMC approved prescribing programmes deliver outcomes which meet the Royal Pharmaceutical Society's (RPS) *Single competency framework for all prescribers* (**annexe 6**).

29 The National Institute for Clinical Excellence has accredited the process used by RPS to develop the framework. Our engagement indicates strong support for this approach. If there is agreement for this proposal following the public consultation and Council were to agree, we would be the first professional regulator to adopt this multi professional competency framework. This would send a clear message about delivering our strategic commitment to collaborating and working with others.

30 We are also proposing 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, however there are a greater number of suitably qualified non-medical prescribers who can provide appropriate supervision for nurses and midwives training to become prescribers. This is in line with the General Pharmaceutical Council's plans to widen the supervision of trainee prescribers to pharmacist prescribers and other non-medical prescribers.

31 **Recommendation: The Council is asked to agree to consult on our proposals to adopt the RPS *Single competency framework for all prescribers* as our potential standards for proficiency for nurse and midwife prescribers (annexe 6).**

Standards for medicines management (SMM)

32 All of the changes within our programme of change for education are tied together by a clear need to take a significant departure from setting process driven, prescriptive standards and towards setting outcomes focused standards that are appropriate and proportionate. We are therefore proposing to withdraw our SMM, issued in 2007.

33 These standards are now our only wholly practice focused standards. We are the only professional regulator who sets such standards. We will remain committed to safe and effective

practice in this important area of public protection. Managing medicines is covered in the Code[1] as well as in both the current pre-registration and draft new proficiencies for the future registered nurse.

34   Managing medicines is a complex area in which to achieve the right balance to ensure public protection and patient safety. Many stakeholders agree that it is not our role to set practice standards, and that the governance of this area of clinical practice lies firmly with service delivery providers. Others have told us that the detailed standards can be a barrier to more contemporary medicines optimisation approaches.

35   We recognise that some external stakeholders are not in favour of withdrawing SMM, citing a preference for having these in a single NMC publication. We are aware that a number of organisations and individuals continue to rely on these standards as a foundation for managing medicines.

36   We have therefore reviewed whether withdrawing these standards would leave any professional regulatory gaps and have identified current available guidance relating to managing medicines that is produced by other professional bodies that are better placed to produce fully up to date guidance in this area of practice.

37   As with the other aspects of this consultation, we propose to consult fully and openly on this change. We will also seek views on how we can support registrants through any potential transition period as part of this consultation. The findings will be analysed and reported to Council later this year.

38   If a decision was taken at a later date to remove these standards we would take the opportunity to work with others to signpost to such guidance from our website thus offering a more proportionate approach to patient safety and public protection.

39   Recommendation: The Council is recommended to approve our proposals to consult on withdrawing our *Standards for medicines management.*

Public protection implications: 40   Our programme of change in education is driven by the need to protect the public and promote public confidence in nurses and midwives.

Resource implications: 41   The resource implications for the programme have been accounted for within the corporate plan and budget.

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[1] The Code: Professional standards of practice and behaviour for nurses and midwives (2015)

Equality and diversity implications:	42	We have progressed equality impact assessments for all work streams within the education programme. Initial screening has been followed up by internal assessment of the draft products and plans. Actions to address issues have been identified and engagement with protected stakeholder groups has taken place. The next phase will involve gaining additional insight through the consultation.
Stakeholder engagement:	43	We have engaged with Chief Nursing Officers, nurses, midwives, employers, educators, students, patients, service users and the public, and membership organisations across the UK.
	44	We will continue to collaborate with stakeholders on this ambitious programme of change and additional stakeholder events and activities are planned to support participation with the consultation.
Risk implications:	45	Key risks to the programme are particularly related to the timeframes for subsequent publication and implementation at a time of enduring pressure on service delivery, workforce challenges, austerity and changes to health and care and higher education.
	46	There is also a need to manage inter dependencies with our other major programmes. This includes the future model for Education Quality Assurance, the future regulation of the nursing associate, and any implications arising from UK exit from the European Union.
	47	We also need to be aware that our proposed withdrawal of our SMM represents potential changes to some ways of working and we will need to plan and manage the associated risks as part of formal transition should it be decided to proceed with this approach following consultation.
Legal implications:	48	The legal basis for the education and quality assurance function is set out in the NMC Nursing and Midwifery Order 2001, the education and registration rules and requirements on the education of nurses as part of EU legislation. Legal advice has been sought on proposed changes as required.

Item 7: **Annexe 1**
NMC/17/42
24 May 2017

Nursing &
Midwifery
Council

Standards of proficiency for registered nurses

The role of the Nursing and Midwifery Council

What we do

We regulate nurses and midwives in England, Wales, Scotland and Northern Ireland. We exist to protect the public. We set standards of education, training, conduct and performance so that nurses and midwives can deliver high quality healthcare throughout their careers.

We make sure nurses and midwives keep their skills and knowledge up to date and uphold our professional standards. We have clear and transparent processes to investigate nurses and midwives who fall short of our standards. We maintain a register of nurses and midwives allowed to practise in the UK.

Preamble

Registered nurses play a vital role in meeting people's needs for high quality, safe care. They are accountable for providing, leading and coordinating nursing care which is evidence based, compassionate and tailored to the individual needs of each person. They do this by working autonomously as well as in partnership with other healthcare professionals to meet the health and nursing care needs of people, families, communities and populations.

Registered nurses provide care to people at every stage of life across all care settings. They work in the context of continual change, challenging environments, growing diversity and rapidly evolving technologies. It is therefore essential that they are equipped with the knowledge, confidence and transferrable skills needed to respond to these demands.

All registered nurses must possess the professional and caring behaviours and the communication and relationship management skills and nursing procedures needed to identify and respond to those at risk of harm and to support an ageing population. At all times, they need to ensure nursing care places the patient at the centre of care. There is a growing emphasis on providing care in community settings and caring for those with complex care needs, those living with dementia and those at the end of life. The ability to think critically, apply their knowledge and skills and provide expert direct nursing care therefore lies at the centre of all registered nursing practice.

Registered nurses make an important contribution to the promotion of health and the prevention of ill health, empowering people to exercise choice, take control of their own health decisions and behaviours and manage their own care where possible. Registered nurses must also be resilient and able to acknowledge the impact and demands of professional nursing practice on their personal health and wellbeing, engaging in self-care and accessing support when required.

Greater integration of health and social care services is occurring across the UK, requiring registered nurses to negotiate health and social care boundaries and play a proactive and equal role in multidisciplinary teams. They will be expected to identify, support and manage the care needs of people with a range of mental, physical, cognitive, and behavioural health challenges across all care settings. Nurses must also demonstrate an understanding of, and sensitivity towards, people from a range of backgrounds and cultures and those with different beliefs, to make sure that the care they offer is effective, personalised and acceptable to them.

For definitions of terms marked in light blue throughout this document please refer to the Glossary of terms

About these standards

The NMC, as the **professional regulator**, exists to protect the public. Setting education standards is one of the means of achieving this. Maintaining the safety and wellbeing of the public lies at the core of these standards.

The standards of proficiency are the minimum standards that a potential nurse will need to meet in order to be considered to be capable of safe and effective practice by the NMC. Education institutions will need to ensure that programmes are designed and effective to prepare people to meet these proficiencies in order to gain NMC registration.

The standards reflect the anticipated future needs of the public for expert nursing care. In turn they communicate to the public, educators, healthcare providers and professionals what the newly registered nurse should know and be able to do at the point of registration in order to practise safely and effectively and continue to develop their expertise. Those who educate student nurses are responsible for ensuring that the educational preparation they provide will equip new graduate nurses with the skills, knowledge and qualities needed to meet these standards and provide high quality patient centred care at the point of registration.

In addition to skills and knowledge that can be acquired through education and training, the public also expects that registered nurses possess the values and personal attributes of being caring, empathetic and compassionate. As professionals in a modern world, nurses must also develop the inherent strengths of emotional intelligence and resilience. These requirements have implications for the way that education providers select nursing students and prepare them for professional practice. Potential nursing students will be assessed for admission to a pre-registration programme with reference to these attributes. The way that students are assessed throughout the programme will also encompass these attributes alongside knowledge, skills and competencies.

The outcome statements included in the standards have been designed to apply across all current fields of nursing practice and all care settings. Registered nurses must be able to meet the fundamental care needs of people across their lifespan with a range of mental, physical, cognitive and behavioural health challenges. They must also be able to meet the more complex care needs of people in their chosen field of nursing practice. The focus of the theoretical content, practice application and practice experience will reflect the need for students to meet the outcomes in the context of their field of practice. The annexes to these standards indicate key aspects of required field specific content.

The outcome-based standards of proficiency presented below are structured under seven headings. Each of these describes key components of the roles, responsibilities and accountabilities of registered nurses. While there is some overlap between the seven headings, we believe that this approach will provide the required clarity to the public and the existing nursing and health professional workforce about the core knowledge, skills and competencies that they can expect of every registered nurse in the future. They also provide the benchmark for established practitioners from overseas to enter the register, as well as for those who wish to return to practice after a prescribed period of absence.

It is important to emphasise that the outcome statements that underpin these standards reflect the requirements of a newly registered nurse as they graduate into the profession at the very beginning of their career. They will provide new graduates with a solid foundation of knowledge, skills and competencies which they will build upon as they gain experience in practice and fulfil their professional responsibility to continuously update their knowledge and skills.

At the point of registration, a registered nurse will:

1   Be an accountable professional

- be responsible and accountable for their actions
- act in the **best interests** of people, put them first, and provide nursing care that is patient centred, safe and compassionate
- solve problems and make sound decisions about care for people based on evidence and knowledge.

2   Promote health

- take a lead in helping people to improve and maintain their mental, behavioural, cognitive and physical health and wellbeing
- support and enable people at all stages of their lives to make informed choices about how to manage and improve their current health, and prevent ill health.

3   Assess needs and plan care

- assess the health and circumstances of people to inform the need for **nursing intervention**, care and support
- take into account the personal situation, characteristics, preferences and wishes of people, their families and carers
- accept that patients and families become expert in their own care and ensuring they have the resources at their disposal to assist them to make informed decisions and that plans for intervention, care and support are tailored to their individual needs and preferences.

3   Provide and evaluating care

- take the lead in providing and supervising the delivery of nursing interventions, care and support to people of all ages and in any setting
- ensure that delivery of all aspects of care is compassionate and safe
- work in partnership with people, families and carers to evaluate whether the goals of care have been met in line with their wishes and preferences.

5   Lead nurse care and work in teams

- provide nursing leadership by demonstrating best practice and being accountable for delegating care appropriately to others, including lay carers
- play an active and equal role in multidisciplinary teams of professionals, collaborating and communicating effectively with colleagues, and with people and families to help them to manage their own care.

6   Improve safety and quality of care

- make a key contribution to continually improving the quality of care and treatment given, and improving people's experience of care
- be able to assess any risks to patient safety or experience, and take appropriate action to manage those, putting the best interests, needs and preferences of people first
- understand how to manage risks across organisations and settings.

7   Coordinate care

- engage with a variety of healthcare and other agencies and professionals, in order to support the delivery of complex care pathways and packages of care.

1 Being an accountable professional

Registered nurses are responsible for their actions. They act in the best interests of people, putting them first and providing nursing care that is safe and compassionate. They use their knowledge and experience to make evidence based decisions and solve problems.

Outcomes	At the point of registration, the registered nurse will:

1.1 Understand how to act in accordance with **the Code: Professional standards of practice and behavior for nurses and midwives** to fulfil all registration requirements.[1]

1.2 Understand and apply relevant legal and regulatory requirements, governance requirements, policies, and ethical frameworks and guidelines to all areas of practice.

1.3 Understand and apply the principles of candour, courage and transparency, recognising and reporting any situations, behaviours or errors that could result in poor outcomes of care and treatment.

1.4 Acknowledge and articulate the demands of professional practice and demonstrate how to recognise signs of vulnerability in themselves or their colleagues and the action required to minimise risks to health.

1.5 Understand the professional responsibility for adopting a healthy lifestyle and maintain a level of personal fitness and wellbeing required to meet people's needs for mental and physical care.

1.6 Understand the meaning of resilience and emotional intelligence and explain their influence on judgments and decisions in complex, challenging and unpredictable situations.

1.7 Demonstrate a sound understanding of research methods, ethics and governance in order to critically analyse, safely use, share and apply research findings to promote and inform best nursing practice.

1.8 Demonstrate the transferrable skills and ability to think critically, apply knowledge and use evidence and experience to solve problems and make informed decisions.

1.9 Demonstrate the ability to communicate effectively using a range of skills and strategies with colleagues and with people at all stages of life and with a range of mental, physical, cognitive and behavioural health challenges (Annexe A).

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[1] The Code – Professional standards of practice and behaviour for nurses and midwives (NMC, 2015)

1.10 Demonstrate the skills and abilities required to develop, manage and maintain appropriate relationships with people, their families and carers and colleagues.

1.11 Provide and promote non-discriminatory, person centred and sensitive care at all times, reflect people's values and beliefs, diverse backgrounds, cultural characteristics, needs, and preferences taking account of any necessary reasonable adjustments[2] for disabled people.

1.12 Understand the need to make all decisions regarding people's care and treatment based on the needs of patients, and not on their own personal considerations, recognising and addressing external factors that may unduly influence their decisions.

1.13 Maintain the literacy, digital literacy and numeracy skills required to ensure their safe and effective nursing practice (Annexes A and B).

1.14 Take responsibility for the continuous development of their professional knowledge and skills, seeking and responding to support and feedback.

1.15 Demonstrate the knowledge and confidence to contribute as an equal partner in a multidisciplinary team as an ambassador for the profession and for health services.

1.16 Act as an ambassador for the profession and promote public confidence in nursing, health and care services.

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[2] Link to Equality Act 2010 and Northern Ireland equivalent

2   Promoting health

Registered nurses play a key role in improving and maintaining people's mental, physical and behavioural health and wellbeing. They support and enable people at all stages of life and across all care settings to make informed choices about how to prevent ill health and manage health challenges in order to maximise quality of life and improve health.

At the point of registration, the registered nurse will:

2.1 Understand the aims and principles of health promotion and health improvement and be able to apply these when caring for individuals, families, communities and populations.

2.2 Identify and use every appropriate opportunity to discuss with people the impact of lifestyle choices including smoking, substance use, alcohol, sexual behaviours, diet and exercise on mental, physical, cognitive and behavioural health and wellbeing.

2.3 Understand and explain the principles, practice and evidence base for health screening when engaging with individuals, families and populations in order to promote and improve mental and physical health outcomes.

2.4 Demonstrate knowledge of epidemiology, demography, genomics and the wider determinants of health, illness and wellbeing at all stages of life and apply this to an understanding of patterns of health and illness and health outcomes.

2.5 Understand and explain the contribution of social influences, health literacy, individual circumstances, behaviours and lifestyle choices to mental and physical health outcomes in people, families, and communities.

2.6   Understand the importance of early years interventions and the impact of adverse life experiences on lifestyle choices and mental and physical wellbeing.

2.7   Critically appraise and apply information about health outcomes when supporting people and families to manage their health care needs and make health choices.

2.8   Explain and demonstrate the use of up to date approaches to behaviour change to enable individuals, families and populations to use their strengths and expertise and make informed choices when managing their own health and making lifestyle adjustments (Annexe A).

2.9   Use appropriate communication skills to empower and support people to make informed choices about their care in order to help them lead satisfying and fulfilling lives within the limitations caused by reduced capability, ill health and disability.

2.10 Understand and apply the principles of pathogenesis and immunology and the evidence base for immunisation, vaccination and herd immunity when engaging with individuals, families and populations to promote health and avoid ill health.

2.11 Understand and apply the principles of infection prevention, monitoring and spread and the impact of antimicrobial resistance in all settings.

3   Assessing needs and planning care

Registered nurses assess and review the mental, physical, cognitive, behavioural, social and spiritual health needs of people, using this information to identify their requirements for nursing intervention, care and support. They work in partnership with people to develop person centred care plans that take into account their circumstances, characteristics and preferences.

Outcomes	At the point of registration, the registered nurse will:
	3.1 Understand and apply knowledge of human development from conception to death, to inform accurate person centred nursing assessments and develop appropriate care plans.
	3.2 Demonstrate and apply knowledge of body systems and homeostasis, human anatomy and physiology, biology, genomics, pharmacology, social and behavioural sciences, to inform accurate nursing assessments and develop appropriate person centred care plans .
	3.3 Demonstrate and apply knowledge of commonly encountered mental, physical, cognitive and behavioural health conditions, to a inform a full nursing assessment and the development and review of person centred nursing care plans (Annexe B)
	3.4 Recognise people at risk of harm and situations that may put them at risk. Take personal responsibility to work within local and national policy and legislative frameworks ensuring appropriate action is taken to provide adequate safeguarding.
	3.5 Understand and apply the principles underpinning partnership in nursing care, demonstrating shared assessment, planning, decision making and goal setting when working with people, their families, communities and populations of all ages.
	3.6 Demonstrate the ability to accurately assess a person's capacity to make sound decisions about their own care and to give or withhold consent. Where people do not have capacity, understand and apply the principles and processes for making reasonable adjustments[3] and best interest decisions.
	3.7 Undertake a mental, physical, behavioural, social, spiritual and cognitive assessment incorporating an understanding of current medication usage and treatments to inform a person centered prioritised plan for care.
	3.8 Demonstrate the ability to accurately process all information gathered during the assessment process to identify needs for

[3] Link to Equality Act 2010 and Northern Ireland equivalent

fundamental nursing care and develop person centred evidence based plans for nursing intervention with agreed goals.

3.9 Identify and assess the needs of people and families for care at end of life, including requirements for palliation and decision making related to their treatment and care preferences (Annexe B).

3.10 Recognise signs of deterioration in relation to mental distress, emotional vulnerability and physical symptoms and understand how to take prompt action to prevent or reduce risk of harm to the person and others (Annexe B).

Outcomes	3.11 Undertake routine investigations, interpreting and sharing findings as appropriate. Take prompt action when required, implementing appropriate interventions, requesting investigations or escalating to other professionals (Annexe B).
	3.12 Demonstrate an understanding of co-morbidities and the demands of meeting people's nursing and social care needs when prioritising care plans.
	3.13 Demonstrate knowledge of when and how to refer people safely to other professionals or services for clinical intervention or support including hospital care, health and social care, third sector, private and community based agencies.

4 Providing and evaluating care

Registered nurses take the lead in providing evidence based, compassionate and safe nursing interventions, care and support to people of all ages in a range of care setting. They ensure that any nursing care they delegate is of a consistently high standard. They work in partnership with people, families and carers to evaluate whether the goals of care have been met in line with their wishes and preferences and desired outcomes.

Outcomes	At the point of registration, the registered nurse will:
	4.1 Demonstrate and apply an understanding of what is important to people and how this knowledge is used to ensure their needs for dignity, privacy, sleep, safety and comfort can be met and act as a role model to provide evidence based person centred care (Annexe B).
	4.2 Work in partnership with people, to encourage shared decision-making, in order to support individuals, and their families and carers to manage their own care when appropriate.
	4.3 Demonstrate the knowledge, communication, and relationship management skills required to provide people, families and carers with accurate information that meets their needs before, during and after a range of interventions (Annexe A).
	4.4 Demonstrate the knowledge, skills and ability to act as a role model to meet people's needs related to nutrition, hydration, and elimination, using evidence based nursing care (Annexe B).
	4.5 Demonstrate the knowledge, skills and ability to act as a role model to meet people's needs related to mobility, hygiene, oral care, wound care and skin integrity using an evidence based nursing care (Annexe B).
	4.6 Demonstrate the knowledge and skills required to support people with mental health, behavioural, cognitive and learning challenges and physical symptoms including anxiety, confusions and pain (Annexe B).
	4.7 Demonstrate the knowledge and skills required to prioritise what is important to people and their families to enable evidence based person centred care at end of life (including people who are dying, families, the deceased and others bereaved) (Annexe B).
	4.8 Demonstrate the knowledge and ability to respond proactively and promptly to signs of deterioration or distress in mental, physical cognitive and behavioural health. Use this knowledge to make sound clinical decisions, take appropriate action and keep accurate records.

4.9 Demonstrate the ability to perform all nursing procedures and manage devices required to meet people's needs for effective interventions and person centred nursing care (Annexe B).

4.10 Understand the principles underpinning first aid procedures and intermediate life support, and demonstrate the ability to perform these effectively (Annexe B).

4.11 Demonstrate the principles of safe and effective optimisation and administration of medicines in accordance with local and national policies. Demonstrate proficiency and accuracy when calculating dosages of prescribed medicines (Annexe B).

4.12 Demonstrate knowledge of pharmacology, to inform safe prescribing from an agreed formulary, recognising the effects of medication, allergies, drug sensitivities, side effects, contraindications, incompatibilities and the impact of polypharmacy.

4.13 Demonstrate knowledge of methods for generating prescriptions and the role of generic, unlicensed and off-label prescribing. Understand the potential risks associated with these methods.

4.14 Demonstrate the ability to work in partnership with people, families and carers to continuously monitor, evaluate and reassess the effectiveness of all agreed nursing care plans, shared decisions making and readjusting agreed goals. Document progress and decisions made.

4.15 Demonstrate the ability to co-ordinate processes and undertake procedures involved in the planning and management of safe discharge home or transfer of people between care settings.

5 Leading nursing care and working in teams

Registered nurses provide nursing leadership by acting as a role model for best practice in the delivery of nursing care. They are accountable for appropriate delegation to, and supervision of care provided by others in the team including lay carers. They play an active and equal role in the multidisciplinary team, collaborating and communicating effectively with a range of colleagues.

Outcomes	At the point of registration, the registered nurse will:
	5.1 Understand the theory underpinning principles of effective leadership, **group dynamics**, **human factors** and **strengths based approaches** and apply this to team working and decision making (Annexe A).
	5.2 Understand the principles and processes of performance management and how these apply to leadership roles in nursing.
	5.3 Understand and explain the roles, responsibilities and scope of practice of all members of the nursing and multidisciplinary team, and how to make best use of their contributions.
	5.4 Exhibit leadership potential by demonstrating an ability to manage, support and motivate individuals and interact confidently with other members of the care team.
	5.5 Effectively and responsibly use a range of digital technologies to access, input, share and apply information and data within teams and between agencies.
	5.6 Safely and effectively lead and manage the nursing care of a small group of people demonstrating appropriate prioritisation, delegation and assignment of care responsibilities to others involved in giving care.
	5.7 Demonstrate the ability to monitor and evaluate the quality of care delivered by others in the team including non-registered colleagues and lay carers, and the potential to provide challenge and constructive feedback and to identify and agree any learning needs (Annexe A).
	5.8 Supervise and teach less experienced students and colleagues, appraising the quality of the nursing care they provide, documenting performance, promoting reflection and providing constructive feedback (Annexe A).
	5.9 Contribute to clinical supervision and team reflection activities to promote improvements in practice and services.
	5.10 Understand the mechanisms that can be used to influence policy and prompt change in health care organisations, demonstrating the development of political awareness and skills.

6   Improving safety and quality of care

Registered nurses make a key contribution to the continuous monitoring and quality improvement of care and treatment in order to enhance people's experience of care and health outcomes. They assess risks to safety or experience and take appropriate action to manage those, putting the best interests, needs and preferences of people first.

Outcomes	At the point of registration, the registered nurse will:
	6.1 Demonstrate an understanding of the principles of **improvement methodologies**, participate in all stages of **audit** activity and identify appropriate quality improvement strategies.
	6.2 Understand how the quality and effectiveness of nursing care can be evaluated in practice and demonstrate how to use findings to bring about continuous improvement.
	6.3 Demonstrate the ability to work with people, their families, carers and colleagues, to develop effective improvement strategies for quality and safety, sharing feedback and learning from mistakes, adverse and positive experiences.
	6.4 Accurately undertake risk assessments in community and hospital settings, proactively using a range of contemporary assessment and improvement tools (Annexe B).
	6.5 Understand and apply the principles of health and safety regulations and maintaining safe work and care environments. Identify the need to make improvements and proactively respond to potential hazards.
	6.6 Understand the relationship between safe staffing levels, adequate skills mix and safety and quality of care. Recognise inadequate staffing levels and escalate concerns appropriately.
	6.7 Understand and act in line with local and national frameworks, legislation and regulations for assessing, managing and reporting risks, ensuring the appropriate action is taken.
	6.8 Demonstrate an understanding of how to identify, report and critically reflect on **near misses**, **critical incidents**, **major incidents** and serious **adverse events** in order to learn from and influence future practice.
	6.9 Apply an understanding of the differences between effective risk management and **risk aversion** to avoid compromising quality of care and health outcomes.
	6.10 Acknowledge the need to accept and manage uncertainty, and demonstrate awareness of strategies that develop resilience in themselves and others.
	6.11 Understand the roles of registered nurses and other health professionals

at different levels of experience and seniority in managing and prioritising actions and care in the event of a major incident.

7   Coordinate care

Registered nurses play a leadership role in coordinating and managing the complex nursing and integrated care needs of people at any stage of their lives, across a range of organisations and settings.

Outcomes	At the point of registration, the registered nurse will:
	7.1 Explain and understand how to apply the principles of partnership, collaboration and multi-agency working across all sectors of health and social care
	7.2 Understand health legislation and current health and social care policies and the mechanisms involved in influencing policy development and change
	7.3 Demonstrate the ability to identify the implications of existing health policies and policy changes for the nursing, health and social care professions and understand its influence on organisations and the delivery of care
	7.4 Understand the principles of **health economics** and their relevance to resource allocation in health and social care organisations and other agencies
	7.5 Demonstrate an understanding of the processes involved in developing a basic business case for additional funding, by applying knowledge of human staff and financial resources, budgets and safe staffing levels
	7.6 Understand and articulate the challenges of providing safe nursing care for people with complex co-morbidities who have several complex health conditions and multiple care needs and demonstrate the skills and personal attributes required to act as an equal partner within an multidisciplinary team
	7.7 Demonstrate an understanding of the complexities of managing the provision of mental, cognitive, behavioural and physical care needs across a wide range of care settings and be able to articulate Strategies to improve care for patients and identify and manage risks
	7.8 Understand how to monitor and evaluate the quality of people's experience of complex care and be developing the ability to take proactive measures to improve the quality of care and services when needed
	7.9 Articulate the principles of **safe transition of care** and understand the processes involved to plan and ensure the safe discharge and transition of people across services, caseloads and settings

Outcomes	7.10 Be developing the knowledge and skills required to negotiate and advocate on behalf of people in order to facilitate their rights to equal access to care and support
	7.11 Understand the principles and processes involved in supporting people and families so that they can maintain their independence as much as possible and to avoid unnecessary interventions and disruptions to their lives
	7.12 Demonstrate an understanding of the importance of exercising political awareness throughout their career, in order to maximise the impact of registered nursing care and safeguard patient safety, quality, and cost effectiveness.

Annexe A: Communication and relationship management skills

Introduction

In order to meet the proficiency outcomes outlined in the main body of this document (XX) nurses must be able to demonstrate the communication and relationship management skills described in this annexe, at the point of their registration.

The ability to communicate effectively, with sensitivity and compassion, and to manage relationships with people is central to the provision of high quality person-centred nursing care. These competencies must be demonstrated in all practice settings and adapted to meet the needs of people across the lifespan. Nurses require a diverse range of robust communication skills and strategies to ensure that individuals, their families and carers are actively involved in patient centred care decisions and care delivery wherever appropriate, and that they are kept informed and well prepared. They need to make accurate, culturally-aware assessments to make sure that the needs, priorities, expertise and preferences of the individual are always valued and met.

Where people have special communication needs or a disability, it is essential that reasonable adjustments are made in order to provide and share information in a manner that promotes optimum health and does not prevent them from having equal access to the highest quality of care.

The skills listed below are those that nurses in all fields of practice are expected to demonstrate at the point of registration. We acknowledge that greater depth and additional, more specific or advanced skills must be demonstrated in some areas in order to meet the requirements for registration in a particular field of nursing practice.

Examples of where such additional depth and content must be included are listed in the Annexe as follows:

- Learning Disability (LD): additional depth and content is required in the field of learning disabilities nursing practice
- Mental Health (MH): additional depth and content is required in the field of mental health nursing practice
- Child Health (CH): additional depth and content is required in the field of children's nursing practice
- Adult Health (AH): additional depth and content is required in the field of adult nursing practice.

Communication and relationship management for assessing, planning, providing and managing evidence based nursing care

A. Underpinning communication skills

- actively listen, recognise and respond to verbal and non-verbal cues
- use prompts and positive verbal and non-verbal reinforcement
- use appropriate non-verbal communication including touch, eye contact and personal space
- make appropriate use of open and closed questioning
- use caring conversation techniques

- check understanding and use clarification techniques
- be aware of own unconscious bias in communication encounters
- write accurate, clear, legible records and documentation
- confidently and clearly share and present verbal and written with individuals and groups
- analyse and clearly record and share digital information and data
- provide clear verbal, digital or written information and instructions when delegating or handing over responsibility for care
- recognise the need for and facilitate access to translator services and material.

B. Communication skills for supporting people to manage their health challenges and prevent ill health

Share information and check understanding about the causes and implications and treatment of a range of common health conditions including depression, diabetes, dementia, asthma, cardiac disease, chronic obstructive airway disease, cancer, skin problems, immune deficiencies, psychosis, stroke and arthritis.

- use clear language and appropriate written materials to optimise people's understanding of what has caused their health condition and the implications for care and treatments
- use repetition and positive reinforcement strategies
- assess motivation and capacity for behaviour change using best practice, evidence led communication strategies
- clearly explain cause and effect relationships related to common health risk behaviours including smoking, obesity, sexual practice, alcohol and substance use
- recognise sensory impairments including sight, speech and hearing and adopt appropriate communication strategies
- support and manage the use of personal communication aids including hearing aids, reading glasses and voice enhancers
- explain information about prevention, treatment and care appropriately, so that it enhances the understanding of people and their family and carers
- address and respond to people's questions and those of their family and carers, and acknowledge areas of uncertainty
- identify the need for and manage a range of augmentative communication techniques including sign language, visual aids signage and magnification
- engage in difficult conversations, including breaking bad news and support people who are feeling vulnerable or in distress, conveying compassion and sensitivity and using appropriate communication strategies.

C. Communication skills for therapeutic intervention

- identify the need for and use appropriate best practice approaches to developing therapeutic relationships with people *MH *LD
- Demonstrate effective use of:
  - motivational interview techniques
  - solution focussed therapies *MH *LD
  - reminiscence therapies
  - talking therapies *MH
  - de-escalation strategies and techniques
  - cognitive behavioural therapy techniques *MH *LD
  - play therapy *CH, *LD
  - solution focussed therapies *MH
  - distraction and diversion strategies
  - positive behaviour support approaches

D. Communication skills for working in professional teams

Demonstrate effective supervision, teaching and performance appraisal and provide:
- clear instructions and explanations when supervising, teaching or appraising others
- clear instructions and check understanding when delegating care responsibilities to others
- unambiguous, constructive feedback about strengths and weaknesses and potential for improvement
- encouragement to colleagues that helps them to reflect on their practice
- unambiguous records of performance

Demonstrate effective skills when managing teams through:

- strengths based approaches to developing teams and managing change
- active listening when dealing with team members' concerns and anxieties
- a calm presence when dealing with conflict
- appropriate and effective confrontation strategies
- de-escalation strategies and techniques when dealing with conflict

Demonstrate effective co-ordination and navigation skills through:

- appropriate negotiation strategies
- appropriate escalation procedures
- appropriate approaches to advocacy

Annexe B: Nursing procedures

Introduction

In order to meet the proficiency outcomes outlined in the main body of this document (XX) nurses must be able to carry out the procedures described in this annexe, at the point of their registration.

The ability to carry out these procedures, safely and with compassion is crucial to the provision of evidence based, person-centred care. These nursing procedures must be demonstrated in a range of practice settings with people across the lifespan. Nursing procedures must be carried out in a way which reflects cultural awareness and ensures that the needs, priorities, expertise and preferences of individuals and their families and carers are always valued.

It is essential to ensure that the needs of those who are disabled or have cognitive impairments are appropriately identified and met when undertaking all nursing procedures.

We acknowledge that greater depth and additional, more specific or advanced proficiencies must be demonstrated in some areas in order to meet the requirements for registration in a particular field of nursing practice.

Examples of where such additional depth and content must be included are listed in the annexe, as follows:

- Learning Disability(LD): additional depth and content is required in the field of learning disabilities nursing practice
- Mental Health (MH): additional depth and content is required in the field of mental health nursing practice
- Child Health (CH): additional depth and content is required in the field of children's nursing practice
- Adult Health (AH): additional depth and content is required in the field of adult nursing practice.

Procedures for assessing needs for person centred, evidence based care

I.   Use best practice approaches to take a history, observe and accurately assess:

- mental health and wellbeing status in adults and young people including depression, mania and psychosis *MH
- signs of mental and emotional distress including anxiety, fear, grief, self-harm, suicidal ideation and substance misuse

II. Use best practice approaches to take a history, observe and accurately assess:

- cognitive health status and wellbeing
- signs of cognitive distress including disorientation, memory impairment, dementia, fatigue and delirium

III. Use best practice approaches to take a history, observe and accurately assess:

- behavioural distress based needs

- signs of distress mental and emotional including agitation, aggression and challenging behaviour *LD

IV. Use best practice approaches to take a history, observe and accurately assess:

- physical health and wellbeing status *AH *CH
- physical symptoms and signs of distress or deterioration

V. Use best practice approaches to undertake the following procedures:

- use manual techniques and electronic devices to take and record and interpret vital signs including temperature, pulse, respiration (TPR), blood pressure (BP) and pulse oximetry

- undertake venepuncture and cannulation and blood sampling, interpreting routine blood profiles and venous blood gases *AH *CH

- set up, manage routine electrocardiogram (ECG) investigations and interpret normal and commonly encountered abnormal traces *AH

- manage and monitor blood component transfusions *AH *CH

- manage and interpret, cardiac monitors, infusion pumps, blood glucose monitors and other monitoring devices *AH*CH

- accurately measure weight and height, calculate body mass index and recognise healthy range and clinical significance of low/high readings

- undertake a whole body assessment including respiratory, circulatory, musculoskeletal, cardiovascular and skin status *AH *CH

- undertake chest auscultation and interpret findings *AH *CH

- collect and observe sputum, urine and stool specimens, undertaking routine analysis and interpreting findings

- measure and interpret blood glucose levels

- recognise and respond to signs of mental, emotional or physical abuse

- undertake a full cardiovascular risk assessment *AH

- undertake and interpret neurological observations and assessments

- identify signs of deterioration and sepsis

- administer basic mental health first aid

- administer basic physical first aid

- recognise and manage seizures, choking and anaphylaxis, providing appropriate intermediate life support

Procedures for the planning, provision and management of evidence based nursing care

A. Meeting needs for care and support with rest, sleep, comfort and the maintenance of dignity

- observe and assess comfort levels and rest and sleep patterns
- determine to what extent the individual can be independent and manage their own care
- use appropriate techniques for bed making including for people who are unconscious or who have limited mobility
- use appropriate positioning and pressure relieving techniques including pillows and other support aids
- take appropriate action to ensure privacy and dignity at all times
- take appropriate action to support improved sleep hygiene

B. Meeting needs for care and support with hygiene and the maintenance of skin integrity

- observe and assess skin and hygiene status and determine the need for intervention, making sure that the individual remains as independent and able to manage their own care as is possible use best practice approaches to the assessment of skin integrity and risk including doppler measurements
- assist with washing, bathing, shaving and dressing
- assess needs for and provide appropriate oral care, dental care, eye care and nail care and decide when an onward referral is needed to a dentist, optician or audiologist
- select and use appropriate products to prevent and manage skin breakdown
- undertake wound care including dressings, suture removal, and vacuum closures using aseptic techniques and apply pressure bandaging *AH *CH
- manage wound and chest drainage processes *AH *CH

C. Meeting needs for care and support with nutrition and hydration

- observe, assess and determine the need for intervention, and the level of independence and self-management of care that an individual can potentially have
- use contemporary nutritional assessment tools
- assist with feeding and drinking and use appropriate feeding and drinking aids
- record fluid intake and output and identify signs of dehydration or fluid retention
- insert, manage and remove oral/nasal/gastric tubes *CH *AH
- manage artificial nutrition and hydration using oral, enteral and parenteral routes *AH *CH
- manage the administration of IV fluids
- manage fluid and nutritional infusion pumps and devices

D. Meeting needs for care and support with elimination

- observe and assess level of urinary and bowel continence to determine the need for support, intervention, level of independence and the level of independence and self-management of care that an individual can potentially have
- assist with toileting, maintaining dignity and privacy and managing the use of appropriate aids including pans, bottles and commodes
- select and use appropriate continence products including pads, sheaths and appliances
- insert, manage and remove catheters for all genders and assist with self-catheterisation when required *AH,*CH
- manage bladder drainage
- assess elimination patterns to identify constipation, diarrhoea and urinary and faecal retention
- administer enemas, suppositories and undertake rectal examination and manual evacuation when appropriate
- undertake stoma care and using best practice techniques and products

E. Meeting needs for care and support with mobility and safety

- observe and use contemporary risk assessment tools to determine need for support, intervention, levels of independence and the level of independence and self-management of care that an individual can potentially have
- identify and manage risk of falls using best practice risk assessment approaches
- use a range of best practice moving and handling techniques and mobility aids including frames and wheelchairs
- use appropriate equipment including hoists, transfer devices and patient sliders to facilitate movement of people
- use appropriate safety and restraint techniques and devices

F. Meeting needs for respiratory care and support

- observe and assess the need for intervention and determine the level of independence and self-management of care that an individual can potentially have set up and manage the administration of oxygen using a range of routes and best practice approaches
- take and interpret peak flow and oximetry measurements
- use appropriate nasal and oral suctioning techniques *AH *CH
- manage inhalation, humidifier and nebuliser devices *AH *CH
- manage airway and respiratory processes and equipment *AH*CH

G. Meeting needs for care and support with commonly encountered symptoms

- observe and use best practice assessment tools to determine extent of symptoms and need for appropriate intervention and capacity for self-management
- identify appropriate best practice interventions to manage a range of symptoms including:
    - pain
    - nausea and vomiting
    - dehydration
    - restlessness
    - agitation
    - mood swings
    - anxiety
    - breathlessness
    - pyrexia
    - skin rashes and itching
    - fatigue
    - insomnia
    - angina

H. Meeting needs for care and support with the prevention and management of infection

- observe, assess and respond rapidly to potential infection risks using best practice guidelines
- use standard precautions protocols
- use effective aseptic, non-touch techniques
- use appropriate personal protection equipment including gloves and masks
- implement isolation procedures
- use evidence based hand washing techniques
- safely decontaminate equipment and environment
- safely use and dispose of waste, laundry and sharps
- safely assess and manage invasive medical devices and lines

I. Meeting needs for care and support at the end of life

- observe and assess the need for intervention for people, families and carers, determine the level of independence and self-management of care that an individual can potentially have
- identify, assess and respond to uncontrolled symptoms and signs of distress including:
  - pain
  - nausea
  - thirst
  - depression
  - restlessness
  - anxiety
  - agitation

- manage and monitor symptom relief medication, infusion pumps and other devices
- assess and review preferences and care priorities of the dying person and their family and carers
- understand and apply organ and tissue donation protocols, advanced planning decisions, living wills and health and lasting powers of attorney for health.
- provide care for the deceased person after death that respects cultural requirements and protocols
- apply and understand do not administer (DNA) resuscitation decisions and verification of expected death

Procedural competencies required for evidence based medicines management

- carry out initial and continued assessment of people receiving care and their ability to self-administer their own medications
- recognise the various procedural routes under which medicines can be prescribed, supplied, dispensed and administered; and the laws, policies, regulations and guidance that underpin them
- use the principles of safe remote prescribing and directions to administer
- undertake accurate drug calculations for a range of medications including insulin and controlled drugs
- undertake accurate checks, including transcription and titration, of any direction to supply or administer a medicinal product
- exercise professional accountability in ensuring the safe administration of medicines to those receiving care
- administer injections using intramuscular, subcutaneous, intradermal and intravenous routes and manage injection equipment
- administer medications using a range of routes including topical, transdermal, inhalation, oral, aural, nasal, eyes, rectal and vaginal routes
- administer and monitor medications using vascular access devices and enteral equipment
- recognise and respond to adverse or abnormal reactions to medications including antipsychotic drugs
- undertake safe storage, transportation and disposal of medicinal products

Glossary of terms

Accountabilities or accountable: being responsible for your own actions.

Adverse events (see also critical incidents and near misses): events that are out of the ordinary, often unexpected and threaten or actually cause harm to people.

Antimicrobial resistance: where some antibiotics have been used too often over many years, bacteria have become used to the antibiotics, which are then no longer effective in treating infections.

Audit: this is a formal review of clinical activities to make sure that best practice has been followed

Cognitive and behavioural health challenges: altered behaviour which can range from mild to serious, and can be disruptive, dangerous, or cause stress to others. This may be displayed by people of any age, as a result of mental health conditions, such as dementia or psychosis, or physical conditions such as strokes or acquired brain injuries. Cognitive health challenges may refer to problems with memory, language, thinking, or other brain functions, varying from mild to serious difficulty.

Best interest decisions: something that is done for a person, or a decision that is made on the person's behalf under the Mental Capacity Act [YEAR], which is in the person's best interests, when a person has been shown to lack the capacity to make such decisions themselves.

Capacity: the ability to use and understand information to make a decision, and communicate any decision made.

Clinical supervision: a registered nurse meeting regularly with another professional, not necessarily more senior, but normally with training in the skills of supervision, to discuss casework and other professional issues in a structured way.

Cognitive: The mental processes of perception, memory, judgment, and reasoning.

Co-morbidities: is the presence of one or more additional diseases or disorders that occur with a primary disease or disorder.

Complex care needs: a person's needs that require a co-ordinated response from more than one sector or organisation

Contraindications: a condition or factor that serves as a reason to withhold a certain medical treatment due to the harm that it would cause the patient.

Critical incidents: is any unintended or unexpected incident which could have or did lead to harm for one or more person receiving care.

Critical thinking: the practice of analysing and considering all aspects of a situation, and evidence about what works best, when making decisions or taking action.

Digital technologies: the ability to use computers and computer based tools to solve problems and to enter, share, and search for information from a variety of sources.

Candour: health professionals must be open and honest with patients when things go wrong.

Elimination: the process of getting rid of something, whether it is waste or errors.

Emotional intelligence: to be aware of the feelings and emotions of others, and to control and express your own emotions. To handle interpersonal relationships thoughtfully and with regard for the other person's feelings.

Epidemiology: data that enables the study and analysis of the patterns, causes, and effects of health and disease conditions in defined populations.

Ethics: the moral principles that govern a person's behaviour or the conducting of an activity. An ethical framework is a structure that supports conformity with these principles and governs personal and professional conduct.

Evidence based care: making sure that any care and treatment is given to people, by looking at what research has shown to be most effective. The judgment and experience of the nurse and the views of the patient should also be taken into account when choosing which treatment is most likely to be successful for an individual patient.

Formulary: a list of medicines.

Group dynamics: processes involved when people in a group interact.

Health economics: a branch of economics concerned with issues related to efficiency, effectiveness, value and behaviour in the production and consumption of health and healthcare.

Health literacy: the degree to which individuals can obtain, process, and understand basic health information and services needed to make appropriate health decisions.

Herd immunity: when most people in a population are immune to an infection, this indirectly gives the rest of the people in the population protection from the infection as they are less likely to be exposed to it.

Homeostasis: the ability or tendency of a living organism, cell, or group to keep the conditions inside it the same despite any changes in the conditions around it, or this state of internal balance.

Human factors: refer to environmental, organisational and job factors, and human and individual characteristics, which influence behaviour at work in a way which can affect health and safety.

Hydration: to supply water to a person in order to restore or maintain the right amount of fluid in the body.

Immunisation: a person is made immune or resistant to an infectious disease, typically by the administration of a vaccine.

Improvement methodologies: approaches to improve services or processes.

Incompatibilities: unable to exist together.

Multidisciplinary teams: multidisciplinary teams consists of groups of professionals with different professional backgrounds, who are specialised in different clinical areas.

Intervention: any investigations, procedures, or treatments given to a person.

Major incident: any emergency that requires the implementation of special arrangements by one or more of the emergency services, the NHS or local authority for the initial treatment, rescue and transport of a large number of casualties.

Near misses: when an adverse or critical incident nearly happened, but was either intentionally or unintentionally avoided.

The Code: Professional standards of practice and behavior: the professional standards that nurses and midwives must uphold in order to be registered to practise in the UK.

Non-discriminatory care: where professionals make sure that no-one is either directly or indirectly treated less favourably than others in the same or similar circumstances, on the grounds of age, colour, creed, criminal convictions, culture, disability, ethnic or national origin, gender, marital status, medical condition, mental health, nationality, physical appearance, political beliefs, race, religion, responsibility for dependents, sexual identity, sexual orientation, or social class.

Nursing assessment: the gathering of information about a patient's physiological, psychological, sociological, and spiritual characteristics by a Registered Nurse. It may look at everything about a person's health, or it may just look at one individual aspect, e.g. their mental health. Nursing assessment is used to identify current and future patient care needs. It looks at what is normal and what is not normal about the person and their health. It allows the nurse to identify and prioritise the care and treatment the person may need.

Nursing care plans: a plan of care and treatment, constructed by the registered nurse in agreement with the person receiving the plan, to help manage the person's health day to day.

Nursing caseload: the number of people a nurse is given the responsibility to provide care for.

Nutrition: the process of providing or obtaining the food necessary for health and growth.

Patient advocate: A patient advocate is a trained person who helps people to navigate the healthcare system, makes sure that their rights and wishes are being taken into consideration, and acts as a go-between for the patient and their family and staff of health or social care organisations

People: includes individuals, patients, clients, families and communities and populations across all stages of life.

Person centred: an approach where the person is at the centre of the decision making processes and the design of the nursing care and treatment plan.

Patient centred care: focus on prevention, early intervention supporting independence and wellbeing.

Professional regulator or health professionals' regulator: protects the public when interacting with a health or social care professional, whether private or in the NHS, and ensures the professional is meeting the standards set by the relevant regulator.

Reflection: to carefully consider actions or decisions and take learning from them.

Registered nurse: anyone who is qualified from an NMC approved pre-registration course or equivalent and is registered on the NMC register.

Risk aversion: unwilling to take risks or wanting to avoid risks as much as possible.

Risk management: the technique assessing, minimising, and preventing accidental loss to the delivery of health and care services.

Safeguarding: protecting people's health, wellbeing and human rights, and enabling them to live free from harm, abuse and neglect.

Skin integrity: when the skin is healthy, undamaged and able to perform its basic functions.

Social determinants of health and wellbeing: the effect of the social situations that people grew up in, and the situations in which they are living and working, on their health and how well they feel, and the likelihood of them becoming ill (for example, their employment, the type of work they do, their income, where they live, their family circumstances).

Strength based approaches: strength-based practice is a collaborative process between the person supported by services and those supporting them, allowing them to work together to reach an outcome that draws on the person's strengths and assets.

Third sector: the range of organisations that are neither public sector (organisations funded by the state through taxation and free at the point of use) nor private sector (organisations that require people to pay the provider of services directly). It includes voluntary and community organisations (both registered charities and other organisations such as associations, self-help groups and community groups), social enterprises, mutuals and co-operatives.

Transition of care: the movement of care for a person across services, caseloads and settings.

Vaccination: a treatment which enables the body to fight a particular infection.

Vulnerable people: those who at any age are at risk of abuse. Abuse is something that may harm another person, or endanger their life, or violate their rights. The person responsible for the abuse may be doing this on purpose or may not realise the harm that they are doing. The type of harm may be physical, sexual, psychological, material or financial, or may be due to neglect. Examples are physical cruelty to children, financial exploitation of older people, modern slavery, and radicalisation.

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Nursing &
Midwifery
Council

Education framework: Standards for education and training

For all United Kingdom providers of nursing and midwifery education

The role of the Nursing and Midwifery Council

What we do

We regulate nurses and midwives in England, Wales, Scotland and Northern Ireland. We exist to protect the public. We set standards of education, training, conduct and performance so that nurses and midwives can deliver high quality healthcare throughout their careers.

We make sure that nurses and midwives keep their skills and knowledge up to date and uphold our professional standards. We have clear and transparent processes to investigate nurses and midwives who fall short of our standards. We maintain a register of nurses and midwives allowed to practise in the UK.

Contents (tbc)

Published XX

Comes into effect XX

About the education framework

This document sets out the education and training standards which all approved education institutions (AEIs), practice placement and work based learning providers must meet in order to manage and deliver all NMC approved education programmes.

The safety of people is central to these standards, as students will be in contact with people, families and carers throughout their education and training.

We set out the professional values and behaviour of all nurses and midwives working in the UK in *the Code: Professional standards of practice and behaviour for nurses and midwives*. We expect student nurses and midwives to meet these standards.

The education framework contains the standards and requirements that together signify what effective professional education and training looks like. Details of how we will ensure these education and training standards are met are set out in our *Quality Assurance (QA) Framework* document. We will only approve and maintain approval of programmes of education and training where:

1. the learning culture is ethical, open and honest, and is conducive to safe and effective learning that respects the principles of equality and diversity and where innovation, inter-professional learning and team working are embedded

2. accountability for compliance with all legal and regulatory requirements is met

3. students are empowered and provided with the learning opportunities they need in a range of settings, using a variety of methods to achieve the desired programme outcomes and NMC proficiencies

4. those who deliver, support, supervise and assess students are suitably qualified, prepared and skilled; and receive the necessary support for their role, and

5. curricula and assessment methods enable students to achieve the outcomes required to practise safely and effectively in their chosen area.

Overall responsibility for the day-to-day management of quality lies with AEIs in partnership with practice-placement and work placed learning partners who offer 'hands on' practice experience to students. Through our quality assurance processes we make sure that education programmes meet our standards and that risks are managed effectively. The NMC uses a variety of sources to monitor risks to quality in education and training, including system regulator reports

Our education framework and the new requirements for learning and assessment provide flexibility for approved education institutions, practice placement and work based learning providers in developing innovative approaches to education for nurses and midwives while being accountable for the local delivery and management of NMC approved programmes in line with our standards.

Specific detail about regulatory requirements for the delivery of individual programmes will be included in separate programme requirement standards. These standards will

give due consideration to legal requirements, entry requirements, availability of recognition of prior learning, length of programme and assessment.

Five pillars for education and training

Our standards for approved education institutions, practice placement and work placed learning partners are set out in five pillars that define effective education and development, delivery and management of programmes. Each standard is underpinned by a set of requirements, all of which must be met for the standard to be met as a whole.

These standards and their underpinning requirements apply to the development, delivery and management of all programmes approved by the NMC, they apply to theoretical learning that takes place in the classroom and also to practice placement and work placed learning.

Education and training pillars

Each pillar of the education framework focuses on a specific aspect of education and training as set out below.

Pillar 1: Learning culture prioritising safety and valuing learning in all settings

Pillar 2: Educational governance and quality compliance and continuous improvement in educational delivery and management

Pillar 3: Student learning and empowerment supporting and enabling students to achieve their learning outcomes and NMC proficiencies

Pillar 4: Educators and assessors supporting and enabling supervisors, educators and assessors to be effective in their roles

Pillar 5: Curricula and assessment effective development and delivery of curricula and confirmation of proficiency through robust assessment.

Diagram: Five pillars for education and training

Pillar 1: Learning culture

Standards

> S1.1   The learning culture prioritises the safety of people, including carers, students and educators, and enables the values of the Code to be upheld.
>
> S1.2   Education and training is valued in all learning environments.

Requirements

Safe learning

Approved education institutions together with practice placement and work placed learning partners must:

R1.1   demonstrate that safety of people is a primary consideration in all learning environments

R1.2   prioritise the wellbeing of people promoting critical self-reflection and safe practice in accordance with the Code

R1.3   ensure people have the opportunity to give their informed consent to being cared for by students

R1.4   ensure students and educators understand how to raise concerns[1] and are encouraged and supported to do so without fear of adverse consequences

R1.5   ensure any concerns are investigated and dealt with effectively

R1.6   ensure concerns affecting the wellbeing of service users or students are addressed immediately and effectively

R1.7   ensure mistakes and incidents are fully investigated and learning reflections are recorded and disseminated, and

R1.8   ensure students are encouraged to be open and honest with service users and carers when things go wrong, in accordance with the professional duty of candour.[2]

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[1] www.nmc.org.uk/standards/guidance/raising-concerns-guidance-for-nurses-and-midwives/
[2] www.nmc.org.uk/standards/guidance/the-professional-duty-of-candour/

Valuing learning

Approved education institutions together with practice placement and work placed learning partners must:

R1.9   ensure the learning culture is fair, impartial, transparent and compliant with the principles of equality, diversity and inclusion

R1.10   promote programme improvement through effective use of student diversity and outcomes data

R1.11   seek and act upon feedback from students, educators, service users and carers to make improvements to programme design, delivery and management

R1.12   work with service providers to promote and model inter professional learning and working, and

R1.13   support opportunities for research collaboration and evidence-based improvement in education and service provision.

Pillar 2: Educational governance and quality

Standards

S2.1 Approved education institutions and their practice placement and work placed partners have effective governance systems that ensure compliance with all legal, regulatory, professional and educational requirements, with clear lines of responsibility and accountability for meeting those requirements and responding when standards are not met.

S2.2 Approved education institutions and their practice placement and work placed partners optimise safety and ensure quality, taking account of the diverse needs of, and working in partnership with, students, service users, carers and all other stakeholders.

Requirements

Governance and accountability

Approved education institutions together with practice placement and work placed learning partners must:

R2.1 comply with all relevant legal,[3] regulatory, professional and educational requirements

R2.2 adopt a partnership approach with shared responsibility for theory and practice learning and assessment, including clear lines of communication and accountability for the development, delivery and evaluation of their programmes

R2.3 ensure that student recruitment and selection is open, fair and transparent

R2.4 ensure that student recruitment and selection involve representatives from relevant stakeholder groups, including a diverse range of service users and carers

R2.5 demonstrate a robust process for recognition of prior learning and how it has been mapped to the programme learning outcomes and NMC proficiencies[4]

R2.6 ensure students are fully informed of the requirement to declare immediately any cautions and/or convictions, pending charges or outstanding disciplinary issues with current or previous employers and that any declarations are dealt with promptly and fairly

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[3] Includes, but not limited to, relevant European Union legislation in relation to education and training
[4] Insert link to proficiencies

R2.7   ensure students fulfil the NMC's health and character requirements[5] on entering the programme, throughout the programme and when recording their award on the register. This includes satisfactory occupational health assessment and criminal record checks

R2.8   provide students with the information and support they require in the learning environments to enable them to understand and comply with relevant governance processes and policies

R2.9   have robust, effective, fair and impartial fitness to practise procedures to swiftly address concerns about the conduct of students that might compromise public safety and protection

R2.10   confirm that students meet the NMC proficiencies in full, demonstrating their fitness for practice and eligibility for academic and professional award, and

R2.11   provide information and evidence required by regulators.

Safety and quality assurance

Approved education institutions together with practice placement and work placed learning partners must:

R2.12   provide assurance that the learning environments are safe and effective

R2.13   have the capacity, facilities and resources in place to deliver safe and effective learning opportunities and practical experiences for students as required by their programme learning outcomes

R2.14   comply with the education framework for all periods of learning undertaken outside the UK

R2.15   improve quality, manage risk and disseminate effective practice through the proactive seeking and appropriate sharing of information and data

R2.16   proactively identify and act on any areas for improvement, regularly measuring programme performance and outcomes against the NMC's standards and requirements,[6] and other recognised quality frameworks in education, and

R2.17   appoint appropriately qualified and experienced people for programme delivery and identify nurses and midwives as programme leaders[7] who are accountable for ensuring that all NMC proficiencies have been met by each student by the end of their programme.

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[5] Guidance for AEI's on health and character
[6] NMC Standards
[7] Lead Midwife for Education (LME) for pre-registration midwifery education programmes

Pillar 3: Student learning and empowerment

Standards

S3.1 Students are provided with a variety of learning opportunities and appropriate resources which enable them to achieve their programme learning outcomes, NMC proficiencies and be capable of demonstrating the professional behaviours in the Code.

S3.2 Students are empowered and supported to become resilient, caring, reflective and lifelong learners who are capable of working in inter-professional and multi-agency teams.

Requirements

Provision of learning opportunities and support

Approved education institutions together with practice placement and work placed learning partners must ensure that all students:

R3.1 have their diverse needs respected and taken into account, with support and reasonable adjustments provided in accordance with equality and disability legislation and good practice

R3.2 have access to the resources they need to achieve the learning outcomes and NMC proficiencies required for their professional role

R3.3 are well prepared for both theory and practice learning having received relevant inductions

R3.4 are provided with timely and accurate information about curriculum, teaching, assessment, practice placements and other information relevant to their programme

R3.5 are enabled to learn using a range of methods, including technology-enhanced and simulation-based learning appropriate for their programme

R3.6 have opportunities throughout their programme to collaborate and learn with other professionals, to learn with and from peers, and to develop mentoring and leadership skills

R3.7 have supported learning time when in practice

R3.8 are supervised and supported in practice learning by practice supervisors[8] who are suitably prepared registered health and social care professionals with current knowledge and experience

R3.9 have opportunities throughout their programme to learn in a variety of practice settings and interact with a range of service users, preparing them to provide care to people with diverse needs

R3.10 are supported by individuals and teams in theory and practice learning environments according to their individual learning needs, competence, confidence and experience

R3.11 are provided with the learning and pastoral support to empower them to prepare for independent, reflective professional practice

R3.12 receive constructive feedback throughout the programme from a range of relevant stakeholders, including service users and carers to aid reflective learning

R3.13 are assigned and have access to, a nominated practice assessor in addition to a nominated academic assessor for each part of the programme

R3.14 have the necessary support and information to manage any interruptions to the study of programmes for any reasons, and

R3.15 are provided with timely and accurate information regarding entry to NMC registration or annotation of their award.

Student empowerment

Approved education institutions together with practice placement and work placed learning partners must ensure that all students:

R3.16 are provided with information and support which encourages them to take responsibility for their own physical and mental health and wellbeing

R3.17 have opportunities throughout their programme to give feedback on the quality of all aspects of their learning in both theory and practice, and

R3.18 are protected from behaviour that undermines their self-esteem, performance or professional confidence.

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[8] please see Annex 1

Pillar 4: Educators and assessors

Standard

S4.1 Theory and practice learning and assessment are facilitated effectively and impartially by appropriately qualified and experienced professionals with necessary expertise for their educational roles.

Requirements

Approved education institutions together with practice placement and work placed learning partners must ensure that all educators and assessors:

R4.1 meet the requirements set by the NMC[9]

R4.2 act as professional role models at all times

R4.3 receive relevant induction and access to on-going training and support with consideration for equality legislation

R4.4 have supported time and resources to enable them to fulfil their educational roles in addition to their other professional responsibilities

R4.5 are effective and responsive to the diverse needs of students, sharing their own effective practice and learning from others

R4.6 ensure a consistent approach to theory and practice learning and assessment by liaising and collaborating with colleagues and partner organisations

R4.7 are supported to respond effectively to concerns about public protection and student performance in the learning environment

R4.8 receive feedback from a diverse range of students and people about the effectiveness of their teaching, supervision and assessment, and

R4.9 appropriately share and use evidence for decisions on student assessment and progression.

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[9] Annexe 1: Requirements for learning and assessment for all nursing and midwifery programmes

Pillar 5: Curricula and assessment

Standard

S5.1 Curricula and assessments are developed, implemented and reviewed to ensure that students achieve the learning outcomes and NMC proficiencies for their approved programme.

Requirements

Curricula

Approved education institutions together with practice placement and work placed learning partners must ensure that their curricula:

R5.1 fulfil NMC programme requirements, providing learning opportunities that equip students to meet the NMC proficiencies

R5.2 remain relevant in respect of contemporary health and social care agenda

R5.3 weigh theory and practice learning appropriately to the programme

R5.4 are developed with input from sufficiently experienced and qualified educators and practitioners and informed by the views of key stakeholders, including service users, as relevant to the programme

R5.5 provide appropriate structure and sequencing that integrates theory and practice at increasing levels of complexity, and

R5.6 are structured and sequenced to enable students to manage their theory and practice learning experience effectively.

Assessment

Approved education institutions together with practice placement and work placed learning partners must ensure that:

R5.7 assessment is fair, reliable and valid to enable students to demonstrate they have achieved the NMC proficiencies for their programme

R5.8 students with disabilities are provided with reasonable adjustments in the assessment of both theory and practice, in accordance with relevant equality legislation

R5.9 students are assessed across practice settings as required by their programme

R5.10 assessment occurs periodically and is mapped to the curriculum and sequenced to match progression through the programme

R5.11 practice assessment is facilitated and evidenced by direct and indirect observations and other appropriate methods

R5.12 a range of service users contribute to the student assessment process

R5.13 assessment of practice and theory is weighted appropriately to the programme

R5.14 there is no compensation between the assessment of theory and practice learning

R5.15 assessment is carried out by individuals with current knowledge and experience, who have been appropriately selected, prepared and supported for their role as assessor

R5.16 assessment for progressing through a programme and confirmation of proficiency on completion of a programme must be carried out by academic and practice assessors who are registered nurses or midwives with current knowledge and expertise

R5.17 academic and practice assessors work collaboratively, agreeing assessment for students progressing through a programme and confirmation of proficiency on completion of a programme

R5.18 assessment, progression and decision making is informed by objective, accurate and transparent student records

R5.19 there is evidence for learning and assessment which takes place outside of the UK, and

R5.20 students receive objective feedback on their performance in theory and practice at appropriate points in their programme.

Glossary

1. **Recognition of prior learning (RPL):** includes theory and practice achievement.

2. **Educators:** in the context of the NMC education framework educators are those who deliver, support, supervise and/or assess theory and/or practice learning.

3. **Approved education institutions (AEIs):** This is the status awarded to an institution, or part of an institution, or combination of institutions that works in partnership with practice placement and work based learning providers. AEI's will have provided us with assurance that they are accountable and capable of delivering NMC approved education programmes.

4. **Practice placement and work placed learning partners**: organisations who provide practice based learning and support necessary for meeting NMC standards of proficiency

5. **Learning environments:** includes any environment in terms of physical location where learning takes place as well as the system of shared values, beliefs and behaviours within these places.

6. **(Good) health and character requirements:** as stipulated in our legislation, Articles 9(2)(b) and 5(2)(b) of the Order, 'good health' means that the applicant is capable of safe and effective practice either with or without reasonable adjustments. It does not mean the absence of a health condition or disability. Each applicant seeking admission to the register or to renew registration, whether or not they have been registered before, is required to declare any pending charges, convictions, police cautions and determinations made by other regulatory bodies. Visit our website for more information.

7. **Practice supervisors:** any registered health and social care professionals who support students with their practice learning.

8. **Practice assessor and academic assessor:** assess and confirm student achievement of learning outcomes and NMC proficiencies.

9. **Supported learning time:** all learners enrolled in an NMC approved education programme must have support and supervision that encourages learning. Their participation in theory, practice or simulation based learning should be based on their learning need and competence level and they should be supported to practice and learn without being interrupted for service provision.

10. **Reasonable adjustments:** the duty to make 'reasonable adjustments' in the learning environment is where a disabled student would otherwise be put at a substantial disadvantage compared with non-disabled students.

11. **Resources:** in the context of the NMC education framework includes physical resources as well as human resources in theory and practice education.

12. **Quality assurance:** is our process for making sure all AEIs continue to meet our requirements and their approved education programmes comply with our standards.

13. **Service users:** all individuals or groups who receive services from nurses and midwives including patients, healthy individuals, parents, children, families, carers, representatives.

14. **Stakeholders:** any person, group or organisation that has an interest or concern in the situation in question, and may affect or is affected by its actions, objectives or policies. In the context of the NMC education framework this includes students, educators, partner organisations, service users, carers, employers, other professionals, other regulators and education commissioners.

15. **Student:** any individual enrolled onto an NMC-approved programme at pre-registration or post-registration level, whether full time or less than full time.

Nursing & Midwifery Council

Education Framework

Annexe 1: Requirements for learning and assessment for all nursing and midwifery programmes

Please note that this is the latest draft and will be subject to further revision, including Council feedback.

Introduction

The *Education framework* and these *Requirements for learning and assessment* replace our *Standards for learning and assessment in practice* (2008).

The requirements for learning and assessment must be read in conjunction with the *Education framework* and separate NMC programme specific requirements. In order to gain approval with the NMC, universities and their practice placement and work based learning partners must meet all standards relevant to the programme they seek to deliver.

This document sets out the roles that must be in place for learning and assessment to take place in NMC approved education programmes for nursing and midwifery, and must be applied to all approved programmes.

These requirements for learning and assessment provide flexibility for approved education institutions, practice placement and work based learning providers in developing innovative approaches to education for nurses and midwives while being accountable for the local delivery and management of NMC approved programmes in line with our standards.

Requirements for learning and assessment

1   In order to gain approval to deliver courses of education and training, education institutions, practice placement and work placed learning partners must ensure:

   1.1   there is support and oversight of practice supervision to ensure good quality student learning in practice and achievement of learning outcomes

   1.2   there is a nominated person for each practice or work placed learning setting to actively support students and address student issues and concerns

   1.3   they have the following roles in place; additional roles may be identified and/or developed to meet local circumstances:

       i.   practice supervisors

       ii.   practice assessor (nominated)

       iii.   academic assessor (nominated)

2   **Practice supervisors**

Approved education institutions, together with practice placement and work placed learning partners must ensure that:

   2.1   practice supervisors are registered health and social care professionals who facilitate the achievement of student learning outcomes in practice learning

2.2   all students on an NMC approved programme are supervised in practice learning, by individual and /or group organised practice supervisors working in that practice setting

2.3   practice supervisors receive appropriate support to prepare for their responsibility of supporting and supervising students to achieve their learning outcomes

2.4   there are an adequate number of registered health and social care professionals to undertake practice supervision across placements, with subject matter knowledge for the area in which they are providing support and supervision

2.5   practice supervisors have sufficient understanding of their role in the learning and assessment process, including that their observations will contribute to the assessment process

2.6   there is sufficient continuity of support and supervision provided by the practice supervisors, to enable them to be assured of the student's learning and achievement and be able to contribute to the assessment decision. This may be achieved by individual or group supervision models

2.7   practice supervisors must contribute to the student record by periodically recording their observations on the learning and achievements of the students they are supervising

2.8   practice supervisors must have sufficient opportunities to engage with practice assessors and academic assessors to share their views on the learning and achievement of the students they are supervising; and

2.9   practice supervisors are supported to appropriately raise and / or respond to any public protection or student conduct and competence concerns.

3   **Practice assessor**

Approved education institutions, together with practice placement and work placed learning partners must ensure that:

3.1   all students on an NMC approved programme are assigned to a nominated practice assessor for each part of the education programme

3.2   practice assessors are NMC registered nurses or midwives who have been suitably prepared and receive on-going support to perform their role

3.3   the practice assessor must have current knowledge and expertise

3.4   students are assigned to practice assessors on the same part of the NMC register that they intend to join. They need not be from the same sub-part of the register that the student intends to join

3.5   students on a NMC approved non-medical prescribing programme are assigned to a suitably prepared registered health and social care

professional who is a non-medical prescriber with current knowledge and expertise

3.6 practice assessors assess and confirm the achievement of student learning in line with the programme learning outcomes and standards of proficiency established by the NMC

3.7 there are an adequate number of practice assessors to ensure each student is assigned to a new practice assessor at the start of each part of the programme

3.8 practice assessors receive appropriate support to prepare for their responsibility of assessing and supporting students in achieving their learning outcomes; and

3.9 practice assessors who are also practice supervisors or in other teaching and assessment roles, do not supervise and assess a student for the same part of the education programme.

4 **Academic assessor**

Approved education institutions, together with practice placement and work placed learning partners must ensure that:

4.1 all students on an NMC approved programme are assigned to a nominated academic assessor for each part of the education programme

4.2 academic assessors are NMC registered nurses or midwives who have been suitably prepared and receive on-going support to perform their role

4.3 the academic assessor must have current knowledge and expertise

4.4 students are assigned to academic assessors on the same part of the NMC register that they intend to join. They need not be from the same sub-part of the register that the student intends to join

4.5 academic assessors contribute to assessment and confirmation of the achievement of the student learning in line with programme learning outcomes and standards of proficiency established by the NMC

4.6 there are an adequate number of academic assessors to ensure each student is assigned to a new academic assessor at the start of each part of the programme

4.7 academic assessors receive appropriate support to prepare for their responsibility of assessing and supporting students in achieving their learning outcomes; and

4.8 academic assessors who are also practice supervisors or in other teaching and supervision roles, do not supervise and assess a student for the same part of the education programme.

Item 7: **Annexe 4**
NMC/17/42
24 May 2017

Requirements for pre- registration nursing education programmes

Please note that this is the latest draft and will be subject to further revision, including Council feedback.

Introduction

The role of the Nursing and Midwifery Council

What we do

We regulate nurses and midwives in England, Wales, Scotland and Northern Ireland. We exist to protect the public. We set standards of education, training, conduct and performance so that nurses and midwives can deliver high quality healthcare throughout their careers.

We make sure that nurses and midwives keep their skills and knowledge up to date and uphold our professional standards. We have clear and transparent processes to investigate nurses and midwives who fall short of our standards. We maintain a register of nurses and midwives allowed to practise in the UK.

The Education framework

The Education framework, the Standards of proficiency for the registered nurse and these Requirements for pre- registration nursing education programmes replace our 2010 standards for pre- registration nursing education.

The education framework and these specific programme requirements state the education and training standards that degree entry nursing programmes must have, and student nurses in the United Kingdom (UK) must undertake in order to acquire the future nurse standards of proficiency necessary for entry to the register as a level one nurse with the Nursing and Midwifery Council (NMC).

Four fields of nursing practice

In accordance with the Nurses & Midwives (Part and Entries in the register) Order of the Council 2004 (SI 2004/1765), which states that entries in the register are to include a registrant's field of practice, UK students that qualify in a specific field of practice as a level 1 nurse, may apply to enter the NMC register as a nurse in one or more of the four fields: adult nursing, children's nursing, learning disabilities nursing and mental health nursing.

Approved education institutions (AEIs) and their practice placement partners have ownership and accountability for the development, delivery and management of nurse programme curricula. This must include routes within the programme specific to the relevant fields of nursing practice: adult, children, learning disabilities and mental health nursing that the programme will deliver.

The education framework and these specific programme requirements give AEIs the flexibility to design their own curriculum and the autonomy to decide on the proportion of generic and field specific hours provided. In designing curricula for dual award, that is a programme of study that leads to registration in two fields of nursing practice the NMC expects the AEI to deliver a programme of suitable length that ensures the student is proficient in delivering safe and effective care in both fields of nursing.

Programme curricula must cover all the proficiencies, communication and relationship skills and nursing procedures[1]. The adult nursing field must also include the content and competencies specified in relevant EU legislation. All nursing students must have the necessary learning and assessment in preparation for professional practice as a registered nurse.

We believe that involving our service users in the planning and delivery of curricula will promote public confidence in the education of nurses and encourage the use of supportive evidence and engagement from people who are directly concerned by adult, children's, learning disabilities or mental health nursing during programme design and delivery.

Nursing students will learn and be assessed in theory, simulation and practice environments. AEIs and practice placement partners must ensure that students meet the proficiencies relevant to their anticipated field of practice by the end of the programme. On successful completion of a programme students will be registered by the NMC as qualifying in one or more field of nursing practice.

Pre- registration nursing programme requirements

Programme requirements for pre-registration nursing programmes follow the student journey and are grouped under the following headings:

- **Selection, admission and progression:** requirements about applicant suitability for an educational programme
- **Curriculum**: design, content, delivery and evaluation of the programme
- **Practice placements**: requirements specific to learning in nursing practice
- **Learning and assessment**: is about learning and assessment for pre-registration nursing students
- **Eligibility to apply to the register**: states the award and information necessary for entry to the register.

1.   Selection, admission and progression
Approved education institutions and practice placement partners must:

1.1   ensure on entry to, and throughout the programme that students are suitable for the intended field of nursing practice: adult nursing, children's nursing, learning disabilities nursing and mental health nursing

1.2   include selection and entry criteria for professional practice and behaviours in accordance with the Code

1.3   ensure that students recruited from outside the UK have previously completed the International English Language Testing (IELTS) and have a minimum score of at least seven in all areas

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[1] Future Nurse

1.4   permit responsible recognition of prior learning that is capable of being mapped to the standards of proficiency and programme outcomes for the registered nurse up to a maximum of 50% of the programme, and

1.5   ensure that all pre-registration nursing students are compliant with Directive 2005/36/EC regarding general education length outlined in Annexe 1 of this document.

2.   Curriculum
Approved education institutions and practice placement partners must:

2.1   design and deliver a programme that supports student learning with exposure across all four fields of nursing practice

2.2   state routes within their pre-registration nursing education programme that allows students to enter the register in one or more of the specific fields of nursing practice: adult, mental health, learning disabilities or children's nursing

2.3   set out the general and professional content necessary to meet the programme outcomes

2.4   set out content necessary to meet the programme outcomes for all fields of nursing practice and in particular, ensure that field specific content in relation to safeguarding, law and consent, medicines management and prescribing, is included for entry to the register in one or more fields of nursing practice.

2.5   ensure that the curriculum provides an equal balance of theory and practice learning (including simulation) using a range of learning and teaching strategies

2.6   ensure routes leading to the adult field of practice are mapped to the content for nurses responsible for general care set out Annexe V.2 point 5.2.1 of Directive 2005/36/EC which are outlined in Annexe 1 of this document, and

2.7   ensure that all pre-registration nursing programmes comply with the requirements of Directive 2005/36/EC for minimum programme length outlined in Annexe 1 of this document.

3.   Practice placements
Approved education institutions and practice placement partners must:

3.1   provide practice placements that will allow students to develop and meet the proficiencies to deliver safe and effective care, to a diverse range of service users, across the four fields of nursing practice

3.2   provide practice placements that allow students to meet the communication and relationship management skills and nursing procedures within their selected field of nursing practice (adult, children's, learning disabilities or mental health)

3.3   ensure that practice learning provided through simulation does not exceed half of the total hours spent in actual practice placement settings

3.4   ensure that students experience the variety of practice expected of registered nurses to meet the holistic needs of people across the lifespan

3.5   ensure students experience the range of hours expected of registered nurses, and

3.6   ensure that students are supernumerary[2] when learning in practice.

4.   Learning and assessment
Approved education institutions and practice placement partners must:

4.1   ensure that all programme learning outcomes reflect the four fields of nursing practice necessary for standards of proficiency for registered nurses

4.2   ensure that student learning, support, supervision and assessment is in line with NMC requirements[3]

4.3   provide feedback throughout the programme to support student development necessary to meet the registered nurse standards of proficiency to deliver safe and effective care to the diversity of people and service users across all fields of nursing practice

4.4   ensure that throughout the programme the student has met the standards of proficiency for registered nurses and programme outcomes for their chosen field of nursing practice

4.5   ensure that the student has met all communication and relationship management skills and nursing procedures within their selected field of nursing practice (adult, children's, learning disabilities or mental health)

4.6   ensure the knowledge and skills for nurses responsible for general care set out in article 31(6) and competencies for nurses responsible for general care set out in article 31(7) of Directive 2005/36/EC for those seeking to enter the adult field of practice have been met (these are set out in Annexe 1 below), and

4.7   ensure that there is equal weighting in the assessment of theory and practice.

5.   Eligibility to apply to the register
Approved education institutions and practice placement partners must:

5.1   ensure that the minimum award for a pre-registration nursing programme is a bachelor's degree, and

5.2   notify students during and before completion of the programme that they have five years to register their award with the NMC.

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[2] Supernumerary means that students undertaking practice experiences as part of their programme of study will not be contracted by any person or body to provide nursing care
[3] Requirements for learning and assessment for all nursing and midwifery programmes (Annexe to Education framework)

Annexe 1

In the UK students qualify in a specific field of nursing practice and may apply to enter the NMC register as a nurse in one or more of four fields: adult, mental health, learning disabilities and children's nursing. Adult field education programmes must meet EU requirements for training in general care.

For consistency, we have also applied the EU requirements for general education length and minimum programme length to all four fields of practice.

European Union Directive 2005/36/EC on the recognition of professional qualifications (as amended by Directive 2013/55/EU)

Applies to all four fields of nursing

The education provider must ensure students provide certificated evidence of completion of general education of 12 years

The education provider must ensure:

- the pre-registration nursing programme comprises of a minimum three years full-time and a minimum of 4600 hours[4]
- the education programme comprises of a minimum 4600 hours of theoretical and practice learning

Adult field nursing programmes

Article 31 sets out the requirements for training nurses responsible for general care and establishes the baseline for general nursing in the EU. These requirements are set out below and consist of content and skills and knowledge requirements as well as competencies which adult field nurses must be able to apply.

Adult field nursing programmes must comply with these requirements.

The education provider must ensure that the curriculum is designed to include the following content:

A. Theoretical instruction
   a. Nursing:
- nature and ethics of the profession
- general principles of health and nursing

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[4] A part-time pre-registration nursing programme is permitted as long as the overall duration, level and quality is not lower than that of the three year full-time programme as set out in article 22(a) of Directive 2005/36/EC

Nursing principles in relation to:
- general and specialist medicine
- general and specialist surgery
- child care and paediatrics
- maternity care
- mental health and psychiatry
- care of the old and Geriatrics

    b. Basic sciences:
- anatomy and physiology
- Pathology
- bacteriology, virology and parasitology
- biophysics, biochemistry and radiology
- dietetics
- hygiene:
- preventive medicine
- health education
- Pharmacology

    c. Social sciences:
- sociology
- psychology
- principles of administration
- principles of teaching
- social and health legislation
- legal aspects of nursing

The education provider must ensure that the curriculum is designed to include the following content:

B.   Clinical instruction
    a. Nursing in relation to:
- general and specialist medicine
- general and specialist surgery
- child care and paediatrics
- maternity care
- mental health and psychiatry
- care of the old and geriatrics
- home nursing

The education provider must ensure that nursing students have acquired the following knowledge and skills and can apply the following competencies:
    (a) comprehensive knowledge of the sciences on which general nursing is based, including sufficient understanding of the structure, physiological functions and behaviour of healthy and sick persons, and of the relationship between the state of health and the physical and social environment of the human being;
    (b) knowledge of the nature and ethics of the profession and of the general principles of health and nursing;
    (c) adequate clinical experience; such experience, which should be selected for its

training value, should be gained under the supervision of qualified nursing staff and in places where the number of qualified staff and equipment are appropriate for the nursing care of the patient;

(d) the ability to participate in the practical training of health personnel and experience of working with such personnel;

(e) experience of working together with members of other professions in the health sector.

The education provider must ensure that nursing students have acquired the following knowledge and skills and can apply the following competencies:

(a) competence to independently diagnose the nursing care required using current theoretical and clinical knowledge and to plan, organise and implement nursing care when treating patients on the basis of the knowledge and skills acquired;

(b) competence to work together effectively with other actors in the health sector, including participation in the practical training of health personnel on the basis of the knowledge and skills acquired;

(c) competence to empower individuals, families and groups towards healthy lifestyles and self-care on the basis of the knowledge and skills;

(d) competence to independently initiate life-preserving immediate measures and to carry out measures in crises and disaster situations;

(e) competence to independently give advice to, instruct and support persons needing care and their attachment figures;

(f) competence to independently assure the quality of, and to evaluate, nursing care;

(g) competence to comprehensively communicate profession any and to cooperate with members of other professions in the health sector;

(h) competence to analyse the care quality to improve his own professional practice as a nurse responsible for general care.

Nursing &
Midwifery
Council

Requirements for prescribing programmes for registered nurses and midwives

Introduction

The role of the Nursing and Midwifery Council

What we do

We regulate nurses and midwives in England, Wales, Scotland and Northern Ireland. We exist to protect the public. We set standards of education, training, conduct and performance so that nurses and midwives can deliver high quality healthcare throughout their careers.

We make sure that nurses and midwives keep their skills and knowledge up to date and uphold our professional standards. We have clear and transparent processes to investigate nurses and midwives who fall short of our standards. We maintain a register of nurses and midwives allowed to practise in the UK.

Prescribing programme requirements

These programme requirements for prescribing education and training replace our previous education and training standards stated in the 2006 Standards of proficiency for nurse and midwife prescribers.

The education framework and programme requirements state the education and training standards that graduate entry prescriber programmes must have. These are the programmes that trainee prescribers in the UK must undertake in order to acquire the standards of proficiency necessary for annotation to the register as a nurse or midwife prescriber with the Nursing and Midwifery Council (NMC).

As part of our commitment to inter professional learning and in recognition of a multi professional approach to prescribing proficiency, we have decided that in future all NMC approved prescribing programmes must deliver outcomes which meet the Royal Pharmaceutical Society's (RPS) Competency Framework for All Prescribers [1].

For all categories of prescriber, the RPS Competency Framework applies in full and demonstration of all those competencies contained within it must be achieved in order to be awarded prescriber status and thereafter maintained throughout subsequent prescribing practice. The category of award determines the formulary a qualified prescriber may prescribe from.

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[1] https://www.rpharms.com/resources/frameworks/prescribers-competency-framework

Legislation and terminology for nurse and midwife prescribing

The Nursing and Midwifery Order [Article 19(6)] states that our Council has the authority to establish the standards of education and training that Approved Education Institutions must meet in respect of additional qualifications which may be recorded on the register.

Approved education institutions (AEIs), their work placed learning partners and employers all have ownership and accountability for the development, delivery and management of nurse and midwife prescriber programme curricula.

Titles, qualifications and formularies

The following three titles continue to apply as before to those nurses, midwives and Specialist Community Public Health Nurses (SCPHN) who are able to prescribe.

1. **Community practitioner nurse (or midwife) prescriber** – This refers to a registered nurse (level 1), midwife or SCPHN who has an annotation next to their name on our register confirming that they are qualified to prescribe drugs, medicines and appliances from the *Nurse Prescribers' Formulary for Community Practitioners*[2] in the current edition of the *British National Formulary*[3].

In order to obtain community practitioner nurse (or midwife) prescriber status, a nurse, midwife or SCPHN must successfully complete either:

- o a community practitioner nurse (V100) prescribing course as part of an existing approved SCPHN or district nursing SPQ (specialist practitioner qualification) education programme, or
- o a V150 prescribing course for nurse or midwives who have **not** undertaken the community practitioner nurse (V100) qualification as part of an integrated programme of education, for example as part of a Specialist practice qualification in District nursing or a SCPHN health visiting programme but who wish to be able to prescribe from *Nurse Prescribers' Formulary for Community Practitioners* in the current edition of the *British National Formulary*.

2. **Nurse (or midwife) independent prescriber** – This refers to a registered nurse (level 1), midwife or SCPHN who has an annotation next to their name on our register confirming that they may prescribe any medicine for any medical condition within their competence (with the exception of certain controlled drugs).

3. **Supplementary prescriber** – This refers to a registered nurse (level 1), midwife or SCPHN who has an annotation next to their name on our register confirming that they are able to work in partnership with an independent prescriber (such as a doctor or dentist) to implement an agreed patient/client-specific clinical management plan with the patient/client's agreement.

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[2] https://www.evidence.nhs.uk/formulary/bnfc/current/nurse-prescribers-formulary/nurse-prescribers-formulary-for-community-practitioners
[3] https://www.evidence.nhs.uk/formulary/bnf/current

In order to obtain independent/supplementary prescriber status, a nurse, midwife or SCPHN must successfully complete a independent/supplementary prescriber (V300) preparation programme.

Stand-alone extended formulary prescriber status was previously available by way of successfully completing the V200 prescribing programme before supplementary prescribing was introduced in 2003.[4]

These titles are set out both in law [5] and in our own internal legislation[6].

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[4] This course is no longer available but there will still be some active nurses and midwives on the register who will have this as a valid annotation to their entry on the register.

[5] Human Medicines Regulations SI 2012/1916, regulations 214(3)(c), 214(3)(d) and 214(4).

[6] The Nurses and Midwives (Parts of and Entries in the Register) Order of Council 2004 ("the Parts and Entries Order") SI 2004/1765, Article 7(2).

Programme requirements

1 Selection, admission and progression

AEIs and work placed partners must:

1.1. ensure that an applicant is a level 1 nurse or midwife before being eligible to study an NMC approved post-registration prescribing programme

1.2. ensure that applicants for a V300 prescribing programme have completed at least one year's post-registration practice

1.3. consider recognition of prior learning that is capable of being mapped to the RPS competency framework

1.4. confirm that the applicant has appropriate support in place on entry and throughout the programme, in relation to work placed learning, and

1.5. ensure that the minimum award for their prescribing programmes is at bachelor's degree level.

2 Curriculum

AEIs and work placed partners must:

2.1 ensure that the prescribing programme outcomes are designed to deliver the competencies set out in the RPS competency framework

2.2 state the learning and teaching strategies that will be used to support achievement of the RPS competency framework

2.3 develop programme outcomes that inform student learning in relation to the formulary the individual prescribing student needs to know

2.3.1 stating the general and professional content necessary to meet the programme outcomes

2.3.2 stating the prescribing specific content necessary to meet the programme outcomes

2.3.3 confirming that the programme outcomes can be applied to all four fields of nursing practice (adult, mental health, learning disabilities and children's nursing) and midwifery, and

2.4 ensure that the curriculum provides a balance of theory, simulation and practice learning, using a range of learning and teaching strategies.

3 Work placed learning

AEIs and work placed partners must:

3.1 ensure that work placed learning provided through simulation does not exceed the proportion of hours spent in workplace settings

3.2 ensure that work placed learning is overseen and assessed by a 'practice assessor'. This person will perform the same role and will need the same qualifications as the practice assessor for any other NMC approved pre or post-registration education programme, with the exception that the practice assessor for prescribing can be any registered healthcare professional with suitable qualifications and who is an experienced prescriber – they need not be a nurse or midwife

3.3 ensure that students work in partnership with the education provider and their work placed partners to arrange their practice assessor, and

3.4 AEIs are responsible for ensuring the arrangements and governance for work placed learning are in place for those applicants who are self-employed.

4 Learning and assessment

AEIs and work placed partners must:

4.1 ensure the programme leader is a registered nurse and /or midwife and /or healthcare professional with appropriate professional, prescribing and teaching qualifications and experience

4.2 ensure the programme leader works in conjunction with the Lead Midwife for Education (LME) and the practice assessor to ensure adequate support for any midwives undertaking prescribing programmes

4.3 ensure that student learning, support, supervision and assessment is in line with NMC requirements[7] and that the practice assessor is a prescriber

4.4 provide feedback throughout the programme to support student development necessary for meeting the RPS competency standards

4.5 assess the student's suitability for award based on the successful completion of a period of work placed learning relevant to their field of prescribing practice, and

4.6 ensure that all programme learning outcomes are met, addressing all areas necessary to meet the RPS competency framework. This includes all students:

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[7] Requirements for learning and assessment for all nursing and midwifery programmes (Annexe to Education framework)

4.6.1 successfully passing a pharmacology exam (the pharmacology exam must be passed with a score of a minimum of 80%), and

4.6.2 successfully passing a numeracy assessment related to prescribing and calculation of medicines (the numeracy assessment must be passed with a score of 100%).

5   Eligibility to apply to the register

AEIs and work placed partners must:

5.1 following successful completion of a NMC approved programme of preparation, confirm that the nurse, midwife or SCPHN is eligible to be recorded as a prescriber, in either or both categories of

5.1.1   a community practitioner nurse (or midwife) prescriber (V100/V150), or

5.1.2   a nurse or midwife independent/supplementary prescriber (V300)

5.2 inform the prescriber student that the award must be registered with us within one year of successfully completing the programme. Failure to register the award within one year will render the qualification invalid and the individual concerned will have to retake and successfully complete the programme in order to qualify and register their award as a prescriber, and

5.3 inform the prescriber student that they may prescribe only after the qualification is recorded with us.

ROYAL PHARMACEUTICAL SOCIETY

A Competency Framework for all Prescribers

Association for Prescribers

BDA The Association of UK Dietitians

BDA British Dental Association

BRITISH PHARMACOLOGICAL SOCIETY

CHARTERED SOCIETY OF PHYSIOTHERAPY

The Society & College of Radiographers

THE COLLEGE OF OPTOMETRISTS

The COLLEGE of PODIATRY

RCGP Royal College of General Practitioners

Royal College of Nursing Shaping nursing since 1916

Royal College of Physicians

CONTENTS

CONTENTS

1.0 INTRODUCTION

Medicines are used more than any other intervention by patients to manage their medical conditions. Both the number of medicines prescribed and the complexity of the medicines regimes that patients take are increasing. As the population ages and multiple co-morbidities become more prevalent, polypharmacy is increasingly becoming the norm for patients[1,2]. This increase in complexity means that besides developing and maintaining prescribing competency for individual conditions, prescribers have the challenge of keeping up to date with new medicines as they come onto the market and being aware of the potential for interaction between medicines in patients with multiple co-morbidities[3].

When prescribed and used effectively medicines have the potential to significantly improve the quality of lives and improve patient outcomes. However, the challenges associated with prescribing the right medicines and supporting patients to use them effectively should not be underestimated. There is a considerable amount of evidence nationally and internationally to demonstrate that much needs to be done to improve the way that we prescribe and support patients in effective medicines use[4,5,6].

Doctors are by far the largest group of prescribers who, along with dentists, are able to prescribe on registration. They have been joined over the last fifteen years by independent and supplementary prescribers from a range of other healthcare professions who are able to prescribe within their scope of practice once they have completed an approved education programme. This extension of prescribing responsibilities to other professional groups is likely to continue where it is safe to do so and there is clear patient benefit.

To support all prescribers to prescribe effectively a single prescribing competency framework was published by the National Prescribing Centre/National Institute for Health and Clinical Excellence (NICE) in 2012[7]. Based on earlier profession specific prescribing competency frameworks[8,9,10,11] the framework was developed because it became clear that a common set of competencies should underpin prescribing regardless of professional background.

The 2012 framework is now in wide use across the UK (see 'Uses of the framework' – Section 3) and was due for review in 2014. NICE and Health Education England approached the Royal Pharmaceutical Society (RPS) to manage the update of the framework on behalf of all the prescribing professions in the UK. The RPS agreed to update the competency framework in collaboration with patients and the other prescribing professions many of whose professional bodies have endorsed this updated framework.

Going forward the RPS will continue to publish (and maintain) the updated competency framework in collaboration with the other prescribing professions. The framework will be published on the RPS website for all regulators, professional bodies, prescribing professions and patients to use.

2.0 HOW THE FRAMEWORK WAS UPDATED

A project steering group consisting of prescribers from across all the professions and patients (see Appendix 2 for membership) updated the framework using a process consistent with the development of previous competency frameworks. For full details of the process used to update the framework see Appendix 1.

The updating process included a six week consultation of the draft competency framework to which almost one hundred organisations and individuals responded.

To ensure the framework has applicability across the UK, a strategic level Project Board consisting of representatives of the Chief Pharmaceutical Officers England, Scotland, Wales and Northern Ireland as well as Health Education England, NHS Education for Scotland and NICE supported the update of the framework. See Appendix 2 for membership.

Multi professional input into the updating process and dissemination post publication was supported by regular engagement with an external reference group of over seventy organisations and individuals including professional regulators, professional bodies, patient groups and higher education institutes. See Appendix 2 for membership.

3.0 PURPOSE AND USES OF THE FRAMEWORK

A competency is a quality or characteristic of a person that is related to effective performance. Competencies can be described as a combination of knowledge, skills, motives and personal traits. Competencies help individuals and their organisations look at how they do their jobs. A competency framework is a collection of competencies thought to be central to effective performance. Development of competencies should therefore help individuals to continually improve their performance and to work more effectively.

If acquired and maintained, the prescribing competencies in this framework, will help healthcare professionals to be safe, effective prescribers who are able to support patients to get the best outcomes from their medicines.

The prescribing competency framework can be used by any prescriber at any point in their career to underpin professional responsibility for prescribing. It can also be used by regulators, education providers, professional organisations and specialist groups to inform standards, the development of education, and to inform guidance and advice. It provides the opportunity to bring professions together and harmonise education for prescribers by offering a competency framework for all prescribers.

The prescribing competency framework has a wide range of uses and the previous version has already been extensively used in practice. Uses of the framework are highlighted here along with some examples of practice. More examples of how the framework can and has been used can be found on the RPS website. The framework can be used to:

1. Inform the design and delivery of education programmes, for example through validation of educational sessions (including rationale for need), and as a framework to structure learning and assessment.

"I have used the prescribing competency framework in designing a seven week teaching programme for fifth year medical undergraduates, the effectiveness of which has been demonstrated by a pre- and post-teaching assessment that allows the students to demonstrate competency in many of the areas identified in the framework (calculations, identifying adverse drug reactions, considering contraindications to therapies, use of formularies)."

– Medical Education, NHS – Betsi Cadwaladr University Health Board

2. Help healthcare professionals prepare to prescribe and provide the basis for on-going continuing education and development programmes, and revalidation processes. For example, use as a framework for a portfolio to demonstrate competency in prescribing.

"Non-medical prescribing courses in the North West region are all structured around the prescribing competency framework so prescribers are familiar with its contents prior to qualification. I expect every non-medical prescriber in my organisation to be familiar with the framework and I direct new prescribers and those new to the organisation to it at our first meeting. Personally I intend to use the framework to evidence how I have stayed up to date as a prescriber as part of the Nursing and Midwifery Council revalidation process."

– Non-medical prescribing lead, East Lancashire Hospitals NHS Trust

3. Help prescribers identify strengths and areas for development through self-assessment, appraisal and as a way of structuring feedback from colleagues.

"At City Health Care Partnership the competency framework forms the basis of a passport for all non-medical prescribers. All prescribers receive a passport when they join the organisation or are newly qualified. Having the competencies in the passport allows prescribers to reflect on their prescribing and helps them to structure their CPD records as well as informing clinical supervision discussions. As an organisation we expect prescribers to ensure that the competencies are demonstrated in their prescribing practice."

– City Health Care Partnership, Hull

4. Provide professional organisations or specialist groups with a basis for the development of levels of prescribing competency, for example, from recently qualified prescriber through to advanced prescriber.

"Within NHS Greater Glasgow and Clyde Addiction Services the competency framework forms part of our non-medical prescribing Operational Policy. The policy is a working document which follows on from our Service's non-medical prescribing Strategy for the period 2015-2020. Within our policy there are three levels of prescribers based on qualification status, level of experience and clinical competence. The competency framework is used to support the progression of prescribers through prescribing levels and supports designated medical prescribers and line managers to assess competence and clinical expertise.

– NHS Greater Glasgow and Clyde Addiction Services

5. Stimulate discussions around prescribing competencies and multidisciplinary skill mix at an organisational level.

6. Inform organisational recruitment processes to help frame questions and benchmark candidates prescribing experience.

3.0 PURPOSE AND USES OF THE FRAMEWORK

7. Inform the development of organisational systems and processes that support safe effective prescribing, for example, local clinical governance frameworks.

"The competency framework has been included within the organisation's three yearly revalidation programme for nurse prescribers. Other allied health professional prescribers and pharmacist prescribers will also be asked to complete revalidation. Throughout the three years the framework will be used as part of individual prescriber's appraisals and supervision."

– Northumberland Tyne and Wear NHS Foundation Trust

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8. Inform the development of education curricula and relevant accreditation of prescribing programmes for all prescribing professions.

"The framework has been used to underpin the outline curriculum frameworks for supplementary and independent prescribing to be used by radiographers (this also includes a framework for a conversion course for existing therapeutic radiographer supplementary prescribers to become independent prescribers)."

– The Society and College of Radiographers

3.0 PURPOSE AND USES OF THE FRAMEWORK

4.0 SCOPE OF THE FRAMEWORK

The key points to note about the scope of the prescribing framework are that:

◊ It is a generic framework for any prescriber (independent or supplementary) regardless of their professional background. It therefore does not contain statements that relate only to specialist areas of prescribing.

◊ It must be contextualised to reflect different areas of practice and levels of expertise.

◊ It reflects the key competencies needed by all prescribers; it should not be viewed as a curriculum but rather the basis on which one can be built.

◊ It applies equally to independent prescribers and to supplementary prescribers but the latter should contextualise the framework to reflect the structures imposed by entering into a supplementary prescribing relationship (see Glossary).

"The General Pharmaceutical Council sets standards for the education and training of pharmacists to become prescribers. These standards require that the curriculum of a prescribing programme reflect relevant curriculum guidance, which includes the prescribing competency framework. Our prescribing standards work in conjunction with the competency framework and other standard for pharmacy professionals, to help ensure consistency and quality in programme design."

– The General Pharmaceutical Council

4.0 SCOPE OF THE FRAMEWORK

5.0 THE ROLE OF PROFESSIONALISM

To sharpen the focus of the prescribing competency framework and maintain the focus on key prescribing competencies, a change to this update is the removal of several statements that relate to the application of professionalism. However it is important to recognise that healthcare professionals need to apply professionalism to all aspects of their practice in line with their own professional codes of conduct, standards and guidance.

Whilst the framework does contain a competency on prescribing professionally, there are elements of wider professional practice that will impact on how healthcare professionals behave when they prescribe.

These include the importance of maintaining a patient-centred approach when speaking to patients/carers, maintaining confidentiality, the need for continuing professional development and the importance of forming networks for support and learning.

To encourage prescribers to reflect on their wider professional practice and how it might apply to prescribing examples of these behaviours have been captured below under the heading Apply Professionalism. This is not an exhaustive list and prescribers are encouraged to use their own professional codes and guidance alongside the competency framework.

APPLY PROFESSIONALISM
Always introduces self and role to the patient and carer.
Adapts consultations to meet the needs of different patients/carers (e.g. for language, age, capacity, physical or sensory impairments).
Undertakes the consultation in an appropriate setting taking account of confidentiality, consent, dignity and respect.
Maintains patient confidentiality in line with best practice and regulatory standards and contractual requirements.
Takes responsibility for own learning and continuing professional development.
Learns and improves from reflecting on practice and makes use of networks for support, reflection and learning.
Recognises when safe systems are not in place to support prescribing and acts appropriately.

6.0 THE PRESCRIBING COMPETENCY FRAMEWORK

The competency framework (illustrated below) sets out what good prescribing looks like. There are ten competencies split into two domains. Within each of the ten competency dimensions there are statements which describe the activity or outcomes prescribers should be able to demonstrate.

THE CONSULTATION	PRESCRIBING GOVERNANCE
1. Assess the patient 2. Consider the options 3. Reach a shared decision 4. Prescribe 5. Provide information 6. Monitor and review	7. Prescribe safely 8. Prescribe professionally 9. Improve prescribing practice 10. Prescribe as part of a team

Figure 1 The prescribing competency framework

THE CONSULTATION (COMPETENCIES 1-6)

1: ASSESS THE PATIENT

1.1 Takes an appropriate medical, social and medication history[1] including allergies and intolerances.

1.2 Undertakes an appropriate clinical assessment.

1.3 Accesses and interprets all available and relevant patient records to ensure knowledge of the patient's management to date.

1.4 Requests and interprets relevant investigations necessary to inform treatment options.

1.5 Makes, confirms or understands, the working or final diagnosis by systematically considering the various possibilities (differential diagnosis).

1.6 Understands the condition(s) being treated, their natural progression and how to assess their severity, deterioration and anticipated response to treatment.

1.7 Reviews adherence to and effectiveness of current medicines.

1.8 Refers to or seeks guidance from another member of the team, a specialist or a prescribing information source when necessary.

2: CONSIDER THE OPTIONS

2.1 Considers both non-pharmacological (including no treatment) and pharmacological approaches to modifying disease and promoting health.

2.2 Considers all pharmacological treatment options including optimising doses as well as stopping treatment (appropriate polypharmacy, de-prescribing).

2.3 Assesses the risks and benefits to the patient of taking or not taking a medicine or treatment.

2.4 Applies understanding of the mode of action and pharmacokinetics of medicines and how these may be altered (e.g. by genetics, age, renal impairment, pregnancy).

2.5 Assesses how co-morbidities, existing medication, allergies, contraindications and quality of life impact on management options.

2.6 Takes into account any relevant patient factors (e.g. ability to swallow, religion) and the potential impact on route of administration and formulation of medicines.

2.7 Identifies, accesses, and uses reliable and validated sources of information and critically evaluates other information.

2.8 Stays up-to-date in own area of practice and applies the principles of evidence-based practice, including clinical and cost-effectiveness.

[1] This includes current and previously prescribed and non-prescribed medicines, on-line medicines, supplements, complementary remedies, illicit drugs and vaccines.

6.0 THE PRESCRIBING COMPETENCY FRAMEWORK

2: CONSIDER THE OPTIONS (CONTINUED)

2.9 Takes into account the wider perspective including the public health issues related to medicines and their use and promoting health.

2.10 Understands antimicrobial resistance and the roles of infection prevention, control and antimicrobial stewardship measures.[2]

3: REACH A SHARED DECISION

3.1 Works with the patient/carer[3] in partnership to make informed choices, agreeing a plan that respects patient preferences including their right to refuse or limit treatment.

3.2 Identifies and respects the patient in relation to diversity, values, beliefs and expectations about their health and treatment with medicines.

3.3 Explains the rationale behind and the potential risks and benefits of management options in a way the patient/carer understands.

3.4 Routinely assesses adherence in a non-judgemental way and understands the different reasons non-adherence can occur (intentional or non-intentional) and how best to support patients/carers.

3.5 Builds a relationship which encourages appropriate prescribing and not the expectation that a prescription will be supplied.

3.6 Explores the patient/carers understanding of a consultation and aims for a satisfactory outcome for the patient/carer and prescriber.

4: PRESCRIBE

4.1 Prescribes a medicine[4] only with adequate, up-to-date awareness of its actions, indications, dose, contraindications, interactions, cautions, and unwanted effects.

4.2 Understands the potential for adverse effects and takes steps to avoid/minimise, recognise and manage them.

4.3 Prescribes within relevant frameworks for medicines use as appropriate (e.g. local formularies, care pathways, protocols and guidelines).

4.4 Prescribes generic medicines where practical and safe for the patient and knows when medicines should be prescribed by branded product.

4.5 Understands and applies relevant national frameworks for medicines use (e.g. NICE, SMC, AWMSG[5] and medicines management/optimisation) to own prescribing practice.

[2] See also Expert Advisory Committee on Antimicrobial Resistance and Healthcare Associated Infections (ARHAI) and Public Health England (PHE) prescribing competencies. https://www.gov.uk/government/publications/antimicrobial-prescribing-and-stewardship-competencies

[3] The term carer is used throughout the prescribing competency framework as an umbrella term that covers care givers, parents and patient advocates or representatives.

[4] For the purpose of the framework medicines can be taken to include all prescribable products.

[5] NICE – National Institute for Health and Clinical Excellence; SMC – Scottish Medicines Consortium; AWMSG – All Wales Medicines Strategy Group

4: PRESCRIBE (CONTINUED)

4.6 Accurately completes and routinely checks calculations relevant to prescribing and practical dosing.

4.7 Considers the potential for misuse of medicines.

4.8 Uses up-to-date information about prescribed medicines (e.g. availability, pack sizes, storage conditions, excipients, costs).

4.9 Electronically generates or writes legible unambiguous and complete prescriptions which meet legal requirements.

4.10 Effectively uses the systems necessary to prescribe medicines (e.g. medicine charts, electronic prescribing, decision support).

4.11 Only prescribes medicines that are unlicensed, 'off-label', or outside standard practice if satisfied that an alternative licensed medicine would not meet the patient's clinical needs[6].

4.12 Makes accurate legible and contemporaneous records and clinical notes of prescribing decisions.

4.13 Communicates information about medicines and what they are being used for when sharing or transferring prescribing responsibilities/ information.

5: PROVIDE INFORMATION

5.1 Checks the patient/carer's understanding of and commitment to the patient's management, monitoring and follow-up.

5.2 Gives the patient/carer clear, understandable and accessible information about their medicines (e.g. what it is for, how to use it, possible unwanted effects and how to report them, expected duration of treatment).

5.3 Guides patients/carers on how to identify reliable sources of information about their medicines and treatments.

5.4 Ensures that the patient/carer knows what to do if there are any concerns about the management of their condition, if the condition deteriorates or if there is no improvement in a specific time frame.

5.5 When possible, encourages and supports patients/carers to take responsibility for their medicines and self-manage their conditions.

[6] At the time of publication only doctors, dentists, nurses and pharmacists are able to independently prescribe unlicensed medicines

6: MONITOR AND REVIEW

6.1 Establishes and maintains a plan for reviewing the patient's treatment.

6.2 Ensures that the effectiveness of treatment and potential unwanted effects are monitored.

6.3 Detects and reports suspected adverse drug reactions using appropriate reporting systems.

6.4 Adapts the management plan in response to on-going monitoring and review of the patient's condition and preferences.

PRECRIBING GOVERNANCE (COMPETENCIES 7-10)

7: PRESCRIBE SAFELY

7.1 Prescribes within own scope of practice and recognises the limits of own knowledge and skill.

7.2 Knows about common types and causes of medication errors and how to prevent, avoid and detect them.

7.3 Identifies the potential risks associated with prescribing via remote media (telephone, email or through a third party) and takes steps to minimise them.

7.4 Minimises risks to patients by using or developing processes that support safe prescribing particularly in areas of high risk (e.g. transfer of information about medicines, prescribing of repeat medicines).

7.5 Keeps up to date with emerging safety concerns related to prescribing.

7.6 Reports prescribing errors, near misses and critical incidents, and reviews practice to prevent recurrence.

8: PRESCRIBE PROFESSIONALLY

8.1 Ensures confidence and competence to prescribe are maintained.

8.2 Accepts personal responsibility for prescribing and understands the legal and ethical implications.

8.3 Knows and works within legal and regulatory frameworks affecting prescribing practice (e.g. controlled drugs, prescribing of unlicensed/off label medicines, regulators guidance, supplementary prescribing).

8.4 Makes prescribing decisions based on the needs of patients and not the prescriber's personal considerations.

8.5 Recognises and deals with factors that might unduly influence prescribing (e.g. pharmaceutical industry, media, patient, colleagues).

8.6 Works within the NHS/organisational/regulatory and other codes of conduct when interacting with the pharmaceutical industry.

6.0 THE PRESCRIBING COMPETENCY FRAMEWORK

9: IMPROVE PRESCRIBING PRACTICE

9.1 Reflects on own and others prescribing practice, and acts upon feedback and discussion.

9.2 Acts upon colleagues' inappropriate or unsafe prescribing practice using appropriate mechanisms.

9.3 Understands and uses available tools to improve prescribing
(e.g. patient and peer review feedback, prescribing data analysis and audit).

10: PRESCRIBE AS PART OF A TEAM

10.1 Acts as part of a multidisciplinary team to ensure that continuity of care across care settings is developed and not compromised.

10.2 Establishes relationships with other professionals based on understanding, trust and respect for each other's roles in relation to prescribing.

10.3 Negotiates the appropriate level of support and supervision for role as a prescriber.

10.4 Provides support and advice to other prescribers or those involved in administration of medicines where appropriate.

6.0 THE PRESCRIBING COMPETENCY FRAMEWORK

7.0 PUTTING THE FRAMEWORK INTO PRACTICE

A range of resources can be found on the RPS website to help stimulate use of the competency framework in practice these include:

- ◆ FAQs
- ◆ a downloadable word template version of the framework
- ◆ PowerPoint presentation
- ◆ practice examples from organisations and individuals who have been using the competency framework.

To further stimulate use of the framework prescribers or organisations using it are encouraged to contact the Royal Pharmaceutical Society (RPS) at support@rpharms.com to share their examples of the framework's application in practice. These examples will be shared through the RPS website and will help inform future updates of the framework.

"The Northern Ireland Centre for Pharmacy Learning and Development (NICPLD) has embedded the competency framework into a practice portfolio which forms part of our accredited independent pharmacist prescribing programme. All pharmacists use the practice portfolio to document their developing competency over the course of the programme with the expectation that pharmacists document their competency against most statements in the competency framework before qualifying as a prescriber. The practice portfolio is submitted to NICPLD for assessment and must be passed independently of all other elements of the course to qualify as a prescriber."

– The Northern Ireland Centre for Pharmacy Learning and Development

GLOSSARY

Polypharmacy	Polypharmacy means "many medications" and has often been defined to be present when a patient takes five or more medications. Polypharmacy is not necessarily a bad thing, it can be both rational and required however it is important to distinguish appropriate from inappropriate polypharmacy.
Inappropriate polypharmacy	When one or more drugs are prescribed that are not or no longer needed, either because: (a) there is no evidence based indication, the indication has expired or the dose is unnecessarily high; (b) one or more medicines fail to achieve the therapeutic objectives they are intended to achieve; (c) one, or the combination of several drugs cause inacceptable adverse drug reactions (ADRs), or put the patient at an unacceptably high risk of such ADRs, or because (d) the patient is not willing or able to take one or more medicines as intended.
Appropriate polypharmacy	When: (a) all drugs are prescribed for the purpose of achieving specific therapeutic objectives that have been agreed with the patient; (b) therapeutic objectives are actually being achieved or there is a reasonable chance they will be achieved in the future; (c) drug therapy has been optimised to minimise the risk of ADRs and (d) the patient is motivated and able to take all medicines as intended.
Deprescribing	The process of stopping or reducing medicines with the aim of eliminating problematic (inappropriate) polypharmacy, and then monitoring the individual for unintended adverse effects or worsening of disease. It is essential to involve the individual (and their carer) closely in deprescribing decisions in order to build and maintain their confidence in the process.
Non-medical prescribing	Non-medical prescribing is prescribing by specially trained nurses, optometrists, pharmacists, physiotherapists, podiatrists, radiographers and dietitians working within their clinical competence as either independent and/or supplementary prescribers.
Independent prescribing	Independent prescribing is prescribing by a practitioner, who is responsible and accountable for the assessment of patients with undiagnosed or diagnosed conditions and for decisions about the clinical management required, including prescribing. In practice, there are TWO distinct forms of non-medical independent prescriber. i) At time of publication an independent prescriber may be a specially trained nurse, pharmacist, optometrist, physiotherapist, therapeutic radiographer or podiatrist who can prescribe licensed medicines within their clinical competence. Nurse and pharmacist independent prescribers can also prescribe unlicensed medicines and controlled drugs. ii) A community practitioner nurse prescriber (CPNP), for example district nurse, health visitor or school nurse, can independently prescribe from a limited formulary called the Nurse Prescribers' Formulary for Community Practitioners, which can be found in the British National Formulary (BNF).
Supplementary prescribing	Supplementary prescribing is a voluntary partnership between a doctor or dentist and a supplementary prescriber to prescribe within an agreed patient-specific clinical management plan (CMP) with the patient's agreement. Nurses, optometrists, pharmacists, physiotherapists, podiatrists, radiographers and dietitians may become supplementary prescribers and once qualified may prescribe any medicine within their clinical competence, according to the CMP.

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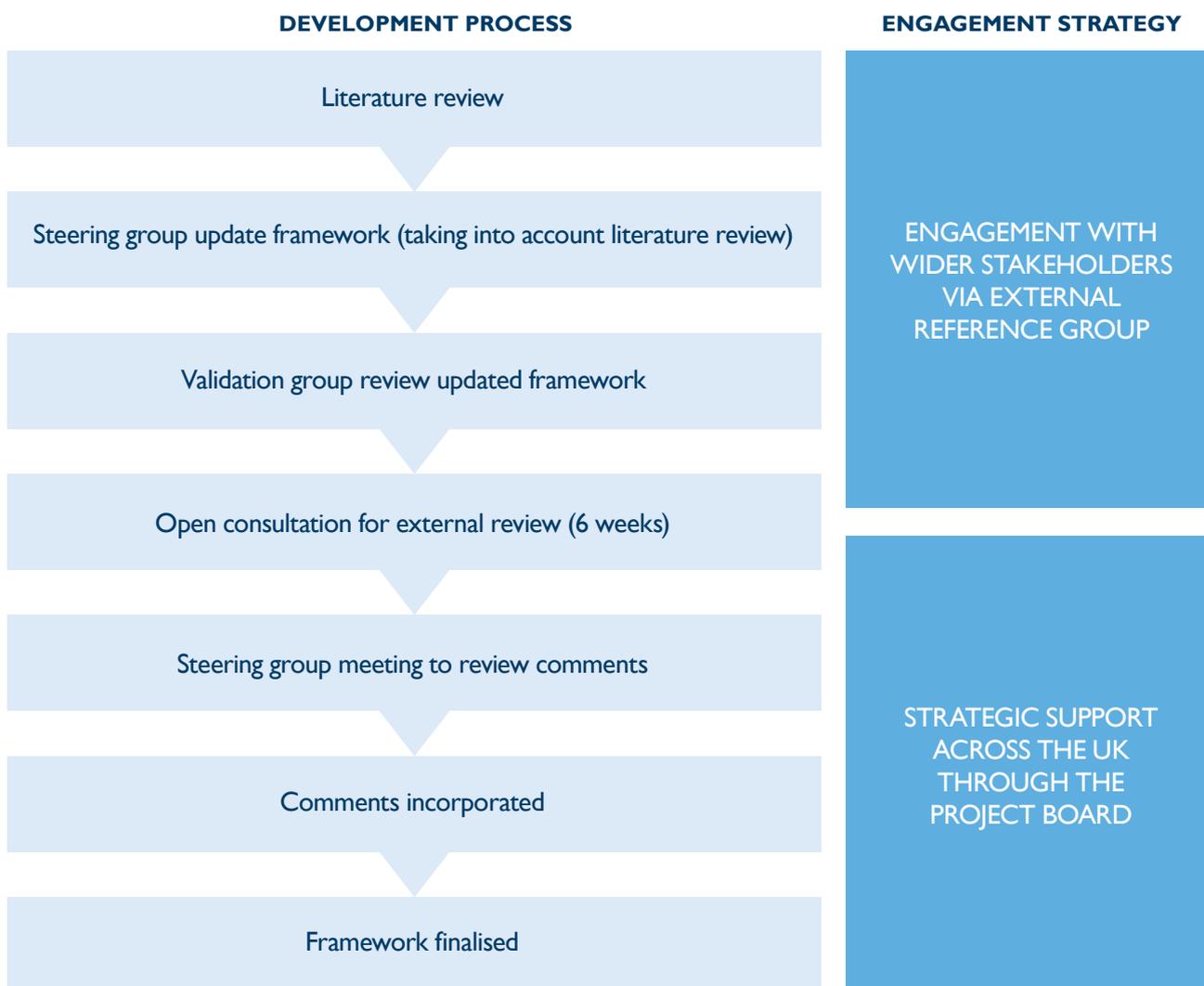
APPENDIX 1
HOW THE FRAMEWORK WAS UPDATED

The process used to update the framework is illustrated below. It is consistent with the methodology used to develop and refine the previous prescribing competency frameworks published by the National Prescribing Centre and NICE.

The update of the framework was a review of an existing resource widely used in practice. The project steering group concluded, based on a literature view

and extensive use of the framework in practice, that the 2012 framework was broadly fit for purpose. The process used to update the framework is proportionate to that view and reflects an iterative development of the content.

DEVELOPMENT PROCESS

Literature review

Steering group update framework (taking into account literature review)

Validation group review updated framework

Open consultation for external review (6 weeks)

Steering group meeting to review comments

Comments incorporated

Framework finalised

ENGAGEMENT STRATEGY

ENGAGEMENT WITH WIDER STAKEHOLDERS VIA EXTERNAL REFERENCE GROUP

STRATEGIC SUPPORT ACROSS THE UK THROUGH THE PROJECT BOARD

ENGAGEMENT STRATEGY

The prescribing competency framework will be used by a range of healthcare professions. An external reference group comprising regulators, professional organisations and other relevant and interested stakeholder groups was constituted. Webinars were held with the group three times over the duration of the project to keep members of the group informed about progress and to stimulate discussion about how the framework might be disseminated and used once published. See Appendix 2 for membership.

The update of the prescribing competency framework was 'project sponsored' at a strategic level by a Project Board to help ensure UK wide applicability. Membership consisted of representatives of the Chief Pharmaceutical Officers England, Scotland, Wales and Northern Ireland as well as Health Education England, NHS Education for Scotland, The Welsh Assembly and NICE. See Appendix 2 for membership.

DEVELOPMENT PROCESS

An external lead author was commissioned by the RPS to ensure that the process for updating of the competency framework was independent.

A literature review was undertaken in October 2015 to identify key evidence relating to competency and good practice in prescribing since the publication of the 2012 single competency framework.

A steering group with prescribers from all the professions able to prescribe and patient representatives used a consensus process to review and update the competency framework in the context of the literature review. The multidisciplinary nature of the group ensured the generic nature of the framework was maintained – see Appendix 2 for membership. The group was chaired by the independent lead author and all members were asked to declare conflicts of interest * which were managed in line with RPS Professional standards, guidance and frameworks process development manual.

A separate group of existing prescribers (again reflecting all groups able to prescribe) and patients **validated the updated framework** in a focus group setting to ensure that the changes made by the steering group were in line with current prescribing practice and were understandable to prescribers. Refinements made to the

framework were agreed using a consensus process and members of the validation group were asked to declare conflicts of interest*. See appendix 2 for membership.

As a result of the steering group review and validation group scrutiny refinements were made to the framework that included:

▶ Removal of statements that relate more generally to professional practice (see section 4).

▶ Reordering of the framework into ten competencies that have been grouped into two competency areas.

▶ Addition of new statements or modification of existing statements to include omissions identified through the literature review.

▶ Deletion of statements felt to be less relevant to prescribing or where duplication became apparent as the structure of the framework was updated.

▶ Editing of statements for clarity or consistency of terminology.

▶ Splitting of statements for clarity or to fit with the reordered structure of the framework.

▶ Improving the wording of statements.

The competency document was posted on the RPS website for six weeks for open **consultation**. The external reference group, project board and steering group were all asked to draw attention to the availability of the framework for comment. Ninety five responses to the consultation were received.

Comments from the consultation were reviewed by the steering group and those that were in scope and relevant were incorporated into the prescribing framework. The project steering group used a consensus process to agree all final refinements to the framework. Consensus was achieved.

STATEMENT OF FUNDING

The update to this framework has been wholly funded by the RPS who have not received any payment from a third party for its development. Further information on "How the RPS is funded" can be viewed in Professional standards, guidance and frameworks process development manual.

*Declarations are available upon request by e-mailing support@rpharms.com.

APPENDIX 2 ACKNOWLEDGEMENTS

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CONSULTATION RESPONDENTS

RPS would like to thank all the individuals and organisations who sent in comments on the draft framework. In all 95 individuals and organisations responded to the consultation.

The Royal Pharmaceutical Society (RPS) is the
professional body for pharmacists in Great Britain.

Nursing &
Midwifery
Council

Council

Proposed consultation questions

The consultation will be available on our website and everyone will be encouraged to respond to all areas of the consultation. We recognise however that some respondents will want to respond to specific consultation questions therefore the questions will be arranged in a way that introduces each of the specific standard areas we are consulting on. Signposts will provide ease of navigation to specific individual areas that we are consulting on that may be of interest to them. To enable respondents to answer, links to supporting information will be embedded in certain questions to provide additional information about the standards. We will encourage individuals and organisations to respond electronically however alternative approaches for responding will be available. Opportunities to save responses before submitting electronically will be available.

Consultation questions will be arranged under the following categories:

- Draft standards of proficiency for the future registered nurse

- Draft education framework: standards for education and training

- Draft requirements for learning and assessment

- Draft programme requirements for pre registration nursing

- Draft programme requirements for nurse and midwife prescribing

- Draft nurse and midwife prescribing

- Standards for medicines management

- Programme of change for education – equality, diversity and inclusion

- 'About you.' This section will ask a range of questions about who is responding for example, individual/organisation, role, location (four country), as well as requesting our normal ethnicity and diversity monitoring data.

Although there are a large number of questions, many are framed as options, as below, with plenty of scope for free text comments to expand on particular views.

- Strongly agree
- Agree
- Neither agree nor disagree
- Disagree
- Strongly disagree
- Don't know
- Comments: free text box available, where appropriate.

Draft Standards of proficiency for the future registered nurse

Q1. In developing the draft standards and requirements, we aimed to:

- reflect on what people will need from nurses in the future
- provide outcomes that are open to objective assessment
- reflect higher level knowledge and skills that emphasise research and evidence skills
- allow for flexible approaches to programme delivery
- provide entrants to nursing with an understanding of mental and physical health and care.
- contain outcomes that prepare nurses for working effectively in multi-professional and interagency teams
- include outcomes that focus on leadership and the nurse's role in managing complex care
- ensure that there is sufficient emphasis on health and wellbeing
- emphasise public health, dementia, frailty and end of life care
- ensure that the new standards of proficiency are sufficiently accessible to the public
- be unambiguous, clear and concise
- provide the building blocks for continued professional development and advanced practice across a range of contexts

Q1a. Do you agree that these principles have been met and optimise public safety? (Use scale for each of the principles)

Q2. The future nurse will work within a range of settings and therefore we believe that our proposed new proficiencies should apply across all four fields of nursing (adult, child, learning disability, mental health). Do you agree with this approach? If not, please provide comments.

Q3. Do you agree that the proposed standards of proficiency provide the necessary requirements for safe and effective nursing practice at the point of entry to the register?

Q4. Do you agree that the draft proficiencies emphasise the importance of person centred care?

Q5. The draft proficiencies place an increased emphasis on leadership skills. Do you agree that these skills are necessary for a nurse at the point of entry to the register?

Q6. The draft proficiencies place an increased emphasis on working in multidisciplinary teams and coordinating care across multi-agency organisations. Do you agree that these proficiencies are necessary for a nurse at the point of entry to the register?

Q7. The nursing proficiencies are generic across all four fields. This is to reflect the fact that nurses of the future will work across a variety of settings and encounter people of all ages with varying complex needs across mental, cognitive and physical health. Should the nursing procedures be similarly generic?

Q8. If you responded strongly disagree or disagree should there be some variation in the <u>level </u>of nursing procedures that is field of nursing specific? (For example we may include greater emphasis on advanced physical assessment skills in the adult nursing field and greater emphasis in advanced mental health assessment in the mental health nursing field).

Q9. The draft proficiencies place an increased emphasis on achievement of nursing procedures. Do you agree that these skills are necessary for the future nurse to be safe and effective at the point of entry to the register?

Q9a. What skills do you think are missing?

Q9b. What nursing procedural skills have been included that you think are unnecessary?

Q10. Do the proficiency annexes set out all of the necessary communication and relationship management skills needed for the future nurse to be safe and effective at the point of registration?

Q10a. What skills do you think are missing?

Q11. Are there any nursing skills contained within the annexes which would be difficult to achieve in the practice setting, for example due to a lack of opportunity to practise the skill?

Q11a. If you answered yes please state which skills.

Q12. Competence of nursing skills can be achieved by learning and assessment in simulated practice settings. Should competence of <u>certain</u> nursing skills be achieved in simulated practice before being assessed in practice settings?

Q12a. If you answered yes please state which skills.

Q13. Are there any nursing skills that <u>cannot</u> be fully achieved in simulated practice settings?

Q14. Are there any skills contained within the annexes which <u>could</u> be fully achieved in simulation?

Q15. Do the skills annexes adequately describe the nursing procedural skills, and communication and relationship management required within each of the four fields of nursing (adult, child, learning disability, mental health)?

Q16. If you responded strongly disagree or disagree should there be some variation in the <u>level </u>of nursing procedures that is field of nursing specific? (For example we may include greater emphasis on advanced physical assessment skills in the adult nursing field and greater emphasis in advanced mental health assessment in the mental health nursing field).

Q17. In order to demonstrate that students have met the communication and relationship skills to practise safely and effectively at the end of their programme, should student nurses be required to demonstrate proficiency (please selection an option):

- Across each of the four fields of nursing practice (adult, children, learning disabilities, mental health nursing)

- In the student's selected field of practice only

- Don't know

- Comments

Q18. Nurses will enter the register in one or more of the four fields of nursing practice (adult, children, learning disabilities and mental health nursing) and are expected to achieve all the nursing procedural skills, and communication and relationship management skills stated in the annexes. Do you agree that final sign off of proficiencies, nursing procedural skills and communication and relationship management skills necessary for safe and effective practice at the end of their programme should <u>only</u> be in their chosen field of practice?

Q19. Are there any aspects of nursing practice that you would expect to have seen in the draft standards of proficiencies which are missing?

Education framework

Q20. The education framework has requirements for education institutions, practice placement and work placed partners which are increasingly outcome focused rather than describing processes and inputs. Do you agree with this approach to our education and training standards?

Q21. The proposed programme of change for education seeks to offer more flexibility to education institutions and their practice placement and work placed partners to deliver nurse and midwifery programmes in creative and innovative ways. Is this aspiration apparent in our proposals?

Q22. When developing the draft education framework standards and requirements, the objectives included working towards:

- situates patient safety at the core of their function
- enhanced outcome, future focused requirements
- being right touch - consistent, clear, proportionate and agile
- evidence based regulatory intervention that promotes inter-professional learning and cross regulatory assurance
- a framework that is applicable to a range of learning environments
- ensuring that the education framework is measurable and assessable
- promoting equality and diversity.

Q22a. Do you agree that these principles have been met? (use scale for each of the principles)

Q22b. If you have responded as strongly disagree or disagree please provide additional information for us to consider.

Q23. Do you agree that the education framework can be applied across pre and post registration education and training?

Q24. Do you agree that the education framework can be applied across nursing and midwifery education and training?

Q25. Do you agree that the education framework will ensure effective partnership working between education institutions, practice placement and work placed learning providers?

Q25a. If you have responded as strongly disagree or disagree please provide additional information for us to consider.

Q26. Does the education framework draft standards work equally well for programmes delivered in flexible educational modes: for example full-time and part time university based, and part-time work placed?

Q27. Do you agree that the education framework promotes inter-professional learning?

Q27a. Please state any additional requirement we could state to further encourage inter- professional learning.

Q28. Do you agree that the education framework prioritises the safety of people and patients during all education and training that takes place in academic and simulation settings?

Q29. Do you agree that the education framework prioritises the safety of people and patients during all education and training that takes place in practice placement and work placed settings?

Q30. Is there any aspect of delivery and management of education and training that you would expect to have seen in the education framework which is missing?

Draft Learning and assessment requirements

Q31. As part of our proposed new requirements for learning and assessment, we propose separating the support and supervision of students from the assessment of learners. Do you agree with this approach?

Q32. As part of our proposed new requirements, we do not intend to set proficiencies for the new roles which we have proposed. Instead we will encourage agreed innovative and creative approaches to supervision and assessment to be in place. Do you agree with this approach?

Q33. Our proposed new requirements would no longer require those supporting, supervising and assessing learners to complete an NMC approved programme, enabling local innovation, creative and inter professional approaches to take place. Do you agree with this approach?

Q33a. Please state any risks that you perceive in relation to this proposal.

Q34. The proposed model allows that practice supervisors can be any registered health and social care professional who is suitably prepared and does not have to

be an NMC registrant, enabling educators to decide locally the individuals and / or groups that are best placed to supervise learners. Do you agree with this approach?

Q34a. Please state any risks that you perceive in relation to this approach.

Q35. The proposed model states that, while a range of academic and practice based educators will contribute to assessing a student, there will be two assessors - a practice assessor and an academic assessor - who will be responsible for the assessment of a student for each part of the programme (for example for 1 year of a 3 year programme or semester one of a post registration programme). Do you agree with this approach?

Q35a. Please state any risks that you perceive in relation to this approach.

Q36. In the future, it may not be necessary for a student nurse to be assessed by a nurse from the same field of practice. This will be a change from current practice which requires a student nurse to be assessed by nurse from the same part and sub-part of the register. This will allow educators from academic and practice settings to decide locally who is best placed to do this. Do you agree with this approach?

Draft pre-registration nursing programme requirements

Q37. With a focus on outcomes, our new programme requirements allows approved education institutions and their practice placement partners to set entry criteria for literacy, numeracy and digital literacy and we will not set requirements in this area. Do you agree with this approach?

Q38. Within the existing pre registration nursing entry criteria AEIs must have processes in place to allow recognition of prior learning to a maximum of 50 percent of the programme provided all the requirements are met in full, (this can be either academic and practice learning or both). Do you agree that we should continue to set a maximum limit for recognition of prior learning?

Q38a. If you answered strongly agree or agree what percentage of the programme should be the maximum available for recognition of prior learning?

Q39. In recognition of the importance of theory and practice to learning, we propose that we continue to require an equal amount of education to be delivered in practice and theory. Do you support this position?

Q39a. If you strongly disagree or disagree, should we leave decisions about the proportion of practice and theory to individual education institutions and their practice placement partners?

Q40. There is currently a cap that limits 300 hours practice learning to be achieved in simulated practice learning environments. Our proposals say that practice learning provided through simulation can be increased but should not exceed the number of hours spent in actual practice placement settings. The new standard means students may spend more time in simulated practice learning environments than they do now. Do you agree with this approach?

Q40a. If you answered strongly disagree or disagree do you think there should continue to be a limited number of hours that states the cap for simulation hours used for practice hours and if yes, how many hours should the cap limit be set at?

Q40b. Please state the maximum number of hours to be used as simulation for practice.

Q41. The draft pre-registration nursing programme requirements allow education institutions to decide what is required from a student at each progression point. Do you support this approach?

Q42. Throughout our pre-consultation engagement, the introduction of a UK wide national standardised practice assessment document has been consistently proposed to improve consistency of outcome judgments on student proficiency. Do you agree with this proposal?

Q42a. If you agreed or strongly agreed with the previous question, should the NMC work with others to support the development of a standardised practice assessment document?

Draft nurse and midwife prescribing programme requirements

There is some cross over between the questions we are asking in relation to our proposed prescribing education and training requirements, and the questions we are asking regarding our proposals in relation to prescribing proficiencies. We therefore recommend that you view these questions in conjunction with our prescribing consultation document

Q43. The draft programme requirements allow a registered nurse or midwife to complete the practice requirements of a community practitioner prescribing programme (known as V150) <u>immediately</u> after successful completion of their pre registration nursing programme and following registration. We are proposing this because, with the introduction of teaching and learning of prescribing theory into pre-registration nursing degree programmes, we believe that newly qualified nurses in the future will be more ready to commence this programme following initial registration as long as they have the necessary support in place. This approach will support proficiency of prescribing practice across a range of settings at an earlier stage of a nurse's career. Do you agree with this approach?

Q44. The draft prescribing programme requirements reduce the current entry requirement for a nurse to have completed three years of post-registration practice to <u>one year</u> of post registration practice in order to be eligible to commence a supplementary/independent prescriber (known as V300) programme. We are proposing this reduction due to patient need and new models of care, the successful enhancement in the scope of prescribing practice and enhanced theoretical knowledge gained by nurses to support progression towards prescribing practice. Do you agree with this approach?

Q45. Requirement 4.6.2 states that the numeracy assessment needs to be passed with a score of 100%.Do you agree with the pass score being 100%?

Q45a. If you answered strongly disagree or disagree do you believe that the pass mark should be set within a flexible range instead and what do you think that range should be?

Draft nurse and midwife prescribing competency

There is some cross over between the questions we are asking about our proposals in relation to prescribing proficiencies, and the questions we are asking in relation to our proposed prescribing education and training requirements. We therefore recommend that you view these questions together with the prescribing programme requirements questions contained within our education framework consultation document.

Q46. Do you agree with our proposal to use the Royal Pharmaceutical Society's _Single_ competency _framework for all prescribers_ as the basis for our prescribing proficiencies in our post-registration prescribing programme requirements and nursing and midwifery prescribing practice?

Q47. If you answered agree or strongly agree to the question above, do you think this will promote a shared approach to prescribing competency between professional groups?

Q48. In order to support and promote inter-professional learning and multi-disciplinary team working and in recognition of the increase in nurse, midwife and other non-medical prescribing professionals over the past decade, do you agree with our proposal to remove the designated medical practitioner role and title and replace this with a <u>prescribing practice assessor role</u>? This could be any registered healthcare professional with a suitable prescribing qualification and relevant prescribing experience.

Q49. During pre consultation engagement some potential risk areas were highlighted in relation to certain areas of prescribing, for example remote prescribing, cosmetic prescribing and independent prescribing practice. Do you agree that such areas of prescribing practice merit development of additional guidance to support our proposals for prescribing proficiency in line with the Code[1] to ensure the public who seek access to these areas of prescribing practice are protected?

Standards for medicines management

Q50. Do you agree that governance and policy decisions about safe management of medicines should be made by organisations who deliver care and services to people and patients?

Q51. Do you agree that evidence based practice, policies and standards of management of medicines should apply to all health care professionals rather than having separate standards (set by us) that only apply to nurses and midwives?

Q52. How often do you use the current SMM?

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[1] The Code: Professional standards of practice and behaviour for nurses and midwives (2015)

Q53. If you do use the standards, what do you use them for?

Q54. Are there certain aspects of our current SMM that you use more than others?

Q54a. If yes, please state which aspects are the most valuable to you.
Q55. Do you agree with our proposals to withdraw our SMM?

Q55a. If you strongly disagree or disagree with our proposals to withdraw our SMM what aspect of medicines management guidance for nurses and midwives would enhance public safety?

Q56. What do you perceive to be the risks of withdrawal of our SMM?

Final questions (will be included at the end of each section)

Q57. Do you have any other comments about the documents we are consulting upon?

About you

Q59. Are you responding as an individual or on behalf of an organisation?

Responding as an individual

Q60.
- I am a member of the public. If yes go to Q6
- I am a nurse or a midwife. If yes go to Q3

Nurses and midwives only

Q61. Which of the following categories best describes your current practice?
(Tick one or more areas that best describe the area you practise in)
- Direct patient care
- Management
- Education Policy
- Research
- Other (please give details)

Q62. Please tick ONE box which best describes the type of organisation you work for:
- Government department or public body
- Regulatory body
- Professional organisation or trade union
- NHS employer of doctors, nurses or midwives
- Independent sector employer of nurses and midwives,
- Agency for nurses or midwives
- Education provider
- Consumer or patient organisation
- Other

Q63. Could you please tick the box(es) below that most closely reflect your role?
- Adult nurse
- Mental health nurse
- Learning disabilities nurse
- Children's nurse
- Specialist community public health nurse:
- Health visitor
- Occupational health nurse
- School nurse
- Family health nurse
- Specialist practice nurse
- District nurse
- General practice nurse
- Other (please give details)
- Midwife

All individuals

Q64. What is your country of residence?
- England
- Northern Ireland
- Scotland
- Wales
- Other – European Economic Area
- Other – rest of the world (please say where

Q65 to Q68 - Full range of ethnicity and diversity monitoring information (age, ggender, ethnicity etc)

Responding as an organisation

Q69. Which one of the following categories best describes your organisation?
- Body representing nurses or midwives
- Body representing patients or the public Government department
- Independent healthcare provider NHS or HSC organisation
- Nursing or midwifery education provider
- Regulatory body
- Other (please give details)

Q70. In which country is your organisation based?
- UK wide
- England
- Scotland
- Northern Ireland
- Wales
- Other – European Economic Area
- Other – rest of the world (please give details)

Q71. Please give the name of your organisation

Q72. Would you be happy for your comments in this consultation to be identified and attributed to your organisation in the reporting, or would you prefer that your response remains anonymous?
- Happy for comments to be attributed to my organisation
- Please keep my responses anonymous

End