

Quality assurance of nursing and midwifery education

Annual Report
2017–2018



What we do

We're the independent regulator for nurses, midwives and nursing associates. We hold a register of all the 690,000 nurses, midwives and nursing associates who can practise in the UK.

Better and safer care for people is at the heart of what we do, supporting the healthcare professionals on our register to deliver the highest standards of care.

We make sure nurses, midwives and nursing associates have the skills they need to care for people safely, with integrity, expertise, respect and compassion, from the moment they step into their first job.

Learning does not stop the day nurses, midwives and nursing associates qualify. To promote safety and public trust, we require professionals to demonstrate throughout their career that they are committed to learning and developing to keep their skills up to date and improve as practitioners.

We want to encourage openness and learning among healthcare professions to improve care and keep the public safe. On the occasions when something goes wrong and people are at risk, we can step in to investigate and take action, giving patients and families a voice as we do so.

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Foreword

I'm pleased to present our annual report 2017–2018 covering the quality assurance of nursing and midwifery education. Each year we reflect on our quality assurance (QA) activity to enable us to continue to develop our processes, ensuring that we fulfil our duty to protect the public.

This report covers a period of considerable change in professional education and health care, in particular the steady increase in the flexible routes of education that are available for nurses and midwives who wish to join our register, including the ongoing development of apprenticeships in England.

This report covers our QA activity in 2017–2018 and it's key to note that our QA activity in future will be different. We published our new education standards earlier this year and our new QA model will reflect our new outcome-focused approach to standards.

Our new education standards set out what we expect from the professionals of the future, so they can deliver safe, evidence-based, person-centred care. The standards are ambitious. To achieve this ambition, we also had to transform the approach to professional education and training including practice based learning. Our new standards for providers of nursing and midwifery education reflect this. We hope you'll agree that the changes to our education standards are positive ones.

These new standards have implications for the way that we quality assure education institutions and programmes so we have recently published our new QA framework. This new framework focuses our approach on programme approval, as well as building on our data-driven approach to QA to ensure that we are proportionate in our activity, whilst still being robust.

We have also recently become the regulators of the nursing associate profession in England, and we look forward to the first nursing associates joining our register in January 2019, alongside quality assuring nursing associate education programmes.

Professor Geraldine Walters, CBE

Director of Education and Standards

Executive summary

Our quality assurance (QA) framework is one of the ways that we protect the public. Each year we reflect and report on the outcomes of our QA activity to ensure we are assured that students are being equipped with the relevant knowledge, skills and learning experience to practise safely at the time they join the register and that they can build on throughout their career. We also continuously look for ways to improve our approach to QA by improving our processes.

At the time of writing this report in September 2018, the number of approved education institutions (AEIs) had increased from 80 to 83. There are 917 approved programmes. This is a small reduction in number from last year.

We selected 14 AEIs for monitoring this year and focused on pre-registration midwifery programmes, return to practice (midwifery) programmes and specialist community public health nursing programmes. These programmes were selected with a focus on midwifery due to nursing programmes undergoing re-approval under the new standards from 2018.

In the 2017/18 reporting year we solely used a risk-based approach to identify institutions for monitoring. This enabled us to more accurately suggest institutions which might not align to our standards to undergo monitoring. Therefore interventions could be appropriately made to assure public protection and ensure that our standards were met.

We are committed to using the analysis of the performance in this year's monitoring cycle in mitigating key risks in order that AEIs and partners comply with our standards and ensuring public protection. Where issues are identified we require assurance that these are managed by institutions and their partners promptly and effectively. We agree action plans with the monitored institutions and ensure these are implemented. We are also reviewing our approach to self assessment and exceptional reporting as part of our new approach to ongoing monitoring.

We continue to be proactive in making the best possible use of our intelligence by promoting information sharing and collaborating both internally with our Regulatory Intelligence Unit and Employer Link Service, and externally with other regulators and key organisations.

Introduction

The Nursing and Midwifery Order 2001 (the Order) sets the legislative context for the QA of nursing, midwifery and nursing associate education. Our standards comply with our legislation and provide necessary requirements for the education and training of nursing, midwives and nursing associates, and the proficiencies they have to meet to join our register.

This annual report examines the QA activity we have undertaken and the key themes and risks that have emerged from our QA of approved education institutions and their practice placement partners in the 2017–18 academic reporting year (from 1 September 2017 to 31 August 2018) for nursing and midwifery education.

Oversight of our work

The Professional Standards Authority (PSA) for Health and Social Care has oversight of our organisation and each year it examines a number of areas of our work. The QA of education was included in the PSA Annual Review of Performance 2016/17 (June 2018), and we met all four standards of the relevant area of education and training. The PSA 2015/16 report also confirmed that all standards of good regulation for education and training had been met.

Part one:

Quality assurance of nursing and midwifery education

Our role in education plays a very important part in how we meet our overall objective of public protection. In the 2017–18 academic reporting year our QA of education comprised of five key activities.

- **Approval of education institutions.**
- **Approval of programmes, including initial approval and approval of programme modifications.**
- **Annual self-assessment reporting.**
- **Monitoring of selected AElS.**
- **Responding to concerns by exceptional reporting and extraordinary review.**

Approval of education institutions

A higher education institute seeking to run an NMC approved programme has to obtain AEl status before seeking approval for their programme.

There are currently 83 AElS across the UK. In the period of 1 September 2017 to 31 August 2018, three new higher education institutions successfully achieved AEl status: the University of Leicester, the University of Exeter and Southampton Solent University.

Three more higher education institutions have applied to be AElS and decisions regarding their request will conclude in the 2018/19 academic year.

A data summary of AElS and approved programmes has been included in Annexe one.

A list of all AElS, noting new providers and those AElS which were monitored this year, is shown in Annexe two.

Approval of education programmes

Approval of programmes included initial approval, re-approval and approval of programme modifications. The prospective programme approval was for six years.

In the 2017/18 year we approved or re-approved 55 programmes, bringing our total of approved programmes to 917.

Programme approval outcomes for 2017/2018 have been summarised at Annexe three.

New approvals

We approved 12 new programmes, including eight pre-registration nursing programmes, two pre-registration midwifery programmes and two prescribing programmes.

Re-approvals

We also re-approved 43 programmes. 39 programmes were required to meet conditions prior to programme re-approval. These included 21 specialist community public health nursing (SCPHN) programmes, nine specialist practitioner qualifications (SPQ), five prescribing programmes, three pre-registration programmes and one return to practice (nursing) programme.

Two SCPHN programmes were subject to recommendations only. Two prescribing programmes were approved without conditions or recommendations.

Conditions

Where visitors identify that our standards are not being met, they can set conditions. We must be assured that the conditions have been met by the institution before we approve the programme. Conditions relate to five key risk themes: resources, admission and progression, practice learning, fitness for practise and QA. The most frequently occurring conditions related to the key risk theme of admission and progression. Conditions against the key risk themes, practice learning and fitness for practice, were the next most frequently occurring, followed by QA and resources respectively.

The conditions set during this period included the following themes:

- Review and/or correction of documentation.
- Clarification of learning outcomes.
- Sufficient academic and practice partner resource.
- Appropriate information relating to admissions.
- Explicit information on how the programme is run, including assessment.
- Appropriate quality assurance processes including the use of external examiners.
- Ensuring consistent programme documentation.

At Annexe four, we have summarised all conditions assigned to AElS following approval events within the 2017/2018 academic year. The majority of conditions that we set relate to post-registration programmes.

Extensions

In July 2018, we extended programme approval for most existing pre and post registration nursing and prescribing programmes. This was to provide time for AEs to prepare to seek approval under the new standards. We sought confirmation from all AEs regarding any emerging, new or existing concerns before considering an extension. Where any concerns were identified with an institution, the relevant programme extension was not granted until these had been resolved.

Existing approved programmes that were included in our decision to extend the original approval timeframe were:

- Pre-registration nursing (for all fields of nursing).
- Pre-registration midwifery.
- Community practitioner nurse prescribing (V100)¹.
- Community practitioner nurse prescribing (V150)².
- Independent and supplementary nurse prescribing (V300)³.
- Specialist practitioner qualifications (adult nursing, child, community children's nursing, community learning disabilities nursing, community mental health nursing, district nursing with integrated V100 nurse prescribing, general practice nursing, learning disabilities, mental health, occupational health nursing and school nursing).
- Specialist community practitioner health nursing (family health nursing, generic, health visiting, health visiting with integrated V100 nurse prescribing, occupational health nursing, school nursing and health visiting).
- Return to practice – nursing and midwifery.

Flexible routes to registration

Following on from 2016–2017, we've seen a steady increase in AEs seeking approval of different routes to pre-registration nursing education as providers respond to changes to funding and commissioning arrangements, local approaches to meet workforce needs, and towards widening access for those who wish to become nurses and midwives. For pre-registration nursing this includes:

Work based learning models. AEs work with one or more employer organisation and identify individuals to undertake a programme of study. The students also spend a proportion of their time working for the employing organisation. These hours worked are outside of their required practice learning and theory hours.

Nursing degree apprenticeship (England only). This route remains only available for pre-registration nursing programmes. This route enables people to train to become a registered nurse through an apprentice route. Apprenticeship standards for nursing associates, midwifery and specialist community public health nurse programmes are currently under development.

1 The V100 will prepare those already registered with a specialist community practitioner qualification, to prescribe safely and appropriately from the community practitioner formulary.

2 The V150 is for those practitioners who do not hold a specialist community public health nurse or community specialist practitioner qualification, but whose responsibilities include assessment, care and management of clients in the community setting. These practitioners will be caseload holders and a clinical need for prescribing from the community practitioner formulary will have been identified.

3 This is a voluntary partnership between an independent prescriber who must be a doctor or a dentist and a supplementary prescriber, to implement an agreed patient specific clinical management plan with the patient's agreement.

Maximising accreditation of prior learning. This is generally used by healthcare assistants with NVQ level 3 or associate practitioners with a foundation degree. Their previous learning is mapped against our standards up to a maximum of 50 percent of the overall programme. They don't continue working as healthcare assistants, usually studying full time throughout the duration of the 18 months.

Non-commissioned model. AEs developing pre-registration nursing programmes for non-commissioned, privately funded students.

Nursing degree apprenticeships

During 2017–2018, we approved a further 21 AEs to deliver pre-registration nursing via a nursing degree apprenticeships (NDA) route. Currently we have 23 AEs in total approved to deliver NDAs.

In addition, we have other AEs scheduled to undertake approval events to offer the NDA route during 2018/19.

The Education and Skills Funding Agency released data this year that confirmed that, between 1 August 2017 and 31 January 2018, 20 students had been enrolled for pre-registration nursing NDAs.

In addition, one of our AEs reported their NDA routes (child and mental health) were not running due to insufficient student numbers.

Monitoring of approved programmes

We monitor programmes in a number of ways and where issues are identified we require assurance that these are managed by institutions and their partners promptly and effectively. If serious concerns are raised we can withdraw approval.

AEI self-assessment

AEIs are required to undertake and submit an annual self-assessment and self-declaration of their current NMC approved programme(s). The self-assessment provides an opportunity for AEs and their partners to give examples or case studies of notable or innovative practice, and enables them to indicate any areas of provision that they are aiming to enhance. The self-declaration requires the AEI to confirm that all approved programmes continue to meet the NMC standards; that all programme modifications have been notified to the NMC; and, that all key risks are controlled.

The AEI annual self-assessment reports are reviewed and we may require AEs to resubmit their report and provide further detailed evaluative information if the evidence provided cannot assure us that all criteria have been met.

In 2017/18, 13 AEs (16 percent) didn't provide assurance in their self-assessment report that key risks were controlled or managed. This is consistent with the previous year's outcome. Where assurance isn't provided, institutions are required to develop action plans which we then monitor.

Key risks – analysis of self-assessment

All AEs completed the required self-assessment in this reporting year.

As in the previous reporting year the key risk area that had the highest number of concerns was practice learning.

The most identified reason for not providing assurance that key risks were controlled was the failure to report details on actions taken to address the recommendations from programme approval/modification events held between 1 September 2016 and 31 August 2017. This was the case for nine out of 13 AEs. The next most frequently identified actual or potential issues that are a risk to academic and practice learning identified by AEs across the UK were:

- quality of the learning environment
- restructuring of maternity services
- sufficient numbers of practice placements to accommodate student numbers
- lack of practice teachers for SCPHN (school nurse) programmes
- the number of students who are being investigated for fitness to practise issues, and
- the temporary global shortage of Hepatitis B vaccines offered to pre-registration student nurses and midwives.

Where AEs didn't provide assurance they were required to implement and report progress on action plans which were agreed by a. We tracked these action plans to ensure they were implemented.

AEI monitoring review visits

Each year we select a sample of AEs to undergo monitoring visits. This enabled QA review teams to meet students, educators and service users and carers in person. We did this by focusing on five key risk areas to determine whether adequate controls were in place: resources, admissions and progression, practice learning, fitness for practice, and QA.

14 AEs were selected for monitoring review visits this year (17 percent of the total). Due to nursing programmes undergoing approval against the new programme standards from October 2018 it was agreed to focus on midwifery and SCPHN/SPQ programmes for monitoring alongside a risk based selection process.

A total of 23 programmes were reviewed across the 14 selected AEs. This included 12 pre-registration midwifery programmes, three return to practice (midwifery) programmes, five specialist community public health nursing (SCPHN) health visiting programmes, and one SCPHN school nursing programme.⁴ We also included one pre-registration nursing (adult) and one return to practice (nursing) programme.

Key risks – analysis of monitoring results

This year fewer AEs achieved the "standard met" outcome in all risk themes, suggesting our targeted approach identified appropriate programmes for monitoring. Only one out of 14 AEs compared to six out of 17 AEs in 2016–2017 achieved 'standard met' outcome in all risk themes.

Outcome met in:	Number of AEs:
1 out of 5 risk themes	3 (21.4%)
2 out of 5 risk themes	4 (28.6%)
3 out of 5 risk themes	5 (35.7%)
4 out of 5 risk themes	1 (7.1%)
5 out of 5 risk themes	1 (7.1%)

⁴ www.nmc.org.uk/education/quality-assurance-of-education/monitoring-results/

10 of the 14 AEIs received at least one 'standard not met' outcome in the risk themes, which is a decline compared to five out of the 17 AEIs in 2016–2017.

10 AEIs were required to make improvements to risk controls and enhance assurance for public protection across at least one of the risk themes, which is consistent with the findings in 2016–17 and 2015–16.

In this reporting year, the majority of risks not being managed identified through monitoring were within two key risk areas: practice learning and fitness for practice. As in previous years, practice learning remains the most significant area of concern in our quality assurance of education in 2017–2018.

Key issues identified include:

- inadequate recording and allocation of mentors and sign-off mentors
- AEIs requiring improvement to their processes in identifying and exceptionally reporting risks and concerns to us
- not routinely reporting on outputs with regard to service user/carers involvement in programme development, programme delivery, assessment and evaluation
- concerns related to fitness for practice were less frequent, however these had the potential for significant impact on public safety, including students not completing the required hours of theory and practice.

Non-compliant AEIs were required to formulate and complete an action plan which was approved by the reviewer and sent to us for review. We follow up on the improvements identified through the next cycle of annual self-assessment. Annexe five details the themes that emerged.

Practice learning

Three (21 percent) of the 14 AEIs monitored this reporting year provided evidence that this risk theme was met which is a decline from the seven (41 percent) AEIs monitored in 2016–17.

Seven (50 percent) AEIs failed to meet this key risk theme compared to four (23.5 percent) AEIs in 2016–17.

Four AEIs received a 'requires improvement' rating for this risk area. The areas which required improvement included: the involvement of service users and carers in the return to practice midwifery programme; practitioner and service user involvement in ongoing monitoring and development of pre-registration midwifery and SCPHN Health Visitor programmes.

All non-compliant AEIs were required to take timely action to provide assurance of support for learning and assessment in practice in the form of an action plan within an agreed timeframe. These action plans were then monitored to ensure compliance with our standards.

Fitness for practice

Admissions and progression continues to be an area where issues have been detected through monitoring.

Eight AEIs (57 percent) of the 14 AEIs monitored this year provided assurance that this risk theme was met. This is a decline from 15 (73 percent) AEIs in the 2016–17 monitoring period.

Four AElS failed to meet this risk theme. The areas which AElS failed to meet included:

- students enrolled on the shortened pre-registration midwifery programme weren't completing the required hours of theory and practice
- the length of the consolidation period in the SCPHN school nursing programme didn't comply with NMC Standards
- a failure to grade the assessment of midwifery practice in maternity and other settings.

Two AElS (14 percent) had 'requires improvement' outcomes. The areas which required improvement included:

- AEl processes for checking return to practice nursing students complete all elements of mandatory training prior to proceeding onto placement and those necessary for successfully completing the programme
- the process for monitoring practice hours to ensure that students weren't working excessive hours that may compromise patient and student safety.

Where our standards weren't being met institutions were required to take timely and appropriate action, and to develop and report on an action plan. These action plans were then monitored to ensure compliance with our standards.

Other key risk areas

Three AElS (21 percent) failed to meet the risk theme of resources. The key risks related to SCPHN academic staff delivering the programme; SCPHN (school nursing) and SCPHN (health visitor) pathway leads in the respective AElS did not hold a NMC recorded teacher qualification, which is a NMC requirement. In addition, one practice placement provider did not have sufficient numbers of sign-off mentors to meet the needs of pre-registration midwifery students.

Notable practice

We also report on notable practice, defined as education practice which is innovative and worthy of dissemination. QA reviewers reported on examples of such practice identified through QA activity and AElS stated areas they considered worthy of consideration through the annual self-reporting process.

QA reviewers identified a number of noteworthy developments when undertaking monitoring of pre-registration midwifery and return to practice midwifery programmes. These included a trust-wide educational audit process which is undertaken over one week by an audit team consisting of academic staff, clinical practice facilitators and practitioners who are trained to conduct audits; and the introduction of a new practice assessment record of experience (PARE), which is supported by exemplary collaboration and effective management of change.

Part two:

Responding to concerns

Exceptional reporting

When risks emerge AEs and their practice learning partners must respond swiftly to manage and control risks appropriately. AEs should email exceptional reports to us and we'll take action when these risks aren't being effectively managed and controlled locally. We also follow up on implemented action plans.

During recent years we have been working closely with AEs to impress the importance of timely exceptional reporting to us. For the third year in a row, we have recorded an annual increase in the number of exceptional reports received (133 in total during this period compared with 89 during 2016/2017). Most of the exceptional reports continue to relate to issues in practice environments, including adverse system regulator reports and their impact on student learning, supervision and assessment and escalation of student concerns, and what actions have been undertaken locally to manage those concerns. When AEs report an issue or concern to us, we require evidence of actions taken, where appropriate, to control or mitigate any identified risks to our standards. We liaise with the AE to ensure that they are managing any risk satisfactorily.

As part of our role as a dynamic regulator, we continue to proactively share intelligence internally with our Regulatory Intelligence Unit and Fitness to Practise colleagues as well as externally where appropriate with other professional and system regulators.

On 26 July 2018, we signed the "emerging concerns protocol" with seven health and social care organisations and regulators, which will help us share information and intelligence about emerging concerns with each other and system partners in a timely fashion to support the delivery of high quality care.

Extraordinary review visits

Where we identify serious adverse incidents and concerns regarding an AE or practice placement and local risk measures are limited, we may decide to conduct an unscheduled extraordinary review. This measure may be necessary if there are concerns that present a risk to public protection, and if it is deemed that the AE is either unaware or unable to put adequate measure in place to control the risk.

No new extraordinary reviews took place during the 2017–2018 academic year.

Annexe one:

AEI data summary up to 31 August 2018

Total number of NMC approved AEIs	83
Total number of NMC approved programmes	917
Number of AEIs approved to run pre-registration nursing programmes	79
Number of AEIs approved to run pre-registration midwifery programmes	53
Number of new education institutions approved to be an AEI during the reporting year	3
Number of programme approvals or re-approvals during the reporting year	55
Number of AEIs approved to deliver pre-registration nursing programmes for the first time	2
Number of AEIs approved to deliver pre-registration midwifery programmes for the first time	1
Number of AEIs approved to deliver nursing degree apprenticeships	23

Annexe two:

Approved AEsI and monitoring outcomes

ENGLAND			SCOTLAND
	Edge Hill University	The Open University	
Anglia Ruskin University	University of Essex	Oxford Brookes University	University of Abertay Dundee
University of Bedfordshire	University of Exeter	University of Plymouth	University of Dundee
Birmingham City University	University of Gloucestershire	University of Portsmouth	Edinburgh Napier University
University of Birmingham	University of Greenwich	University of Reading	Glasgow Caledonian University
University of Bolton	University of Hertfordshire	University of Salford	University of Edinburgh
Bournemouth University	University of Huddersfield	Sheffield Hallam University	University of Glasgow
BPP	University of Hull	University of Sheffield	University of Highlands and Islands
University of Bradford	Keele University	Southampton Solent University	Queen Margaret University
University of Brighton	King's College London	University of Southampton	Robert Gordon University
Brunel University London	Kingston University & St George's University of London	Staffordshire University	University of Stirling
Buckinghamshire New University	Leeds Beckett University	Suffolk, University of (formerly University Campus Suffolk)	University of West of Scotland
Canterbury Christ Church University	University of Leeds	University of Sunderland	WALES
University of Central Lancashire	University of Leicester	University of Surrey	Bangor University, School of Healthcare Sciences
University of Chester	University of Lincoln	Teesside University	University of Cardiff
City University London	Liverpool John Moores University	University of West London	University of Glyndwr
School of Health Sciences	University of Liverpool	University of West of England in Bristol	University of South Wales
Coventry University	London South Bank University	University of Wolverhampton	Swansea University
University of Cumbria	Manchester Metropolitan University	University of Worcester	
De Montfort University	University of Manchester	University of York	
University of Derby	Middlesex University	NORTHERN IRELAND	
University of East Anglia	University of Northampton	Queens University Belfast	
University of East London	Northumbria University	University of Ulster at Jordanstown	
	University of Nottingham		

KEY

- newly approved in 2017–2018.
- monitored during 2017–2018 and the monitoring reports are available on our website

Annexe three:

Programme approval outcomes

Outcome	Number
New programme approvals	12
Requiring conditions to be met before approval with additional recommendations	12
Programmes re-approved	43
Requiring conditions to be met before approval with additional recommendations	37
Requiring conditions to be met before approval	2
Approved with recommendations	2
Approved without recommendations or conditions	2
Programme approvals refused	4
Total	59

Annexe four:

Approval conditions

Course information	NUMBER OF CONDITIONS			
	Registered Nurse (RN)	Registered Midwife (RM)	Nurse and Midwife Prescribing	Post Registration standards
Amend and/or update programme specification			4	8
Clarify entry criteria and admission process			2	8
Clarify learning outcomes			7	14
Clarify modules				5
Clarify course content	2	3	4	11
Clarify practice and theory hours		4	1	6
Produce a communication schedule				1
Differentiate between two awards				2
Detail transition arrangements		1		
Clarify course delivery			1	1
Review exit award				3
Revise Accreditation of Prior Learning (APL) criteria	1			1

Quality assurance				
Review and/or correct documentation	1	2	3	17
Evidence of E&D training		1		3
Practice				
Student prescribing requirements			1	3
Evidence of recordable teacher qualification	2			
Clarify process for monitoring		1		
Evidence of support for mentors		2		
Assessment strategy				
Assessment clarification	1		1	2
Revise OSCE examination			1	
Provide rigorous mechanisms to ensure standards are met and completed prior to student's exiting the programme				1
Procedures for derogation from University requirements	1		1	1
Make explicit how grade descriptors are awarded		1		
Clarify the supernumerary status of students			1	
Review learning and teaching strategy				2
Suitable resources				
Evidence of suitable resource		1		
Evidence of sufficient staff				2
Sufficient staff with appropriate field specific expertise	2			
Agree terms of reference and membership for a joint oversight board		1		
Evidence of commitment to delivery of modules in leadership within the curriculum		1		
Evidence of appropriate mentors	1	1		
Total:	11	19	27	91

Annexe five:

Monitoring results

Grade awarded	Number of programme providers achieving each level of control 2017–2018				
	Resources	Admissions and progression	Practice learning	Fitness for practice	Quality assurance
Met	10 (71.4%)	8 (57.1%)	3 (21.4%)	8 (57.1%)	7 (50%)
Requires	1 (7.1%)	5 (35.7%)	4 (28.6%)	2 (14.3%)	5 (35.7%)
Not met	3 (21.4%)	1 (7.1%)	7 (50%)	4 (29.6%)	2 (14.3%)



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The nursing and midwifery regulator for England,
Wales, Scotland and Northern Ireland

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