

This version of the framework is no longer in effect.
A new version came into effect on 1 September 2018.
Please find the latest version on our website.

NMC Nursing &
Midwifery
Council

Quality assurance framework

For nursing and midwifery education



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Introduction

The Nursing and Midwifery Council (NMC) is the nursing and midwifery regulator for England, Northern Ireland, Scotland and Wales. Our primary purpose is to protect patients and the public in the United Kingdom (UK) through effective and proportionate regulation of nurses and midwives.

We have a responsibility to understand and interpret the strategic context in all four countries within the UK and to set standards according to the education and practice within each jurisdiction.

The Nursing and Midwifery Order 2001 (the Order) defines our role in the education and training of nurses and midwives. We set standards of education and training, maintain a register of those who meet these standards and take action when a nurse's or midwife's fitness to practise is called into question. By doing this well, we promote public confidence in nurses and midwives.

Providers of higher education and training can apply to deliver programmes that enable students to meet these standards. There are currently 80 approved education institutions (AEIs) which offer programmes of nursing and midwifery education and there are approximately 1,000 approved programmes. Most of the programmes we regulate (in terms of student numbers) are pre-registration education.¹

¹ The pre-registration standards are *Standards for Pre-Registration Nursing Education* (NMC, 2010) and *Standards for Pre-Registration Midwifery Education* (NMC, 2009).

We also approve various post-registration programmes.²

Our objectives for this QA framework include the following:

- Transparency: as a public body it is right to explain what we do and why.
- Clarity: about our role and the responsibilities of others.
- Utility: we want to provide better tools for those involved in education to help them meet our standards.
- Accountability: we welcome feedback about whether our practice matches our stated approach.
- Improvement: our framework will change over time in response to contextual factors and the performance of those we quality assure.

We also publish a QA handbook³ in conjunction with our QA contractors, Mott MacDonald, which sets out the detail of our QA processes, mainly for those directly involved in nursing and midwifery education.

Our role

Education

Our legislation defines our role in the education and training of nurses and midwives. It allows us to establish standards of education and training which include the 'outcomes to be achieved by that education and training'. It also enables us to take appropriate steps to satisfy ourselves that those standards and requirements are met. This includes approving education providers and awarding approved education institution (AEI) status before approving their education programmes.

We ensure that pre-registration education programmes provide students with the opportunity to meet the competency standards needed to join our register. We also ensure that programmes for nurses and midwives already registered with us meet standards associated with particular roles and functions.

We set requirements for AEIs. These are the requirements needed to deliver programmes that meet our standards. All standards have to be met before AEIs can run programmes, however, we can also recommend improvements and follow up on how these have been acted upon.

² Currently the post qualification standards are; Standards to support learning and assessment in practice (NMC, 2008); Standards of proficiency for specialist community public health nursing (NMC, 2004); Standards of proficiency for nurse and midwife prescribers (NMC, 2006); Standards for specialist education and practice (NMC, 2001).

³ www.nmc.mottmac.com/Portals/0/Nov%202016%20updates/QA_Handbook_A4%20version_Final_V2_20Dec2016.pdf?ver=2016-12-20-144157-027

Our standards for programmes are threshold standards, which means they are either met or not met. This is necessary for our regulatory functions as we must have a basis on which to make judgments about joining or being removed from the register. However, when we approve programmes we may judge it to be partially met with mandatory conditions. Therefore, our monitoring must clearly indicate whether our standards continue to be met.

Responsibility for the day-to-day management of quality lies with AElS in partnership with practice-placement partners who offer 'hands on' practice experience to students. Practice-placement partners include hospitals, surgeries, community health services and care homes or any other setting in which nursing or midwifery practice is delivered.

We are a professional regulator and not an educational regulator. It is not within our remit to go beyond our standards into the verification of academic standards. That is the responsibility of the providers themselves through their own internal quality assurance and of the Quality Assurance Agency for Higher Education (QAA).

However, we uphold the UK policy position that nursing and midwifery are degree level entry professions and so AElS must have degree-awarding powers or have access to those powers through another degree-awarding institution.

Education strategic programme update

The education strategic programme, approved by Council in March 2016, is well underway. It focuses revising the standards of education and training in the development of a new education framework, completing an independent review of the QA of education and developing an implementation plan based on its recommendations. We will engage as widely as possible with our stakeholders on those subjects.

Professor Dame Jill Macleod Clark led the Future Nurse project to develop the draft standards of proficiency for registered nurses , actively engaging with key stakeholders across the UK

Between June-September 2017 we consulted on:

- draft education framework
- draft standards of proficiency for registered nurses
- draft requirements for learning and assessment
- draft programme requirements for pre registration nursing programmes
- draft nurse and midwife prescribing programme requirements
- our proposal to adopt the Royal Pharmaceutical Society's competency framework for all prescribers as our standards.

We held engagement events across the four countries of the UK to support and raise awareness for this work. We anticipate that these standards will be published in spring 2018.

Professor Mary Renfrew is acting as lead advisor for the the Future Midwife project and work is underway to draft the future standards of proficiency for registered midwives , with the aim to begin public consultation on them in 2019.

The independent review of QA of education has been completed and options and recommendations are being presented to Council. We will develop an implementation plan following the Council meeting in September 2017.

Nursing associates

In October 2015, the UK Government announced the establishment of a new care role in England - nursing associates. In January 2017, our Council agreed to a request from the Secretary of State for Health to regulate this new role.

We will set standards for the education and training of nursing associates and in the future we will approve nursing associate programmes. Further information will be available on [our website](#).

How we quality assure

Public protection

We protect the public through the QA of education by:

- ensuring new entrants to the register are capable of meeting the standards we set for safe and effective practice
- ensuring that everyone involved in education including students, service users and carers, knows how and when to raise a concern, and
- ensuring that AEs act swiftly and effectively when there are questions about the fitness to practise of a student or registered nurse or midwife.

'Right touch' regulation

We regulate within a framework set by the Professional Standards Authority (PSA).⁴ The PSA define right touch regulation as being proportionate, consistent, targeted, transparent, accountable and agile. The NMC has consistently achieved right touch regulation by meeting the specific standards for education throughout the life of this framework.

Focusing on outcomes

We focus on the outcomes of education as a means of being assured that the public are protected rather than on specifying how those outcomes should be achieved.

There are four main reasons why we focus on outcomes.

- Public interest – public protection is an outcome of safe and effective care.
- Fostering mature professionalism – we want to empower nursing and midwifery educators (in higher education and practice placement settings), to make informed judgments about the most effective ways to meet our standards.
- Enabling innovation – we operate within a fast-changing environment and it is in the interest of patients and service users that nursing and midwifery educators can lead and participate safely with new ways to deliver healthcare.
- Authority – we have a statutory remit for setting standards but it is for educators, to judge how they should be met.

Risk-based

We operate a risk-based approach to education. This includes:

- increasing the focus in education QA on aspects of provision where risk is anticipated or known, with particular reference to the practice-placement aspect of programme delivery
- promoting reporting by exception (that is, proactive self-reporting of concerns as they arise) for AEs, and
- establishing processes for responding to concerns.

However, our QA activity is not solely based on risk. We receive self-reports and monitor all AEs in a review cycle.

Involving stakeholders

Our QA of education engages nurses and midwives, students, service users, carers and nursing and midwifery educators (in higher education and practice placement settings) to inform our judgments about quality.

⁴ www.professionalstandards.org.uk/docs/default-source/publications/standards/standards-of-good-regulation.pdf

Our work in this area includes the following.

- We continue to strengthen requirements on education providers to involve service users and carers in the design, delivery and evaluation of programmes.
- We continue to engage directly with students and new entrants to the register as they are a valuable source of intelligence for education and practice.
- We continue to rely on nursing and midwifery educators in AEs and practice placement settings to make the right judgments about the standards of students. They provide us with valuable feedback on the application of our standards in practice.
- Education team members regularly attend external meetings to participate in education policy discussions at a four country level.
- We have engaged recently with AEs on the subject of exceptional self-reports received this year compared with 2015-2016 with AEs providing assurance as to how issues and risks are being managed locally.
- We have enhanced our relationship with other professional and system regulators. Our Employer Link Service sign posts employers to our work in QA of education and the Regulatory Intelligence Unit contributes to risk intelligence reporting and mitigation. This promotes our commitment to ensuring a proactive and proportionate approach to risk.
- The education strategic programme, approved by Council in March 2016, is well underway, focusing on the main areas of revising the standards of education and training in the development of a new education framework, undertaking an independent review of the QA of education, developing an implementation plan based on its recommendations, and engaging as widely as possible with our stakeholders on those subjects.

Continuous improvements to the QA framework

Enhancements to our framework are informed by:

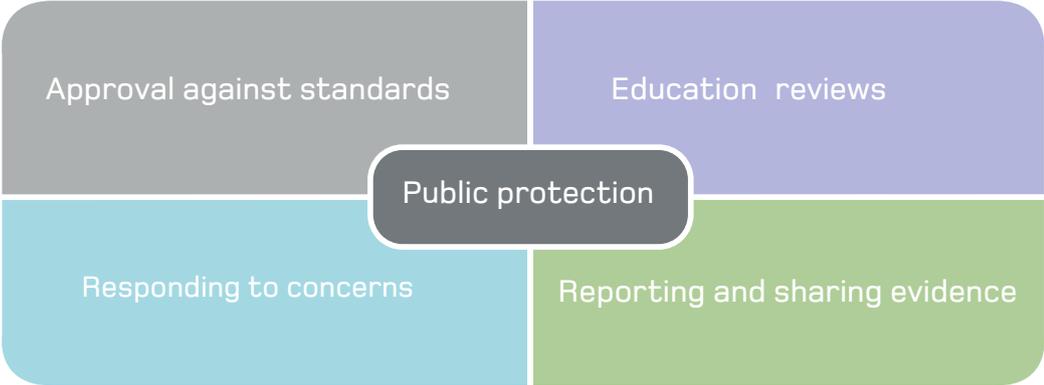
- stakeholder views including those of students, service users and carers
- feedback from those we quality assure – AEs and practice-placement providers
- perspectives of the PSA
- engagement with other regulators
- notable developments in the health and education sectors
- the context of QA of education in the four countries of the UK
- a review of how standards conform to equality and diversity requirements, and
- variability in the nature and volume of QA activity as preparations for a new model of QA are implemented.

In accordance with the legislative changes to the Nursing and Midwifery Order 2001 that came into effect in 2017, all aspects of QA relating to the supervision of midwives have been removed from the framework.

As a result, all preparation for supervisors of midwives (PoSoM) programmes have been discontinued. All AEs have been communicated with to request that their internal documentation be amended in light of these changes and as a result of the withdrawal of the Midwives rules and standards (2012) and the PoSoM standards.



Part one: Delivery of quality assurance



Our role

Our role includes:

- setting the high-level policy for QA
- commissioning and overseeing an effective QA process
- developing and using intelligence from QA to protect the public

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- sharing intelligence from QA appropriately with others
 - effectively using intelligence from other sources to inform QA
 - using our evidence from QA to influence the strategic context for nursing and midwifery education to improve public protection, and
 - engaging with stakeholders in education.

Our contractor's role

The operational delivery of quality assurance of education is outsourced to Mott MacDonald, who:

- recruit, train and manage the performance of our QA reviewers
- schedule and organise QA events
- issue and update documentation governing QA processes, including the QA handbook
- maintain and improve the QA portal
- manage QA reporting on the part of AElS
- supply and maintain data relating to AElS, and
- report to us on the delivery of the QA contract.

Mott MacDonald is in its fifth year of delivering our QA operational activity.

Responding to concerns and handling complaints about our QA contractor, Mott MacDonald

We will investigate and, if necessary, act upon concerns raised about our QA contractor. We will ensure that concerns and complaints are dealt with in a fair and consistent manner.

It is not within our remit to consider complaints regarding the judgment of QA reviewers undertaking QA activity.

Process

The individual or organisation making a complaint should make every attempt to resolve their complaint or concern directly with our QA contractor prior to raising a complaint with us.

When we receive a formal complaint, we will formally acknowledge this within two working days if the complainant's name and contact details are known. We will also provide feedback on how the complaint has been handled within 20 working days.

Quality assurance of nursing and midwifery education

Requirements of AElS

Our QA of education is based on whether programme providers meet our education standards. This ensures all AElS are familiar with the types of evidence they need to submit to demonstrate that they continue to meet our requirements.

We aim to minimise the burden on AElS by continuing to participate in joint QA events with AElS and/or other regulators where possible, but we do so with clarity about our respective roles.

AElS are required to:

- ensure programmes are approved before students are enrolled
- ensure the integrity and accuracy of uploads to the register, and
- submit scheduled and exception reports on time and to quality

Applying for AEl status

A higher education institute seeking to run an NMC- approved programme must obtain approved education institution (AEl) status before seeking approval for their educational programmes. A programme cannot run until our approval process has confirmed that the AEl standards have been met.

- The institution must notify the NMC in writing, setting out a proposal which includes:
- the rationale for the AEl proposal and intended programme delivery.
- evidence of resources in place to support the proposal
- details of wider support (for example partnerships with employer organisations, practice placement providers, education commissioners and senior level support (for example Chief Nursing Officers))
- proposed numbers of student intakes, start dates, fields of nursing (where appropriate) and a breakdown of student numbers for each programme
- a formal timeline for all aspects of the proposal including intended future delivery of programmes.

Once we have received assurances regarding the information set out above we will conduct our preliminary checks. We will then share this information with our QA contractor, Mott MacDonald, who will arrange an AEl approval visit. Once AEl status has been granted, institutions can proceed to request programme approval.

Programme approval and reapproval

Once a higher education institution is granted AEl status they can apply to deliver a pre-registration programme. To do this they must notify the NMC in writing setting out a proposal. Guidance on this process can be found on our website at: www.nmc.org.uk/education/what-we-expect-of-educational-institutions/applying-for-approval.

Following a review of the proposal and preliminary QA checks we will share this information with our QA contractor, Mott MacDonald who will guide AEl's through the next stage of the process. As part of this activity the AEl will be required to submit documentation which demonstrates how it intends to meet our standards.

A programme approval event is then arranged which meets the internal QA requirements of the AEl and those of ours and any other regulator involved.

The approval team will include reviewers who are nurses and midwives and may be drawn from education and practice placement settings. They will have no recent connection with the AEl in question. Each team includes reviewers with the relevant specialist knowledge – this is known as due regard.

The reviewer submits a report on the programme that details whether our standards are met, partially met (with conditions and recommendations) or not met.

If conditions are set these must be met before the programme is formally approved and delivered. The QA review team makes a recommendation to us about whether the programme is meeting its standards. We are responsible for approval, re-approval or withdrawing approval.

We require AEs to take responsibility for:

- making timely requests for approval and reapproval, and
- requesting approval events only when they judge programmes to be ready.

Programme modification

AEs may submit modifications to approved programmes. How these are managed depends on the extent of change and the process, as detailed in the QA handbook.

Recent developments requiring programme modification have included the introduction of nursing degree apprenticeships in England. Further detail and guidance on the process for applying to deliver a nursing degree apprenticeship programme can be found on our website at: www.nmc.org.uk/education/what-we-expect-of-educational-institutions/nursing-degree-apprenticeship.

In addition, the incorporation of work-based learning pathways and further NHS England/ HEE-led initiatives (such as Nurse First) have led to a further increase in the diversity of modifications being processed and approved. We expect to see an increase in such modifications in the future.

Endorsements

Programmes approved and delivered in the UK may also be delivered outside the UK with the UK AE bearing responsibility for quality. The process of endorsement does not allow a programme to be approved in the UK for sole delivery outside the UK.

We require particularly strong evidence of the AE's quality assurance of programme delivery in all non-UK settings. This must include but is not limited to evidence of strategic intention, resources, risks and controls, and strategic and operational relationships with placement partners. See NMC Circular 14/2006.⁵ For more information please contact: QAteam@nmc-uk.org.

Programme extensions

An AE may normally request an extension of up to 12 months from the date of programme expiry. Extensions will be considered on a case by case basis. All extension requests should be sent to: QAteam@nmc-uk.org and should give detailed reasons for the basis of the request. On occasion we may provide extensions to existing programmes to minimise the burden on AEs if standards are under review or about to change.

We have offered extensions of more than the customary 12 months for all pre-registration nursing and midwifery programmes, and a number of post-registration programmes including prescribing mentorship and return to practice to facilitate alignment with the development of the revised education and proficiency standards and minimise the burdens on AEs during a time of wider change.

⁵ www.nmc.org.uk/globalassets/sitedocuments/circulars/2006circulars/nmc-circular-14-2006.pdf
www.nmc.org.uk/globalassets/sitedocuments/circulars/2006circulars/nmc-circular-14_2006-annexe-1.pdf
www.nmc.org.uk/globalassets/sitedocuments/circulars/2006circulars/nmc-circular-14_2006-annexe-2.pdf

Programme discontinuation

An AEI may wish to discontinue an approved programme at any point after approval. Having decided this through their own internal procedures, they should notify us of their decision and rationale. We expect AEIs to demonstrate that no students, current or incoming, will be disadvantaged by the decision. We will then discontinue the programme and no further students will be permitted to enrol. We may also seek to discontinue an approved programme if the programme has not run since being originally approved. We would not complete this action without communicating with the AEI.

Annual self-reporting

AEIs must submit an annual self-assessment report to us that demonstrates how their NMC approved programmes continue to meet our standards and requirements.

Following engagement with education stakeholders earlier in 2017, we introduced a number of changes to the self-reporting template and the information we expect AEIs to provide. We still expect AEIs to include details of how they ensure compliance with our standards and requirements, and how ongoing issues and concerns are being managed.

We also expect to be informed of any instances of notable practice that may be worthy of dissemination, and we may request further focused information through thematic and evaluative questions. We intend to hold a further self assessment workshop in the autumn.

Monitoring reviews

Review is the process by which we assure that AEIs continue to meet our standards for the programmes they run. Review teams also look at how an AEI manages any risks associated with delivering the programme.

The review takes into account an AEI's annual self-assessment report to us and intelligence from other sources, which contain information about the quality or risk of the AEI or its practice-placement partners.

There may be a thematic or a geographical element to a cycle of reviews.

Review teams consist of a managing reviewer, nurse and midwife reviewers (where possible drawn from education and practice) and a lay member. Nurse and midwife reviewers will be selected according to the particular programmes under scrutiny.

A review will always take into account feedback from students, service users and carers involved with programmes under scrutiny. We do not currently use students, service users or carers as reviewers but do require AEIs to fully involve them in a review.

Draft outcomes of reviews are shared with the provider for comments on fact and finalised reports are published on our website.

Action plans

If an AEI is awarded a 'not met' outcome across any of the key risk areas, it will be required to develop an action plan which demonstrates the steps that will be taken to meet the key risk and comply with our standards and requirements. The action plan template is on the Mott McDonald QA portal.⁶ AEIs may find the guidance⁷ on completing an action plan helpful.

We will undertake a desktop review or a follow up visit to review progress in strengthening control measures.

⁶ nmcoms.mottmac.com/

⁷ www.nmc.mottmac.com/Programme-Providers/Monitoring

AEI Official Correspondents

Each AEI must have a named individual take on the role of AEI official correspondent. We expect an AEI official correspondent to:

- act as the main focal point for all NMC approved programme related enquiries
- actively engage with us and exceptionally report on any risks to the AEI's ability to meet our standards or the student learning environment
- respond to a request for an exceptional report within 10 working days of receipt of the request. These reports should be sent to exceptional.reporting@nmc-uk.org.
- provide the name of a delegate who will be responsible for responding to us in the absence of the official AEI correspondent, and
- provide up-to-date contact details for the official correspondent and their delegate. Updates should be sent to QATeam@nmc-uk.org.

Lead midwives for education

Lead midwives for education (LMEs) help to ensure high standards in midwifery education. LMEs are based at, and employed by, the AEI providing pre-registration midwifery education. They are experienced practising midwifery teachers, leading on the development, delivery and management of midwifery education programmes. Any updates on changes of contact details for LMEs should be sent to us via the form on our website at www.nmc.org.uk/education/lead-midwifery-educators/form-for-new-lmes.

Our reporting on quality assurance

We publish our QA monitoring outcome reports in the public domain as part of our commitment to transparency and information sharing.

- we regularly report to our Council on QA performance, including quarterly and annual reports from Mott MacDonald about the delivery of the QA contract, and
- we highlight instances of effective practice in our QA activity in future reporting, and
- we publish an annual report about the outcomes of our QA activity.

Thematic reporting

During 2016-2017, AEIs reported on particular themes through self-assessment and explored themes through review in order to provide evidence on particular aspects of public protection. LMEs were asked to provide further information on a number of specific subject areas within the learning, teaching and assessment components of their pre-registration midwifery programmes. This information will inform the review of standards of proficiency for midwives. Our findings on these themes will be included in our QA annual report.

8 <https://www.nmc.org.uk/globalassets/sitedocuments/midwifery-lsa-reports/nmc-qa-english-annual-report-2015-16.pdf>



Part two: Requirements of approved education institutions

Although our programmes are delivered through partnerships between AElS and practice placement settings, we hold AElS to account for managing quality and controlling risks. AElS need to effectively communicate with senior managers and directors in practice-learning environments who will take responsibility for the quality of learning in practice. AEl requirements fall into two categories.

- Commitments that we expect AElS to make and uphold.
- Requirements for which evidence can be supplied and assessed.

Commitments

The commitments we require of AElS include the following:

1. Ensuring programmes are approved and remain in approval before students are enrolled.
2. Rigorous implementation of approved fitness to practise policy and processes.
3. Integrity and accuracy of uploads to the register when students complete a programme. Following the successful introduction of the NMC Higher Education Institute (HEI) portal, it continues to provide a secure and effective way of uploading student records to our register.
4. Annual self-reports submitted on time and to quality.
5. Timely self-reporting of risks to providing education and the mitigation that AElS have put in place.

Requirements needing evidence

Institutions must demonstrate that protecting the public is at the heart of nursing and midwifery education

Institutions must:

- demonstrate their commitment to public protection through assuring the quality of learning, teaching and assessment in academic and practice placement settings
- involve service users and carers in all aspects of programme design, delivery and evaluation
- attend to the safety and wellbeing of service users who students work with while they are learning
- ensure students know how to raise and escalate concerns and education providers must have effective means of response, and
- ensure nurses and midwives who complete programmes that lead to registration or a mark on the register are capable of safe and effective practice.

Evidence required

- Service user and carer strategy and implementation plan.
- Fitness to practise policy and processes.
- Under-18 student admissions policy.
- Raising and escalating concerns policy and processes.
- Formal process ensuring that all necessary Disclosure and Barring Service (DBS) and Protecting vulnerable groups (PVG) – Disclosure Scotland checks meet our requirements.

Institutions must demonstrate that their equality and diversity strategy reflects current legislative requirements

Evidence required

- Equality and diversity policy.
- Recruitment, selection and admissions policy (sector benchmark includes compliance with the QAA in this area).
- Provision of student-support services that promote equality and diversity, for example, disability services and learning support services.

Institutions must be open, accurate and fair in all selection, admission, progression and completion

Processes in this area must demonstrate that service users, carers, and representatives from practice have influenced and actively contributed to the processes for selection, admission, progression and completion.

Evidence required

- Recruitment and selection policy.
- Admissions policy.
- Anti-fraud policy and processes.
- Accreditation of Prior Learning (APL) policy and processes.
- University QA regulations, for example, progression/completion infrastructure, such as, exam/academic programme/awards boards.

Institutions must provide all necessary resources to promote and sustain nursing and midwifery programme delivery

Evidence required

- Policies and processes in place demonstrating support for students in academic and practice placement settings.
- Student-support services, for example, a student union, hardship, counselling and mentor support.
- Student raising and escalating concerns policy.
- Staff raising and escalating concerns policy.
- Staff development policy.
- Research and scholarship policy.
- Policy and processes in place to enable academic nurses and midwives to meet our requirements for 20 percent of time in practice through link lecturing, research or practice/policy development activities. (See Standards to support learning and assessment in practice (SLAiP) (3.3.4, NMC, 2008)).

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- Processes for ensuring checks for monitoring academic staff's active registration and due regard.
 - Policies and processes in place to enable nursing and midwifery teachers to achieve the outcomes of stage 4 of the developmental framework (2.3 SLAiP).

Institutions must have curriculum development and approval policies and processes in place to meet our requirements

Evidence required

- Policies and processes for programme approval, reapproval and periodic review.
- Student information systems that accurately record learning achievement and hours completed for award and eligibility to register.
- Be established institutions for evidence-based nursing and midwifery education.
- Have policies in place that promote innovation, research and scholarship in programme delivery.
- Have formal processes in place to facilitate interprofessional learning.

Institutions must have a policy for achieving service level agreements / learning and development agreements with all practice-placement partners

We approve education programmes which are delivered in partnership between AEIs and various practice-placement environments. This means that AEIs seeking programme approval need to manage the quality and safety of provision wherever it is delivered.

Evidence required

- Service level agreements / learning and development agreements with practiceplacement partners.
- Partnership commitment to ensure safe and supportive practice learning that demonstrates the professional values and behaviours of nurses and midwives.
- Policy and processes for student-placement allocation including processes for determining new placement areas.
- Up-to-date database of placements with confirmed educational audits recorded.
- Processes for undertaking educational audit in accordance with our requirements.
- Strategic and operational approach to SLAiP compliance.
- Policy and processes for escalating concerns of student performance as well as escalation and responding to adverse clinical governance concerns.
- Formal engagement with education commissioners and practice-placement partners.

Institutions must have a reliable and valid assessment strategy demonstrating where adjustments are made to meet our requirements

Evidence required

- Policies and processes within academic regulations for assessing theory and practice, for example, no compensation criteria for assessment.
- Appeals and mitigation processes.
- Equality, for example, learning needs assessment and reasonable adjustments for assessment of theory and practice.

Institutions must have all necessary facilities and resources in academic and practice placement settings to support delivery of approved programmes

Evidence required

- University and placement resources.
- Appropriate skill mix of staff. (Please note, this is subject to routine verification during QA activity.)
- Appropriately qualified and updated teachers, practice teachers sign-off mentors and mentors.
- Library facilities with access to relevant nursing and midwifery research evidence bases.
- ICT facilities with appropriate links to health-related software and resources.
- Simulation suites that support interprofessional learning and assessment opportunities.
- Interprofessional learning policy and processes.

Institutions must demonstrate that they have effective governance and quality assurance structures

This will validate an institution's commitment and accountability to us in monitoring and reporting on the academic and practice-based achievement of students.

We recognise that there are sector QA requirements that AElS have to meet that also address our standards and requirements. However, AElS must demonstrate their capability to report on student achievement of academic and practice programme learning outcomes.

Evidence required

- Compliance with QAA UK quality code for higher education and, where relevant, subject benchmarking.
- Professional Statutory and Regulatory Body (PSRB) academic regulation exceptions/inclusions.
- Complaints policy and processes.
- Erasmus policy and processes.

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- Bologna commitment.
 - External examiners policy and processes for theory and practice assessments.
 - Approvals and five-year review, or period review of programmes.
 - Other related accreditations, for example, Higher Education Academy (HEA) accreditation.
 - Shared governance with other regulators, for example, joint programme approval with the Health and Care Professionals Council (HCPC), General Pharmaceutical Council and Royal Pharmaceutical Society.



Part three: Assuring the safety and effectiveness of practice learning

Practice learning is an integral part of the delivery of nursing and midwifery programmes. AEs and their practice-placement partners will be expected to manage new and emerging risks that affect safe student learning and assessment.

Requirements for safe and effective practice learning

AEs must ensure that our standards for education are met in both academic and practice placement settings, as 50 percent of learning occurs outside of the AEI

Requirements

- Service users and carers are fully informed of the student's role in their care and their right to decline student care.
- As part of each practice-placement induction, students are informed of the importance of, and process for, raising and escalating concerns when on practice placements. Support for students must be available for this purpose.

AEIs and practice–placement providers must continually support and review safe and effective practice learning across all settings

Requirements

- Practice–placement settings provide safe and supportive learning environments.
- Individual practice–placement learning environment profiles are formally documented and updated regularly to take account of any changes to service configuration or approved programme–placement allocations.
- Practice–learning environments are committed to giving and supporting safe, effective and compassionate care for all service users.
- Practice–learning environments respect the rights, dignity, privacy, equality and diversity of all service users and carers.
- AEIs and students have access to appropriate practice–placement resources and governance and risk policies and processes (for example, health and safety audit, protecting vulnerable groups, lone worker [community], risk assessment, accident and incident reporting).
- When students from more than one AEI are allocated to individual placements, joint arrangements for compliance with SLAiP, educational audit and QA are known and understood by all.
- An educational audit of clinical skills and simulation learning environments is undertaken prior to supporting direct care through simulated practice learning and must not exceed programme requirements.

AEIs and practice–placement partners must jointly audit practice–learning environments to confirm the required levels of supervision and mentorship and that planned experience supports the intended learning outcomes of approved programmes

Requirements

The educational audit:

- Informs the maintenance or improvement of the student practice–placement experience and highlights areas of potential concerns.
- Demonstrates partnerships between education and practice learning.
- Is informed by student, mentor and service–user feedback as relevant.
- Is undertaken at least once every two years except where placements are used for supervised practice for overseas nurses seeking UK registration where annual auditing is required.
- Takes account of all types of learners that use individual practice placements.
- Is reviewed promptly by practice–placement partners when adverse incidents may affect safe and effective learning. This is so that timely alerts to AEIs are made.

Outcomes of the educational audit:

- States the maximum capacity for all types of learners in individual placement areas.
- Confirms the agreed capacity for nursing and midwifery student allocations in specifying types of learners (for example, nursing student, return to practice (RtP) student) and stage of programme (for example, year one, year two, year three) at any one time.
- Confirms that resources are available to support the stated maximum numbers of students achieve specific learning outcomes at any one time.
- Is disseminated appropriately at all levels to ensure learning from good practice and to identify scope for improvement, arising concerns and agreed actions.
- Is compared to previous audits to assess the level of improvement or arising concerns.
- Includes recommendations that reflect appropriate action that is required to manage risk.
- Confirms provision for timely student induction to new areas.
- Records evidence of action plans, ongoing monitoring, follow-up outcomes and deadlines.
- Provides details of how and when changes to previously agreed audit decisions are communicated operationally and strategically.

AEIs and practice–placement partners must ensure that there are sufficient resources in place to comply with SLAiP

Requirements

- There are sufficient numbers of appropriately qualified mentors, sign-off mentors and practice teachers to support agreed student capacity.
- Educational audit documentation is reviewed to provide timely cross referencing to local mentor updates, triennial reviews and maintenance of live mentor registers.
- A range of feedback systems influence student progression and enhance practice- learning experiences.
- Adherence to students' supernumerary status while delivering care.
- Controls similar to those for practice-based assessment ensure that assessment of simulated practice is equally valid and reliable.

AEIs and practice–placement partners must form effective partnerships to support student learning

Requirements

- Students are well prepared for practice-learning experiences.
- Practice-learning settings are well prepared for students.
- Learning resources in practice support evidence-based practice.
- Mentors, sign-off mentors and practice teachers understand the requirements for practice assessment.
- Staff from AEIs and practice placements maintain effective links at local, operational and strategic levels to ensure the quality of the learning environment including regular opportunities to understand each other's perspective on their collaboration.

AEIs and practice–placement partners must identify and communicate risks swiftly and control risks effectively

Requirements

- AEIs and practice placement partners must equally demonstrate an agreed proactive approach to identifying and escalating risks to comply with our policy and processes on responding to concerns.
- AEIs have access to practice–placement governance and risk policies and processes (for example, risk assessment, accident and incident reporting, serious event reviews, major incident and Patient Advice and Liaison Service systems).
- Practice–placement partners escalate and communicate risks collaboratively with AEIs so that agreed, joint plans can be put in place to protect students, service users and carers.
- Regular monitoring, reporting and updating of progress against action plans (including feedback from students and mentors) is used to inform the programme outcomes and enhance the practice-learning experience.
- Students are supported and safely reallocated if temporary removal of students is necessary.
- Re-auditing of any practice-learning environments from which students have been removed must be undertaken prior to any planned return of students.



Part four: Responding to concerns within nursing and midwifery education

Our aim for the QA of nursing and midwifery education is to ensure that members of the public and service users cared for by students as part of their education and training are protected.

In this context, a concern is defined as:

- a complaint
- a notification of an incident that may affect patient and service user safety, or
- concerns about an organisation that delivers approved nursing and midwifery programmes.

We will respond to concerns raised with us in the following ways.

- Continuing to promote exceptional reporting requirements for AEs outside of agreed, routine reporting arrangements.
- Using our risk-based criteria to accurately assess any risk to public protection as it arises from programme approval and delivery.
- Organising and conducting an unscheduled, targeted extraordinary monitoring review visit to an AE, or practice-placement environment.
- Sharing nursing and midwifery QA intelligence with key areas of the NMC such as the Employer Link Service and Regulator Intelligence Unit, and with other professional and system regulators.
- Participating in cross-regulatory surveillance or risk summits.
- Responding to any complaints about an AE.

The need to protect the public guides our action in response to concerns. Our QA framework is based on an assessment of the nature of possible risks combined with the assurance we receive from AEs about how the risks are being managed when they arise.

Our response to concerns ensures that when issues affect nursing and midwifery education there are appropriate actions in place to protect the public.

How we respond to concerns

Exceptional reporting by AEs

AEs manage the delivery of educational programmes in accordance with our standards for education. When risks emerge AEs must respond swiftly to manage and control risks appropriately. All exceptional reports should be sent to: exceptional.reporting@nmc-uk.org.

Process

- When new, emerging and resurgent risks occur outside of routine reporting times, AEs must report these risks to us. We expect AEs to exceptionally report on risks that may impact or affect the required compliance with our education standards. Additionally risks identified by other professional regulators and system regulators that may affect the safe delivery of these standards should be exceptionally reported. This could include inspections that have generated adverse findings resulting in risk summits, reports and complaints about the provision of service, practice learning environments and patient safety.
- We expect to receive the following information from exceptional reporting: a brief description of the risk; immediate actions taken; individual and shared responsibility of the risk and planned actions; and additional support mechanisms planned or in place.
- We will acknowledge and respond to exceptional reporting within three working days.
- We will assess the risk. Any subsequent necessary actions will follow the published risk-based criteria process.

Whistleblowing

If a concern is raised with us by a third party which concerns the safe and effective delivery of an NMC approved programme, we will inform the AEI concerned within five working days so that the risk can be locally managed where possible. We will also contact the third party to ensure we understand the risk and information correctly. Where appropriate, we will redirect any concerns regarding systems or practice to our fitness to practise and employer link colleagues or system regulators when appropriate to do so.

Our duties in regards to managing and acting on information provided through whistleblowing is enshrined within the Public Interest Disclosure Act 1998. Further guidance on our whistleblowing policy and our role in engaging it can be found on our website at www.nmc.org.uk/standards/guidance/raising-concerns-guidance-for-nurses-and-midwives/whistleblowing.

Measuring risk when concerns are raised regarding an AEI and its practice placement partners

When a concern is raised regarding an AEI's programme delivery, we will use risk-based criteria to accurately assess any risk to programme approval and public protection.

This ensures our subsequent and future actions are targeted, proportionate, consistent, fair and transparent.

Requirements for the triage of new and emerging risks

Each criterion has set actions, outcomes and reporting structures against timelines.

Minor status – working collaboratively

The AEI and practice-placement partners provide us with timely information and ongoing updates. This indicates that the AEIs have effective internal quality assurance processes in place and are managing the situation appropriately.

Moderate status – further information required

We require further information after receiving information about the original adverse incident or concern and how this is being dealt with by the relevant parties. We formally engage with the AEI and key stakeholders in order to fully understand the issues and be in a position to work with stakeholders.

Major status – extending routine targeted monitoring reviews

If targeted monitoring reviews are already scheduled, alternative or additional programmes, placements and focused monitoring activity may be required to ensure our QA work is thorough and effectively targeted. This gives us additional assurance that compliance with the standards for education continue to be upheld.

Critical status – conducting an unscheduled event

An unplanned monitoring review visit is organised with little notice. This measure will be necessary if there is an adverse incident that presents a risk to public protection, or if the AEI is deemed to be either unaware of the adverse incident or not to have implemented all necessary actions to control the risks emerging from the incident. The intended focus of the extraordinary review is stated to the AEI and the review team will have a specific review plan to target their QA activity in academic and practice-placement learning settings.

Withdrawing approval

In the exceptional circumstance where there is a risk to public protection or the AEI has not been able to locally control the risks or provide sufficient assurance on their ability to comply with our rules and standards and deliver safe and effective education, it is within our legal remit to withdraw AEI status and/or programme approval. This would only occur where all other options and steps have been exhausted.

Undertaking extraordinary monitoring review visits

We are able to swiftly respond to serious incidents and concerns that may lead to extraordinary reviews of AEIs to seek assurance that our standards for education continue to be met. The definition of a serious incident is taken from the Serious Incidents Framework (2015).⁹

Process

We will instruct Mott MacDonald to undertake an extraordinary review visit at a time over and above the usual scheduled monitoring review visits. The amount of notice given to the AEI and, the timelines for sharing reports, will depend on the severity of risks presented and will be determined on a case by case basis.

Due to the nature and public interest in extraordinary reviews, we will have sight of the reports before they are sent to the AEI for factual accuracy so as any risks can be immediately identified and appropriate actions can be put in place. We aim to share findings and have the final reports published on our website as quickly as possible. Where wider issues come to light that fall outside our remit, we will endeavour to share these wider issues with the appropriate organisations.

- We will ensure a targeted and proportionate approach if there is a need to conduct a joint extraordinary review visit with a system regulator.
- The scope of this extraordinary visit will depend on the issue or concerns and the notice period will reflect the risk to the public.
- Relevant organisations will be informed about the visit together with the focus and terms of reference of the visit. A refined review plan will be produced and circulated to the review team and the AEI.
- If there is a need to undertake a joint review of QA of AEIs, this will be organised jointly to minimise the burden on organisations.
- We will ensure a targeted and proportionate approach if there is a need to conduct a joint extraordinary review visit with a system regulator or professional regulator.

Providing nursing and midwifery QA intelligence to a wider community of practice

- We will work with other professional and system regulators rather than wait for a serious event to occur.
- We will share all relevant information and analyses of our QA activity with other professional and system regulators to support cross-regulatory collaboration and to improve joint processes for protecting the public.
- We continue to work in response to risk with professional regulators such as the General Medical Council (GMC) and the Health and Care Professions Council (HCPC), as well as the Care Quality Commission (CQC).

Sharing intelligence

We have a number of memorandums of understanding (MoUs) with organisations across the UK. Our MoUs cover how we will work together and share information with each other.

We review our MoUs periodically with our partners to make sure they are effective for our work together. We currently have the following MoUs:

MoU with the Disclosure and Barring Service (DBS)

MoU with the Scottish Public Services Ombudsman (SPSO)

MoU with the Care Council for Wales (CCW)

MoU with the Association of Chief Police Officers (ACPO), the Crown Prosecution Service (CPS) and the General Medical Council (GMC)

MoU with the Health and Social Services Department of the States of Jersey

MoU with the Care Quality Commission (CQC)

MoU with Healthcare Improvement Scotland (HIS)

MoU with Health Inspectorate Wales (HIW/AGIC)

MoU with NHS Education for Scotland (NES)

MoU with Care Inspectorate (Social Care and Social Work Improvement Scotland)

- Although professional regulators will have dedicated quality assurance of education processes in place, it is also important that where joint programme approval events occur, or where common practice learning environments are being used, that information and analyses of data are shared.
- We are currently working with other professional regulators to improve existing communication channels and to share routine and risk-based intelligence in a way that supports public protection.

Participating in cross-regulatory surveillance, joint reviews, scrutiny inspections or risk summits

The NMC's Employer Link Service (ELS) complements our work in education. They build relationships with healthcare providers and engage with practice placement partners to obtain intelligence for risk management to the learning experience. We work together on cross-regulatory surveillance which also includes attending in person or submitting information to surveillance groups and risk summit meetings. We also attend joint reviews and scrutiny inspections when invited to do so. Participating in these events and activities will:

- ensure an open and transparent approach to QA and QA intelligence
- help AEs and practice-placement providers avoid repetitive reporting
- provide an effective and efficient route for dissemination of QA information and data
- create an environment for sharing both formal and informal intelligence of our QA of education activity, and
- contribute to the escalation of issues and concerns as required.

Responding to concerns and handling complaints about AEs

Complaints or concerns about the fitness of individuals to remain on our register are handled separately by our Fitness to Practise directorate.¹⁰

We will investigate and, if necessary, act upon concerns raised about AEs. We will ensure that our procedure for dealing with concerns and complaints are dealt with in a fair and consistent manner.

It is not within our remit to consider complaints regarding the academic judgment of staff at an AEI.

Process

- The complainant will have made every attempt to resolve their complaint or concern directly with the AEI prior to our consideration. This means that students can access local support from the student union and other support mechanisms available within individual AEs using the AEI's complaints policy and procedures.
- When we receive a formal complaint, we will formally acknowledge this within two working days. If the complainant's name and contact details are known, we will also provide feedback on how the complaint has been handled.
- When an anonymous complaint is received, it may not be possible for any further action to be taken where insufficient information has been provided. We expect students undertaking an approved programme and academic staff delivering a programme to be able to act openly and responsibly in raising the concern or complaint locally in the first instance. In the case of an anonymous complaint, we will contact the AEI as a matter of courtesy so that they have the opportunity to respond to the complaint.

Health and Character

- Health and character are fundamental to fitness to practise as a nurse or midwife. AEs that offer our approved programmes must comply with our health requirements in our education standards¹¹ and relevant legislation in relation to disability and the duty to make reasonable adjustments.
- AEs must ensure that staff are aware of their responsibilities and the implications of the legislation upon both academic and practice learning. See our registrar's [Character and health decision-making guidance](#).

¹⁰ Details about these procedures can be found at www.nmc.org.uk/concerns-nurses-midwives

¹¹ www.nmc.org.uk/standards/additional-standards/standards-for-pre-registration-nursing-education

Glossary

AEI	approved education institution
APL	accreditation for prior learning
CPD	continuing professional development
ELS	Employer Link Service
HCPC	Health and Care Professional Council
HEA	Higher Education Academy
HEI	higher education institution
LME	lead midwives for education
MoU	memorandum of understanding
NMC	Nursing and Midwifery Council
PSA	Professional Standards Authority
PSRB	professional statutory and regulatory body
QA	quality assurance
QAA	Quality Assurance Agency for Higher Education
RtP	return to practice
SIRL	Serious Incident Reporting and Learning Framework
SLAiP	Standards to support Learning and Assessment in Practice

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This version of the framework is no longer in effect. A new version came into effect on 1 September 2018. Please find the latest version on our website.

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