



Nursing and Midwifery Council Quality Assurance Review

Major Modification Report for:

Pre-registration nurse qualification leading to:

Pre-registration nursing - Adult

Pre-registration nursing - Child

Middlesex University

December 2025

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Key institutional and programme details

Name and location of Approved Education Institution (AEI)	Middlesex University Faculty of Health, Social Work and Education Hendon Campus Hendon London NW4 4BT England				
AEI Institution Identifier [UKPRN]	10004351				
Name and location of new programme delivery partner(s) if not the AEI	N/A				
Name of new employer partners for apprenticeships	<p>Appletree Court Care Home Azalea Court Care Home Barnet Hospital (Royal Free London NHS Foundation Trust) BMI Healthcare (Circle Health Group) Central and North West London NHS Foundation Trust Chase Farm Hospital (Royal Free London NHS Foundation Trust) Enfield Primary Care Services Fortius Clinic Great Ormond Street Hospital for Children NHS Foundation Trust Hammerson House Care Home (Jewish Care) Haringey Primary Care Services Haven House Children's Hospice Moorfields Eye Hospital NHS Foundation Trust North Middlesex University Hospital NHS Trust Priscilla Wakefield House Care Home Resolve Care Rhodes Farm Royal National Orthopaedic Hospital NHS Trust Royal Free London NHS Foundation Trust St Anne's Nursing Home Stella & Harry Freedman Nursing Home (Jewish Care) Weymouth Street Hospital Whittington Health NHS Trust (Whittington Hospital)</p>				
Approval type	Major modification				
Name of programme					
NMC programme title	AEI programme titles	Academic level	Apprentice-ship	Full-time	Part-time
Pre-registration nursing - Adult	BSc Hons Nursing Adult	England, Wales, Northern Ireland <input checked="" type="checkbox"/> Level 6 <input type="checkbox"/> Level 7	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Pre-registration nursing - Child	BSc (Hons) Nursing (Child)	England, Wales, Northern Ireland <input checked="" type="checkbox"/> Level 6 <input type="checkbox"/> Level 7	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Interim awards available There are no interim awards for this qualification that lead to NMC registration	
Proposed programme start date	14 September 2026
Standard(s) under assessment	<input type="checkbox"/> Part 2: Standards for student supervision and assessment <input checked="" type="checkbox"/> Part 3: Standards for pre-registration nursing programmes Note that the AEI has taken an institutional approach to Part 2: Standards for student supervision and assessment and therefore compliance with Part 2 has been confirmed through a previous review.
Date of visit	02 December 2025
Visitor team	Registrant Visitor: Dr Joanne Rouse Lay Visitor: Ms Katie Akerman

Executive summary

Quality Assurance Reviews (QARs) are undertaken for the specific purpose of making recommendations to the Nursing and Midwifery Council (NMC) in relation to the approval (or otherwise) of the above-named programme(s) or in relation to the approval (or otherwise) of major modifications to the above-named programme(s). Reviews follow the Gateway approach to programme approvals and major modifications, as outlined in [QAA Guidance for Approved Education Institutions and Education Institutions on NMC Quality Assurance Reviews](#).

Reviews involve a period of desk-based analysis with the opportunity for NMC visitors to request further information, evidence or clarification and a conjoint visit with the Approved Education Institution (AEI) or Education Institution (EI) programme approval panel. All evidence submitted by the AEI or EI is reviewed by the visitors.

Visits enable both the NMC visitors and the AEI or EI programme approval panel to gather further evidence and clarifications to inform their judgements and make recommendations about the AEI or EI ability to meet the NMC standards. Visits will normally include meetings with a range of stakeholders such as students, people who use services and carers, employers, practice learning partners, the programme team, and senior managers.

For programme approvals, all standards within Part 3: Standards for pre-registration nursing are reported upon. For major modifications, only those Part 3 standards impacted by the modification are reported upon. The visitor team confirms with the AEI/EI which Part 3 standards are in scope for a major modification.

Following a review, a draft report is shared with the AEI/EI for the purposes of confirming factual accuracy before the report is finalised.

The conjoint visit with Middlesex University approval panel took place on 02 December 2025.

Context for the review

This major modification review was undertaken following a proposal from Middlesex University (MDX) to introduce apprenticeship pathways to the existing BSc Hons Nursing Adult and BSc (Hons) Nursing (Child) programmes delivered over three academic years. The modification seeks approval to add apprenticeship routes to the existing programmes, and does not impact on programme learning outcomes, curriculum content, practice learning requirements, or assessment strategies.

MDX reported that the development of the proposed apprenticeship routes has involved engagement with a range of stakeholders, including practice learning partners (PLPs), employer partners (EPs), academic staff, and people who use services and carers (PSCs). Engagement activities were described as taking place through established partnership governance structures, including partnership boards and practice learning forums, and through consultation on workforce need and delivery models associated with the consortium approach. MDX indicated that stakeholder input has informed the rationale for introducing the apprenticeship routes and the approach to delivery, with ongoing involvement planned through partnership structures and programme review processes.

As part of the onsite visit, the visitor team met with senior MDX staff, academic programme teams, EPs, senior practice learning staff, practice supervisors (PSs), practice assessors (PAs), academic assessors (AAs), students studying on the relevant programmes, and representatives of PSCs. These meetings supported triangulation of the evidence submitted

and exploration of the proposed modification. All key stakeholder groups relevant to the modification were represented at the visit.

The **final recommendation** made by the visitor team to the NMC, following consideration of MDX's response to any conditions required by the approval panel, is as follows:

Programme is recommended to the NMC for approval. The programme meets all standards and requirements and enables students to achieve stated NMC standards of proficiency and learning outcomes for theory and practice.

The findings of the visitor team's review are explained in more detail in the following sections. This includes a summary of any conditions of approval and confirmation of whether these have been satisfactorily addressed.

Conditions and recommendations

The **provisional judgement** of the visitor team following the visit and prior to the consideration of MDX's response to any conditions was as follows:

Programme is recommended to the NMC for approval after conditions are met to ensure the programme meets all standards and requirements and enables students to achieve stated NMC standards of proficiency and learning outcomes for theory and practice.

Conditions

Conditions				
No.	Condition details	Specific standard not met	NMC only/ Joint	AEI/EI only
C1	MDX must provide assurance that the programme complies with the NMC Standards framework for nursing and midwifery education (SFNME) (NMC, 2018 updated 2023) by establishing and evidencing meaningful partnership working with PSCs and relevant stakeholders, including PLPs and EPs, through the co-design, development, delivery and evaluation of the curriculum, and by ensuring that people with lived experiences and representatives from stakeholder groups are consistently and actively involved in student recruitment and selection processes in a manner that reflects experience relevant to the programme and its intended outcomes.	2.1 [SFNME 1.12, 2.7, and 5.5]	NMC only	
C2	MDX must ensure all programme documentation is updated to state the total programme hours and total practice learning hours, reflecting the correct calculation of simulated practice learning (SPL) hours accurately and consistently.	3.4	Joint	
C3	Update references to assessment 'referrals' which are now known in university terminology as 'reassessments'.			AEI only
C4	Ensure the end-point assessment (EPA) process is clear in that after the Board, the final student outcome needs to be provided for the NMC to confirm.			AEI only
Date for all conditions to be met to meet intended delivery date		13 January 2026		

Joint conditions relate to both NMC standards and MDX's programme approval outcomes. All conditions must be met in order for a programme to be recommended to the NMC for final approval.

Recommendations for enhancement

Recommendations				
No.	Recommendation details	Specific standard(s)	NMC only/ Joint	AEI/EI only
R1	<p>MDX is advised to strengthen programme and practice learning documentation to more explicitly articulate partnership expectations, roles, and responsibilities for EPs from private, independent, voluntary, and primary care sectors participating in the apprenticeship route. While the majority of established EPs demonstrate a clear understanding of these expectations, smaller and newer private and independent partners, who may not have previously hosted apprentices, require additional targeted support to fully understand the apprenticeship model. In particular, EPs should clearly understand that apprentices may spend significant periods undertaking practice learning in external environments and may therefore have limited physical presence within their employing organisation. Documentation and employer preparation materials should explicitly outline how partnership responsibilities for supervision, learning, assessment, communication, and quality assurance are maintained when the apprentice is not routinely on site. Strengthening this guidance will support a consistent understanding of expectations across all EPs, particularly new partners, and help ensure apprentices are able to meet the Standards of Proficiency for Registered Nurses (SoPRN) (NMC, 2018) and programme outcomes across the full range of practice learning experiences (PLEs).</p>	<p>4.1</p> <p>[SFNME R2.5]</p>	NMC only	

Recommendations are to be addressed and reported in the annual self-assessment report.

Statements of good practice

Statements of good practice relating to the NMC standards			
No.	Good practice details	Specific standard(s)	NMC only/ joint
	None		

Response to conditions

The visitor team reviewed in full the responses and evidence from MDX to the conditions set. The findings of the visitor team with regard to responses to individual conditions are recorded below.

Response to NMC and Joint NMC/AEI conditions

Response to conditions		
No.	Condition details	Findings
C1	MDX must provide assurance that the programme complies with the NMC SFNME by establishing and evidencing meaningful partnership working with PSCs and relevant stakeholders, including PLPs and EPs, through the co-design, development, delivery and evaluation of the curriculum, and by ensuring that people with lived experiences and representatives from stakeholder groups are consistently and actively involved in student recruitment and selection processes in a manner that reflects experience relevant to the programme and its intended outcomes.	<p>In considering Standard 2.1 and SFNME Standards 1.12, 2.7 and 5.5, the visitor team reviewed stakeholder engagement meeting minutes and updated programme documentation, and concluded that MDX has demonstrated meaningful partnership working with PLPs and EPs in relation to programme design, development, delivery, and evaluation. Assurance is provided in that PSCs and other relevant stakeholders are engaged in student recruitment and selection activities in a manner aligned to programme aims and intended learning outcomes. Current involvement includes participation in interview question design and contribution to recruitment processes at an appropriate threshold level. Moving forward, there is a clear intention to further strengthen and formalise PSC engagement through a more strategic and planned approach across recruitment, selection and programme development activities.</p> <p>The evidence reviewed, including partnership and governance arrangements, recruitment and selection processes, assessment contributions and stakeholder meeting documentation, demonstrates alignment with the requirements of the SFNME).</p> <p>The visitor team therefore considers that for Condition C1, MDX has fully addressed the requirements of the condition and Standard 2.1 is met.</p>
C2	MDX must ensure all programme documentation is updated to state the total programme hours and total practice learning hours, reflecting the correct calculation of simulated practice learning (SPL) hours accurately and consistently.	<p>In response to Condition C2, the visitor team reviewed the updated programme information form, programme handbook, and apprenticeship guide. The documentation has been updated to reflect total programme hours and total practice learning hours, including the correct calculation of SPL hours accurately and consistently.</p> <p>The visitor team therefore considers that for Condition C2, MDX has fully addressed the requirements of the condition and Standard 3.4 is met.</p>

The visitor team considers that all conditions listed above have been satisfactorily addressed resulting in the team being able to confirm that all required NMC standards are met.

Response to AEI only conditions

The response to MDX conditions that are not directly related to individual NMC standards is reported in the table below.

Response to AEI/EI only conditions		
No.	Condition details	Findings
C3	Update references to assessment 'referrals' which are now known in university terminology as 'reassessments'.	<p>The Chair of the conjoint panel confirmed by email (dated 22 January 2026) that all internal conditions, as noted in the minutes of the visit, have been met.</p> <p>The team considers that for Condition C3, MDX has fully addressed the requirements of the condition and therefore Condition C3 is met.</p>
C4	Ensure the EPA process is clear in that after the Board, the final student outcome needs to be provided for the NMC to confirm.	<p>The Chair of the conjoint panel confirmed by email (dated 22 January 2026) that all internal conditions, as noted in the minutes of the visit, have been met.</p> <p>The team considers that for Condition C4, MDX has addressed the requirements of the condition and therefore Condition C4 is met.</p>

The **final recommendation** made by the visitor team to the NMC, following consideration of MDX's response to any conditions set, is therefore as follows:

All conditions relating to this programme have been addressed and **the programme is recommended to the NMC for approval**. The programme meets all standards and requirements and enables students to achieve stated NMC standards of proficiency and learning outcomes for theory and practice.

Explanation of findings for Part 3

1: Selection, admission and progression

Approved education institutions, together with practice learning partners, must:		Met	Not met	Met after conditions	Not applicable to this major modification
1.1	<p>Confirm on entry to the programme that students:</p> <p>1.1.1 meet the entry criteria for the programme as set out by the AEI and are suitable for their intended field of nursing practice: adult, mental health, learning disabilities and children's nursing</p> <p>1.1.2 demonstrate values in accordance with the Code</p> <p>1.1.3 have capability to learn behaviours in accordance with the Code</p> <p>1.1.4 have capability to develop numeracy skills required to meet programme outcomes</p> <p>1.1.5 can demonstrate proficiency in English language</p> <p>1.1.6 have capability in literacy to meet programme outcomes</p> <p>1.1.7 have capability for digital and technological literacy to meet programme outcomes.</p>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1.2	Ensure students' health and character are sufficient to enable safe and effective practice on entering the programme, throughout the programme and when submitting the supporting declaration of health and character in line with the NMC's health and character decision making guidance. This includes satisfactory occupational health assessment and criminal record checks.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1.3	Ensure students are fully informed of the requirement to declare immediately any police charges, cautions, convictions or conditional discharges, or determinations that their fitness to practise is impaired made by other regulators, professional bodies and educational establishments, and ensure that any declarations are dealt with promptly, fairly and lawfully.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1.4	Ensure the registered nurse responsible for directing the educational programme or their designated registered nurse substitute is able to provide supporting declarations of health and character for students who have completed a pre-registration nursing programme.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1.5	Permit recognition of prior learning that is capable of being mapped to the Standards of proficiency for registered nurses and programme outcomes, up to a maximum of 50% of the programme.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1.6	For NMC registered nurses, permit recognition of prior learning that is capable of being mapped to the Standards of proficiency for registered nurses and	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	programme outcomes that may be more than 50% of the programme.				
1.7	Support students throughout the programme in continuously developing their abilities in numeracy, literacy and digital and technological literacy to meet programme outcomes.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Recognition of prior learning metrics

MDX permits recognition of prior learning (RPL) mapped to the NMC SoPRN and programme outcomes. Applicants may be awarded up to a maximum of 50% of the total programme.

RPL is awarded for 150 academic credits, consisting of 120 credits from Level 4 and 30 credits from Level 5, with students completing the remaining 210 credits of the programme. Applicants may also be awarded up to 960 hours of practice learning hours recognised through RPL.

For applicants who are NMC-registered nurses (RNs) seeking registration in an additional field, MDX permits RPL in excess of 50% of the programme, where prior learning is appropriately mapped to the NMC SoPRN and programme outcomes. In such cases, the proportion of RPL is determined through individual assessment and mapping, with both theory and practice learning considered within the total RPL awarded. MDX's institutional regulations permit recognition of up to two-thirds of a programme overall through the approved academic framework.

Findings

1. In considering Standard 1.1, the visitor team reviewed programme information forms and interview materials. The evidence demonstrates that MDX and EPs undertake a joint selection process in which interview questions, developed collaboratively with input from PSCs explore applicants' understanding of their intended field of practice, professionalism, the role of the RN, the values expected by PSCs and the behaviours required by the Code (NMC, 2018), alongside their approach to teamwork. The programme information forms set out clear academic entry requirements, including in English language and mathematics and evidence of recent study and prior work experience, which collectively assure students' capability to develop the behaviours, literacy, numeracy, and digital skills required to meet programme outcomes. During the onsite visit, the programme team and EPs confirmed that they jointly participate in selection and interview processes and that decisions regarding suitability are made collaboratively.
2. In reviewing Standard 1.2, the visitor team reviewed programme information forms, admissions documentation, and the programme handbook. The evidence demonstrates that MDX requires students to complete an enhanced disclosure and barring service check, an occupational health (OH) assessment, and provide suitable references before commencing the programme. The programme handbook sets out clear processes for ongoing health and character monitoring, including students formally completing a declaration of health and good character at the start of each academic year and again prior to completion, with an explicit requirement to disclose any changes in health status, reasonable adjustment needs, cautions, convictions or criminal investigations as they arise. During the onsite visit, current students reported that these expectations are routinely reinforced through programme communications and annual re-enrolment processes, and programme team staff and EPs described

established procedures for addressing emerging concerns, including access to OH advice, fitness to practise (FtP) processes and learning support where required. EPs also confirmed their role in facilitating timely completion of all relevant checks and monitoring processes for apprenticeship applicants to support safe and effective practice.

3. In considering Standard 1.3, the visitor team reviewed the programme handbook and institutional FtP documentation. The programme handbook sets clear expectations that students must immediately declare any cautions, convictions, police charges, conditional discharges, or any determinations affecting their FtP, as well as changes in health status. MDX provided the FtP framework, policy, and process, which details how such declarations are managed, including processes for initial disclosure, risk assessment, decision making, and ongoing support. During the onsite visit, the academic programme team reported that students are reminded of their responsibility to declare through annual enrolment processes, progression points, and programme communications, and confirmed that any disclosures are considered promptly and in line with institutional procedures. Students understood their obligation to self-declare, and EPs recognised the mechanisms in place for sharing relevant information where required.
4. In considering Standard 1.4, the visitor team reviewed the programme documentation, which confirms that the directors of programmes for adult and children's nursing hold current registration with no restrictions, and that they are responsible for providing supporting declarations of health and character for students completing the programme.
5. In considering Standard 1.5, the visitor team reviewed programme documentation and found that MDX has clear processes in place to permit RPL that can be mapped to the NMC SoPRN and programme outcomes, up to the permitted maximum of 50% of the programme. The programme information forms for the adult and children's routes set out that registered nursing associates are permitted to enter at year 2, semester 2, and are required to complete 210 credits on programme, with 150 credits eligible for RPL. Accompanying guidance confirms that RPL applies to both theory and practice learning, with nursing associates able to claim 960 hours of prior PLE. The programme handbook outlines a structured process for the submission, mapping, and academic evaluation of RPL claims, including review by an RN and oversight by an external examiner (EE). The evidence demonstrates that the approach to RPL is robust, aligned to programme outcomes and the NMC SoPRN, and applied consistently across both fields of practice.
6. In considering Standard 1.6, the visitor team reviewed programme information forms and the programme handbook, which together confirm that MDX permits RPL for NMC RNs, which exceeds 50% of the programme where prior learning can be robustly mapped to the NMC SoPRN and the programme outcomes. The programme handbook outlines the mapping and assessment processes applied to such claims, including scrutiny by an RN and formal academic oversight from an EE, and clarifies that applicants seeking registration in a different field may, following detailed mapping, receive credit beyond the 50% threshold. The visitor team was satisfied that these arrangements provide a clear and coherent framework for RPL for RNs, with processes capable of ensuring that any accredited learning is directly relevant to programme outcomes and maintains the integrity of the programme.
7. In considering Standard 1.7, the visitor team reviewed programme and module documentation. The evidence demonstrates that MDX supports students to continuously develop numeracy, literacy, and digital and technological literacy

throughout the programme. Programme and module learning outcomes explicitly address these capabilities, with academic writing, numeracy, and statistical support available through centrally provided services, which are clearly signposted within the programme handbook. Students are assessed through a range of digital assessments, including online medicines calculations using a digital numeracy and medication calculation platform, and at the onsite visit they reported awareness of, and access to, ongoing academic and skills support. Digital literacy is embedded across all years of the programme through assessed digital presentations, use of virtual learning environments (VLEs) and interactive digital workbooks, engagement with anatomy and physiology applications, and the use of simulation-based learning, including virtual and augmented reality, to support safe skills development.

8. Based on the information made available, the visitor team considers that MDX has in place the appropriate arrangements for Standard 1: Selection, admission, and progression to enable the NMC standards to be met.

2: Curriculum

Approved education institutions, together with practice learning partners, must:		Met	Not met	Met after conditions	Not applicable to this major modification
2.1	Ensure that programmes comply with the NMC Standards framework for nursing and midwifery education.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2.2	Comply with the NMC Standards for student supervision and assessment.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.3	Ensure that programme learning outcomes reflect the Standards of proficiency for registered nurses and each of the four fields of nursing practice: adult, mental health, learning disabilities and children's nursing.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.4	Design and deliver a programme that supports students and provides exposure across all four fields of nursing practice: adult, mental health, learning disabilities and children's nursing.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.5	State routes within their pre-registration nursing 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.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.6	Set out the general and professional content necessary to meet the Standards of proficiency for registered nurses and programme outcomes.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.7	Set out the content necessary to meet the programme outcomes for each field of nursing practice: adult, mental health, learning disabilities and children's nursing.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.8	Ensure that field-specific content in relation to the law, safeguarding, consent, pharmacology and medicines administration and optimisation is included for entry to the register in one or more fields of nursing practice.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.9	Ensure the curriculum provides an equal balance of 50% theory and 50% practice learning using a range of learning and teaching strategies.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.10	Ensure technology and simulation opportunities are used effectively and proportionately across the curriculum to support supervision, learning and assessment.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.11	Ensure that programmes delivered in Wales comply with legislation which supports use of the Welsh language.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2.12	Ensure that all pre-registration nursing programmes meet the equivalent of minimum length of three (academic) years for full time programmes, which consist of a minimum of 4,600 hours.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.13	Ensure programmes leading to registration in two fields of nursing practice are of suitable length to ensure proficiency in both fields of nursing.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2.14	Ensure programmes leading to nursing registration and registration in another profession are of suitable length	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

and nursing proficiencies and outcomes are achieved in a nursing context.				
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Curriculum requirements

The programme consists of 360 credits delivered across three academic years, comprising 120 credits at Level 4, 120 credits at Level 5 and 120 credits at Level 6. Each part includes three 30-credit theory modules and one 30-credit practice module.

The block release structure has been designed to ensure that students combined academic, practice and employment commitments remain aligned to a standard 37.5-hour working week. University attendance, guided independent study, placement learning and simulated practice learning are therefore planned within clearly defined weekly patterns that support student wellbeing, programme accessibility and sustainable workload management.

The programme totals 5,190 hours, comprising 2,700 theory hours and 2,490 practice learning hours, evidencing an approximately equal balance of theory and practice learning delivered through a range of learning and teaching strategies. Practice learning includes practice learning experiences, simulated practice learning and protected reflective activities including ePAD reflection.

Part 1 of the programme is delivered across 46 weeks and consists of 1,690 hours (900 theory hours and 790 practice learning hours):

25 weeks of theory-based learning, comprising three modules of

- 12 theory weeks consisting of 2 days per week university based learning (7.5 hours per day) and 3 days per week guided independent study (7.5 hours a day), totalling 450 theory hours
- 3 theory weeks consisting of 3 days per week university based learning (7.5 hours per day) and 2 days per week guided independent study (7.5 hours a day), totalling 112.5 hours
- 10 flexible study weeks during which students complete the remaining 337.5 guided independent study hours, normally averaging 33.75 hours per week, with remaining time available for hub or home practice learning activity where required.

20 weeks of practice learning totalling 790 hours.

Part 2 of the programme is delivered across 46 weeks and consists of 1,690 hours (900 theory hours and 790 practice learning hours):

25 weeks of theory-based learning, comprising three modules of

- 12 theory weeks consisting of 2 days per week university based learning (7.5 hours per day) and 3 days per week guided independent study (7.5 hours a day), totalling 450 theory hours
- 3 theory weeks consisting of 3 days per week university based learning (7.5 hours per day) and 2 days per week guided independent study (7.5 hours a day), totalling 112.5 hours
- 10 flexible study weeks during which students complete the remaining 337.5 guided independent study hours, normally averaging 33.75 hours per week, with remaining time available for hub or home practice learning activity where required.

20 weeks of practice learning totalling 790 hours.

Part 3 of the programme is delivered across 46 weeks and consists of 1,770 hours (900 theory hours and 870 practice learning hours):

24 weeks of theory-based learning, comprising three modules of

- 3 theory blocks, split into one 3 week block and two 5 week blocks consisting of 3 days per week university based learning (7.5 hours per day) and 2 days per week guided independent study (7.5 hours a day), totalling 487.5 theory hours
 - 1 theory block comprising of 2 weeks consisting of 2 days per week university based learning (7.5 hours per day) and 3 days per week guided independent study (7.5 hours a day), totalling 75 theory hours
 - 9 flexible study weeks during which students complete the remaining 337.5 guided independent study hours, at 37.5 hours per week
- 22 weeks of practice learning totalling 870 hours

Findings

9. In considering Standard 2.1, the visitor team reviewed programme documentation, governance records, and stakeholder engagement materials. As this submission represents a modification to an existing approved programme, the visitor team acknowledged that the core curriculum content, learning outcomes, and assessment strategy remain largely unchanged from the direct entry route. However, the evidence did not fully demonstrate that the apprenticeship route itself had been meaningfully co-produced across its design, development, delivery, or evaluation. At the onsite visit, MDX described established partnership structures and ongoing engagement with EPs and PSCs across nursing provision. EPs described positive and supportive working relationships with MDX and articulated a clear understanding of the rationale for the apprenticeship route. However, they reported limited or no substantive involvement in shaping the apprenticeship-specific programme structure, practice learning model, or employer interface arrangements associated with this route. Similarly, students confirmed that they had not been involved in the design or development of the apprenticeship route. While the visitor team recognised that students may have contributed to the original programme approval, there was limited evidence of their involvement in shaping the adaptation of the programme for apprenticeship delivery. PSC representatives described some engagement, primarily in recruitment-related activity such as reviewing interview questions and contributing to elements of teaching. However, there was limited evidence of sustained, structured involvement across the apprenticeship programme lifecycle. Students recalled direct PSC involvement in recruitment or selection processes. While the visitor team heard positive examples of PSC engagement embedded within some EP settings, including real-time feedback to students in practice and liaison between PSC groups and local programme teams, this EP-led representation of the PSC voice did not demonstrate equivalent, direct engagement at MDX in relation to the apprenticeship modification. Taken together, the visitor team was not assured that the apprenticeship route had been designed, operationalised, delivered, or evaluated through meaningful co-production with PSCs and relevant stakeholders. In particular, engagement in shaping the apprenticeship-specific delivery model and student experience was not consistently evidenced. This resulted in **condition (C1)** to ensure meaningful partnership working, requiring evidence that people with lived experience and stakeholder representatives are consistently and actively involved in ways that reflect experience relevant to the apprenticeship route and its intended outcomes, in line with NMC SFNME requirements 1.12, 2.7 and 5.5.
10. In considering Standard 2.2, the visitor team reviewed the programme handbook, programme information forms, and mapping documentation, which confirm that the programme complies with the NMC Standards for student supervision and assessment (SSSA) (NMC, 2018, updated 2023). The evidence reviewed demonstrates that supervision and assessment roles are clearly defined and aligned with an institutional approach to SSSA across all NMC-approved programmes.

During the visit, the visitor team met with the academic programme team, EPs, PSs, PAs and students, who provided assurance that PAs, AAs and PSs are appropriately prepared for their roles, including clarity regarding eligibility and responsibilities, and that SSSA requirements are effectively communicated to PLPs and EPs. Students confirmed that they are supported and assessed in practice, and that assessment decisions are made by suitably prepared PAs in conjunction with the AA, with support from PSs, consistent with the programme documentation.

11. In reviewing Standard 2.3, the visitor team reviewed the programme handbook, which evidences that programme learning outcomes reflect the NMC SoPRN and the relevant field proficiencies. The programme handbook confirms that assessment of practice is undertaken using the PAN London electronic practice assessment document (ePAD), which is designed to support students to achieve the required proficiencies across the programme. The programme handbook further confirms that achievement of proficiencies is confirmed by a PA in conjunction with the AA, through the ongoing achievement record (OAR), and that the annexes within the NMC SoPRN apply across all fields of nursing practice and define the proficiencies to be demonstrated at the point of registration. During the visit, the visitor team reviewed an anonymised completed ePAD, which provided assurance that programme learning outcomes are assessed in practice and aligned to the relevant proficiencies.
12. In considering Standard 2.4, the visitor team reviewed the programme handbook, which evidences that the programme is designed and delivered to support students and provide exposure to all four fields of nursing practice. The handbook confirms that students share learning across all years with students from other fields of practice, and that modules include both generic and field-specific components, enabling students to develop an understanding of nursing practice beyond their chosen field. The programme handbook further evidences how students are exposed to care delivery across the lifespan and across a range of PSC groups. During the visit, students confirmed that the curriculum provides an appropriate balance of generic and field-specific content and that learning activities support their understanding of all four fields of nursing practice.
13. In considering Standard 2.5, the visitor team reviewed the programme information forms, alongside the programme handbook and the managers' guide, which confirm that the programme clearly states the routes through which students may enter the NMC register in a specific field of nursing practice. The evidence reviewed confirms that, on successful completion, students are eligible to enter the register in either adult or children's nursing, in accordance with the stated programme route. During the visit, MDX clarified the programme titles, and evidenced that this has been applied consistently across the documentation.
14. In reviewing Standard 2.6, the visitor team reviewed the programme information forms, the PAN London ePAD and associated mapping documentation, which evidence that the programme sets out the general and professional content required to meet programme outcomes and the NMC SoPRN. The evidence reviewed confirms that practice learning and assessment of proficiencies are structured and mapped through the ePAD, with programme documentation demonstrating how practice modules align to the apprenticeship standard and to programme outcomes. During the visit, MDX provided assurance that the current version of the ePAD in use remains valid and applicable to the programme and confirmed that mapping within the programme information forms reflects current practice learning and assessment arrangements.
15. In considering Standard 2.7, the visitor team reviewed the programme information

forms, which evidence that the programme sets out the field-specific content necessary to meet the programme outcomes for each field of nursing practice. The mapping within the programme information forms demonstrates how programme learning outcomes, including knowledge, understanding and skills, are aligned to field-specific modules and distinguish students' development within their chosen field, including the achievement of bespoke communication and relationship management skills and nursing procedures relevant to adult and children's nursing practice through SPL.

16. In considering Standard 2.8, the visitor team reviewed the programme handbook and the module learning outcomes, which confirm that the proposed modification does not introduce changes that impact field-specific content requirements. During the initial analysis of evidence, the visitor team sought clarification to gain assurance that field-specific content relating to law, safeguarding, consent, pharmacology, medicines administration and medicines optimisation was clearly mapped to demonstrate how these requirements are met for entry to the register. MDX provided mapping documentation demonstrating how field-specific content is embedded and assessed within the approved programme structure and aligned to the SoPRN.
17. In considering Standard 2.9, the visitor team reviewed programme information forms, programme planners, the programme handbook, and student and apprenticeship guidance documents, and met with the academic programme team, students, AAs, and EPs. Following the initial analysis of programme documentation, the visitor team identified inconsistencies in how theory, practice, and SPL hours were presented across different documents. The distribution of learning weeks did not consistently or transparently evidence how the required 50:50 balance of theory and practice learning was achieved. During the visit, MDX provided clarification regarding the calculation of academic and practice learning hours, the structure of block delivery, and the use of SPL, and supplied an updated programme planner. On review of this additional evidence, the visitor team was assured that the curriculum meets the requirements, providing an approximately equal balance of theory and practice learning delivered through a range of learning and teaching strategies. The programme totals 5,150 hours, comprising 2,700 theory hours and 2,450 practice learning hours.
18. In considering Standard 2.10, the visitor team reviewed the programme information forms, relevant module information forms, and the programme handbook, which evidence that technology and simulation are used effectively and proportionately across the curriculum to support supervision, learning and assessment. The programme information forms confirm programme learning outcomes relating to technical, professional, and clinical skills, underpinned by accountability and graduate competencies in technological agility, with students engaging in a range of digital assessments and structured use of the VLE to support learning and assessment. The documentation further evidences the planned use of clinical skills rehearsal and simulation, including virtual and augmented reality resources, to support the development and assessment of proficiency. During the visit, students described positive experiences of using digital platforms and simulation to support their learning, including access to online learning materials, digital assessment and feedback processes, and opportunities to rehearse and develop clinical skills within simulated environments. Academic staff confirmed the routine and embedded use of technology and simulation across the programme to support supervision, learning and assessment, and described how these approaches are aligned to programme learning outcomes and assessment strategies.
19. In considering Standard 2.12, the visitor team reviewed the programme information

forms, the programme handbook, and the apprenticeship planner, which confirm that the programme is delivered over three academic years and that students are required to complete a total of 5,150 hours. The evidence reviewed confirms that the minimum required theoretical and practice learning hours are met for entry to the register. During the visit, the visitor team explored the rationale for the additional hours and the impact on students' learning and workload, particularly in the context of the apprenticeship route. The academic programme team confirmed that the apprenticeship programme includes defined periods within each academic year for different learning activities, as evidenced within the apprenticeship planner. On the basis of this evidence, the visitor team was assured that the length and total hours of the programme are appropriate and managed within the programme design.

20. Based on the information made available, the visitor team considers that MDX has in place the appropriate arrangements for Standard 2: Curriculum to enable the NMC standards to be met subject to meeting **condition (C1)**.

3: Practice learning

Approved education institutions, together with practice learning partners, must:		Met	Not met	Met after conditions	Not applicable to this major modification
3.1	Provide practice learning opportunities that allow students to develop and meet the Standards of proficiency for registered nurses to deliver safe and effective care to a diverse range of people across the four fields of nursing practice: adult, mental health, learning disabilities and children's nursing.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.2	Ensure that students experience the variety of practice expected of registered nurses to meet the holistic needs of people of all ages.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.3	Provide practice learning opportunities that allow students to meet the communication and relationship management skills and nursing procedures, as set out in Standards of proficiency for registered nurses, within their selected fields of nursing practice: adult, mental health, learning disabilities and children's nursing.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.4	Provide no less than 2,300 practice learning hours, of which a maximum of 600 hours can be in simulated practice learning.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3.5	Take account of students' individual needs and personal circumstances when allocating their practice learning including making reasonable adjustments for students with disabilities.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.6	Ensure students experience the range of hours expected of registered nurses.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.7	Ensure that students are supernumerary.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Practice learning requirements and simulated learning hours

The apprenticeship programmes comprise 2,450 practice learning hours, including 450 SPL hours, delivered using a block release structure.

In Part 1, students undertake 790 practice learning hours across 20 weeks, comprising:

- 150 hours of SPL, delivered across four weeks, at 37.5 contact hours per week
- 600 hours of practice learning, comprising three PLEs, delivered across 16 weeks, at 37.5 contact hours per week
- On top of this, the PA will allocate 2.5 hours of self-directed learning time per week for students during practice learning blocks to complete their ePAD reflections, totalling 40 hours

In Part 2, students undertake 790 practice learning hours across 20 weeks, comprising:

- 150 hours of SPL, delivered across four weeks, at 37.5 contact hours per week
- 600 hours of practice learning, comprising of two or three PLEs, dependent upon field, delivered across 16 weeks, at 37.5 contact hours per week.

- On top of this, the PA will allocate 2.5 hours of self-directed learning time per week for students during practice learning blocks to complete their ePAD reflections, totalling 40 hours

In Part 3, students undertake 870 practice learning hours across 22 weeks, comprising:

- 150 hours of SPL, delivered across four weeks, at 37.5 contact hours per week
- 675 hours of practice learning, comprising of two or three PLEs, dependent upon field, delivered across 18 weeks, at 37.5 contact hours per week.
- On top of this, the PA will allocate 2.5 hours of self-directed learning time per week for students during practice learning blocks to complete their ePAD reflections, totalling 45 hours

Findings

21. In considering Standards 3.1, 3.2 and 3.3, the visitor team reviewed programme documentation including the programme handbook, module information forms for practice learning modules, placement patterns, practice learning guidance, and the PAN London ePAD. The evidence reviewed demonstrates that students complete a minimum of 2,450 hours of practice learning, inclusive of 450 hours of SPL, across a diverse range of health and social care settings, including hospital, community, primary care, and private, voluntary, and independent sectors. Practice learning is structured to provide experience across the lifespan and, where appropriate, exposure beyond the student's chosen field, supporting the development of an understanding of care across all four fields of nursing practice. Documentation and practice assessment arrangements evidence that students are supported to develop and be assessed against the communication and relationship management skills and nursing procedures required within their selected field, with assessment undertaken in a field-specific manner through supervised practice learning, simulation, and the PAN London ePAD. During the visit, students and EPs confirmed that practice learning opportunities enable students to meet the holistic needs of people of all ages and to develop and demonstrate the NMC SoPRN within their chosen field of practice.
22. In considering Standard 3.4, the visitor team reviewed the programme handbook, programme information forms, practice learning module information, and programme planners. The evidence reviewed confirms that students undertake 2,450 hours of practice learning, inclusive of 450 hours of SPL delivered across the programme. The visitor team was assured that SPL is appropriately counted as practice learning. However, the visitor team identified inconsistencies across programme documentation in the calculation and presentation of total programme hours and practice learning hours, particularly in relation to how SPL hours were calculated and recorded. Clarification provided during the visit confirmed that students complete 50 weeks of core practice learning at 40 hours per week and 12 weeks of SPL at 37.5 hours per week, resulting in a total of 2,450 practice learning hours. As the programme documentation did not consistently or accurately reflect these calculations, the visitor team could not be assured that programme documentation provides a clear and transparent account of practice learning and SPL hours. This resulted in **condition (C2)**, requiring MDX to update all programme documentation to state total programme hours and total practice learning hours, including the correct calculation of SPL hours accurately and consistently.
23. In considering Standard 3.5, the visitor team reviewed the programme handbook and practice learning guidance. The programme handbook confirms that PAs, AAs,

and PSs have a role in supporting students in practice learning, including facilitating reasonable adjustments, and sets out the learning support and student support services available. MDX evidenced that students who disclose a disability or specific learning difference are supported through a formal learning support plan, developed following assessment by a disability adviser, and that placement allocation processes take account of individual needs through collaboration between the practice learning team and EPs, including consideration of accessibility, shift patterns, supervision and environmental factors. During the visit, students confirmed that they are encouraged to disclose individual needs and that reasonable adjustments are discussed and supported in practice learning environments, and EPs, PAs and PSs confirmed their understanding of their responsibilities to support students and implement agreed adjustments in practice.

24. In considering Standard 3.6, the visitor team reviewed the programme handbook. The programme handbook confirms that students are required to experience 24-hour and 7-day care and to work a range of shift patterns consistent with the expectations of RN practice. MDX evidenced that all shifts undertaken in practice learning environments are recorded within the ePAD, including the type and duration of shifts, and that AAs review these records during practice learning reviews to ensure students are exposed to an appropriate range of hours. Students met by the visitor team confirmed that they undertake a variety of shift patterns, including early, late, weekend and night shifts, and that any individual needs or reasonable adjustments are discussed and accommodated through placement planning without compromising exposure to required PLEs. EPs confirmed their role in supporting this requirement and working collaboratively with MDX to ensure shift allocations support learning outcomes
25. In considering Standard 3.7, the visitor team reviewed the programme handbook and the apprenticeship guide. The programme handbook and guidance explicitly confirm students' supernumerary status during all practice learning periods, including allocated PLEs and SPL, and set out the associated responsibilities for PSs, PAs and AAs, with assessment recorded in the ePAD. Following the initial desk-based analysis, the visitor team sought further clarification regarding how students and EPs distinguish between supernumerary practice learning time, protected theory learning time and contracted employment time within the block release model. MDX clarified that the programme is structured to provide protected theory and practice learning hours across the full programme through designated theory and practice blocks aligned to the students' 37.5-hour contractual week. During theory blocks, students are allocated protected time for university attendance and guided independent study and are not expected to undertake employment duties in place of programme learning hours. Similarly, during practice learning blocks, students are supernumerary and are not counted within staffing numbers. MDX further clarified that 'flexible learning' weeks do not constitute additional theory or practice learning hours and are used only where practice learning retrieval is required or to support the completion of guided independent study. An updated programme guide was provided that clearly identifies when students are attending university or practice learning and are therefore undertaking protected programme learning time, and when they are working in their employed role outside programme requirements. Students, PSs, PAs and EPs confirmed a shared understanding of these arrangements, including that students are supernumerary during practice learning and that employment time outside designated theory and practice blocks is managed separately through contractual employment arrangements.

26. Based on the information made available, the visitor team considers that MDX has in place the appropriate arrangements for Standard 3: Practice learning to enable the NMC standards to be met subject to meeting **condition (C2)**.

4: Supervision and assessment

Approved education institutions, together with practice learning partners, must:		Met	Not met	Met after conditions	Not applicable to this major modification
4.1	Ensure that support, supervision, learning and assessment provided complies with the NMC Standards framework for nursing and midwifery education.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.2	Ensure that support, supervision, learning and assessment provided complies with the NMC Standards for student supervision and assessment.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.3	Ensure they inform the NMC of the name of the registered nurse responsible for directing the education programme.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.4	Provide students with constructive feedback throughout the programme to support their development.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.5	Ensure throughout the programme that students meet the Standards of proficiency for registered nurses and programme outcomes for their fields of nursing practice: adult, mental health, learning disabilities and children's nursing.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.6	Ensure that all programmes include a health numeracy assessment related to nursing proficiencies and calculation of medicines which must be passed with a score of 100%.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.7	Ensure that students meet all communication and relationship management skills and nursing procedures within their fields of nursing practice: adult, mental health, learning disabilities and children's nursing.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.8	Assess students to confirm proficiency in preparation for professional practice as a registered nurse.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.9	Ensure that there is equal weighting in the assessment of theory and practice.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.10	Ensure that all proficiencies are recorded in an ongoing record of achievement which must demonstrate the achievement of proficiencies and skills set out in standards of proficiency for registered nurses.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Findings

27. In considering Standard 4.1, the visitor team reviewed programme documentation, the apprenticeship guide, and supervision and assessment arrangements. The evidence reviewed confirms that roles and responsibilities for supervision, assessment and academic oversight are clearly defined within programme documentation and are aligned to the NMC SSSA. The visitor team noted that the majority of established EPs demonstrated a clear understanding of partnership expectations and expressed commitment to supporting apprentices across PLEs. However, for some EPs from the private, independent, voluntary and primary care sectors, particularly smaller or newer partners with limited prior experience of apprenticeships, documentation does not consistently and explicitly articulate how partnership responsibilities for supervision, learning, assessment, communication and quality assurance are maintained when apprentices undertake significant

periods of practice learning in external environments and are not routinely present within their employing organisation. While appropriate supervision and assessment arrangements are in place, the visitor team considered that strengthening and clarifying employer-facing documentation and preparation materials would support a more consistent understanding of partnership expectations across all EPs. This would further assure effective supervision, assessment, and communication throughout the full range of PLEs. As a result, the visitor team made **recommendation (R1)**.

28. In considering Standard 4.2, the visitor team reviewed the apprenticeship guide. The guide outlines the expectations for support, supervision, and assessment in PLEs, confirming that apprenticeship students are supernumerary during designated practice learning periods and are supervised and assessed by PAs, AAs, and PSs in line with the NMC SSSA. It also clearly distinguishes these supervised learning periods from times when apprentices work as employees under their contractual duties.
29. In considering Standard 4.3, the visitor team reviewed the programme handbook, which identifies the RN responsible for directing the education programmes, providing clarity on leadership and accountability arrangements.
30. In considering Standard 4.4, the visitor team reviewed the programme handbook. The handbook outlines clear mechanisms for formative and summative feedback, including defined turnaround times for summative assessment feedback and structured opportunities for feedforward within modules. It also sets out the roles of PAs and PSs in providing ongoing feedback in PLEs, supported by scheduled tripartite reviews with the AA and EP. During the onsite visit, the academic programme team described well considered approaches to assessment design, including safeguards against inappropriate use of generative artificial intelligence and strategies that promote developmental feedback across theory and practice.
31. In considering Standard 4.5, the visitor team reviewed the PAN London ePAD. The ePAD provides a structured framework through which students must evidence achievement of the NMC SoPRN and the programme outcomes relevant to their field of nursing practice. The documentation demonstrates clear mapping of proficiencies to practice learning activities and assessment points, with achievement recorded and verified through the OAR.
32. In considering Standard 4.6, the visitor team reviewed the programme information forms, module information forms, and assessment documentation. The evidence confirms that health numeracy and medicines calculation assessments are embedded within two modules, with required pass marks of 80% and 100% respectively, demonstrating a staged and supportive progression from part 2 to part 3. MDX confirmed that these assessments are mandatory and that students are unable to progress without achieving the required standard. Module information forms further demonstrate that both routes include a summative drug calculation assessment delivered via a digital platform, with a requirement to achieve a 100% pass in the final year.
33. In considering Standard 4.7, the visitor team reviewed the ePAD and the associated mapping documentation. The mapping documentation demonstrates clear alignment of communication and relationship management skills to the NMC SoPRN, professional values, episodes of care and medicines management requirements, ensuring field-specific applicability. This provides assurance that required communication and relationship management skills and relevant nursing procedures,

as presented in Annexe A and B, are appropriately mapped and assessed within the programme structure for each field of nursing practice. The visitor team further noted through discussion with students and the academic programme team at the onsite visit, that these requirements are reinforced and developed through SPL, where students are provided with structured opportunities to rehearse, apply and evidence communication and relationship management skills within a safe and supported environment.

34. In considering Standard 4.8, the visitor team reviewed the programme handbook. The handbook clearly outlines the role of the PA and the use of the OAR to support assessment decisions at the end of each part. The documentation confirms that the PA confirms proficiency following communication with the AA and consideration of feedback from PSs, ensuring that assessment decisions are informed by multiple sources of evidence. This supports robust confirmation of achievement of required proficiencies and provides assurance that students are appropriately assessed in preparation for professional practice as an RN.
35. In considering Standard 4.9, the visitor team reviewed the programme information forms, the programme handbook, and the assessment map. The documentation shows that each year comprises 90 credits of theory and 30 credits of practice, with practice learning delivered through two or three placements mapped to a single practice module per year. The provider articulated that theory and practice are integrated across the curriculum, with substantial applied practice elements embedded and assessed within academic modules, and with dedicated practice modules assessing students' performance in PLEs. This provides assurance that, although credit weighting is not numerically equal, the assessment design gives equal weighting to the contribution of theory and practice to the final award.
36. In considering Standard 4.10, the visitor team reviewed the ePAD and the OAR. The evidence confirms that the OAR provides a structured mechanism for documenting students' achievement of the proficiencies and skills set out in the NMC SoPRN. The OAR captures progressive assessment across PLEs and is consistently used by PAs and AAs, offering assurance that all proficiencies are formally recorded and verified as required.
37. Based on the information made available, the visitor team considers that MDX has in place the appropriate arrangements for Standard 4: Supervision and assessment to enable the NMC standards to be met.

5: Qualification to be awarded

Approved education institutions, together with practice learning partners, must:		Met	Not met	Met after conditions	Not applicable to this major modification
5.1	Ensure that the minimum award for a pre-registration nursing programme is a bachelor's degree.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.2	Notify students during and before completion of the programme that they have five years to register their award with the NMC. In the event of a student failing to register their qualification within five years they will have to undertake additional education and training or gain such experience as specified in our standards.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Findings

38. In reviewing Standard 5.1, the visitor team reviewed the programme information forms. The documentation clearly identifies the programmes as bachelor's degrees at FHEQ Level 6, with the modified programme title as either a BSc Adult Nursing Apprenticeship or a BSc Children and Young People's Nursing Apprenticeship, dependent upon field, conferred on successful completion, thereby meeting the minimum award requirement for pre-registration nursing.
39. In considering Standard 5.2, the visitor team reviewed the programme handbook and programme information forms. The evidence clearly sets out the requirement for students to register their award with the NMC within five years of programme completion and explains that should they fail to do so, additional education or training will be required. This provides assurance that students are appropriately informed of the five-year registration requirement prior to and on completion of the programme, with consistent messaging across documentation.
40. Based on the information made available, the visitor team considers that MDX has in place the appropriate arrangements for Standard 5: Qualification to be awarded to enable the NMC standards to be met.

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