Nursing and Midwifery Council

Major Modification Report for pre-registration nursing associate qualification:

Nursing Associate

Southampton Solent University

April 2026

QA Link reference number: 180325160054-M

Contents

Key institutional and programme details

AEI Institution Identifier [UKPRN]	10006022
Address of main programme delivery	Southampton Solent University East Park Terrace Southampton SO14 0YN England
Satellite site details	Existing satellite sites: N/A New satellite sites: N/A
Partnership site details	N/A
Endorsement details	N/A
Name of new employer partners for apprenticeships	There are no new employer partners
Event type	Major modification
Proposed programme start date	21 September 2026
Date of activity	Desk-based review - April 2026
Visitor team	Registrant Visitor: Mrs Donna-Marie Gordon

Name of current programmes under scrutiny					
NMC programme title	**AEI programme title**	**Academic level**	**Apprenticeship**	**Full-time**	**Part-time**
Nursing Associate	FdSc Health & Social Care (Nursing Associate)	England ☒ Level 5		☒	☐
Nursing Associate	FdSc Health & Social Care (Nursing Associate) (Apprenticeship)	England ☒ Level 5	☒	☒	☐

Titles of amended programmes following modification					
NMC programme title	**New AEI programme titles**	**Academic level**	**Apprenticeship**	**Full-time**	**Part-time**
Nursing Associate	FdSc Nursing Associate	England ☒ Level 5		☒	☐
Nursing Associate	FdSc Nursing Associate (Apprenticeship)	England ☒ Level 5	☒	☒	☐

Exit awards that lead to NMC registration
There are no exit awards for this qualification that lead to NMC registration.

Introduction

Quality assurance (QA) activity is undertaken for the specific purpose of making recommendations to the Nursing and Midwifery Council (NMC) in relation to the approval or modification of the above-named programme(s). QA activity follows processes outlined in the relevant handbooks. These handbooks provide guidance for Approved Education Institutions (AEIs) on quality assurance activities that the QAA (Quality Assurance Agency) performs as the quality assurance service provider (QASP) for the NMC. These can be found here.

QA activity involves desk-based analysis of the AEI's self-evaluation narrative and documentary evidence which will inform the decision of the visitor/s on whether each of the NMC programme standards in Part 3 have been met. To facilitate decision making, NMC visitors are able to request further information, evidence, or clarification. All narrative and evidence submitted by the AEI is reviewed by the visitor/s, with the event then providing the opportunity for triangulation of evidence. A list of all evidence reviewed which has supported decision making is provided within this report.

QA activity will take into consideration the input of a range of stakeholders such as students, people who use services and carers (PSCs), employer partners (EPs), practice learning partners (PLPs), the programme team, and senior managers.

The AEI has already been through quality assurance gateway processes that have provided assurance that all Part 1: Standards framework for nursing and midwifery education (SFNME) (NMC 2018, updated 2023) and Part 2: Standards for student supervision and assessment (SSSA) (NMC 2018, updated 2023) have been met.

Part 3 is contextualised for the programme under scrutiny and provides the AEI with an opportunity to provide evidence of how Part 1 and Part 2 continue to be met. Part 1 and Part 2 will therefore be referred to as appropriate.

For programme approvals, all standards within Part 3: Standards for pre-registration nursing associate programmes (SNAP) (NMC 2018, updated 2023) are reported upon. For major modifications, only those Part 3 standards impacted by the modification are reported upon.

A draft report is shared with the AEI for the purposes of confirming factual accuracy before the report is finalised. All decisions at the event are provisional until ratified by the NMC. No students or apprentices should be enrolled onto any of the programmes under consideration until the AEI receives written confirmation of approval from the NMC.

This desk-based review took place in April 2026.

Context

Southampton Solent University (SSU) has proposed modifications to the FdSc Health & Social Care (Nursing Associate) and FdSc Health & Social Care (Nursing Associate) (Apprenticeship) programmes to enhance curriculum delivery through revisions to programme and module learning outcomes and associated assessment strategies. The proposed changes are intended to strengthen alignment between learning outcomes, assessment, curriculum content, and programme identity, and support the ongoing enhancement of the programmes. The modifications include updating the programme titles to FdSc Nursing Associate and FdSc Nursing Associate (Apprenticeship) to more clearly reflect the nature of the awards and ensure that Nursing Associate is prominent within programme marketing and documentation. The programme will also move from a 20-credit to a 30-credit module structure, resulting in a recalculation of theory learning hours to 1,800. Practice learning hours will be reduced from 1,160 to 1,150 hours to align with NMC

standards. These changes do not alter the overall programme length or the organisation and provision of practice learning experiences.

Documentation reviewed as part of the desk-based modification process evidenced stakeholder engagement activity involving students, PLPs, EPs, PSCs, external stakeholders, and the external examiner (EE). The submitted documentation outlined how stakeholder feedback had been considered during the development of the proposed modifications, including curriculum content, assessment strategies, and the continued delivery of the programme through a blended learning model. Stakeholder feedback also informed the development of simulation-based learning activities; however, these activities do not contribute to practice learning hours as simulated practice learning. The visitor was assured that appropriate stakeholder engagement processes had informed the modification activity and the proposed programme enhancements.

This approval activity was undertaken through a desk-based review; therefore, stakeholder meetings were not held as part of the quality assurance process. The review was informed by programme documentation and supplementary evidence submitted by SSU, including documentation relating to stakeholder engagement, programme governance, curriculum development, and quality assurance processes.

No practice learning visits were undertaken as part of this desk-based review.

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

The modified programme is recommended 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

This report addresses only those standards identified as within scope.

The visitor reviewed a comprehensive range of evidence to inform this report, including university policies, programme specifications, module records, programme handbooks, mapping documents, and practice assessment documents (PADs). A full list of the evidence considered by the visitor is at the back of this report.

The accompanying table sets out a concise summary of the curriculum and practice learning requirements for the programmes under scrutiny.

Overview of programme structure and curriculum	The FdSc Nursing Associate and FdSc Nursing Associate (Apprenticeship) programmes are delivered over two academic years and comprise 240 credits, with 120 credits at Level 4 and 120 credits at Level 5. Both programmes share the same curriculum structure, comprising three 30-credit theory modules and one 30-credit practice learning module at each level. The programmes comprise 2,950 programme hours, including 1,800 theory hours and 1,150 practice learning hours. The three theory modules are delivered sequentially over an 18-week period. Each 30-credit module comprises 300 hours of student learning and is delivered over six weeks, with students attending two days of scheduled contact time per week. The 1,800 theory hours consist of 519 hours of scheduled contact time, 355 hours of guided study and 926 hours of assessment preparation and independent learning. Scheduled contact time totals 252 hours in Year 1 and 267 hours in Year 2. Guided study comprises 142 hours in Year 1 and 213 hours in Year 2, while assessment preparation and independent learning comprise 506 hours in Year 1 and 420 hours in Year 2. The 30-credit practice learning module is delivered longitudinally throughout each academic year, running alongside the theory modules. The curriculum is structured around the Standards of Proficiency for Nursing Associates (SoPNA) (NMC 2018, updated 2023) and integrates theory, simulation-based learning and practice learning. The programme designs ensure learning opportunities across the lifespan are embedded throughout the curriculum to ensure students gain experience of caring for adults and children, and people with mental health conditions and learning disabilities, in line with the SoPNA. Themes including public health, safeguarding, medicines management, leadership, digital healthcare, interprofessional learning and evidence-based practice are embedded throughout the curriculum. The FdSc Nursing Associate (Apprenticeship) programme additionally incorporates achievement of the Nursing Associate Apprenticeship Standard through protected learning time, workplace learning and tripartite review arrangements.
Overview of practice learning requirements	Students on both the FdSc Nursing Associate and FdSc Nursing Associate (Apprenticeship) programmes are required to complete a minimum of 1,150 practice learning hours in accordance with NMC requirements. Students on both programmes follow Option A. Protected learning time is maintained through supernumerary status during practice learning experiences, ensuring students are appropriately supported and supervised whilst developing and demonstrating proficiency. There are 575 practice learning hours in Year 1 and 575 practice learning hours in Year 2, aligned to the 30-credit practice learning module delivered longitudinally throughout each academic year.

	Students undertake four practice learning experiences across the programme, with two practice learning experiences completed in each year. Practice learning experiences are designed to provide exposure to a range of health and social care settings and may include hospital services, community and neighbourhood services, primary care, social care, nursing homes, public health settings, and other approved practice learning environments. Practice learning is structured to support exposure to people across the lifespan and includes opportunities to engage with adult, child, mental health, and learning disabilities services. Practice learning hours, progression and achievement of proficiencies are recorded and monitored through the electronic practice assessment document (ePAD) and ongoing achievement record (OAR).

1: Selection, admission and progression

Approved education institutions, together with practice learning partners, must:

1.1 confirm on entry to the programme that students: **1.1.1** meet the entry criteria for the programme as set out by the AEI and are suitable for nursing associate practice **1.1.2** demonstrate values in accordance with the Code **1.1.3** have capability to learn behaviours in accordance with the Code **1.1.4** have capability to develop numeracy skills required to meet programme outcomes **1.1.5** can demonstrate proficiency in English language **1.1.6** have capability in literacy to meet programme outcomes **1.1.7** have capability for digital and technological literacy to meet programme outcomes.	Met

Not in scope in relation to this major modification.

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.	Met

Not in scope in relation to this major modification.

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.	Met

Not in scope in relation to this major modification.

1.4 ensure that the registered nurse or registered nursing associate responsible for directing the educational programme or their designated registered nurse substitute or designated registered nursing associate substitute, are able to provide supporting declarations of health and character for students who have completed a pre-registration nursing associate programme.	Met

Updated staffing evidence and revised organisational structure documentation were reviewed and demonstrated that responsibility for directing the Nursing Associate programmes remains assigned to a registered nurse (RN) with appropriate qualifications, experience, and NMC registration. The evidence confirmed that the RN responsible for programme leadership, or a suitably qualified RN substitute, is appropriately positioned within the SSU governance structure to provide supporting declarations of health and character for students completing the programme.

The visitor reviewed governance and staffing arrangements, which evidenced that the academic assessor (AA), practice assessor (PA), and programme leader contribute to ongoing monitoring of students' conduct, health, and character throughout the programme. Recruitment criteria and processes for appointing appropriately qualified and experienced NMC-registered staff remain unchanged.

1.5 permit recognition of prior learning that is capable of being mapped to the Standards of proficiency for nursing associates and programme outcomes, up to a maximum of 50 percent of the programme. This maximum limit of 50 percent does not apply to applicants to pre-registration nursing associate programmes who are currently a NMC registered nurse without restrictions on their practice.	Met

Not in scope in relation to this major modification.

1.6 provide support where required to students throughout the programme in continuously developing their abilities in numeracy, literacy, and digital and technological literacy to meet programme outcomes.	Met

The visitor reviewed programme documentation, module descriptors and supplementary evidence relating to numeracy, literacy, and digital and technological literacy development across the programmes. The evidence demonstrated that these skills are embedded throughout theoretical, simulation-based learning and practice-based learning experiences and are developed progressively across both years of the programme in line with programme outcomes and the SoPNA.

Module content and assessment information evidenced that numeracy development is supported through science-based and clinical modules, medicines management teaching, structured calculation activities and the use of a digital numeracy and medicines management platform. Students undertake ongoing numeracy development through formative activities, practice-based application and summative medicines calculation assessments.

Literacy development is supported through academic writing activities, formative feedback, reflective learning, and professional communication activities. Students are provided with opportunities to develop academic writing, evidence use, reflection and professional documentation skills throughout the programmes.

Digital and technological literacy is integrated throughout the programme through engagement with virtual learning environments, simulation technologies, electronic health records, telehealth systems, and digital medicines management tools. Additional evidence demonstrated that teaching relating to digital safety, data security and cyber security is incorporated throughout the programmes.

The visitor concludes that the AEI has met Standard 1: Selection, admission, and progression.

2: Curriculum

Approved education institutions, together with practice learning partners, must:

2.1 ensure that programmes comply with the NMC Standards framework for nursing and midwifery education.	Met

Programme documentation, stakeholder consultation records, and supplementary evidence demonstrated that stakeholder engagement activity informed the proposed programme modifications. Evidence reviewed included stakeholder questionnaires, consultation feedback, programme committee records, stakeholder meeting summaries, and examples of 'you said, we did' feedback. The documentation evidenced engagement with students, PLPs, EPs, PSCs, external stakeholders, and the EE in relation to programme delivery, curriculum structure, and proposed programme changes.

The evidence demonstrated that stakeholder feedback informed modifications to programme structure, assessment approaches and practice learning arrangements. Documentation also evidenced a range of methods used to gather feedback, including questionnaires, virtual stakeholder meetings, programme representative engagement, and student feedback activities relating to learning, teaching and programme experiences, including simulation-based learning activities.

The visitor noted that stakeholder engagement activity was evidenced across the programme documentation and modification process. However, the evidence did not consistently demonstrate the breadth and visibility of engagement across the full range of practice learning environments, student groups and stakeholder representatives involved in the programme. The visitor concluded that continued enhancement of mechanisms evidencing stakeholder contribution would further strengthen transparency, consistency, and ongoing programme enhancement activity. This resulted in an **area for future monitoring (AFM1)**.

The visitor also reviewed programme governance documentation and supporting institutional policies referenced within the programme documentation. Although governance and quality assurance arrangements were established and operational, several institutional policies referenced within programme documentation were dated 2022. The visitor concluded that continued oversight and periodic review of programme documentation, associated processes and version control arrangements would further support consistency, currency, and alignment with institutional and NMC requirements. This resulted in **recommendation (R1)**.

2.2 comply with the NMC Standards for student supervision and assessment.	Met

Programme and mapping documentation confirmed that SOLPAD is used as the ePAD platform for the programme. The platform is hosted by SSU and delivers the nationally recognised England nursing associate PAD, which is aligned with the PAN London practice learning group nursing associate PAD and is used consistently across the programmes.

The visitor reviewed programme documentation, mapping documentation, PADs and supplementary evidence relating to the governance, implementation, and operation of the ePAD. The evidence demonstrated that the ePAD supports the recording and verification of practice learning hours, proficiency achievement, Annexe A and Annexe B skills, progression decisions, and final practice assessment outcomes. The PADs evidenced that PAs, practice supervisors (PSs), and AAs are involved in assessment and progression processes in line with the SSSA.

The visitor reviewed evidence relating to PA and PS preparation, guidance materials, employer-facing resources and practice learning support arrangements. The evidence demonstrated ongoing engagement with PLPs and EPs in relation to practice assessment processes, PA and PS preparation and support for practice learning. Additional evidence demonstrated that practice learning hours, practice learning experiences and progression are monitored through the ePAD, practice learning tracking systems and associated governance processes.

The visitor also reviewed evidence relating to the OAR arrangements. The evidence confirmed that the OAR is currently maintained through a combination of paper-based documentation and electronic storage within institutional systems, with governance arrangements in place to support oversight and continuity of student achievement records across the programme.

The visitor noted that established governance, practice assessment, and quality assurance arrangements are in place and operational across the programme. However, opportunities for continued enhancement were identified in relation to the consistency of terminology, accessibility, and ongoing refinement of the SSU hosted ePAD and associated OAR processes. Continued review of associated terminology, supporting documentation and related systems would further strengthen clarity and consistency across practice assessment processes and alignment with current SSSA terminology. This resulted in an **area for future monitoring (AFM2)**.

2.3 ensure that programme learning outcomes reflect the Standards of proficiency for nursing associates.	Met

Programme documentation, programme specifications, module descriptors, and mapping documentation demonstrated that the programme learning outcomes are aligned to the SoPNA. The evidence confirmed that the curriculum is structured around the six NMC platforms and that programme learning outcomes reflect the knowledge, skills and professional behaviours required for nursing associate practice.

The visitor reviewed programme learning outcomes, module learning outcomes and mapping documentation, which evidenced alignment between programme content, assessment strategies, and the SoPNA. Mapping documentation demonstrated comprehensive alignment between programme learning outcomes and the SoPNA, including the platform proficiencies and associated Annexe A and Annexe B requirements. Additional evidence demonstrated that legal and ethical principles, including consent, capacity, confidentiality and professional accountability, are introduced throughout the programme and revisited across modules and practice learning experiences. The evidence also confirmed that pharmacology, medicines optimisation and numeracy content are progressively developed across the programme in alignment with the SoPNA and contemporary nursing associate practice requirements.

Stakeholder consultation records evidenced that feedback informed revisions to curriculum content and learning outcomes to maintain alignment with contemporary nursing associate practice and the SoPNA.

2.4 design and deliver a programme that supports students and provides an appropriate breadth of experience for a non-field specific nursing associate programme, across the lifespan and in a variety of settings.	Met

Programme documentation, practice learning allocation information and supplementary evidence demonstrated that the programme is designed to support breadth of experience across the lifespan and in a variety of settings in line with the requirements of a non-field-

specific nursing associate programme. The visitor reviewed practice learning allocation processes, practice learning experience tracking documentation and practice learning information. Evidence demonstrated that students undertake practice learning experiences across a range of settings including domiciliary care, community and primary care services, residential and care settings, and hospital-based services and are provided opportunities to engage with the care of babies, children and young people, adults and older people. The programme also supports exposure to adult, children's, mental health, and learning disabilities nursing through a combination of theoretical learning, simulation-based learning activities and diverse practice learning experiences.

Evidence demonstrated that practice learning allocation processes are designed to support breadth of exposure through consideration of previous practice learning experiences, identified learning needs and gaps in experience. Practice learning experience tracking systems are used to monitor student exposure across settings, populations, and fields of nursing practice. Additional evidence confirmed that where gaps in experience are identified, alternative practice learning opportunities, 'spoke' experiences and targeted learning activities are used to support achievement of programme requirements and breadth of exposure across the lifespan and care settings.

2.5 set out the general and professional content necessary to meet the Standards of proficiency for nursing associates and programme outcomes.	Met

Programme documentation, programme specifications, module descriptors, and mapping documentation demonstrated that the programme sets out the general and professional content necessary to meet the SoPNA and programme outcomes. The evidence confirmed that module content and learning outcomes are mapped to programme learning outcomes and the SoPNA, supporting a scaffolded approach to the development of knowledge, skills, and professional behaviours across the programme. The visitor reviewed module descriptors and programme documentation, which evidenced that legal and ethical frameworks, including consent, capacity, confidentiality and professional accountability are incorporated throughout the curriculum and revisited across theoretical, simulation-based and practice learning experiences. The evidence also demonstrated that safeguarding, pharmacology, medicines optimisation and medicines administration content are integrated across the programme and aligned with contemporary nursing associate practice requirements.

Additional evidence demonstrated that content relating to communication, person-centred care, health promotion, safeguarding and interprofessional working is incorporated across theoretical, simulation-based and practice learning experiences. The programme also includes exposure across the lifespan to prepare students to provide care across a range of settings and populations. The visitor reviewed supplementary mapping documentation, which demonstrated that apprenticeship knowledge, skills and behaviours (KSBs) are mapped alongside programme learning outcomes, module content, and the SoPNA. The evidence confirmed that apprenticeship requirements are integrated within curriculum delivery, practice learning, and assessment processes across the programme.

2.6 ensure that the programme hours and programme length are: **2.6.1** sufficient to allow the students to be able to meet the Standards of proficiency for nursing associates, **2.6.2** no less than 50 percent of the minimum programme hours required of nursing degree programmes **2.6.3** consonant with the award of a Foundation degree (typically 2 years).	Met

Programme documentation, programme specifications and module descriptors demonstrated that the programmes are delivered over two academic years and are designed to meet the SoPNA. The evidence confirmed that the programme learning outcomes and module learning outcomes are mapped to the SoPNA and support the progressive development of the knowledge, skills and professional behaviours required for nursing associate practice. The visitor reviewed programme documentation and supplementary evidence relating to programme structure and programme hours. The evidence demonstrated that the programme meets the minimum requirement of 1,150 theory hours and 1,150 practice learning hours, providing a total of 2,300 programme hours. The programmes therefore meet the requirements for the Standards for pre-registration nursing associate programmes (SNAP) (NMC 2018, updated 2023) and are consistent with the award of a Foundation Degree.

The evidence confirmed that theory and practice learning hours are distributed across the two year programme structure to support progression and achievement of programme outcomes. Programme documentation also demonstrated that practice learning hours, progression and proficiency achievement are recorded and monitored through PADs and associated governance processes. Additional evidence demonstrated that institutional monitoring systems are used to support oversight of student engagement, attendance and progression across theory and practice learning components.

2.7 ensure the curriculum provides an equal balance of 50 percent theory and 50 percent practice learning using a range of learning and teaching strategies	Met

Programme documentation, programme specifications and module descriptors demonstrated that both the programmes provide an equal balance of theory and practice learning in line with the requirements of the SNAP. The visitor reviewed programme documentation and supplementary evidence relating to programme hours and curriculum structure. The evidence confirmed that the programme meets the minimum requirement of 1,150 theory hours and 1,150 practice learning hours, ensuring parity between theoretical and practice learning across the two-year programme.

The evidence demonstrated that theory learning is delivered through a range of learning and teaching strategies including structured teaching, guided independent learning, online learning, simulation-based learning activities, clinical skills teaching and assessment activities. Practice learning is delivered through a range of practice learning experiences across approved practice learning environments. Simulation-based learning activities are integrated throughout the programme to support the application of theoretical learning, development of clinical skills and professional behaviours, and exposure to a range of clinical scenarios. These activities complement theory and practice learning experiences and do not contribute towards the required practice learning hours.

Additional evidence demonstrated that blended learning, simulation-based learning activities, interprofessional learning and supervised practice are incorporated across the programme. Practice learning hours, proficiency achievement and progression are monitored through PADs and associated governance processes, while institutional systems support monitoring of student engagement and attendance across theory learning activities.

2.8 ensure technology and simulation opportunities are used effectively and proportionately across the curriculum to support supervision, learning and assessment.	Met

Programme documentation, module descriptors, and supplementary evidence demonstrated that technology-enhanced learning and simulation-based learning activities are integrated throughout the programme to support supervision, learning and assessment. The visitor

reviewed programme documentation and supplementary evidence relating to simulation-based learning, digital learning and technology-enhanced learning approaches across the curriculum. The evidence demonstrated that simulation-based learning activities are incorporated throughout the programme to support the development of clinical decision making, communication, professional behaviours, and clinical skills within a safe learning environment. The programme includes simulated learning activities designed to support exposure to a range of clinical scenarios and experiences relevant to nursing associate practice across the lifespan and a variety of care settings.

The evidence demonstrated that students engage with a range of digital learning approaches and technologies including virtual learning environments, simulation technologies, electronic health record systems, telehealth systems, and digital medicines management platforms. Additional evidence confirmed that teaching relating to digital safety, cyber security and data protection is integrated throughout the curriculum in preparation for contemporary healthcare practice.

The visitor also reviewed evidence relating to blended learning, interprofessional learning and digital assessment approaches across the programme. The evidence demonstrated that technology-enhanced learning is used effectively and proportionately alongside lectures, seminars, clinical skills teaching, practice learning experiences and independent learning to support achievement of programme outcomes and the SoPNA. Simulation-based learning activities complement theoretical and practice learning experiences and do not replace required practice learning hours.

2.9 ensure nursing associate programmes which form part of an integrated programme meet the nursing associate requirements and nursing associate proficiencies.	N/A

Not in scope in relation to this major modification.

The visitor concludes that the AEI has met Standard 2: Curriculum.

3: Practice learning

Approved education institutions, together with practice learning partners, must:

3.1 provide practice learning opportunities that allow students to develop and meet the Standards of proficiency for nursing associates to deliver safe and effective care to a diverse range of people across the lifespan and in a variety of settings.	Met

Programme documentation, programme specifications, practice learning allocation documentation and supplementary evidence demonstrated that the programme provides practice learning opportunities across a range of settings and population groups to support achievement of the SoPNA. The visitor reviewed programme documentation and supplementary evidence relating to practice learning experiences, practice learning allocation processes and breadth of exposure across the lifespan and care settings. The evidence demonstrated that students undertake practice learning experiences across domiciliary settings, community and primary care services, residential and care settings, and hospital-based services. Students are provided opportunities to engage with the care of babies, children and young people, adults, and older people, and may experience practice learning opportunities within adult, children's, mental health, and learning disability services. The programmes also incorporate simulation-based learning activities which complement practice learning experiences and support exposure to a range of clinical scenarios and professional situations.

Additional evidence demonstrated that practice learning experience allocation and monitoring processes are managed centrally through practice learning management systems, practice learning experience tracking documentation and individual review of student practice learning experience histories. The evidence confirmed that practice learning experience allocation decisions consider previous practice learning experiences, identified gaps in exposure, learning needs, reasonable adjustments, and geographical considerations to support breadth of experience across the lifespan and a variety of settings.

The visitor reviewed evidence relating to practice learning experience monitoring and governance processes, which demonstrated that practice learning experiences, practice learning hours and progression are monitored at individual student and cohort level through practice learning experience tracking systems, PADs and oversight by the practice learning team, AAs and programme leadership. The evidence confirmed that where gaps in exposure are identified, alternative practice learning experiences, 'spoke' experiences and targeted learning activities are used to support achievement of programme requirements and breadth of experience across the lifespan and care settings.

The visitor also reviewed stakeholder feedback, PLP engagement records and EP documentation. The evidence demonstrated ongoing collaboration between SU, PLPs and EPs to support the provision, monitoring and quality assurance of practice learning opportunities. Student feedback and stakeholder engagement activity evidenced that students are supported to access a range of practice learning experiences designed to promote exposure to diverse populations, care settings, and patient journeys.

3.2 ensure that students experience the variety of practice expected of nursing associates to meet the holistic needs of people of all ages.	Met

Programme documentation and practice learning experience allocation documentation demonstrated that students are provided with opportunities to experience a range of practice learning environments and population groups to support the holistic needs of people across all ages and care settings. The visitor reviewed programme documentation which confirmed

that students engage with the care of babies, children and young people, adults, and older people through a combination of practice learning experiences in acute, community, primary care, mental health, learning disabilities, and children's services. These experiences support the development of knowledge, skills and behaviours required to deliver person-centred care that reflects the physical, psychological, social and developmental needs of people of all ages.

3.3 take account of students' individual needs and personal circumstances when allocating their practice learning including making reasonable adjustments for students with disabilities.	Met

Programme documentation, student support documentation, and supplementary evidence demonstrated that systems and processes are in place to support students' individual needs and personal circumstances across theory and practice learning environments. The visitor reviewed institutional policies, programme documentation and supplementary evidence relating to disability support, occupational health, reasonable adjustments, and practice learning allocation processes. The evidence demonstrated that students are able to access support through institutional student support services, disability support services, and occupational health processes to identify learning needs and reasonable adjustments across academic and practice learning environments. The evidence further demonstrated that students are supported to disclose individual learning needs and personal circumstances through established support processes and that appropriate consent arrangements are in place to facilitate the sharing of relevant information with PLPs and EPs where reasonable adjustments are required.

Additional evidence demonstrated that practice learning experience allocation decisions consider students' individual circumstances, including previous practice learning experiences, learning needs, geographical considerations, travel requirements, and reasonable adjustments. The evidence confirmed that practice learning experience allocation and monitoring processes are managed centrally through practice learning management systems, practice learning experiences tracking documentation and ongoing liaison between the practice learning team, AAs, EPs or PLPs and programme leadership.

The visitor reviewed supplementary evidence relating to apprenticeship support arrangements, tripartite review processes, and employer engagement. The evidence demonstrated that reasonable adjustments, occupational health requirements, and student support needs are discussed through tripartite review processes involving the student, EP and AA. Additional evidence confirmed that information relating to agreed support arrangements and reasonable adjustments for direct entry students is communicated to relevant PLPs, PSs, PAs, and EPs to support implementation within practice learning environments.

3.4 ensure that nursing associate students have protected learning time in line with one of the following two options: **3.4.1** Option A: nursing associate students are supernumerary when they are learning in practice **3.4.2** Option B: nursing associate students, via work-placed learning routes: **3.4.2.1** are released for a minimum of 20 per cent of the programme for academic study **3.4.2.2** are released for a minimum of 20 per cent of the programme time, which is assured protected learning time in external practice placements, enabling them to develop the breadth of experience required for a generic role, and	Met

3.4.2.3 for the remainder of the required programme hours, protected learning time must be assured.	

Programme documentation, programme specifications, and supplementary evidence demonstrated that protected learning time arrangements are established across both programmes. The visitor reviewed programme documentation and supplementary evidence relating to practice learning, apprenticeship arrangements, and protected learning time. The evidence confirmed that students on both the FdSc Nursing Associate and FdSc Nursing Associate (Apprenticeship) programmes follow Option A and are supernumerary during practice learning experiences. The evidence demonstrated that these arrangements are designed to support achievement of programme outcomes and the SoPNA.

Additional evidence demonstrated that protected learning time arrangements are supported through programme documentation, practice learning experience allocation processes, employer engagement mechanisms and, for students studying on the apprenticeship programme, tripartite review arrangements. The evidence confirmed that apprenticeship requirements, including off the job learning, protected learning time and practice learning experiences are monitored through documented tripartite reviews involving the student, employer, and AA, together with programme monitoring processes.

The visitor reviewed evidence relating to employer engagement, progression monitoring, and governance arrangements. The evidence demonstrated ongoing collaboration between SU, EPs and PLPs to support the implementation and oversight of protected learning time requirements. Student support processes, employer engagement activity, and tripartite review documentation evidenced mechanisms for monitoring protected learning time, identifying concerns, and implementing remedial actions where required. The evidence further demonstrated that assessment activity, practice learning hours, attendance and progression are monitored through the PADs, practice learning attendance systems and associated quality assurance processes. Established escalation procedures are in place to address concerns relating to attendance, protected learning time and practice learning requirements.

The visitor was assured that students on both programmes are supernumerary during practice learning experiences and that appropriate monitoring, employer engagement and governance arrangements support the implementation, oversight, and quality assurance of protected learning time across academic and practice learning environments.

The visitor concludes that the AEI has met Standard 3: Practice learning.

4: Supervision and assessment

Approved education institutions, together with practice learning partners, must:

4.1 ensure that support, supervision, learning, and assessment provided complies with the NMC Standards framework for nursing and midwifery education.	Met

Not in scope in relation to this major modification.

4.2 ensure that support, supervision, learning, and assessment provided complies with the NMC Standards for student supervision and assessment.	Met

The visitor reviewed programme documentation and supplementary evidence relating to practice assessment processes, ePAD governance arrangements and implementation of the SSSA. The evidence demonstrated that the ePAD supports the recording of proficiency achievement, practice learning hours, progression decisions, and final practice assessment outcomes. Additional evidence confirmed that PSs, PAs, and AAs are identified, prepared, and supported in line with the SSSA. The evidence demonstrated that assessment and progression decisions are undertaken by appropriately prepared individuals, with final practice assessment decisions completed by designated PAs and supported through AA oversight and progression monitoring processes.

The visitor reviewed supplementary evidence relating to practice learning support arrangements, EP engagement, and tripartite review processes. The evidence demonstrated that student progression, protected learning time, safeguarding, reasonable adjustments, and support needs are monitored through established review processes involving the student, EP and AA. Documentation evidenced ongoing communication between SSU, EPs, PLPs and academic teams to support student learning and progression within practice learning environments.

Additional evidence demonstrated that practice learning experiences, proficiency achievement and progression are monitored through PADs, practice learning tracking systems and ongoing liaison between the practice learning team, AAs, EPs, and programme leadership. Academic oversight is maintained through established governance and quality assurance processes, supporting consistency and compliance with SSSA requirements across the programme.

4.3 ensure they inform the NMC of the name of the registered nurse or registered nursing associate responsible for directing the education programme.	Met

Programme documentation, governance arrangements, and supplementary evidence demonstrated that SSU has identified an RN responsible for directing the Nursing Associate programmes. The named programme lead is an NMC registrant with appropriate academic and professional experience and is clearly identified within the programme leadership structure.

The visitor reviewed programme leadership, governance, and staffing information, which demonstrated clear lines of responsibility for programme direction, oversight, and quality assurance. The evidence also confirmed that the strategic lead with overall oversight of the programme is an NMC registrant. Governance arrangements are in place to ensure that changes to programme leadership and NMC official correspondent responsibilities are managed through established institutional and regulatory reporting processes.

4.4 provide students with constructive feedback throughout the programme to support their development.	Met

Not in scope in relation to this major modification.

4.5 ensure throughout the programme that students meet the Standards of proficiency for nursing associates.	Met

Not in scope in relation to this major modification.

4.6 ensure that all programmes include a health numeracy assessment related to nursing associate proficiencies and calculation of medicines which must be passed with a score of 100%.	Met

Programme documentation, module descriptors, and supplementary evidence demonstrated that the programmes include a mandatory health numeracy and medicines calculation assessment aligned to the SoPNA. Students are required to achieve 100% in the summative medicines calculation assessment prior to progression and award.

The visitor reviewed module documentation and supplementary evidence relating to numeracy development, medicines management teaching and assessment processes. The evidence demonstrated that numeracy and medicines calculation skills are developed progressively throughout the programme through science-based and clinical modules, structured formative learning activities and the use of a digital numeracy and medicines management platform. Students undertake multiple formative practice opportunities at Levels 4 and 5 before completing the Level 5 summative assessment.

The evidence confirmed that the Level 5 summative medicines calculation assessment requires achievement of 100% and permits a maximum of two attempts in line with institutional assessment regulations. EE oversight arrangements provide access to assessment outcomes and progression decisions.

4.7 assess students to confirm proficiency in preparation for professional practice as a nursing associate.	Met

Programme documentation, module descriptors, and supplementary evidence demonstrated that students are assessed across theory and practice learning to confirm achievement of the SoPNA in preparation for professional practice. The visitor reviewed programme documentation, PADs and supplementary evidence relating to assessment processes, proficiency achievement, and progression arrangements across the programme. The evidence demonstrated that communication and relationship management skills, clinical procedures and professional behaviours are developed through structured skills teaching, simulation-based learning activities and assessed supervised practice learning experiences. These learning opportunities are mapped to the SoPNA and assessed through theoretical and practice-based assessment approaches.

Additional evidence demonstrated that the ePAD supports the recording of practice learning hours, proficiency achievement, progression reviews, and final practice assessment outcomes. The evidence confirmed that proficiencies are embedded and mapped within the ePAD and are assessed and signed off by appropriately prepared PAs, with oversight and progression confirmation undertaken by AAs.

The visitor reviewed evidence relating to progression monitoring, governance, and assessment oversight processes. The evidence demonstrated that proficiency achievement and progression are monitored through structured progression points, academic review of ePAD records, practice learning monitoring systems and tripartite review processes for students studying on the apprenticeship programme. Additional evidence confirmed that EE oversight, practice learning environment audits and programme governance arrangements support consistency, reliability, and integrity of assessment decisions across the programme.

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

Programme documentation, assessment schedules, module descriptors, and programme structure information demonstrated that the programme maintains equal weighting between theory and practice assessment across the two-year programmes.

The visitor reviewed programme documentation and assessment information, which evidenced that theory and practice learning are assessed through a combination of theoretical and practice-based assessment approaches. Theory assessment includes written assignments, presentations, examinations, professional discussions, and numeracy assessments, while practice learning is assessed through the ePAD, progression reviews and practice-based assessment processes.

The evidence demonstrated that practice learning modules are credit bearing across both programme levels and are assessed through the ePAD and associated progression processes. The evidence confirmed that successful achievement of both theory and practice assessment components is required for progression and award and that practice learning contributes equally to overall programme assessment requirements.

Additional evidence demonstrated that assessment decisions are supported through academic oversight, EE review, programme governance arrangements and practice assessment processes involving PAs, PSs, and AAs.

4.9 ensure that all proficiencies are recorded in an ongoing record of achievement which must demonstrate the achievement of proficiencies and skills as set out in Standards of proficiency for nursing associates.	Met

The visitor reviewed programme documentation and supplementary evidence relating to the ePAD, the OAR and governance arrangements supporting the recording and monitoring of proficiency achievement across the programme. The evidence demonstrated that the ePAD supports the recording of proficiency achievement, practice learning hours, progression reviews and practice learning assessment outcomes. Additional evidence confirmed that individual proficiencies, practice learning hours and progression points are recorded and verified within the ePAD by appropriately prepared PSs, PAs, and AAs in line with the SSSA. The evidence demonstrated that only designated PAs are able to complete final practice learning experience sign-off decisions within the system and that AA oversight supports progression monitoring and verification of achievement.

The visitor reviewed supplementary evidence relating to the OAR and associated governance arrangements. The evidence confirmed that the OAR is maintained separately from the ePAD and completed at key progression points within the programme to support continuity of assessment, recording of achievement and progression monitoring. Completed OAR documentation is retained within institutional systems to support governance, oversight, and EE review processes.

The evidence also demonstrated that proficiency achievement, practice learning hours, progression and breadth of exposure are monitored through the aligned use of the ePAD, the OAR, practice learning monitoring systems and tripartite review processes. The visitor was assured that established systems and governance arrangements are in place to support the recording, tracking and verification of proficiency achievement in accordance with the SoPNA.

The visitor noted opportunities for continued enhancement in relation to the ongoing review of the SSU-hosted ePAD platform and associated OAR arrangements to support consistency of terminology, accessibility, and continuity of achievement records across the programme. This resulted in an **area for future monitoring (AFM2)**.

The visitor concludes that the AEI has met Standard 4: Supervision and assessment.

5: Qualification to be awarded

Approved education institutions, together with practice learning partners, must:

5.1 ensure that the minimum award for a nursing associate programme is a Foundation Degree of the Regulated Qualifications Framework (England), which is typically two years in length.	Met

Not in scope in relation to this major modification.

5.2 notify students during the programme that they have five years in which 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 is specified in our standards to register their award.	Met

Not in scope in relation to this major modification.

Standard 5: Qualification to be awarded was not in scope for this major modification and therefore remains unchanged.

Conditions and recommendations

Conditions

No conditions have been set.

Recommendations for enhancement

Recommendations				
No.	**Recommendation**	**Specific standard**	**NMC**	**AEI**
R1	SSU is recommended to enhance oversight and periodic review of programme documentation, associated governance processes and supporting institutional policies in order to support ongoing alignment with institutional requirements, NMC standards and routine quality assurance activity. Continued enhancement of version control and review date clarity within programme documentation would further support consistency, accessibility, and transparency across quality assurance processes.	SNAP Standard 2.1	☒	

The AEI is not required to address recommendations for programme enhancement prior to NMC approval being granted; however, all AEIs are required to consider the visitors' recommendations and be prepared to provide evidence that demonstrates this consideration, upon request.

Areas for future monitoring

Areas for future monitoring			
No.	**Details of areas which will require future monitoring**	**Specific standard(s)**	**NMC only/ joint**
AFM1	SSU is recommended to continue to enhance mechanisms for evidencing engagement with students, PLPs, EPs, and PSCs across the range of learning environments in order to support transparency, consistency, and ongoing programme enhancement activity. Whilst programme documentation provided evidence of stakeholder engagement across the nursing associate programme, continued development of approaches to evidencing contribution across all learning settings and student groups would further strengthen quality enhancement processes and support visibility of stakeholder involvement.	SNAP Standard 2.1	NMC only
AFM2	SSU is recommended to continue the review and refinement of SOLPAD and the associated OAR arrangements in order to support consistency of terminology, accessibility, governance, and continuity of student achievement records across	SNAP Standards 2.2 and 4.9	NMC only

	the programme and alignment with current SSSA terminology. Whilst documentation reviewed confirmed that SOLPAD is established and operational as the ePAD, further refinement of associated terminology to align with the SSSA, together with the removal of outdated terminology, and review of OAR arrangements and supporting quality assurance processes would further support consistency, accessibility and clarity across PADs and related systems.		

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

The modified programme is recommended 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.

Evidence list

The following documentation or narrative was provided by the AEI as evidence for scrutiny by the visitor team:

Key Documentation	Yes	No
Appropriate AEI policies, procedures, and guidance (for example, EDI strategy; RPL policy/procedure; raising and escalating concerns processes; fitness to practise policy; whistleblowing etc)	☒	
Programme proposal overview document, including rationale and co-production	☒	
Curricula vitae (CVs) for relevant staff to confirm NMC registration where required and to demonstrate adequate resources for safe and effective programme delivery	☒	
Agreements with PLPs and EPs that they will support the programme and support supernumerary status/protected learning time for students in accordance with requirements of programme standards	☒	
Evidence of PSC involvement in programme design, delivery, and evaluation	☒	
External examiner appointments and arrangements	☒	
Programme specification(s)	☒	
Programme planner (indicating where theory and practice hours are achieved)	☒	
Programme handbook(s)	☒	
Module descriptors	☒	
Mapping of programme learning outcomes against module learning outcomes	☒	
Mapping against Part 3: Standards for pre-registration nursing associate programmes	☒	
Mapping of programme outcomes against NMC Standards of proficiency	☒	
Student-facing supporting documentation/VLE site	☒	
Practice learning environment information for students	☒	
Practice learning allocation information	☒	
Practice assessment documentation (PAD)	☒	
Ongoing record of achievement (ORA)	☒	
Practice learning handbook/information for practice supervisors and practice assessors specific to the programme	☒	
Academic assessor focused information specific to the programme	☒	
If you stated No, above, please provide the reason and mitigation: N/A		
List additional evidence: N/A		
Additional comments: N/A		

During the event, the agenda included the following meetings:

	Yes	No
Senior managers of the AEI with responsibility for resources for the programme		☒
Senior managers from associated PLPs and EPs with responsibility for resources for the practice learning experiences within the programme		☒
Programme delivery team		☒
Academic assessors		☒
Practice staff representatives (practice leads/practice supervisors/ practice assessors)		☒
Representatives for PSCs		☒
Student representatives		☒
If you stated No, above, please provide the reason and mitigation: This was a desk-based review.		
Additional comments: N/A		

FINAL REPORT			
	Name	**Position**	**Date**
Author	Donna-Marie Gordon	Registrant Visitor	01.06.2026
QAA Officer	Claire Langman	QAA Officer	29.05.2026

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