



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

Pre-registration nursing – Mental Health

University of East London

October 2025

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Key institutional and programme details

Name and location of Approved Education Institution (AEI)	University of East London School of Health, Sport and Bioscience Stratford Campus Water Lane London E15 4LZ				
AEI Institution Identifier [UKPRN]	10007144				
Name and location of new programme delivery partner(s) if not the AEI noted above	N/A				
Name of new employer partners for apprenticeships	Barking, Havering and Redbridge University Hospitals NHS Trust North East London NHS Foundation Trust London North West University Healthcare NHS Trust Barts Health NHS Foundation Trust				
Approval type	Major modification				
Name of programme					
NMC programme title	AEI programme titles (in full)	Academic level	Apprenticeship	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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Pre-registration nursing - Adult	BSc (Hons) Nursing (Adult)-Registered Nurse (Degree) Apprenticeship Route	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 (Childrens)	England, Wales, Northern Ireland <input checked="" type="checkbox"/> Level 6 <input type="checkbox"/> Level 7	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Pre-registration nursing - Child	BSc (Hons) Nursing (Childrens) via degree apprenticeship (3 Year) (RNDA)	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 - Mental Health	BSc (Hons) Nursing (Mental Health)	England, Wales, Northern Ireland <input checked="" type="checkbox"/> Level 6 <input type="checkbox"/> Level 7	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Pre-registration nursing - Mental Health	BSc (Hons) Nursing (Mental Health) via degree apprenticeship (3 Year) (RNDA)	England, Wales, Northern Ireland <input checked="" type="checkbox"/> Level 6 <input type="checkbox"/> Level 7	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Interim awards available	
There are no interim awards for this qualification that lead to NMC registration	
Proposed programme start date	02 March 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	29 and 30 October 2025
Visitor team	Registrant Visitors: Dr David Coyle Mrs Elizabeth Gormley-Fleming Lay Visitor: Professor Ramita Tejpal

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 the University of East London's approval panel took place on 30 October 2025, with a visit to practice learning environments on 29 October 2025.

Context for the review

This review was undertaken to consider major modifications to the BSc (Hons) Nursing programme at the University of East London (UEL). The proposal sought to align Year 1 of the BSc (Hons) Nursing with Year 1 of the FdSc Nursing Associate programme; introduce two new fields of practice, children's nursing and mental health nursing, into both the direct entry and Registered Nurse Degree Apprenticeship (RNDA) routes; modify the existing RNDA from a four-year to a three-year structure; and refresh and redistribute learning outcomes to strengthen alignment with the Standards of proficiency for registered nurses (SoPRN) (NMC, 2018). These changes required review of programme design, practice learning structures and the integration of simulated practice learning (SPL) experience delivered via an immersive digital platform.

UEL reported engagement with students, apprentices, practice learning partners (PLPs), employer partners (EPs) and people who use services and carers (PSCs) in the development of the proposal. Stakeholders contributed to discussions on curriculum alignment, practice learning design and simulation strategy, although PSC representation for the new fields was still developing and their involvement in co-production varied.

The review comprised two components: a practice learning visit (PLV) to explore governance, supervision, support and practice learning capacity across partner organisations; and a subsequent onsite conjoint approval visit. During the PLV, the visitor team met with PLPs, EPs, practice assessors (PAs), practice supervisors (PSs), and

academic assessors (AAs), as well as students and apprentices from the existing adult nursing and nursing associate programmes. PSCs and the academic programme team were not present at the PLV but were met during the conjoint approval visit, where senior leaders, programme staff, PLPs, EPs, students, apprentices and PSC representatives contributed to discussions. As the new fields have not yet commenced, the visitor team met with current adult nursing students to explore existing learning, support and supervisory arrangements. The visitor team also noted that a mental health registrant colleague has been involved in course development in a consultancy capacity. All EPs identified in the proposal participated, and there were no significant absences from either visit.

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

Programme is recommended to the NMC for refusal - the programme does not meet all standards and requirements to enable 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 UEL'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(s) not met	NMC only/ Joint	AEI/EI only
C1	UEL 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 people who use services and relevant stakeholders, including PLPs, through the co-design, development, delivery and evaluation of the curriculum, and by ensuring that people with lived experience 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	UEL must provide assurance that field-specific contemporary content is clearly mapped, delivered and assessed across the programme, by revisiting and strengthening the alignment between theory, simulation and practice learning to ensure that students in each chosen field of nursing (adult, mental health and children's nursing) have sufficient and appropriate learning opportunities that enable them to meet the SoPRN and associated communication and nursing procedure requirements within their field, and by ensuring that programme documentation consistently and accurately reflects distinct contemporary field-specific learning outcomes, module content and practice expectations across the curriculum.	2.1*, 2.7, 2.8, 3.1, 3.3, 4.5 and 4.7 [*SFNME 5.1]	NMC only	
C3	UEL must provide assurance that all students and apprentices are consistently supernumerary when learning in practice in accordance with NMC requirements, by clearly articulating this expectation within programme and practice learning documentation, ensuring	3.7	NMC only	

	PLPs and EPs understand and uphold supernumerary status so that learners are not routinely counted in staffing numbers, and by implementing robust systems to record, monitor and respond to any instances where supernumerary status is reduced, withdrawn or not maintained.			
Date for all conditions to be met to meet intended delivery date		05 December 2025		

Joint conditions relate to both NMC standards and the UEL 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	UEL should implement its PSC strategy and policy to further develop a diverse and representative PSC group, ensuring that people with lived experience who reflect the breadth of care contexts relevant to the field specificity of the pre-registration nursing programmes are meaningfully involved in the ongoing co-design, delivery, assessment, evaluation and recruitment processes for the programme.	2.1 [SFNME 1.12, 2.7 and 5.5]	NMC only	
R2	UEL should continue to strengthen field-specific academic capacity and resilience across the programme, particularly in children's and mental health nursing, to ensure appropriate distribution of teaching, supervision and programme leadership responsibilities and to mitigate the risk associated with reliance on a small number of individuals to deliver field-specific content and support exposure across all four fields of nursing practice.	2.1*, 2.4, 4.1*, 4.2** and 4.7 [*SFNME 2.19] [**SSSA 6.1 and 6.3]	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 UEL to the conditions set. The findings of the visitor team with regard to responses to individual conditions are recorded below.

Response to NMC conditions

Response to conditions		
No.	Condition details	Findings
C1	UEL must provide assurance that the programme complies with the NMC SFNME (NMC, 2018 updated 2023) by establishing and evidencing meaningful partnership working with PSCs and relevant stakeholders, including PLPs, through the co-design, development, delivery and evaluation of the curriculum, and by ensuring that people with lived experience 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 response to Condition C1, the visitor team reviewed updated evidence, including the Service User and Carer Strategy (updated 1 December 2025) and associated policy documentation. This confirms that a revised Service User and Carer Policy and Strategy has been developed and is progressing through the University's formal approval processes, providing assurance that future engagement with PSCs will be underpinned by agreed governance, roles and expectations. The visitor team noted that the academic team has continued to implement actions within the strategy in parallel with the approval process. The updated strategy evidences progress to date, with tracked actions highlighted for clarity, and demonstrates a phased and structured approach to strengthening PSC engagement. The strategy now explicitly includes plans to involve PSCs and PLPs in recruitment and selection processes, directly addressing previous limitations in stakeholder involvement and supporting co-production across recruitment, programme delivery and evaluation. It also sets out plans for the recruitment of additional PSCs to support increased and sustained engagement, with appropriate consideration of current PSCs' health, wellbeing and availability. The visitor team concluded that the updated Service User and Carer Strategy, alongside ongoing implementation activity and progression through university approval, provides sufficient assurance that UEL has strengthened its engagement with PSCs in line with regulatory expectations.</p> <p>The visitor team therefore considers that for Condition C1, UEL has fully addressed the requirements of the condition and Standard 2.1 (SFNME 1.12, 2.7 and 5.5) is met.</p>
C2	UEL must provide assurance that field-specific contemporary content is clearly mapped, delivered and assessed across the programme, by	In response to Condition C2, the visitor team reviewed updated mapping documentation and amended module specifications, including the Appendix B combined module specification document, which demonstrates how NMC standards and programme learning outcomes are mapped across the curriculum

	<p>revisiting and strengthening the alignment between theory, simulation and practice learning to ensure that students in each chosen field of nursing (adult, mental health and children's nursing) have sufficient and appropriate learning opportunities that enable them to meet the SoPRN and associated communication and nursing procedure requirements within their field, and by ensuring that programme documentation consistently and accurately reflects distinct contemporary field-specific learning outcomes, module content and practice expectations across the curriculum.</p>	<p>and assessed through module assessments. The visitor team also reviewed evidence confirming that Annexe A and Annexe B proficiencies are primarily achieved through field-specific nursing practice modules and assessed in practice via the electronic practice assessment document (ePAD), with mapping documentation previously provided.</p> <p>The visitor team noted that the children's and mental health curricula had been subject to further review with input from PSCs, PLPs, EPs and registered nurses with relevant field expertise. Evidence also confirmed that shared modules had been reviewed and amended to better reflect the needs of children's and mental health nursing students, and that changes had been made to strengthen alignment between theory, simulation and practice learning. These amendments were highlighted for clarity within the updated documentation.</p> <p>The visitor team reviewed the updated field-specific module specifications for both children's and mental health nursing. The children's field of practice module specifications clearly set out content relevant to children's nursing and demonstrate alignment with the SoPRN.</p> <p>However, in reviewing the mental health field of practice module specifications, including Mental Health Practice 3, the visitor team identified that the indicative content is predominantly framed around adult acute physical nursing interventions, with limited articulation of how physical health skills are scoped, contextualised and applied within contemporary mental health nursing practice. While the visitor team acknowledges that mental health nurses must meet Annexe B requirements, the documentation does not sufficiently distinguish which physical health skills are required, nor how these are integrated with mental health specific knowledge, skills and approaches.</p> <p>Taking the evidence as a whole, the visitor team concluded that, while progress has been made to strengthen field-specific content across parts of the curriculum, assurance has not been fully achieved for the mental health field of practice.</p> <p>The visitor team therefore considers that for Condition C2, UEL has not fully addressed the requirements of the condition and Standards 2.1 (SFNME 5.1), 2.7, 2.8, 3.1, 3.3, 4.5 and 4.7 are not met.</p>
C3	<p>UEL must provide assurance that all students are consistently</p>	<p>In response to Condition C3, the visitor team reviewed updated evidence, including the new practice placement guidelines (sections 9.2, 9.3 and 9.4), the</p>

	<p>supernumerary when learning in practice in accordance with NMC requirements, by clearly articulating this expectation within programme and practice learning documentation, ensuring PLPs and EPs understand and uphold supernumerary status so that learners are not routinely counted in staffing numbers, and by implementing robust systems to record, monitor and respond to any instances where supernumerary status is reduced, withdrawn or not maintained.</p>	<p>governance and mapping of NMC Standards for student supervision and assessment (SSSA), and the amended course handbook (p 21).</p> <p>The visitor team noted that the new practice placement guidelines now clearly state that students are always supernumerary when learning in practice and set out explicit processes for raising concerns and accessing support. Supernumerary status is also recorded and monitored within the ePAD, with oversight by AAs, link lecturers and the academic placement team. The governance and mapping of NMC SSSA demonstrates strengthened oversight of practice learning, including monitoring and escalation where supported learning time is reduced or withdrawn. The course handbook has been amended to reinforce supernumerary status, and placement preparation for new students explicitly reiterates expectations and escalation routes. Link lecturers and the academic placement team actively monitor supernumerary status during placement visits and through regular engagement with placement providers, with educational audits and action planning implemented where concerns are identified.</p> <p>The visitor team therefore considers that for Condition C3, UEL has fully addressed the requirements of the condition and Standard 3.7 is met.</p>
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The visitor team considers that not all conditions listed above have been satisfactorily addressed for the reasons cited and therefore some required NMC standards remain unmet as follows:

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

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.

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.

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.

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.

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.

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.

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

Programme is recommended to the NMC for refusal - the programme does not meet all standards and requirements to enable 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

Recognition of prior learning (RPL) claims are capped at 50%, totalling a maximum 180 credits, 120 credits at Level 4 and 60 credits at Level 5. Applicants may only receive RPL for practice learning up to 1,150 hours.

Registered nurses may be awarded more than 50% RPL, with the claim permitted for up to two-thirds (66.7%) of the award, totalling a maximum 240 credits, 120 credits at Level 4 and 120 credits at Level 5. Experiential learning may be recognised for up to 50% of the award (180 credits), comprising 120 credits at Level 4 and 60 credits at Level 5. Certificated learning may be recognised for up to two-thirds of the award (66.7% or 240 credits), comprising 120 credits at Level 4 and 120 credits at Level 5. Combined experiential and certificated learning must not exceed two-thirds (66.7%) of the award, totalling a maximum 240 credits, of which no more than 180 credits may be experiential.

Findings

1. In considering Standard 1.1, the visitor team reviewed UEL's admissions information, programme specification, student and apprenticeship handbooks, and practice learning documentation, which together outline the requirements applicants must meet on entry. These sources set out the academic criteria for admission, including tariff expectations for direct-entry students and role-related criteria for apprentices, alongside evidence of English and maths proficiency and completion of essential professional clearances. The documentation also described UEL's approach to assessing applicants' values and suitability for their intended field of practice through a structured interview process. The published information demonstrated that expectations for literacy, numeracy and digital capability are established from induction onward, with early orientation to the virtual learning environment (VLE), digital practice assessment tools, and digital medication and numeracy platforms. These are positioned to support the development of the foundational skills required to progress towards programme outcomes and behaviours in accordance with the Code. During the onsite visit, the programme team described a consistent process through which applicants' academic suitability, values and capability to meet the demands of the programme are assessed, and how moderation arrangements ensure that entry requirements are applied reliably across applicable fields. Students and apprentices reported that entry criteria were communicated clearly at application, and that induction included early support in literacy, numeracy, digital and professional behaviours aligned with the Code.
2. In reviewing Standard 1.2, the visitor team reviewed UEL's published admissions material, programme specification, student and apprenticeship handbooks and associated practice learning documentation, which set out the arrangements for confirming applicants' health and character prior to joining the programme. This evidence described the requirement for all applicants to complete a Disclosure and Barring Service (DBS) check, an occupational health (OH) assessment and an initial declaration of health and character as part of the admissions process. The programme team highlighted that this process is central to safeguarding the public

and ensuring that students are safe to engage in practice learning experiences. During the onsite visit, programme and admissions staff explained how DBS checks are initiated during recruitment and must be completed prior to enrolment and before learners enter any practice learning setting. The programme team outlined that OH assessments are undertaken by UEL's contracted provider, and that these arrangements meet the expectations of the NMC's health and character guidance for registrants. Where adjustments or additional support needs are identified, admission leads described the processes used to ensure appropriate communication between programme teams, PLPs and EPs so that safe and effective participation in practice learning can be maintained. Students reported that they were made aware of the health and character requirements during recruitment and recalled completing the necessary declarations at the start of the programme. PLPs outlined the confirmation they receive from UEL prior to learners commencing practice learning, indicating that DBS and OH requirements have been met, and both PLPs and EPs described clear escalation pathways for raising concerns should issues relating to health or character arise while students are in practice learning environments.

3. In considering Standard 1.3, the visitor team reviewed the programme documentation, including the student and apprenticeship handbooks and practice learning guidance, which outline UEL's expectations for students to declare immediately any police charges, cautions, convictions, conditional discharges or any determinations affecting their fitness to practise made by another regulator, professional body or educational institution. The documentation presented clear information on these responsibilities and described the procedures through which declarations are received, considered and acted upon. Flowcharts within the guidance provided an accessible outline of escalation routes and the decision-making processes used to address such disclosures. During the onsite visit, the programme team explained the mechanisms in place to ensure that students are aware of these responsibilities, including information provided at induction, reinforcement during annual re-enrolment and reminders issued throughout the academic year. Students also confirmed that they receive reminders during re-enrolment and at key points in the academic year regarding their responsibility to disclose any changes to health status, new disabilities or involvement in any criminal investigations, cautions or convictions. The programme team described the systems used to monitor these annual declarations, alongside procedures for managing any emerging concerns during the programme. The team also confirmed that students had been informed of the requirement to declare any information that may mean that their fitness to practise is impaired. The programme teams described how declarations are managed, including the role of programme leads, student support services and senior colleagues in ensuring that any reported issue is addressed promptly, fairly and in accordance with relevant legal and regulatory frameworks. PLPs and EPs outlined the established communication pathways for raising concerns that emerge within practice learning environments, including how such concerns are fed back to UEL for appropriate follow-up.
4. In considering Standard 1.4, the visitor team reviewed the programme documentation, including the programme specification and student handbook, which identify the registered nurse responsible for directing the educational programme and confirm that this individual is appropriately NMC-registered. The documentation also outlined the arrangements for delegation to a suitably qualified registered nurse substitute where required. The evidence indicated that UEL has clear structures in place to enable the registered nurse leading the programme, or their designated substitute, to provide the supporting health and character declarations required when students complete the pre-registration nursing programme. During the onsite visit, staff described how programme leadership is structured and how oversight of

students' progress, conduct and professional behaviours is maintained throughout the programme, enabling the responsible registered nurse to make an informed final declaration. Students commented on the visibility and accessibility of programme leads, and staff outlined the mechanisms through which information from practice learning, academic progress reviews and professional conduct processes is collated to support the final NMC declaration.

5. In considering Standard 1.5, the visitor team reviewed UEL's admissions information, programme specification, student and apprenticeship handbooks, and the practice documentation, which together set out UEL's approach to RPL. The documentary evidence confirmed that UEL permits RPL only where prior learning can be mapped to the programme learning outcomes and the SoPRN, and that students may claim up to a maximum of 50% of the programme in line with NMC requirements for pre-registration nursing. The practice documentation further confirmed that all students, including those admitted with advanced standing, must achieve all proficiencies in practice and cannot be exempted from practice assessment. During the onsite visit, the programme team described the operational process for evaluating RPL claims, including academic scrutiny of mapping and confirmation by the external examiner (EE), providing assurance that RPL is applied consistently and appropriately.
6. In reviewing Standard 1.6, the visitor team examined UEL's programme specification, admissions information and RPL guidance, together with the relevant sections of the academic regulations. The regulatory framework confirms that students may be admitted with advanced standing through experiential learning up to a maximum of 50% of the award and through certificated learning up to two-thirds of the award, with the combined total not exceeding two-thirds. These provisions provide a clear institutional mechanism for recognising substantial prior learning and align with the NMC requirement permitting more than 50% RPL for NMC-registered nurses where appropriately mapped to programme outcomes and the SoPRN.
7. In considering Standard 1.7, the visitor team reviewed the programme documentation, including student and apprenticeship handbooks, the programme specification and practice learning information, which collectively describe the academic and pastoral support available to students throughout the programme. The evidence reviewed outlined the induction activities, early learning sessions and access to university-wide support services designed to develop numeracy, literacy and digital capability from the outset and across all stages of study. During the onsite visit, the programme team explained how support for these areas is built into the structure of the programme, with numeracy and literacy development reinforced within modules, skills sessions and formative learning activities. The programme team also described the use of the VLE, digital medication and numeracy platforms and digital practice assessment tools to scaffold progressive learning and monitor competence. Students reported that they were introduced to these systems early in the programme and were able to access further support when required, including small group activities, academic skills advice and signposting to central learning resources. They also described programme team staff as responsive to difficulties that arise during the programme and noted that opportunities for individualised support are readily available. PLPs and EPs also outlined how students are supported within practice learning environments to consolidate numeracy, literacy and digital skills relevant to safe and effective care.
8. Based on the information made available, the visitor team considers that UEL 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 checked="" type="checkbox"/>	<input 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 type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input checked="" 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 direct entry and apprenticeship programmes comprise 360 credits and are delivered full-time over three academic years.

Shared modules which cover the general and professional content are delivered across 80 credits in Part 1, 80 credits in Part 2 and 60 credits in Part 3. Field-specific content is delivered across 40 credits in Part 1, 40 credits in Part 2 and 60 credits in Part 3.

The curriculum balance for theory and practice is 50:50:

the direct entry programme totals 4,930 programme hours, consisting of

2,400 theory hours (800 hours in Part 1, 800 hours in Part 2 and 800 hours in Part 3)

2,530 practice learning hours (850 hours in Part 1, 800 hours in Part 2 and 880 hours in Part 3), which includes simulated practice learning (SPL) to support their learning in a safe and effective way.

the apprenticeship programmes total 4,800 programme hours, consisting of

2,400 theory hours (800 hours in Part 1, 800 hours in Part 2 and 800 hours in Part 3)

2,400 practice learning hours (720 hours in Part 1, 800 hours in Part 2 and 880 hours in Part 3). Apprentices do not undertake any SPL as part of the programme.

Findings

9. In reviewing Standard 2.1, the visitor team examined the context document, stakeholder feedback and programme documentation, which outlined UEL's governance arrangements for maintaining compliance with the SFNME (NMC, 2018, updated 2023). The evidence confirmed that the existing adult direct entry and apprenticeship routes were previously approved against the SFNME. Documentation also referenced planned developments, including the new health campus, expanded physical resources to support skills and simulation, alongside digital learning enhancements. Given the proposed introduction of both children's and mental health fields, the visitor team examined the extent to which the modified programme had been co-produced with PSCs and other stakeholders. The submission demonstrated emerging involvement from PSCs, including contributions to teaching activities and clear mechanisms for supporting students. However, during the visit, PSCs confirmed that their involvement in recruitment and selection processes, programme design and curriculum evaluation was limited, and that stakeholder engagement to support the ongoing development of the programme was not yet embedded or consistent. In considering the evidence, the visitor team determined that further development of meaningful and sustained involvement from relevant stakeholders with appropriate lived experience was required to assure co-production across the design, development, delivery and evaluation of the curriculum. This resulted in **recommendation (R1)**, aligned to SFNME requirements 1.12, 2.7 and 5.5, to support strengthened stakeholder engagement in curriculum co-production and ongoing programme development. PLPs and EPs also confirmed that they had not been involved in joint recruitment or interviews for students. As a result, the visitor team was not assured that the programme demonstrated compliance with SFNME requirements 1.12, 2.7 and 5.5, leading to **condition (C1)**, requiring strengthened, field-relevant co-production across the full lifecycle of the programme. The visitor team additionally noted that academic staffing for the new fields was limited and reliant on a small number of individuals. While senior management outlined approved lecturer posts and recruitment plans, the visitor team considered that early delivery

posed risks to field-specific oversight, continuity and sustainability, resulting in **recommendation (R2)**, linked to SFNME requirement 2.19, encouraging UEL to strengthen academic capacity and resilience across the new fields. Following a final review of programme documentation and discussion with the programme team at the onsite visit, the visitor team identified that field-specific contemporary content, particularly for children's and mental health nursing, was not consistently or clearly articulated, and several module descriptors closely mirrored adult field content. This limited clarity on how theory, simulation and practice learning together enable students to meet the SoPRN within their chosen field. This resulted in **condition (C2)**, linked to SFNME requirement 5.1, requiring strengthened field-specific mapping, content and assessment.

10. In reviewing Standard 2.2, the visitor team considered the existing programme handbook for the adult field, the proposed programme handbook, practice governance documentation, the ePAD and evidence of SSSA (NMC 2018, updated 2023) role preparation. The handbook clearly sets out the responsibilities of PAs, PSs and AAs, and the practice governance documentation provides further detail on practice learning expectations, attendance and support mechanisms. UEL confirmed that SSSA roles and requirements apply consistently across all fields and are embedded within the practice learning governance framework, supported through educational audits and contractual arrangements with PLPs and EPs to ensure that appropriate PA, PS and apprenticeship support is in place. During the practice learning visit and onsite discussions with AAs, PAs, PSs, PLPs, EPs and the programme team, the visitor team found a clear and consistent understanding of SSSA requirements, and the responsibilities associated with supervision and assessment. The practice learning team and link lecturers described established mechanisms for oversight, including weekly meetings with major partner trusts and routine partnership engagement, which PLPs and EPs confirmed as effective and which will extend to the children's and mental health fields as they are implemented. UEL further clarified that practice learning governance processes, practice learning guidelines and educational audit arrangements apply across the entire nursing portfolio, thereby supporting consistency of SSSA application as the new fields are introduced.
11. In reviewing Standard 2.3, the visitor team examined the course and module specifications and associated mapping documentation, which demonstrated that the programme learning outcomes explicitly reflect the SoPRN and incorporate field-specific outcomes for adult, children's and mental health nursing. The module descriptors set out how these learning outcomes are delivered and assessed, and the ePAD evidences how the platform and Annexe requirements are recorded across the programme. Practice learning hours exceed the NMC minimum of 2,300. Following a request for clarification, UEL provided revised field-specific practice learning plans, enabling the visitor team to confirm that the sequencing and distribution of practice learning supports achievement of the field-specific learning outcomes. UEL also confirmed that the programme handbook presents the overarching programme learning outcomes, with field-specific content embedded within the relevant modules. During the onsite visit, the programme team explained how shared and field-specific modules collectively ensure students meet the SoPRN, and that the mechanisms for designing, mapping, delivering and assessing programme learning outcomes are sufficient to ensure alignment with the field-specific requirements.
12. In reviewing Standard 2.4, the visitor team considered the course and module specifications, mapping documentation and practice learning information, which together outlined UEL's approach to ensuring that all students gain exposure across

the four fields of nursing practice. The evidence demonstrated that the programme is intentionally designed so that, regardless of field of registration, students engage with theoretical content spanning adult, mental health, learning disabilities and children's nursing through shared modules, interdisciplinary learning activities and mapped cross-field learning outcomes. Field-specific modules then provide depth in the student's chosen field. UEL's application of 'exposure' to all four fields was evidenced through a combination of shared theoretical content, structured cross-field practice-learning opportunities and the use of digital simulation for fields where physical practice learning capacity may be limited. Following a request for clarification, UEL confirmed that all students undertake a learning disabilities practice experience; that adult and mental health students will receive children's nursing exposure via virtual practice learning experience; that children's nursing students complete a short adult health practice learning experience; and that mental health exposure is embedded across PLEs for all fields through rotation and hub-and-spoke arrangements with partner trusts. Practice learning allocation and breadth of exposure are monitored through governance structures, including regular PLP and EP meetings, the ePAD and systematic mapping of practice learning patterns. During the onsite visit, students, PLPs and EPs confirmed that cross-field experience is gained through shared modules, interdisciplinary teaching, and practice learning exposure across adult, mental health, learning disabilities and children's contexts. While the visitor team found that UEL's approach to cross-field exposure provided assurance for the initial delivery of the programme, discussions during the visit indicated that academic capacity specific to the newly proposed fields was still developing. In particular, reliance on a small number of field-specific staff to support teaching, assessment and academic oversight was identified. This informed **recommendation (R2)**, to strengthen academic resourcing and resilience in order to ensure the sustainable delivery of both cross-field and field-specific learning as the programme expands.

13. In reviewing Standard 2.5, the visitor team reviewed the course and module specifications, which clearly state the routes available within the pre-registration nursing programme leading to registration in adult, children's or mental health nursing. The documentation outlined the structure of each pathway, including the shared and field-specific modules, practice learning requirements and proficiencies associated with each field. The specifications confirmed that on successful completion of the relevant pathway students are eligible to apply to join the NMC register in their chosen field of nursing. During the onsite visit, the programme team outlined how curriculum sequencing and field-specific practice learning support progression towards field-specific outcomes; PLPs and EPs confirmed that appropriate practice learning capacity is available for each route, and students demonstrated a clear understanding of the registration route associated with their chosen field.
14. In reviewing Standard 2.6, the visitor team examined the course and module specifications, and mapping documents. Collectively, this evidence demonstrated that the programme sets out the full range of general and professional content required to meet the SoPRN and programme outcomes. The mapping documentation showed how each platform and Annexe requirement is addressed across multiple modules, with clear identification of the theoretical, simulated and practice-based learning that contributes to achievement of each proficiency. The combined course specification sets out the overarching programme outcomes and described how these are achieved through the integration of shared and field-specific modules. The ePAD and ongoing achievement record (OAR) provide the mechanism for structured assessment and confirmation of practice-based proficiencies. During the onsite visit, the programme team explained how curriculum content reflects contemporary professional expectations and is reinforced through interprofessional

learning activities. PLPs and EPs described how practice learning enables students to apply theoretical knowledge and develop the required skills and behaviours across a range of care contexts. Students demonstrated clear understanding of how the programme content supports achievement of the seven platforms and prepares them for professional practice.

15. In reviewing Standard 2.7, the visitor team examined course and module specifications and mapping documentation to determine how the programme sets out the content necessary to meet the programme outcomes for each field of nursing practice. While the documentation describes field-specific programme outcomes for adult, children's and mental health nursing, analysis of module content identified limited differentiation in how these outcomes are operationalised within field-specific modules. The programme team explained that underpinning theoretical content, including anatomy and physiology, pharmacology and legal and professional frameworks, is introduced through shared core modules, with field-specific modules intended to support contextualisation within each field. However, the visitor team identified that module specifications for children's and mental health nursing included a significant proportion of content that is generic or primarily aligned to adult nursing practice, with insufficient articulation of contemporary field-specific knowledge, skills and approaches relevant to those fields. Field-specific skill development is described as being supported through a combination of academic input, simulation-based learning and virtual practice learning activities; however, the visitor team found that documentation did not consistently demonstrate how field-specific theory is distinctly developed, reinforced and differentiated from adult nursing content prior to achievement in practice learning. While assessment documentation confirms that practice learning is used to evidence achievement of proficiencies through the ePAD, the articulation of field-specific learning expectations within academic modules was not sufficiently clear to provide assurance that students in each field are consistently prepared for those practice learning requirements. During the onsite visit, discussions with students and PLPs confirmed that opportunities to apply learning within field-specific practice learning environments are available. However, the visitor team determined that greater consistency and coherence is required in how contemporary field-specific content is set out within module specifications and supporting documentation to ensure clear alignment between programme outcomes, academic learning and practice learning expectations across all fields of nursing practice, resulting in **condition (C2)**.

16. In reviewing Standard 2.8, the visitor team examined course and module specifications, field-specific module descriptors and mapping documentation, which together demonstrate how UEL addresses the six core theoretical requirements of law, consent, safeguarding, pharmacology, medicines administration and medicines optimisation across the programme. Module specifications clearly articulate aims, learning outcomes and indicative content, confirming comprehensive coverage of biosciences, professional values, communication, legal and ethical frameworks, medicines optimisation and evidence-based practice. Mapping documentation confirms that the six core requirements are embedded and contextualised for each field of nursing through a combination of shared modules supported by field-focused seminars, alongside dedicated field-specific modules delivered across levels four to six. Legal and professional requirements are introduced in Year 1 through the law, ethics and professional values module; safeguarding is addressed at induction and reinforced throughout shared and field-specific modules; pharmacology, medicines management and optimisation are taught within a dedicated pharmacology module; and consent is integrated across shared and field-specific learning activities. Field-focused seminars within shared modules, field-specific modules, simulation and virtual practice learning activities enable students to apply these principles within

the context of their chosen field. The ePAD further evidences how field-relevant procedures and communication skills are assessed in practice. Following a request for clarification, UEL provided detailed signposting demonstrating where contemporary field-specific learning outcomes, content and assessment are aligned across theory, simulation and practice learning, particularly in relation to children's and mental health nursing. This clarification described how academic staff expertise, simulated learning environments and practice learning opportunities are used to support learning and assessment of field-specific requirements. However, while the documentation and clarification provided demonstrate that field-specific content is included across the curriculum, the visitor team identified that greater consistency and clarity is required to ensure that contemporary field-specific learning outcomes, teaching, assessment and practice expectations are explicitly and coherently articulated across all programme documentation and learning environments. In particular, the visitor team determined that strengthened alignment between theory, simulation and practice learning is necessary to provide assurance that students in each field have sufficient and appropriate opportunities to meet the SoPRN, resulting in **condition (C2)**.

17. In reviewing Standard 2.9, the visitor team examined the course and module specifications, detailed course plans and practice-learning allocation information, which demonstrated that the curriculum provides an equal balance of theory and practice learning in line with NMC requirements. The programme hour mapping confirmed a 50:50 split, with the direct entry programme demonstrating 2,400 hours of theory and 2,530 hours of practice learning, and the apprenticeship programme demonstrating 2,400 hours of theory and 2,400 hours of practice learning. The documentation outlined a wide range of learning and teaching strategies, including blended learning, seminars, case-based learning, group work, digital and simulation-enhanced learning, and structured clinical skill development embedded across shared and field-specific modules. Virtual PLEs are delivered through immersive simulation utilising a digital platform and broader SPL activity contributing to practice learning alongside supervised practice in partner organisations. During the onsite visit, students, PLPs, EPs and the programme team corroborated that the curriculum offers a balanced distribution of learning, supported by a variety of teaching methods and practice-learning opportunities, with simulation and field-specific seminar activity planned to support the new fields as academic capacity expands.
18. In reviewing Standard 2.10, the visitor team examined the course specification, module specifications and the programme handbook, which collectively demonstrated that technology-enhanced learning and simulation are used effectively and proportionately across the curriculum to support supervision, learning and assessment. The documentary evidence showed that simulation is embedded in a structured and progressive way throughout the programme, including virtual practice learning delivered through an immersive digital simulation platform and skills-based sessions within shared and field-specific modules. The programme documentation confirmed that up to 300 hours of SPL are used within the direct entry route, with 150 hours delivered as a virtual practice learning experience in Part 1 and a further 150 hours integrated within community-based practice learning. Apprentices access simulation through structured skills-based activity, but do not undertake the virtual practice learning experience given their existing employment-based exposure. Digital learning is routinely embedded across all routes through the VLE, digital numeracy and medicines-management tools, online library resources and the ePAD. During the onsite visit, students, PLPs and EPs confirmed that simulation enhances confidence, supports rehearsal of procedural and communication skills, and prepares learners for practice learning, and that digital platforms are used consistently to support academic learning and assessment. The programme team outlined how technology

and simulation are applied across all fields, including the new children's and mental health fields, to ensure parity of experience and support field-specific skill development. The visitor team was satisfied that technology-enhanced learning and simulation are used effectively and proportionately across the curriculum to support supervision, learning and assessment.

19. In reviewing Standard 2.12, the visitor team examined the course and module specifications and programme hour mapping, which demonstrated that the programme meets the required minimum of 4,600 hours over the equivalent of three academic years. The programme hour mapping showed that the total hours exceed the minimum requirement, with the direct-entry programme demonstrating 4,930 programme hours, and the apprenticeship programme demonstrating 4,800 programme hours. Following clarification, the programme team confirmed that the additional hours arise from the structure of the academic calendar, scheduling of practice learning blocks and the mandated weekly practice-learning hours. The visitor team reviewed UEL's attendance and progression processes and noted that mechanisms are in place to monitor completion of theory and practice learning hours, escalate concerns and ensure that all students meet the minimum requirements before progression or completion. During the onsite visit, students, PLPs and EPs confirmed their understanding of practice hour expectations and described clear processes for tracking hours through the ePAD. The visitor team was satisfied that the rationale for hours in excess of 4,600 is appropriate and does not add any unnecessary burden to the programme timetable.
20. Based on the information made available, the visitor team considers that UEL has in place the appropriate arrangements for Standard 2: Curriculum to enable the NMC standards to be met subject to meeting **conditions (C1 and C2)**.

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 type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input checked="" 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input 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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Practice learning requirements and simulated learning hours

The direct-entry programmes comprise 2,530 practice learning hours, including 300 hours of SPL hours.

In Part 1, students undertake 850 practice learning hours across 22 weeks, comprising:

- 150 hours of SPL, delivered as a virtual practice learning experience in preparation for practice, delivered over one, four-week block, at 37.5 contact hours per week
- 375 hours of practice learning experience, comprising two, five-week blocks, at 37.5 contact hours per week, totalling 187.5 hours each
- 300-hour community-based practice learning experience, delivered over two, four-week blocks, at 37.5 contact hours per week, totalling 150 hours each, incorporating a maximum of 150 hours of SPL through the digital simulation environment, aligned to community-based learning outcomes
- 25 hours of reflective activity, which comprises 2.5 hours of structured reflective learning per week applied across each of the five-week practice learning blocks, bringing the total weekly contact hours expectation to 40 hours.

In Part 2, students undertake 800 practice learning hours across 20 weeks, comprising:

- 750 hours of practice learning experiences, made up of one, 10-week block, at 37.5 contact hours per week, totalling 375 hours, and two, five-week blocks, at 37.5 contact hours per week, totalling 187.5 hours each
- 50 hours of reflective activity, which comprises 2.5 hours of structured reflective learning per week of practice learning, bringing the total weekly contact hours expectation to 40 hours.

In Part 3, students undertake 880 practice learning hours across 22 weeks, comprising:

- 375 hours of practice learning experience, made up of one, 10-week block, at 37.5 contact hours per week, totalling 375 hours
- 450 hours of leadership practice learning experience, made up of one, 12-week block, at 37.5 contact hours per week, totalling 450 hours
- 55 hours of reflective activity, which comprises 2.5 hours of structured reflective learning per week of practice learning, bringing the total weekly contact hours expectation to 40 hours.

The apprenticeship programmes consist of 2,400 practice learning hours.

In Part 1, apprentices undertake 720 practice learning hours across 18 weeks, comprising:

- 675 hours of practice learning experience, allocated across 18-weeks, at 37.5 contact hours per week
- 45 hours of reflective activity, which comprises 2.5 hours of structured reflective learning per week of practice learning, bringing the total weekly contact hours expectation to 40 hours.

In Part 2, apprentices undertake 800 practice learning hours across 20 weeks, comprising:

- 750 hours of practice learning experience, allocated across 20 weeks, at 37.5 contact hours per week
- 50 hours of reflective activity, which comprises 2.5 hours of structured reflective learning per week of practice learning, bringing the total weekly contact hours expectation to 40 hours.

In Part 3, apprentices undertake 880 practice learning hours across 22 weeks, comprising:

- 825 hours of practice learning experience, allocated across 22-weeks, at 37.5 contact hours per week
- 55 hours of reflective activity, which comprises 2.5 hours of structured reflective learning per week of practice learning, bringing the total weekly contact hours expectation to 40 hours.

The four-week, elective civic engagement practice learning experience in Part 3 does not contribute towards practice learning hours.

Findings

21. In considering Standard 3.1, the visitor team reviewed course plans, the context document, exemplar practice learning plans for adult, children's and mental health nursing, and governance documentation outlining UEL's oversight of practice learning. This evidence demonstrated a wide and diverse practice learning circuit across NHS, independent, voluntary and criminal justice settings, supported through participation in the PAN London quality assurance framework. The hub and spoke model described in the context document is designed to provide students with

access to a broad range of care contexts across the lifespan. The adult nursing practice learning plan demonstrated appropriate sequencing, scope and variety of practice learning experiences to support achievement of the SoPRN. Following a request for clarification, UEL provided draft practice learning plans for children's and mental health nursing, which outlined the proposed pattern, duration and focus of practice learning experiences across the programme. The programme team described how Annexe B physical health skills for mental health nursing students would be achieved through planned physical health practice learning experiences and reciprocal arrangements with partner organisations, and how children's nursing students would commence practice learning in acute paediatric settings before progressing to specialist and community contexts. Updated practice learning guidelines and governance documentation confirmed UEL's systems for oversight, monitoring and escalation of practice learning concerns. During the onsite visit, students described varied and appropriate practice learning opportunities and were clear about mechanisms for raising concerns. PLPs confirmed that supervision and assessment arrangements were in place in line with SSSA requirements, and that feedback loops with UEL, including regular governance meetings and action planning, were effective. However, documentary review and triangulation during the visit identified that, while appropriate and varied practice learning opportunities are planned and available across all fields, the preparation of students for those opportunities is not yet consistently assured for children's and mental health nursing. In particular, the visitor team found that field-specific contemporary theoretical learning was not always clearly aligned or sequenced in advance of relevant practice learning experiences. This limited the coherence between theory, simulation and practice learning, and reduced assurance that students would consistently enter practice learning settings with the field-specific knowledge and skills required to maximise those opportunities. As a result, although students would be exposed to appropriate practice learning environments, the visitor team was not fully assured that practice learning opportunities across all fields would consistently enable students to develop and meet the SoPRN, including Annexe A and Annexe B requirements, at the point those practice learning experiences occur. This indicates that practice learning opportunities do not yet fully meet the intent of SFNME requirement 5.1, which requires curricula to provide learning opportunities that enable students to achieve programme outcomes and proficiencies. These findings informed **condition (C2)**, requiring UEL to strengthen the alignment and sequencing between field-specific theoretical learning, simulation and practice learning to ensure that practice learning opportunities across all fields consistently enable students to achieve the required proficiencies for entry to the register.

22. In reviewing Standard 3.2, the visitor team considered the context document, exemplar adult practice learning plans, governance and mapping documentation, and the subsequently submitted practice learning plans for children's and mental health nursing. This evidence outlined UEL's practice learning model and confirmed that a dedicated team oversees allocations across a wide range of NHS, private, voluntary and community settings, with capacity and allocation monitored through central systems and the practice learning management database. Governance documentation evidenced established processes for auditing practice learning environments, monitoring capacity and ensuring compliance with the SSSA. The context documentation described the hub and spoke model used to provide access to a breadth of care contexts, supporting development of the knowledge, skills and behaviours required to meet the holistic needs of people across the lifespan. Further detail provided by UEL demonstrated that an interprofessional education (IPE) strategy is being implemented across all fields, incorporating shared module activity, interprofessional events and collaborative learning within practice learning settings. During the onsite visit, students, PLPs and EPs confirmed that practice learning

allocations provide varied learning experiences enabling them to meet programme outcomes and develop holistic practice. Stakeholders also described effective feedback processes and outlined how the hub and spoke model and interprofessional learning opportunities operate in practice.

23. In considering Standard 3.3, the visitor team reviewed exemplar adult practice learning plans, mapping documents for the SoPRN including Annexes A and B, module specifications and the context documentation, which collectively outlined UEL's approach to ensuring both students and apprentices have access to practice learning opportunities that support the development of communication, relationship management and procedural skills within their chosen field. Practice learning allocations are overseen by a central practice learning team and monitored through the practice learning management database, while apprenticeship practice learning is arranged by EPs with oversight from the programme leader to ensure equitable access to required practice learning experiences. The hub and spoke model is used to provide supplementary exposure to communication and procedural skills aligned to Annexes A and B, and theoretical and practice components are mapped across modules, with the ePAD and OAR evidencing progression in skill development. The visitor team noted that simulation is used to rehearse clinical communication and procedural skills prior to practice learning, with SPL forming part of preparation for supervised sign-off in practice. Interprofessional learning opportunities were also described as contributing to the development of collaborative communication and relationship-management skills. During the onsite visit, students, PLPs and EPs confirmed that supervised opportunities are available in practice to develop the required skills and that simulation effectively prepares learners for real-world application. However, triangulation of documentation and discussions demonstrated that programme documentation for the new mental health and children's fields did not consistently articulate contemporary field-specific communication, relationship management and procedural requirements across theory, simulation and practice. This lack of clarity informed **condition (C2)**, requiring strengthened alignment of field-specific provision to ensure that learners in all fields are fully supported to meet Annexes A and B requirements and the SoPRN.
24. In reviewing Standard 3.4, the visitor team examined the course specifications, course plans and practice learning documentation, which demonstrated that UEL's programme structure provides more than the required 2,300 hours of practice learning, with 2,530 hours for direct-entry students and 2,400 hours for apprentices. The course plans set out the distribution of practice learning across each year, supported by a 40-hour practice learning week comprising 37.5 hours in practice and 2.5 hours of structured reflective learning, with all reflections recorded in the ePAD, including one additional reflection per practice learning experience, and verified by PAs and PSs. The documentary evidence confirmed that 150 hours of SPL are embedded in Part 1 as a virtual practice learning experience, supporting preparation for direct entry students before supervised learning in practice. A further 150 hours of SPL are utilised later in Part 1 to support community-based learning outcomes. Apprentices do not undertake SPL hours through the virtual practice learning experience, as they enter the programme with substantial prior practice experience. They do, however, participate in structured skills development weeks, delivered through academic and skills-based learning activities, to ensure parity of preparation prior to practice learning. During the onsite visit, students described how SPL supports confidence and readiness for supervised skill development, while PLPs confirmed that simulation provides a consistent baseline for developing procedural and communication proficiencies within practice learning environments.

25. In considering Standard 3.5, the visitor team reviewed the admissions information, practice learning provider documentation and programme handbooks, which collectively set out UEL's arrangements for supporting students who require reasonable adjustments in practice learning. The documentation confirmed that students are informed at admission and induction about the processes for disclosing disabilities, health conditions or personal circumstances that may affect practice learning, and that UEL's wellbeing, disability and learning support services develop individual support plans that outline agreed adjustments for both theory and practice. A formal mechanism is in place for generating statements of support for practice learning, which are shared with the central team and, with student and apprentice consent, with PLPs and EPs to ensure that appropriate adjustments can be implemented in practice settings. The governance documentation demonstrated that student practice learning allocations take account of individual needs, with the central team liaising with PLPs in advance to confirm capacity to support required adjustments. Systems for monitoring the implementation of adjustments, reviewing progress and escalating concerns are clearly established. During the onsite visit, the programme team, PLPs, EPs and link lecturers articulated a consistent understanding of their responsibilities in supporting students and apprentices with additional needs and described established pathways for coordinating adjustments and seeking further review when required. Students confirmed that they understood how to request support, had accessed university services where necessary and felt well supported during practice learning. Apprentices described additional employer-based support structures, with adjustments reviewed through tripartite processes involving the employer, apprentice and UEL.
26. In reviewing Standard 3.6, the visitor team reviewed the practice learning guidelines, governance mapping documentation, programme handbooks and practice learning records, which together set out UEL's expectations for students to experience the full range of hours required of registered nurses. The documentation confirmed that students are informed during induction and through handbooks that they should undertake a range of shift patterns reflective of contemporary nursing practice. The mapping document and guidelines outlined how UEL and its PLPs ensure practice learning experiences provide 24-hour and seven-day services to enable students to experience the breadth of nursing activity across different times of the day. The practice learning guidelines also describe the expectation that students will follow the shift patterns of their PSs, with appropriate consideration of individual needs identified through support plans. During the onsite visit, PLPs and EPs described how shift allocation is managed locally, noting that students are integrated into standard rota systems and that early exposure to varied shift patterns is used to support understanding of the rhythms and routines of clinical environments. Students who met with the visitor team confirmed their experience of working a variety of shifts, including night duty, and were able to describe how these contributed to their understanding of patient care across the full 24-hour cycle. They also explained that attendance is formally recorded in the ePAD and monitored by link lecturers and AAs. The visitor team found that systems are in place to ensure students experience the range of hours expected of registered nurses, with monitoring processes in place to track attendance and identify shortfalls through early-warning systems. AAs and practice learning teams described how they review logged hours and arrange retrieval opportunities where necessary.
27. In considering Standard 3.7, the visitor team reviewed the practice guidelines, programme handbooks, and governance documentation, all of which clearly state that students must be supernumerary for the duration of their practice learning. The practice guidelines outline the requirement that students and apprentices are not included in staffing numbers and that their time in practice is focused on supervised

learning and assessment. The programme handbook reinforces this expectation and provides students with mechanisms for escalating concerns where supernumerary status may not be upheld. During the onsite visit, the visitor team heard from PLPs and EPs, who articulated a clear understanding of supernumerary status, describing established local processes for ensuring students are rostered separately from permanent staff and supported to engage in appropriate learning opportunities. PAs and PSs similarly described the expectation that students should shadow, observe, and participate under supervision, rather than operate as part of the established staffing. However, during the onsite visit, the visitor team heard reports from both students and apprentices that they are not consistently supernumerary in all practice learning environments. Some students and apprentices described occasions where they felt their status was compromised because they were relied upon to support routine staffing or where they were allocated duties that aligned more closely with workforce needs, than with their learning outcomes. Students and apprentices were able to articulate how they would raise concerns but indicated that they were unsure whether these instances were routinely captured or addressed through formal reporting systems. The visitor team explored how supernumerary status is monitored across practice learning environments. UEL described using the Pan London quality assurance framework, evaluations, and link lecturer oversight to identify concerns, but the triangulated evidence indicated that the systems in place did not always detect or respond to occasions where supernumerary status was reduced or withdrawn. PLPs and EPs confirmed their commitment to maintaining supernumerary status but acknowledged the pressures within some practice learning environments, particularly at peak times, which could result in blurred boundaries between learning and staffing contribution. Across the documentary review and onsite triangulation, the visitor team found that while UEL's documentation articulates the requirement for students and apprentices to be supernumerary, this expectation is not consistently upheld in practice, and the monitoring arrangements are not sufficiently robust to ensure systematic identification and resolution. As a result, the visitor team determined that further assurance is required to ensure that all students and apprentices remain supernumerary throughout their practice learning. This resulted in **condition (C3)** requiring UEL to clearly articulate, implement, and monitor supernumerary status across all practice learning environments and to ensure that PLPs and EPs consistently understand, uphold, and evidence this requirement.

28. Based on the information made available, the visitor team considers that UEL has in place the appropriate arrangements for Standard 3: Practice learning to enable the NMC standards to be met subject to meeting **conditions (C2 and C3)**.

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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input checked="" 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

29. In considering Standard 4.1, the visitor team reviewed the context document, module specifications, practice guidelines and programme handbook, which set out UEL's arrangements for academic support, supervision, learning and assessment across all fields. During the onsite visit, the visitor team observed well-established collaborative relationships between UEL, PLPs and EPs, with a shared understanding of roles, responsibilities and escalation processes. Governance arrangements for oversight of practice learning environments were clearly described by programme staff and PLPs. In the context of introducing the children's and mental health fields, the visitor team identified that field-specific academic staffing, including capacity to deliver the AA function required by the SSSA, had not yet been fully secured. Although two new field-specific lecturer posts had been approved and were progressing through recruitment, interim arrangements relied on a very small number of individuals,

supplemented temporarily by staff from the adult and nursing associate teams. The visitor team considered this dependency to present risks to sustainability, continuity and equitable support across fields, particularly in relation to maintaining consistent AA oversight, given the requirement for AAs to change across each Part. This finding informed **recommendation (R2)**, linked to SFNME requirement 2.19, encouraging UEL to strengthen field-specific academic capacity and resilience as the new fields are implemented. Triangulation with students, PLPs and EPs identified inconsistencies in the maintenance of supernumerary status and supported learning time during practice learning. While programme and placement documentation clearly articulate the expectation that both students and apprentices are supernumerary when learning in practice, testimony indicated that this was not consistently upheld across all practice learning environments. In particular, the visitor team found that existing systems did not reliably identify, record or respond to occasions where supported learning time was reduced or withdrawn.

30. In considering Standard 4.2, the visitor team reviewed the ePAD, programme handbook, practice learning guidelines and module specifications, which collectively demonstrate that UEL has adopted an institutional approach to implementing the SSSA. These documents set out how roles, responsibilities and expectations for PSs, PAs and AAs are communicated and enacted across the programme. The ePAD aligns explicitly with SSSA requirements and outlines processes for supervision, assessment, feedback, escalation, monitoring of learner progress and the protection of supported learning time. During the onsite visit, PLPs, EPs, PSs, PAs and AAs described clear preparation arrangements for supervisory roles, including organisational induction, local update sessions, structured training resources and consistent liaison with UEL link lecturers and practice education teams. PLPs demonstrated a sound understanding of PS and PA responsibilities and confirmed that supervisory expectations, including field-specific considerations, are communicated through practice learning briefings, governance meetings and educational audit processes. Students confirmed that they receive regular supervision and feedback, understand who oversees their progress and are clear about escalation routes. In the context of introducing the children's and mental health fields, the visitor team identified that field specific academic capacity to fulfil the AA role had not yet been fully secured. Although two new field-specific lecturer posts had been approved and were progressing through recruitment, interim arrangements relied on a very small number of individuals, supplemented by short-term support from the adult and nursing associate teams. While senior management provided assurance that recruitment was funded and actively underway, the visitor team determined that this dependency presents risks to sustainability, continuity and equitable AA oversight across fields. These limitations create potential vulnerabilities in meeting SSSA Standards 6.1 and 6.3, which require that students are assigned a different AA for each part of the programme and that AAs are appropriately experienced and registered in the student's field of practice. The visitor team concluded that while UEL's institutional SSSA processes are established and currently effective for the adult field, further assurance is encouraged to help ensure that field-specific academic oversight is consistently operationalised as the children's and mental health fields are implemented. These findings contributed to **recommendation (R2)** to strengthen field-specific academic capacity and resilience.
31. In reviewing Standard 4.3, the visitor team reviewed staff CVs which confirms that the individual responsible for directing the education programme is an experienced, appropriately qualified registered nurse. The documentation provided demonstrated suitable senior leadership experience, currency of professional registration and clear accountability for academic oversight of the nursing programmes. During the visit, senior staff confirmed the governance arrangements through which programme

leadership responsibilities are discharged, and the visitor team was assured that the named individual is registered with the NMC and has been formally notified to the regulator as the person directing the programme.

32. In considering Standard 4.4, the visitor team reviewed documentary evidence outlining UEL's approach to providing constructive feedback across theory and practice. The assessment and feedback policy, admissions, RPL and assessment documentation, and the context document set out clear expectations for timely, developmental feedback and feed-forward mechanisms. Module specifications describe structured opportunities for formative and summative feedback, and the programme handbook provides further guidance to students on how feedback supports their academic progress. In practice learning, the ePAD details the incremental nature of proficiency development and the mechanisms for regular feedback from PAs, PSs and AAs, including processes for remedial support where required. The documentation demonstrates how feedback is embedded to guide students' progression in communication, relationship management skills and nursing procedures. During the onsite visit, students affirmed that they receive consistent and constructive feedback in both academic and practice learning settings. PAs, PSs, EP and PLP representatives corroborated this, describing routine feedback processes, supported reflection, and clear communication channels with UEL.
33. In considering Standard 4.5, the visitor team reviewed mapping documents, module specifications and the context documentation, which together demonstrated how UEL intends to map the SoPRN and programme outcomes across the curriculum. The example practice learning mapping submitted for the adult field further illustrated how practice learning experiences are intended to consolidate academic learning and support progression towards the proficiencies. While the evidence provided assurance that the established adult nursing provision is structured to enable students to meet the SoPRN, the visitor team identified that mapping for the proposed mental health and children's fields did not consistently articulate how programme outcomes would be met. A number of modules presented as field-specific closely mirrored adult content and did not reflect the distinct contemporary knowledge, skills and procedures required for mental health or children's nursing. In addition, discrepancies between mapping documents created ambiguity about where specific platforms were taught, applied and assessed across theory, simulation and practice learning. UEL provided additional detail, including updated practice learning planners and clarification that field-specific content would be delivered through a combination of shared and field-specific modules. However, this did not fully assure the visitor team that distinct field identity, contemporary practice requirements or contextualised assessment were sufficiently defined, or clearly articulated within the proposed structure of the new fields. During the onsite visit, triangulation with senior management, the programme team, PLPs and EPs confirmed that the adult field is meeting the SoPRN, but reinforced concerns that preparation for mental health and children's students was not yet sufficiently developed, operationalised or resourced. The programme team acknowledged that further refinement of mapping and field-specific content was underway, and senior leaders described recruitment plans intended to strengthen academic capacity to support this. Nonetheless, the programme documentation did not yet demonstrate consistently how mental health and children's nursing students would achieve the SoPRN or how programme outcomes would be distinctly delivered and assessed for each field. Given the lack of clarity in mapping, limited field-specific contemporary content in key modules, and variable alignment between theory, simulation and practice learning, the visitor team concluded that UEL must strengthen and evidence how field-specific content is mapped, delivered and assessed throughout the programme. Consequently, this resulted in **condition (C2)**, requiring UEL to revisit and consolidate the curriculum to

ensure that students across all fields have sufficient, coherent and contextually relevant learning opportunities to meet the SoPRN.

34. In considering Standard 4.6, the visitor team reviewed the module specifications, handbook and the context document, which clearly set out the approach to health numeracy and medicines calculation assessment across the programme. Documentary evidence demonstrated a progressive structure for developing numeracy competence through a digital platform, with assessments embedded at each part of the programme. The final assessment requires students to demonstrate full accuracy, with a pass mark of 100%, as confirmed in programme documentation and within the assessment strategy. At the onsite visit, the programme team described how numeracy teaching is integrated within modules, with opportunities for practice, feedback and remediation prior to the final summative assessment. PLPs and EPs also confirmed that students are routinely encouraged to apply medicines calculation skills within supervised practice learning environments in accordance with local governance and scope of practice arrangements. Students who met with the visitor team were able to articulate their understanding of the numeracy requirements, describe how the digital platform supports their development across the programme, and explain the expectations for achieving the final 100% pass mark in Part 3.
35. In considering Standard 4.7, the visitor team reviewed the ePAD, module specifications and the context document, which together set out how students are expected to develop and demonstrate the communication, relationship management and nursing procedure skills specified in the Annexes of SoPRN. Documentary evidence showed clear alignment between the ePAD and Annexes A and B, and the communication module outlined relevant foundational teaching. For the adult field, the module specifications, practice learning plans and ePAD demonstrated a coherent structure through which skills are taught, applied, and assessed. However, across the documentation, evidence of explicit field-specific application for mental health and children's nursing was less consistently presented. In several module specifications, particularly practice-related modules, the field-specific components for mental health and children's nursing lacked sufficient clarity, with some descriptors mirroring adult field content rather than articulating contemporary practice expectations for each field. At the onsite visit, triangulation with PLPs and EPs confirmed that communication and procedural skills are well supported for adult nursing students, including through preparatory teaching and practice learning opportunities aligned to Annexes A and B requirements. Clinical staff from mental health settings described bespoke preparatory work to support communication skills for students from other fields undertaking mental health practice learning experiences, which offered helpful insight into cross-field learning environments. Students corroborated the adult pathway's effective development of communication and procedural proficiency. However, given the limited number of mental health and children's nursing lecturers currently in post, the visitor team identified a risk to the programme's ability to deliver, contextualise and assess these field-specific skills appropriately and consistently during early implementation. This also directly aligned with the broader finding regarding field-specific curriculum capacity linked to **recommendation (R2)**. As a result, although the structures for developing communication and procedural skills are sound in principle, the visitor team could not be assured that field-specific content is sufficiently articulated, mapped or embedded across theory, simulation and practice for all fields, or that documentation consistently reflects differentiated contemporary skill expectations. This contributes to **condition (C2)**, requiring UEL to strengthen and evidence the mapping, delivery and assessment of field-specific contemporary content across the curriculum, ensuring students in each field have

appropriate and relevant learning opportunities to meet all communication, relationship management and nursing procedure requirements throughout the programme.

36. In considering Standard 4.8, the visitor team reviewed the ePAD, the context document, mapping documents, and the adult practice learning map. Collectively, this documentation sets out the processes through which students are assessed across theory and practice in order to confirm achievement of the required proficiencies for registration. The ePAD provided clear evidence of progressive assessment requirements across each part of the programme, including structured feedback, escalation processes and mechanisms for confirming proficiency at appropriate points in the student journey. The mapping documentation demonstrated alignment between module learning outcomes, practice assessment requirements and the SoPRN, supporting the programme's approach to ensuring that assessment is comprehensive and cumulative. The practice learning pattern for the adult field illustrated opportunities for students to apply and be assessed on proficiencies within a varied range of practice learning environments. During the onsite visit, discussions with students, PAs, PSs and AAs confirmed that assessment processes operate as described, and that the ePAD functions as an effective framework for monitoring progress and confirming proficiency. Students were able to articulate how they receive feedback, how progression decisions are made and how they are prepared for transition to registration. PLPs and EPs described clear and consistent processes for assessment, including familiarity with the ePAD and established support from the programme team.
37. In reviewing Standard 4.9, the visitor team reviewed module specifications, the handbook and the context document. Across this documentation, the assessment strategy was clearly articulated and demonstrated that theory and practice components carry equal weighting in determining student progression and completion. The documentation confirmed that students must successfully achieve both theoretical and practice assessments to pass each part of the programme, and that neither component can compensate for failure in the other. Module specifications set out the contribution of theoretical assessments to overall achievement, and evidence how the ePAD structures assessment of practice learning, confirming its equivalent significance within the programme. During the onsite visit, discussions with senior academic staff, module leaders and the wider programme team assured the visitor team that assessment processes will remain consistent across all fields of practice, including the proposed children's and mental health fields. The programme team described how academic and practice assessments are monitored through established governance structures to ensure parity, transparency and consistency for all cohorts.
38. In considering Standard 4.10, the visitor team reviewed the ePAD, OAR, the practice learning guidelines and mapping documentation. The programme clearly demonstrated that all proficiencies and skills are recorded within the OAR, which tracks student progression throughout all parts of the programme. The ePAD documents articulate how the SoPRN are assessed and evidenced in practice, and the associated mapping documents set out where each proficiency is taught, applied and assessed across theory, simulation and practice learning. During the onsite visit, PAs, PSs and AAs confirmed that the OAR is central to the programme's approach to monitoring student and apprentice progress, identifying concerns and planning targeted developmental support. PAs and PSs described how they liaise closely with AAs and link lecturers to ensure transparency in recording progress, and how the ePAD enables visibility of achievement across the three parts of the programme. Further clarification was sought regarding the programme team's reference to

students progressing into Part 2 with unmet proficiencies. UEL confirmed that this is limited to specific situations where a learning opportunity was demonstrably unavailable and relates only to progression between Parts 1 and 2. In such cases, the ePAD for the next academic year is withheld until all summative assessments have been passed, and a clear deadline for proficiency completion is set. Mechanisms within the ePAD ensure that unmet proficiencies are explicitly recorded, monitored and addressed. AAs scrutinise the records, liaise with students, and practice teams, and ensure that PLPs and EPs are aware of outstanding requirements in advance of allocation of practice learning experiences. UEL confirmed that this approach has been used sparingly and that EEs maintain oversight of all practice modules. The visitor team was assured that the systems in place provide robust monitoring of proficiency achievement, support identification of students requiring additional scaffolding or retrieval learning, and safeguard public protection. The alignment between ePAD, OAR processes and the wider assessment strategy enabled the visitor team to confirm that students' achievement of the SoPRN is tracked systematically and evidenced appropriately across the duration of the programme.

39. Based on the information made available, the visitor team considers that UEL has in place the appropriate arrangements for Standard 4: Supervision and assessment to enable the NMC standards to be met subject to meeting **condition (C2)**.

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

40. In considering Standard 5.1, the visitor team reviewed the programme specification and the handbook, which confirm that the minimum award for all pre-registration nursing routes is the Bachelor of Science with Honours in Nursing at Level 6. The programme comprises 360 credits delivered over three academic years, and the award title is clearly articulated for each field of practice.
41. In considering Standard 5.2, the visitor team reviewed the programme handbook, which clearly informs students that they have five years from the date of completion to register their award with the NMC. The handbook also sets out that if graduates do not register within this timeframe, they will be required to undertake additional education, training or experience in accordance with NMC requirements. The visitor team was satisfied that this information is explicit, consistently conveyed and accessible to students throughout the programme.
42. Based on the information made available, the visitor team considers that UEL 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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