

# Quality assurance of nursing and midwifery education

Annual report  
2016-2017



## About us

We exist to protect the public by regulating nurses and midwives in the UK. We do this by setting standards of education, training, practice and behaviour so that nurses and midwives can deliver high quality healthcare throughout their careers.

We maintain a register of nurses and midwives who meet these standards, and we have clear and transparent processes to investigate nurses and midwives who fall short of our standards.

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# Executive summary

At the time of writing in September 2017, the number of approved education institutions (AEIs) had increased to 80 and there were 923 approved programmes.

We are committed to using the results of the year's activities to continuously improve our education QA function. By doing this we can ensure that students are supported and are learning in environments that equip them with the knowledge and skills necessary to practise safely and effectively at the point of entry to the register. This ensures that we protect the public and can be confident in the level of knowledge and competence of a newly qualified nurse and midwife.

17 AEIs were selected for monitoring this year (21 percent of the total). There was an improvement in AEIs achieving the 'standard met' outcome in all risk themes this year: six out of 17 AEIs (35 percent) compared to four out of 16 (25 percent) in 2015-2016.

From the analysis of AEIs' self-reports and monitoring results, practice learning remains the most significant area of concern. This is most notable in:

- ensuring that mentors are updated for this role
- the quality of the learning environment
- placement capacity, and
- ensuring that students are sufficiently supported and robustly assessed.

We also saw that some AEIs needed to improve their processes for exceptionally reporting risks and concerns to us.

We follow all issues identified through monitoring to resolution by agreeing action plans with the monitored institutions. We share learning from the themes identified over the course of the year's monitoring with AEs through newsletters distributed centrally and through our external providers of quality assurance (QA) services.

We also feed learning into to our annual update of subsequent monitoring review plans, and into the requirements for annual self-assessment. We continue to be proactive in making the best possible use of our intelligence by promoting information sharing and collaborating both internally, and externally with other regulators and key organisations. Every year, we update our [quality assurance framework](#) as part of this commitment.

Based on our findings from this reporting year, we are assured that the correct risk controls are in place to ensure that approved nursing and midwifery programmes meet our education standards, and that our role in public protection in this area is being fulfilled.

It is evident, however, from our QA work that the nursing and midwifery education sector is experiencing strain. We attribute this to change from external initiatives, including the development and introduction of new routes to the register, changes in the funding of programmes and our programme of change for education.

Placement quality and capacity also continues to pose challenges in ensuring our standards to support learning and assessment in practice are met. [Data we published in 2017](#) showed that more nurses and midwives are leaving the register than joining and this workforce reduction poses a risk to the capacity of placement providers supporting students in learning.

We will continue to be transparent and proportionate in our approach to QA and we will continue to provide regular updates to stakeholders on our strategic education programme. We will also update our stakeholders on how our role in this important area of public protection is being developed and strengthened as part of the [programme of change for education](#).

# Introduction

The Nursing and Midwifery Order 2001 (the Order) sets the legislative context for the QA of nursing and midwifery education. The Order is supplemented by our education standards and the quality assurance framework, which form the basis of our QA of nursing and midwifery education.

This annual report examines the key themes and risks that have emerged from our QA activity of approved education institutions in the 2016-2017 academic reporting year (from 1 September 2016 to 31 August 2017) and the changes being introduced to the sector.

## **NMC strategy and programme of change for education**

The NMC [strategy for 2015-2020](#) places dynamic regulation at the heart of what we do. It also puts education at the centre of our regulatory work. Ensuring that nurses and midwives are equipped for the future in the context of a rapidly changing care environment is critical to our role in protecting the public.

In March 2016 Council approved our education strategic plan. This set out our plans for education for the next four years. Professor Dame Jill Macleod Clark is the lead advisor for the future nurse project and our considerable engagement with key stakeholders across the UK has informed the new draft standards of proficiency for registered nurses.

We have developed a new draft education framework that contains draft standards for nursing and midwifery education and training and the draft requirements for learning and assessment. In addition we have developed new draft programme requirements for pre-registration nursing programmes, draft requirements for nurse and midwife prescribing programmes, and proposed adoption of the Royal Pharmaceutical Society's single competency framework for prescribers.

We [held a consultation](#) between June and September 2017 on these draft standards and the changes we proposed to how nurses and midwives are educated. We held a large number of engagement events across the four countries of the UK to support and raise awareness for this work. We listened to the views of more than 1000 people from many organisations who completed the consultation and attended these engagement events. This feedback will inform refinement of these standards. The formal public consultation responses are being analysed by an independent research company and we will report back on the feedback from the consultation and ask our Council to approve the new standards in spring 2018.

We have also started the work to draft the future standards of proficiency for registered midwives, with the aim to consult publically on them in 2019. Professor Mary Renfrew is the lead advisor for this work.

As part of the [education programme](#) we are also reviewing our QA framework. Because we are developing new education standards, the way our standards are delivered will change. Therefore we need to make sure the way we QA nursing and midwifery education remains fit for purpose and provides assurance that people who apply to join our register are receiving the education and training they need to meet our standards.

KPMG has completed an independent review of our quality assurance function. From this review, we have developed options and recommendations on the future framework and these will be presented to Council. We will communicate with all stakeholders about proposed changes and timelines in 2018.

## Development of QA methods

As part of ongoing improvement work, we are introducing a number of measures to strengthen the QA function in protecting the public. Foremost among these is improving the resources and guidance publically available on the website, simplifying and rationalising the processes AEs undertake, and improving our organisational capability to gather and share meaningful risk intelligence. These and other measures will enable us to meet our strategic aim of being a dynamic regulator who leads the way when performing its statutory functions.

This year we have continued to improve our risk and intelligence function, working closely with other professional and system regulators and our employer link service. This is as part of our ambition to place greater emphasis on the analysis of data and intelligence in our quality assurance work.

## Changes to the health and care and professional education landscape

The Government's announcement in November 2015 of the discontinuation of bursaries for pre-registration nursing and midwifery students in England came into effect in September 2017, lifting the cap on training places for students. The three other devolved UK governments continue to provide bursaries, creating differences in funding of nursing and midwifery education across the UK.

In previous years, we have seen an increase in the number of education institutions seeking to become approved providers or seeking to run approved pre-registration nursing and midwifery programmes for the first time. We have seen this trend continue with further institutions both becoming, and starting the process to become AEs.

We are monitoring all changes and trends closely and we continue to improve our existing QA framework while we undertake a full review of both our education standards and QA framework to mitigate any risks to student learning. As part of ongoing improvement work, we are introducing a number of measures to strengthen the QA function in protecting the public. Foremost among these is improving the resources and guidance publically available on the website, simplifying and rationalising the processes AElS undertake, and improving our organisational capability to gather and share meaningful risk intelligence. These and other measures will enable us to meet our strategic aim of being a dynamic regulator who leads the way when performing its statutory functions.

This year we have continued to improve our risk and intelligence function, working closely with other professional and system regulators and our employer link service. This is as part of our ambition to place greater emphasis on the analysis of data and intelligence in our quality assurance work.

## New routes to registration

Following Health Education England's (HEE) consultation in 2016 on the introduction of a new nursing associate role, we agreed in January 2017 to the Department of Health's request to be [the regulator for this new role](#).

We are collaborating closely with HEE to develop the requirements and model for regulation of this additional England-only role. We will set standards for the education and training of nursing associates, and in the future we will approve nursing associate programmes. We are communicating with stakeholders to ensure that its introduction can be a success.

Following the introduction of [nursing degree apprenticeship](#) courses at NMC-approved institutions, the first small cohorts have now started on two programmes approved in line with our standards. We anticipate more AElS will begin to seek approval in order to offer nursing degree apprenticeship routes over the coming year.

NHS England introduced a further initiative to support post-graduate students in mental health and learning disability nursing and future careers in March 2017 as part of the Five Year Forward Plan. Three AElS have now commenced post graduate programmes to support this initiative.

## Oversight of our work

The Professional Standards Authority (PSA) for Health and Social Care has oversight of our organisation and each year it examines a number of areas of our work. The QA of education was included in the PSA's 2015-2016 annual performance review of us and we met all four standards of the relevant area of education and training. [This review, published in December 2016](#), followed on from confirmation in the 2014-2015 report that all standards of good regulation for education had been met.

# Part one: Quality assurance of nursing and midwifery education

Our role in education plays a very important part in how we meet our overall objective of public protection. Our QA of education comprises five key activities.

- **Approval of education institutions**

A higher education institute seeking to run an NMC approved programme must obtain AEI status before seeking approval for their educational programmes. Once we grant AEI status, institutions can request programme approval.

- **Approval of programmes**

Approval of programmes includes initial approval, re-approval, and approval of programme modifications. The process involves two main steps, the submission of documentation for scrutiny and a joint higher education institution/NMC approval event during which QA reviewers discuss the evidence and speak to a range of AEI staff, students and service users. Programme approval lasts for six years, or until we revise the relevant education standards.

- **Annual self-assessment reporting**

Each year, AEIs are required to complete an annual self-assessment and self-declaration on their current ability to meet our standards. This self-assessment is a proportionate, evaluative approach that includes an overview of current risks, the actions in place to manage them, and evaluative responses to annual reporting themes.

## • Monitoring of selected AElS

Each year we select a sample of AElS to undertake monitoring visits. This enables QA review teams to meet students, educators and service users and carers in person. We do this by focusing on five key risk areas to determine whether adequate controls are in place: resources, admissions and progressions, practice learning, fitness for practice, and quality assurance.

## • Responding to concerns

Responding to concerns includes exceptional reporting and extraordinary review. This enables us to respond to serious adverse incidents or concerns regarding an AEl or practice placements in a timely and proportionate manner.

## Approval of education institutions

There are currently 80 AElS across the UK. In the period of 1 September 2016 to 31 August 2017, one new higher education institution successfully achieved AEl status, the University of East London. We have received expressions of interest from several more who have indicated that they will seek AEl status in the forthcoming academic year.

At the time of writing, 77 AElS are approved to run pre-registration nursing programmes, and 52 AElS are approved to run pre-registration midwifery programmes. During this year, an additional four AElS (BPP University, the University of Gloucestershire, the University of East London, and the University of the Highlands and Islands) were approved to deliver pre-registration nursing education for the first time. We are also proceeding with a number of new applications to introduce pre-registration nursing, as well as those for alternative programme routes to nursing registration.

We have updated, and continue to monitor the effectiveness of, our process for institutions wishing to become AElS. We have made additional guidance available on our website, including an AEl status and [programme approval flow chart](#) that has been welcomed by new applicants. A list of all AElS, noting new providers and those AElS which were monitored this year, is shown in Annexe 4.

## Approval of programmes

At programme approval events, we jointly assign conditions of approval with the university where we find non-compliance with our standards and their own internal QA requirements for education, which, if not satisfactorily addressed, prevent the programme from running. We also give recommendations of an advisory nature and provide the programme with information on how to strengthen compliance with our standards. Once the reviewer is satisfied that the required standards have been met, the programme will be recommended for approval.

This year we approved or re-approved 105 programmes, bringing our total of approved programmes to 923. Of these newly approved programmes, 22 required conditions to be met before they could be formally approved, 22 received recommendations in order to strengthen their programmes, and 53 were subject to both conditions and recommendations. Seven were approved without conditions or recommendations. One programme had approval withheld. The majority of conditions assigned were predominantly attributed to pre-registration nursing programmes, which also constituted the largest proportion of programmes reviewed. In April 2017 we discontinued approval of the preparation of supervisors of midwives programmes as a result of the changes to the Order in regards to regulatory supervision of midwifery.

In response to the planned revision of certain education standards as part of the programme of change for education, and to minimise the burden on AElS at a time of change, we gave extensions to all pre-registration nursing and midwifery programmes and prescribing programmes where requested. Without this many more programmes would have required re-approval, resulting in an expenditure of resources that would only have had to be repeated upon the introduction of revised standards.

As reported last year, after we introduced further measures to ensure that AElS were sufficiently prepared at their approval event to meet all the required education standards, and set of minimum timeframes between the approval event date and programme start date, we have seen a decrease in withheld approvals and the overall number of conditions set. This has had a positive impact and has reduced our QA costs.

We introduced more operational improvements this year. We expect the full benefit of these changes will become noticeable during the 2017-2018 academic year. These include:

- more explicit guidance
- statement of required information in the event request forms submitted by AElS through the online portal (this is maintained by our external providers of QA services), and
- increased emphasis in reviewer training on identifying risks and assisting in their resolution.

We introduced further measures to improve the experience of AElS engaged in QA activity, including updating the feedback forms we issue to AElS following QA activity. We also increased the level and depth of training material available online, including producing of a number of short videos which support AElS to use our online portal. These additional resources have been appreciated by AElS.

### **Alternative pathways for pre-registration nursing education programmes**

Following on from 2015-2016, we have continued to see a steady increase in AElS seeking approval of different routes to pre-registration nursing education as providers respond to changes to funding and commissioning arrangements, local approaches to meet workforce needs, and the move towards widening access for students. This includes:

- **Work based learning models.** AElS work with one or more employer organisation and identify individuals to undertake a programme of study. The students also spend a proportion of their time working for the employing organisation. These hours worked are outside of their required practice learning and theory hours.
- In England during the reporting year, a **nursing degree apprenticeship route** has been introduced which enables people to train to become a graduate registered nurse through an apprentice route.
- **Maximising accreditation of prior learning.** This is generally used by healthcare assistants with NVQ level 3 or associate practitioners with a foundation degree. Their previous learning is mapped against our standards up to maximum of 50 percent of the overall programme. They do not continue working as healthcare assistants, usually studying full time throughout the duration of the 18 months.
- **Non-commissioned model.** AElS developing pre-registration nursing programmes for non-commissioned, privately funded students.
- **Postgraduate nurse programme for mental health and learning disabilities (England only).** This is an initiative developed by NHS England and HEE to support high-achieving graduates to register within two years and encourage their leadership potential.

## Case study 1

### Nursing degree apprenticeships

Following the initial announcement in 2015 by the Department of Business, Innovation and Skills (BIS) and later the Department for Education (DfE) of plans to develop a higher apprenticeship standard for registered nursing as part of their commitment to support higher apprenticeships in England, we have collaborated extensively with HEE, Skills for Health, and the Institute of Apprenticeships (IoA) to facilitate the introduction of [nursing degree apprenticeship routes](#) at NMC approved institutions.

The nursing degree apprenticeship is an alternative to traditional degree courses and enables people to train to become a graduate registered nurse through an employer led apprentice route. Following a rigorous application process, apprentices are released by their employer to study in a higher education institution and train in a range of practice placement settings. All students on these programmes will be admitted to an NMC approved nursing programme and will be required to achieve the same standards as all other student nurses. The cost of the apprenticeship is paid by employers, drawing on the new apprenticeship levy which was introduced in April 2017. Money paid into the levy can be accessed by employers to spend on apprenticeship training.

Although initial interest in developing apprentice routes for pre-registration nursing was high, only two AElS sought approval and they were both approved during the 2016-2017 reporting year in line with our standards to offer a nursing degree apprenticeship route.

Anglia Ruskin University (adult, child and mental health) and the Open University (adult and mental health) are now approved to deliver nursing degree apprenticeships. The first cohorts started on these approved routes in September 2017. This development increases the routes available at Anglia Ruskin, which is already approved to offer undergraduate and postgraduate pre-registration nursing programmes, including a work based learning route with named employers.

The Open University is well placed to participate in the nursing degree apprenticeship route as it is already approved to run a route where students are health care support workers on a part-time work-based programme. This programme sees the student working towards registration and also working in their support worker role when not on the programme.

Ongoing monitoring of these programmes will continue to provide assurance of their quality as further cohorts enter education. Several other AElS have expressed an interest in offering a nursing degree apprenticeship route and we anticipate that further approvals will occur over the coming year.

## Case study 2

### **A new postgraduate nursing programme that will fast track high achievers**

In March 2017, Professor Jane Cummings, Chief Nursing Officer for England, announced a new fast track programme to attract high achieving graduates in England into a career in nursing. The initiative is part of NHS England's response to the Five Year Forward View and is intended to help address workforce capacity and support the development of future nurse leaders in key areas, targeting mental health and learning disabilities in the first instance. The initiative aims to support graduates to rapidly progress their careers to leadership posts within five to seven years.

Three AEs (Edge Hill University, University of Hertfordshire and King's College London) are participating in the pilot and the first cohort of 40 selected students started in September 2017. All three AEs already had existing postgraduate nursing programmes in approval.

## Annual self-assessment reporting

We assess the annual self-reports completed by AEs against established criteria and require AEs to resubmit their report providing more detailed evaluative information where the criteria have not been met. In 2016-2017 15 AEs were requested to resubmit their self-assessment report. Of these, three AEs were selected for monitoring in 2016-2017, and two of them were found to be non-compliant in one or more standards. Self-assessment provides assurance that our standards continue to be met and gives us valuable intelligence as part of our selection for targeted risk-based QA approach each year.

As part of our commitment to continuous improvement and in response to feedback, we held a self-assessment workshop in April 2017 that was attended by representatives of AEs from the four countries, as well as other key education stakeholders, including the Council of Deans for Health. During this session we explored a number of points in relation to improving the approach to self-assessment. In response to this, we have made a number of changes to our self-assessment process for 2017-2018. We have informed AEs of the changes through continued engagement and development of online resources.

### **Key risks – analysis of self-assessment**

77 AEs completed the self-assessment in this reporting year. These 77 represented, at the time of completion, all AEs who had students on approved programmes.

The key risks identified through self-assessment were predominantly in the areas of practice learning and resources. Additional risks were identified in the area of quality assurance. A further general concern was raised in relation to the changes in funding arrangements for nursing and midwifery education in England. New models of programme delivery were also pointed out as areas of potential concern, predominantly as a result of potential further strains on existing placement capacity.

The most common risks to learning identified through AE self-assessment reports were around the quality of the learning environment (reported by 41 of 77 AEs), insufficient placement capacity to support numbers (33), service reconfigurations (18), and a lack of qualified mentors to manage student numbers (11). Most of these concerns were raised by AEs in England and

Wales, and all reported having action plans in place to mitigate the risks to students' practice learning experiences.

These ongoing pressures on practice placement environments mean that practice learning remains one of our key risk areas. We continue to closely monitor this and are seeking to address some of those pressures through the revision and development of the education framework as part of the programme of change for education.

The self-assessments identified additional issues in regards to resources, with 35 percent of AEs (27 of 77) reporting changes in teaching staff as a result of financial pressures necessitating organisational restructures, and the wider effect of voluntary severances and retirement. Specific fields of nursing were identified as being particularly subject to teacher shortages, particularly child and learning disabilities, but most AEs were able to detail actions being taken to mitigate the risks.

As part of their self-assessment report, all 77 AEs provided a self-declaration that their current approved programme provision meets our standards for education and that all key risks are controlled. Despite this, five AEs from the 17 selected for monitoring (29 percent) failed to meet one or more standards during their monitoring visit. This remains an area of focus for QA and we will continue to monitor and take action on instances of AEs failing to accurately self-assess compliance with our standards.

## Monitoring of selected AEs

We selected 17 AEs (21 percent of the total) for monitoring between November 2016 and April 2017. The completed monitoring reports for each visit with a complete action plan (where appropriate) are publically [available on our website](#).

We have continued to enhance and focus QA reviewer training on specific areas of monitoring. This is in response to feedback from reviewers, the findings of previous monitoring cycles and in light of AE evaluations. This has further strengthened the capability of reviewers to fulfil their role in accordance with our published processes. Lay reviewers have now been in place for four years and are a well-established member of the QA review team. Their input has been well received by stakeholders and is acknowledged to have made a significant contribution to our QA approach. They complement nurse and midwife reviewers and continually seek opportunities to understand and incorporate service user and carer views, providing critical challenge from a non-registrant perspective.

We continue to strengthen arrangements to develop and monitor action plans which are required where key risks are not being controlled. We do so by making supporting documentation available via the QA handbook, which details standardised reporting mechanisms and additional guidance for AEs, and have increased the focus on this area as part of QA reviewers' training and development. In addition, we have introduced further developments to the online portal to improve the visibility and audit trail of action plans, and the methods through which they are followed up and completed. This will ensure that key stakeholders are fully informed and involved at key update and decision points.

## Key risks – analysis of monitoring results

Based on the results of our monitoring activity during this reporting year, there has been an improvement in AEs achieving the 'standard met' outcome in all risk themes in 2016-2017 – six out of 17 AEs (35 percent) compared to four out of 16 AEs (25 percent) in 2015-2016.

Five (29 percent) of the 17 AEs received a 'standard not met' outcome in at least one of the five risk themes which is a significant improvement compared to 12 (75 percent) out of the 16 AEs in 2015-2016.

10 (59 percent) AEs were required to make improvements to risk controls and enhance assurance for public protection across all risk themes, which is consistent with the findings in 2015-2016. Four of these 10 AEs also received at least one 'standard not met'.

In this reporting year the majority of concerns identified through monitoring fell within two key risk areas: practice learning, and admissions and progression.

As in previous years, practice learning emerged as the most significant area of concern in our quality assurance of education in 2016-2017. Issues identified include:

- reduction in placement capacity
- the quality of practice learning environments and their suitability for students
- mentors who had failed to maintain their continuing professional development requirements, and
- a failure to adequately manage governance issues relating to practice learning environments.

Concerns related to admissions and progression were less frequent, however they had the potential for significant impact on public safety, including:

- non-compliance with requirements for student health declarations at progression points, and
- non-compliant use of accreditation of prior learning to admit students onto a programme.

Fitness for practice and resources were additional areas of concern, with methods of grading practice found to be non-compliant at one AEI. Other AEs self-reported that pressures on staff supporting programmes were of note due to service and school restructures, and retirements in an ageing workforce within specific fields of practice. Increasing numbers of students raising and escalating concerns was also noted as a risk under the theme of quality assurance, however assurances were provided that policies for this are robust and that students are well supported in doing so.

## Practice learning

Seven (41 percent) of the AEIs monitored in 2016-2017 provided assurance that this risk theme was met. While this constituted an improvement on the previous year's 30 percent, this still left four AEIs (24 percent) unable to meet the risk theme, making it the largest single point of non-compliance. The main areas identified were:

- out of date and inaccurate mentor registers (three of the four 'not met' outcomes)
- inadequate mechanisms for responding to system regulator reviews where concerns were noted, and
- exceptionally reporting local actions to meet concerns to us.

The remaining six AEIs received a 'requires improvement' rating for this risk area. All needed to strengthen the timeliness of their regulatory exceptional reporting, and awareness of the requirements by all stakeholders. Ensuring all students and mentors have access to academic support in practice, and strengthening the involvement of service users were further areas singled out as requiring development.

All non-compliant AEIs were required to take timely action to provide assurance of support for learning and assessment in practice in the form of an action plan with an agreed timeframe, which we monitored for completion. Both the actions required and the timeframes for completing them were determined in conjunction with the AEIs according to the level of risk identified. At the time of writing, all AEIs had completed their action plans 2015-2016. Four of these 10 AEIs also received at least one 'standard not met'.

In this reporting year the majority of concerns identified through monitoring fell within two key risk areas: practice learning, and admissions and progression.

Actions undertaken by AEIs who had a 'not met' outcome in this area included reassigning students to up to date mentors and/or update mentors or registers, improving systems for monitoring system regulator reports for practice placement providers, and ensuring timely exception reporting to us where issues are raised.

## Admissions and progression

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

Two (12 percent) of the AEIs monitored failed to meet this key risk theme, which is however a significant improvement on the tally of almost 25 percent in 2015-2016. In one instance, the AEI did not have mechanisms in place to ensure that students were completing health declarations at each progression point as required. In another AEI, accreditation of prior learning was being applied in a noncompliant way to admit students onto a pre-registration nursing programme. We identified further failings in the approach to safeguarding students under the age of 18 going into practice settings, and non-compliance with the 12-week rule for student progression. In each of these areas, actions plans were set for the AEI and have all been completed with assurance that all areas have been addressed.

Four AEIs were also required to make improvements relating to ensuring the monitoring and recording of equality and diversity training for those involved in programme development and delivery, and in ensuring consistency in interview and selection approaches.

Non-compliant AEIs were required to formulate and complete an action plan, and at the time of writing all had completed their action plans. We will follow up on the improvements identified as being required through the next cycle of annual self assessment.

### **Other key risk areas**

A further key risk theme, fitness for practice, was not met by one AEI through this year's monitoring. This related to a failure to meet the requirement to formally grade assessments of midwifery practice. The QA team was able to confirm through reviews of external examiner reports and evidence from employers and mentors that all students completing the programme had been adequately prepared, had met all necessary standards and were fit for practice.

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

We asked AEIs as part of their self-assessment about areas of notable practice. They self-reported a number of initiatives that related to addressing the shortage of, and increasing the availability of, practice placement capacity by linking up more directly with primary care and fostering partnership working across sites.

They also noted innovations in approaches to mentoring, including the use of a collaborative learning in practice (CLiP) mentoring model.

QA reviewers identified a number of noteworthy developments through monitoring that relate to widening service user and carer involvement, expanding access to resources and disability support for students, and working with charities to prepare students for specific care scenarios.

# Part two: Responding to concerns

## Exceptional reporting

Since we strengthened our QA framework and reporting requirements outside of routine reporting cycles, we have experienced a greater level of exceptional reporting year on year. For the second year in a row, we have recorded a 50 percent annual increase in the number of exceptional reports received (89 in total during this period). Most of the exceptional reports have related to issues in practice environments, including adverse system regulator reports and escalation of student concerns, and what they are doing locally about those concerns in the short term. When AEs report an issue or concern to us, we require evidence of actions taken, where appropriate, to control or mitigate any identified risks to our standards.

As part of our role as a dynamic regulator, we continue to proactively share intelligence where appropriate with our professional and system regulators, and to contribute to our strategic priority of effective use of data and intelligence across in particular with the regulatory intelligence unit within the employer link service, and Fitness to Practise colleagues.

## Targeted review

No new targeted reviews were carried out in 2016-2017. However a follow-up of the review of one AEI from the previous year was carried out in March 2017, at which all standards were found to be met. The report of this review is [available on our website](#).

In June 2017, we asked all AEs approved to run pre-registration midwifery programmes to provide information about their teaching, learning and assessment in relation to fetal monitoring and fetal heart rate interpretation. The current standards of competency for pre-registration midwives lack specific proficiency detail in this area. The responses received reflected a varied approach in delivery and assessment of these topics, and the information and analysis will inform and shape the development of future standards of proficiency for registered midwives.

## Extraordinary review

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

No new extraordinary reviews took place during the 2016-2017 academic year, however a follow-up of the previous year's visit to Bangor University as part of the wider review of education in north Wales took place in February 2017, where all standards were found to be met. Bangor University has completed a phased reintroduction of student midwives to placements that had been withdrawn. The reports from the review are [available on our website](#).

# Annexe 1: AEI data summary

<b>Total number of AEIs</b>	<b>80</b>
<b>Total number of approved programmes</b>	<b>923</b>
Number of AEIs approved to run pre-registration nursing programmes	77
Number of AEIs approved to run pre-registration midwifery programmes	52
Number of education institutions approved to be an AEI during the reporting year	1
Number of programme approvals or reapprovals during the reporting year	105
Number of AEIs approved to deliver pre-registration nursing programmes for the first time	4
Number of AEIs approved to deliver pre-registration midwifery programmes for the first time	0

# Annexe 2: Programme approval outcomes

<b>Outcome</b>	<b>Number</b>
Requiring conditions to be met before approval	22
Requiring conditions to be met before approval with additional recommendations	22
Approved with recommendations	53
Approved without recommendations or conditions	7
Approval withheld	1
Total	105

# Annexe 3: Monitoring results

Grade awarded	Number of programme providers achieving each level of control 2016–2017				
	Resources	Admissions and progression	Practice learning	Fitness for practice	Quality assurance
<b>Met</b>	15 (88.2 percent)	11 (64.7 percent)	7 (41.2 percent)	15 (88.2 percent)	14 (82.4 percent)
<b>Requires improvement</b>	2 (11.8 percent)	4 (23.5 percent)	6 (35.3 percent)	1 (5.9 percent)	3 (17.6 percent)
<b>Not met</b>	0	2 (11.8 percent)	4 (23.5 percent)	1 (5.9 percent)	0

# Annexe 4: Newly approved AEsI and monitoring details

Key	
	Newly approved in 2016/2017
	Monitored during 2016/2017. <a href="#">Report available on our website.</a>

SCOTLAND
Abertay Dundee, University of
Dundee, University of
Edinburgh Napier University
Glasgow Caledonian University
Edinburgh, University of
Glasgow, University of
Highlands and Islands, University of
Queen Margaret University
Robert Gordon University
Stirling, University of
West of Scotland, University of

NORTHERN IRELAND
Queen's University Belfast
University of Ulster at Jordanstown

WALES
Bangor University, School of Healthcare Sciences
Cardiff, University of
Glyndwr, University of
South Wales, University of
Swansea University

<b>ENGLAND</b>	East London, University of	Northumbria University of
Anglia Ruskin University	Edge Hill University	Nottingham, University of
Bedfordshire, University of	Essex, University of	Open University, The
Birmingham City University	Gloucestershire, University of	Oxford Brookes University
Birmingham, University of	Greenwich, University of	Plymouth, University of
Bolton, University of	Hertfordshire, University of	Portsmouth, University of
Bournemouth University	Huddersfield, University of	Reading, University of
BPP	Hull, University of	Salford, University of
Bradford, University of	Keele University	Sheffield Hallam University
Brighton, University of	King's College London	Sheffield, University of
Brunel University London	Kingston University & St George's University of London	Southampton, University of
Buckinghamshire New University	Leeds Beckett University	Staffordshire University
Canterbury Christ Church University	Leeds, University of	Suffolk, University of (formerly University Campus Suffolk)
Central Lancashire, University of	Lincoln, University of	Sunderland, University of
Chester, University of	Liverpool John Moores University	Surrey, University of
City University London School of Health Sciences	Liverpool, University of	Teesside University
Coventry University	London South Bank University	West London, University of
Cumbria, University of	Manchester Metropolitan University	West of England in Bristol, University of
De Montfort University	Manchester, University of	Wolverhampton, University of
Derby, University of	Middlesex University	Worcester, University of
East Anglia, University of	Northampton, University of	York, University of



**NMC** Nursing &  
Midwifery  
Council

23 Portland Place, London W1B 1PZ  
T +44 20 7637 7181 F +44 20 7436 2924  
[www.nmc.org.uk](http://www.nmc.org.uk)

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Wales, Scotland and Northern Ireland

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