Supporting information for implementing NMC standards for pre-registration nursing education
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Introduction

The purpose of this information is to provide a resource for those working in higher education and practice to support and implement the NMC standards for pre-registration nursing education. It includes key messages, examples of new and different approaches to practice. It is designed to be read in conjunction with:

- Standards for pre-registration nursing education
- Standards to support learning and assessment in practice
- Explanation of terms
- Pre-registration nursing education in the UK
- FAQs for implementing the standards for pre-registration nursing education.

We have used the term ‘approved education institutions’ (AEIs) when referring to the universities, the term ‘practice learning providers’ to refer to practice organisations, and the term ‘programme providers’ when jointly referring to both.

The standards reflect new ways of structuring and delivering programmes and changes in the ways that practice learning will be undertaken. For many programme providers, these changes will require a cultural shift and new approaches. Although this might be challenging, the standards have been designed to provide real opportunities for introducing new and innovative ways of delivering programmes, while safeguarding the public and those who use nursing services.

Expectations for new programmes differ from previous expectations. There is now more focus on:

- widening access and accreditation of prior learning (APL)
- meeting the needs of students with disabilities
- progression criteria for each programme part
- the ratio of theory to practice learning, and the requirements for each part of the programme
- learning in community and other practice settings in each part of the programme
- direct and indirect supervision
- interprofessional learning and assessment
- the involvement of service users and carers in the programme
- basic skills to meet anyone’s care needs, irrespective of the student’s intended field of practice
• meeting the complex needs of service users in the student’s respective field

• ensuring the field specific focus increases throughout the programme, and that students are able to meet all their competencies within the context of their chosen field by the end of the programme.

The NMC standards and guidance are designed to give programme providers considerable scope to determine the nature and content of each part of the programme and to decide which learning opportunities will be needed so that competencies can be met within the context of the field by the end of the programme. This flexible approach brings challenges, but it also enables new ways of thinking that support different and innovative approaches to design and delivery that are not constrained by previous programme structures and models.

Aim

The aim of this information is to provide the basis for exploring opportunities and using resources that can support new and creative ways of working. Much of it relates to the areas listed above where we have introduced new requirements and guidance and which, in many cases, will need new and different approaches to implementation. We have also provided information on existing requirements and guidance that will remain in the new standards where it may be helpful. Programme providers may wish to consider new ways of implementing existing requirements when they are developing new programmes and we have shown where this may be possible.

Status of this information

Although the advice in this document is not mandatory, it does provide extra information to give context to the standards. This document is more of an operational tool which will be updated from time to time. Its purpose is to help ensure that nursing students are safe and effective to practise as a registered nurse by the end of the programme. It does not cover every single situation that a programme provider may encounter. Programme providers will need to develop programmes in the context of local health care delivery, addressing national policies across the UK. There may also be local and national strategies for implementing new programmes that will need to be considered. For example, NHS Employers in England have produced an implementation guide to prepare employers for the new pre-registration nursing education standards titled Preparing for change: Implementing the new pre-registration nursing standards (NHS, 2010).

The information in this document is advisory unless it refers directly to standards, requirements and guidance. It will not be considered in relation to NMC quality assurance approval and monitoring.
Layout and use of this document

A range of topics are covered in this document including the structure of programmes, practice learning, assessment, support and supervision of nursing students, and approaches to teaching and learning. For ease of reference, we have organised the information under 10 headings which correspond with those in the Standards for pre-registration nursing education (NMC, 2010). However, when the information relates to more than one of the standards, we have included most of the information under one standard and referred to the others.

This document is designed to be used flexibly in a variety of different ways. Programme providers may wish to read the whole document to identify the key changes to pre-registration nursing education and generate some new ideas for programme design and delivery. They may chose to read specific sections of the document which correspond with particular standards for education.

The headings are:

1: Safeguarding the public
2: Equality and diversity
3: Selection, admission, progression and completion
4: Support of students and educators
5: Structure, design and delivery of programme
6: Practice learning opportunities
7: Outcomes
8: Assessment
9: Resources
10: Quality assurance

Further information

There is an index at the end of this document that programme providers may find useful to identify references to particular topics throughout the document. There is also a link to the explanation of terms.

Annexe 1 to this document, Application of the Standards to support learning and assessment in practice to the Standards for pre-registration nursing education (NMC, 2011) identifies how the Standards to support supporting learning and assessment in practice (NMC, 2008) will be applied to the Standards for pre-registration nursing education (NMC, 2010).
1: Safeguarding the public

**Key messages**

Safeguarding in this context relates to the NMC’s role in protecting the public, and highlights the importance of:

- patient safety as the major factor in programme approval, design, delivery and evaluation and in student accountability
- early discussions with partners and stakeholders to clarify expectations, confirm scope and resources
- ongoing involvement of service users and carers
- effective integration of theory and practice.

**Partnerships between approved education institutions, practice learning providers and commissioners of education**

**Partnership**

The importance of partnership in development and delivery of pre-registration nursing education cannot be overstated. It provides the foundation for patient safety, ensuring that programmes produce students who are fit for practice and purpose in the local and national context. Partnership working has particular implications across various aspects of programme development and delivery, so we refer to it in other sections of the document (see sections 3, 5 and 6).

**Accountability**

AEIs are accountable to the NMC for ensuring that the development and delivery of programmes is suitable and able to achieve the required outcomes. This requires AEIs working in partnership with practice learning providers to make sure that theory and practice are effectively integrated, and that there are sufficient opportunities for practice learning, including those outside of traditional environments. There is more information about practice learning environments in section 6 and more about quality assurance of nursing education programmes in section 10.

**Student accountability**

During their pre-registration period, it is important that nursing students understand their professional boundaries and responsibilities to service users, families and carers and those they work and learn with. These principles are set out in *Guidance on professional conduct for nursing and midwifery students* (NMC, 2010). We expect education and practice learning providers to include this guidance in their pre-registration nursing education programmes, and use it to determine a student’s fitness to practise. To make sure that everyone fully understands this guidance, we
recommend that programme providers and mentors discuss it early on with nursing
students, encouraging dialogue and debate on how and when it could apply in practice.

Nursing students need to understand that they can be called to account for their actions
and that the public will expect certain standards of behaviour even when students are
not in an academic or practice setting. Students also need to know the possible
outcome of more serious incidents that might lead to a police caution or conviction, and
what to do in these cases, including the need to inform the AEI straight away.

The guidance for students needs to be considered alongside Good health and good
classical: Guidance for education institutions (NMC, 2010) including that relating to
local student fitness to practise processes and Good health and good character
guidance for students, nurses and midwives (NMC, 2010). This guidance takes account

Resources

Programmes need to reflect local and national policies. They also need to address local
workforce issues and current priorities. High quality programmes must have the right
resources in the right places to support learning and assessment in practice. This
includes making sure that there are enough qualified mentors available to oversee a
variety of learning experiences, and that systems are in place to give them the support
they need. All mentors have to meet NMC requirements for updating and maintaining
their skills as set out in Standards to support learning and assessment in practice
(NMC, 2008). Effective two-way communication between programme providers and
commissioners of pre-registration nursing education is essential to curriculum design
and delivery if graduates are to be fit for purpose when they complete the programme
(see also section 9).

Service users and carers contribution

It is also important that systems are in place to ensure that service users and carers are
able to contribute to all aspects of programme development, delivery and review (see
also sections 2, 3, 5 and 8).

Practice learning providers can apply their own local policies to determine students’
access to service users. We recommend that programme providers establish ways to
make sure that service users and carers are clear about how and when nursing
students might be involved in their care. They should also fully understand their right to
refuse to be cared for by a student.

Raising concerns

Nursing students have a responsibility to raise concerns when they see patients at risk
or when they see poor practice. Programme providers and their partners are advised to
publish a clear policy in their student handbook on how to raise concerns. Programme
providers are expected to incorporate the principles of Raising and escalating concerns:
Guidance for nurses and midwives (NMC, 2010) in all programmes.
2: Equality and diversity

Key messages

All programme providers must work within the UK’s equality legislation framework which includes the Equality Act 2010 for Great Britain, and the Disability Discrimination Act for Northern Ireland.

Programme providers are expected to apply section 3, relating to disabled students, of the Quality Assurance Agency Code of practice for the assurance of academic quality and standards in higher education.

The new standards address our own equality duties, including recommendations such as those found within the Report into health inequalities for people with learning disabilities (Michael, 2008).

When deciding how and when to make reasonable adjustments for nursing students with disabilities, the principles of safety and protection of service users, families and carers must override all other considerations.

Widening programme access

Accreditation of prior learning (APL) recognises previous academic learning and experience, helping to keep access to nursing education as wide as possible. APL is particularly helpful to applicants who have wide knowledge and life experiences; for example, people with disabilities who may have had less typical experiences of mainstream education (see section 3 for further details).

The minimum entry requirements for literacy and numeracy are set out within the NMC standards, but programme providers will continue to include additional entry requirements and establish their own local application and selection processes (see section 3). To make sure that these processes are fair, inclusive and recognise the needs of all students, programme providers are encouraged to involve disability advisers in developing application and selection processes. This will ensure that reasonable adjustments are made for students with disabilities and help create innovative and inclusive ways to ensure a diverse student cohort.

From April 2011, the Equality Act 2010 will require government health departments in England, Scotland and Wales to make sure that there are greater numbers of people from lower socio-economic groups in the health professions, such as nursing. Although AEIs will not have direct duties relating to lower socio-economic groups, there might be expectations that they should facilitate this. The Disability Discrimination Act 1995 (as amended) will remain in force in Northern Ireland.
Supporting students with diverse needs

The standards require nursing students with diverse needs to be supported appropriately in both practice and academic environments. This means that their needs are assessed and responded to in a timely and appropriate manner. It is important to stress that, although programme providers need to support nursing students and meet their diverse needs, it may not be possible to meet all their needs. The standards stress the importance of recognising where support would be inappropriate, or where a diversity issue might interfere with the delivery of safe, competent nursing care. It is also important to remember that, by law, reasonable adjustments need only be applied to people with disabilities and not to people with other diverse needs. Programme providers will want to support all students with a wide range of learning needs, but they should remember that it is against the law to treat one student more favourably than another unless the reason relates to a disability.

Everyone involved in the selection, teaching, learning, supervision and assessment of students needs to undertake training and be prepared to meet the needs of students with disabilities and to support people who have specific learning needs such as dyslexia, dyspraxia, and dyscalculia. We suggest that attention is given to the preparation and ongoing development of mentors and others who support students in practice, so that they can make the most of practice learning opportunities. This could include support from the AEI and also people such as practice education facilitators, who are employed specifically to provide support in practice.

Programme providers may also wish to establish peer support groups for students with diverse needs. Initially, these could be run by special needs support officers in the AEI. However, once established, they could be led by the students themselves.

Disability, reasonable adjustments and good health

The Equality Act 2010 states that students with disabilities are entitled to reasonable adjustments. Guidance for this explains that the duty to make reasonable adjustments is triggered when a person with a disability is put at a disadvantage. Failure to comply with this duty cannot be justified. Disadvantage in this case will not be defined as 'minor or trivial'.

There are three aspects to be considered in relation to the ‘duty’ to make reasonable adjustments. These include: changing a provision, criterion or practice; avoiding the disadvantage caused by a physical feature or obstacle (such as removing, altering or avoiding the item); and providing an auxiliary aid or service. More information is available at www.skill.org.uk

How to decide what is reasonable?

Programme providers are not expected to make adjustments which are unreasonable. To decide whether an adjustment is reasonable or not, the Equality and Human Rights Commission suggest that the following are considered:

- the cost of the adjustment
• its effectiveness
• the practicality of making it
• the appropriateness of making the adjustments
• its effect on others, whether colleagues or patients, as well as the person with disabilities
• health and safety concerns.

There is flexibility to apply reasonable adjustments to our standards and guidance but public safety, the health and safety of patients and colleagues, and the rights of the patient or service user to receive competent quality care must always come first when considering if an adjustment is reasonable. Programme providers are encouraged to work closely with disability services and to be creative in the ways in which programmes can be delivered and competencies met.

Students with disabilities are entitled to have reasonable adjustments considered in relation to their academic work and their practice learning. However, while reasonable adjustments may be made to the way that a student meets a competency or standard, the competency or standard itself cannot be adjusted.

An example of reasonable adjustment is shown in table one below:

<table>
<thead>
<tr>
<th>Table one: Example of reasonable adjustment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Requirement R6.5.3 in the standards states that “Programme providers must ensure that the practice learning throughout the programme provides students with experience of 24 hour and 7 day care.” The requirement does not stipulate how experience and understanding should be gained. Although a provider would normally require students to experience a certain number of night shifts, this may be adjusted, when reasonable, for a student with a disability. If a student with a disability was unable to work nights over a prolonged period because of their disability, they could meet the standard in a different way, perhaps by working nights over a shorter period of time or by working different shifts that still meet the requirements but without the need to work a full night shift.</td>
</tr>
</tbody>
</table>

Programme providers, educators and students need to realise that there will be occasions when an adjustment is not reasonable and that this could result in the student not being able to meet the requirements to qualify and register as a nurse. For this reason, we advise that the student’s needs are considered as soon as possible; that this involves the student and draws upon the expertise of disability service teams and advisers to look at different types of adjustments and how they might best be applied. If a solution cannot be found, then the disability services team, or other support services, might help the student find other options, including looking at alternative careers.

We are required by the Nursing and Midwifery Order 2001 to ensure that all nurses are fit to practise on grounds of good health. The details of this requirement are set out in our publication Good health and good character: Guidance for education institutions.
(NMC, 2010), which emphasises the importance of a nurse having self awareness and insight about their health and how it affects them and others. This guidance deals with health in its broadest sense, from common health conditions to serious illness and disability. In the case of disability, the guidance refers to UK disability legislation and the need to make reasonable adjustments. Nursing students may need help to appreciate how their own health condition or disability might affect their ability to practise safely and competently and also their learning experience. They also need to be aware of the action they need to take to remain safe and effective. This is explained in the Good health good and character guidance for students, nurses and midwives (NMC, 2010).

Equality and diversity related to practice learning opportunities

Central to the standards is the need for nursing students to learn in community and other non-traditional settings as services are reconfigured. This will give students experience of diverse communities that are different from theirs. It will help them understand and learn about cultural and social diversity in its broadest sense. This is not just about experiencing different racial groups and cultures, although this is important, but also relates to exposure to other elements of diversity such as: gender, disability, religion, age and sexual orientation in local communities. Identifying suitable learning opportunities can be challenging. Issues such as cost, geographical location, access to public transport and safety need to be considered for all students, but may cause particular problems for students with disabilities.

Expanding the role of service users and carers from diverse backgrounds

Programme providers will already be familiar with the need to involve service users and carers in student selection and in programme development and delivery (see also section 1 and section 3). However, there is now a new requirement to involve service users and carers in student assessment (see also section 8). Service user involvement provides an excellent opportunity to enlist the knowledge and expertise of a wide range of people from different age groups and diverse backgrounds. As well as helping to make the programme more relevant to the local and wider community, involving local people makes it easier to understand the needs and expectations of service users in the four fields of nursing. Not only does this make use of the expert knowledge of users and carers, it also helps with the planning of each field. For example, as highlighted in the Michael Report (NHS, 2008) meeting the needs of people with learning disabilities is everyone’s business. The report recommends that people with learning disabilities and their carers are involved in the development and delivery of nursing education, not just those wanting to pursue a career as learning disabilities nurses, but for nurses from all fields. The NMC is promoting this principle widely, as can be seen in generic competencies which apply to more than one nursing field.
3: Selection, admission, progression and completion

Key messages
Student selection, admission, progression and completion arrangements aim to:

- prioritise public protection
- include face to face engagement wherever possible
- support widening participation.

The amount of accreditation of prior learning (APL) that can be applied has been increased to up to a maximum of 50 percent of the total programme.

Selection and admission
Programme providers should ensure that requirements for admission are agreed jointly by programme providers and education commissioners (also section 2).

Programme providers will continue to decide the nature of their selection process and the guidance from previous NMC work on student selection in 2008 has been incorporated into the new standards. This guidance supports the need for face to face engagement between the candidate and those involved in selection. We would advise programme providers to continue to explore the most practical ways to achieve this, such as individual or group interviews, video conferencing or other ways.

Entry requirements
The NMC standards set out broad academic entry requirements based on minimum years of schooling and minimum requirements for literacy and numeracy. Evidence of literacy and numeracy may be established from:

- academic or vocational qualifications
- evidence such as key skills abilities
- the programme providers’ own processes, which may include a portfolio or tests
- existing NMC registration where applicable.

It is for programme providers and their partners to determine any additional academic entry requirements.
Recognising previous learning

Programme providers will want to ensure that their programmes are accessible to a range of individuals from a variety of backgrounds who can bring different experiences and perspectives to the programme and to local healthcare. They are, therefore, advised to ensure that requirements for admission and entry routes into programmes are discussed at an early stage and agreed jointly by programme providers and commissioners.

There are a number of potential entry routes into nursing programmes that support widening participation and may meet the particular needs of people from local communities (also see section 2 on equality and diversity).

Accreditation of prior learning (APL)

The NMC has previously used the term accreditation of prior (experiential) learning (AP(E)L) to identify the process through which previous learning can be accepted as meeting some of the programme outcomes. This term is no longer being used by the NMC and has been replaced by the term accreditation of prior learning (APL) which is all encompassing. The Quality Assurance Agency (QAA) 2004 describes APL as “a process for accessing and, as appropriate, recognising prior experiential learning or prior certificated learning for academic purposes”.

The standards for pre-registration nursing education include opportunities for using APL to widen participation. AEIs and their partners will want to explore entry routes into pre-registration nursing programmes using APL. We strongly advise that ways in which these might link with programmes are considered as soon as possible, so that they are not planned in isolation. Initial discussions with further education providers, commissioners and practice learning providers might be helpful, but the arrangements and the ways in which these might be taken forward across the four countries of the UK, may differ.

Examples through which access might be widened include:

- access or other programmes designed specifically to help students meet the minimum programme entry requirements
- access and other programmes (for example foundation degrees and vocational programmes) that meet programme entry requirements, but also aim to meet some of the pre-registration programme learning outcomes in theory, practice or both
- mechanisms designed to enable students to map previous certificated or experiential learning against the programme outcomes.

Although the principles of APL have not changed, the maximum amount of learning that can be accredited has been increased to 50 percent of the total programme. This will increase flexibility and allow more scope for recognising previous learning through widening participation. However, it is important to appreciate that 50 percent is the maximum that can be applied. Smaller amounts of APL are likely to be the norm, and
these will be applied according to the type of access route and the nature of an individual’s prior learning and experience.

APL must not be viewed simply as a way of ‘shortening’ or ‘accelerating’ the programme. All the programme requirements, including the broad outcomes set by the NMC and the detailed curricula set by the programme provider must be achieved in full. This applies to individuals who have completed a part of the programme by virtue of their previous learning and experience and go on to complete the rest of the programme.

**Using APL for existing registered nurses accessing programmes**

APL should also be applied where existing registered nurses want to move from second level to first level or from one nursing field to another. Both first and second level nurses can ask for their previous learning to be taken into account when applying to join a pre-registration nursing programme. The NMC does not set any limit on the amount of previous learning that can be recognised in these circumstances. The programme provider should make this decision by looking at how previous nursing education and experience can meet programme outcomes and requirements in the field of practice in which the student intends to register.

Students who wish to train in the adult field need to meet (and show how they have met) all the requirements for general care nurses as set out in article 31 and the respective Annexe V.2 Directive 2005/36/EC. They can do this through a combination of APL and time spent on the programme.

Although it might be possible for a student to demonstrate through APL that they have met all the programme requirements, it is unlikely that 100 percent APL will be awarded. This is because the student has to demonstrate fitness for practice as well as fitness for award. This is not a new arrangement for previously registered nurses, as it already applies to existing programmes.

**Using APL for registered midwives accessing pre-registration nursing programmes**

Similar principles apply for registered midwives, but the NMC sets a maximum amount of APL that can be applied. This maximum has been raised from 33 percent to 50 percent of new pre-registration nursing education programmes.

**Using APL for students who re-enter programmes after leaving and starting a new programme**

APL can be used where students leave a programme before completing it and then start a new programme. In these circumstances, up to 50 percent of the new programme can be accredited where the student can show that the outcomes and requirements have been achieved previously.
Using APL for students who re-enter programmes after a lengthy interruption or who transfer to another AEI

Requirements for students who interrupt programmes remain unchanged: where students interrupt programmes for reasons such as illness, pregnancy or personal issues, they can step back on as long as they complete the programme within five years as full time students or seven years as part time students. However, if the structure or design of the programme has changed during this time, the principles of APL would need to be applied to make sure that the student is able to meet all the outcomes by the end of the programme.

Where students wish to transfer to another AEI the structure of the new programme is likely to be different from the original programme. The principles of APL would, therefore, need to be applied.

Using APL where students wish to change fields during the programme

It is for each programme provider to decide whether a student can transfer from one nursing field to another during the programme. This is because the way that field specific and generic learning are blended throughout programmes is determined locally. The principles of APL would need to be applied to decide whether a programme should be extended so that the student is able to show that they have achieved all competencies within the new field of nursing.

Other issues relating to the application of APL

APL candidates need to provide clear evidence to programme providers that their level of achievement for all of the outcomes and requirements is the same as it would have been had they attended the entire programme. This needs to include evidence that they have completed the required number of theoretical and practice hours. When APL is applied to the adult nursing programme, programme providers are advised that they must meet the requirements of Directive 2005/36/EC in full, including theory and practice relating to:

- general and specialist medicine
- general and specialist surgery
- child care and paediatrics
- maternity care
- mental health and psychiatry
- care of the old and geriatrics
- home nursing.

Broadly speaking, APL can be applied in two ways. On an individual basis, it can be used where a prospective student can show that they have achieved some of the programme learning outcomes and requirements in relation to theory and/or practice. It
can also be used collectively, where an AEI works in partnership with other education institutions or a practice learning provider to develop a course or practice learning opportunities which are consistent with some of the outcomes, requirements and level of an NMC approved programme. Any individual completing the course or specified outcomes may then, by prior agreement, claim APL against the relevant outcomes, modules or parts of the NMC approved programme.

Programme providers are advised to embed the following APL principles into their recruitment and selection processes, together with programme documentation, assessment, evaluation, quality assurance and reporting arrangements. These are informed by the Guidelines on the accreditation of prior learning (Quality Assurance Agency, 2004) and help to demonstrate that processes are:

- robust, valid and reliable, and sufficient to ensure that professional requirements and academic standards are met
- equally challenging as other methods of assessing learning in higher education
- rigorous in accrediting practice based learning
- explicit, unambiguous and fair, and applied in a consistent, transparent and rigorous way
- well defined, setting out clear roles, responsibilities and accountabilities of staff, applicants and external examiners
- able to ensure that staff are competent, prepared and developed for their roles
- clear, explicit and accessible to potential applicants
- monitored through an institution’s quality assurance framework.

It is important to note that the NMC can only approve APL arrangements as part of the approval of pre-registration nursing programmes: it has no jurisdiction over access or other similar courses designed locally to link in with the approved pre-registration nursing programme. The approval and quality assurance of such programmes rests with programme providers.

**Progression and completion**

Further information on progression can be found in section 5 under ‘programme structure’. The programme structure and requirements for progression differ from previous requirements.

In order to successfully complete the programme and register with the NMC, students will need to have met the required outcomes at degree level at the point of registration. Those students who do not complete the programme, or who leave early, will have their learning and achievements recognised in the form of a transcript of achievement in both theory and practice.
There are a number of reasons why nursing students may need to step off or leave the programme before completion. These might include pregnancy, illness, relocation, certain personal circumstances, dissatisfaction or failure to meet programme requirements.

Each transcript of achievement will need to show clearly what learning has been achieved in both theory and practice. This needs to be in a form that the student can use to support their application to complete their programme, or start a different programme either at the same education institution or elsewhere. If a student leaves very early in the programme, the AEI will need to decide whether the learning that has taken place needs to be recorded for the student to use to access other opportunities, or to minimise the risk of a student who has been deemed unsuitable gaining access to another nursing programme. The NMC will shortly reintroduce indexing of students which will serve to minimise this risk further.

The format of the transcript should also be suitable for previous learning to be recognised so that students can make an APL application for a vocational or other practice based programme, or to find employment. Programme providers will want to work together with their partners to develop a transcript that reflects local and national requirements and is not open to abuse.
### 4: Support of students and educators

#### Key messages

Support of students and their educators is crucial to successful completion of education programmes. To enable this:

- each AEI will make local arrangements for supporting students through individual academic and pastoral support, and by making reasonable adjustments for students with disabilities
- all nursing students must undergo an induction when they begin a new period of practice learning, or when they undertake a period of practice in a new environment
- mentors will continue to need effective ongoing support and development to ensure they understand the new requirements, are committed to adopting new approaches to the role and are able to safely make assessment decisions
- teachers need to be able to meet the requirements for maintaining and developing competence in their role, as set out in the Standards, to support learning and assessment in practice (NMC 2008).

#### Student support

##### General support

The principles for supporting nursing students remain the same under the new standards. Providing sufficient support for students is crucial to successful completion of nursing education programmes.

The theoretical and practical nature of nursing programmes can be particularly demanding, and students may find the academic requirements or experiences challenging at some point in the programme. AEIs will provide help to students on an individual basis by considering their particular circumstances, providing local academic or pastoral support and student counselling services.

Students may, on occasions, face hardship or experience personal circumstances, such as pregnancy, relocation or impaired health, which may mean that they are unable to complete their studies without support.

Students with disabilities may need extra support. Each AEI will have published a disability statement setting out how it provides assessment and support for students with disabilities (see section 2).

##### Support through induction at the start of each new learning experience

The new standards introduce a requirement that there must be an induction at the start of each new learning experience. Although AEIs may already have induction processes in place, in partnership with practice learning providers, they need to ensure that
students have an appropriate induction whenever they begin a new period of practice learning or undertake a period of practice in a new environment.

The nature and content of induction is likely to vary depending on the length and nature of the learning experience, the type of learning environment and the needs of the individual student. Induction is likely to include:

- identification of a named person who is responsible for meeting and inducting the student
- an introduction to their place of work, including the location of changing rooms, comfort facilities and where refreshments are available
- meeting other members of the team and, where appropriate, patients and service users
- explanation of emergency and safety procedures
- an overview of typical working patterns and the organisation of service delivery.

Health and safety risk assessment of young people

Programme providers are reminded of their health and safety responsibilities for students under the age of 18 years. The Health and Safety at Work Act 1974 restricts the manner in which young people may be deployed. See NMC circular 37/2007 for further information.

Supervision of students in practice

The standards require that students must be supervised at all times when giving direct care in practice. However, there are different ways of providing supervision. All practice experience should be education-led, with students having supernumerary status for its duration. The concept of direct and indirect supervision is not new, but indirect supervision is likely to increase in new pre-registration programmes where this is within the requirements for safeguarding and protecting the public.

Indirect supervision allows students to show that they are able to work more independently, for example, by managing a well defined caseload. It also helps them to gain confidence in their practice. Indirect supervision may also give students the chance to access less traditional practice learning environments, particularly in the community. It allows them to develop their skills when working with a client or family over a period of time, and build up trusting one to one relationships which would not be possible if they were being directly supervised.

Direct and indirect supervision

The new standards contain broad definitions of direct and indirect supervision in order to make the difference clear and suggest where indirect supervision is appropriate.
Direct supervision is where the student is working close enough to their mentor, practice teacher or supervisor for their activities to be directly monitored.

Indirect supervision is where the student works more independently, but their mentor, practice teacher or supervisor is easily contacted and provides the level of support needed to ensure public protection. Indirect supervision helps students develop confidence and independence. It is suitable for students who are more experienced and where activities can be delegated safely and responsibly.

**Using direct and indirect supervision**

It is difficult to know exactly when indirect methods of supervision are appropriate as this will depend on a number of factors. However, the overriding concern needs to be public safety and protection. Issues for consideration might include:

- the stage where the student is in their programme
- the complexity of care given within the learning environment
- patient dependency and level of risk of harm to patient
- level of risk of harm to student
- the nature of the activities the student will be undertaking
- current evidence of the student’s level of competence
- the student's level of confidence to carry out the activities without direct supervision
- the student's need to be assessed on achievement of specific skills or competencies
- local and national policies that may place restrictions on students undertaking some aspects of practice.

Mentors will need to use their professional judgment to decide where activities may be safely delegated to students and the level of supervision required. They can also choose to delegate supervision to a colleague or someone from another profession. They are accountable for such decisions and for ensuring public protection. They should adhere to local working procedures.

**Assessment at progression point two**

As the student enters the final part of the programme, it is expected that they will become increasingly independent and will be encouraged to make decisions under the supervision of their mentor. They will need to demonstrate a high level of initiative and be able to put forward ideas to improve services and enhance patient care. They should also be able to identify their own learning needs and plan and arrange practice learning experiences so that they can meet these needs.
In order to ensure that students are able to work in this way safely and effectively, they must be able to demonstrate that they are capable of working with less direct supervision in practice by the end of the second part of the programme. The NMC criteria are intentionally broad. It is up to each programme provider to set specific learning outcomes and develop innovative approaches so that students are able to show that they have developed the capacity to work more independently.

There are different ways to identify whether students have the capacity to work more independently. These might include:

- direct observation and assessment of the student in practice
- setting the student specific tasks to undertake independently
- simulation and role play
- reflective discussions and written accounts
- feedback from colleagues.

**Mentors**

Effective mentorship is, and will continue to be, essential in order to support, supervise and assess pre-registration nursing students in practice. The vast majority of mentors undertake the role to a high standard, exceeding the standards set by the NMC. However, all mentors undertake the role alongside their practice workload and, since the mentor role requires time and a commitment to student learning, it should be recognised that this can be challenging. In keeping with the *Standards to support learning and assessment in practice* (NMC, 2008) all mentors are required to:

- be entered on a local register
- participate in annual updating, which must include an opportunity to meet and explore assessment and supervision issues with other mentors or practice teachers – this will include face to face group discussions as to whether the judgments made when assessing practice in challenging circumstances are both valid and reliable
- have access to a network of support and supervision to enable them to fulfil their mentoring responsibilities
- meet the requirements of triennial review.

**Assessing students in challenging circumstances**

Mentors will continue to need support when making difficult assessment decisions. There are very good practices currently operating which can be shared across programme providers. However, concerns may still remain that some students are being allowed to progress even though there are questions about their progress or competence. Mentors must be reminded of their professional accountability and their responsibilities within the code (NMC, 2008).
It is essential that weak students are identified early and given the right encouragement and support, and that concerns are dealt with in a timely manner. NMC progression criteria, and those identified locally by programme providers, will help mentors to identify those students who are not making adequate progress and take action to address this.

A period of 12 weeks, which extends into the next part of the programme, will give those students who have not completed all requirements in the previous part the opportunity to do so. This will apply at progression points one and two and includes holidays and sickness. However, AEIs are advised that this extension is only for exceptional cases and that, in normal circumstances, all outcomes must be met within each part without the extra 12 weeks. Any student who is weak and not achieving must not be allowed to progress and, where appropriate, should be discontinued from the programme.

**Accountability for mentor decisions**

Mentors may feel anxious about being accountable for decisions about the level of supervision required by students and for decisions about whether to pass or fail students in practice. They may benefit from support and development in this area. It might be helpful to remind them of the code (NMC, 2008) which states:

“As a professional, you are personally accountable for actions and omissions in your practice and must always be able to justify your decisions.”

Since all mentors will be working in practice, they will make many decisions about the care of patients and clients, often in complex circumstances. It might help to explore why they feel more uncomfortable with decisions about students than they do about those relating to patients and clients. Mentors use a range of knowledge, skills and evidence in practice enabling them to make safe decisions, manage risk, solve problems and keep records. The same knowledge and skills can be applied to the supervision and assessment of students.

**Flexible approaches to mentorship**

Implementation of the new standards may mean different approaches to practice learning will be introduced (see section 6) and some mentors may feel anxious about taking a more flexible approach to the role. It is important to consider ways to support mentors in these circumstances. Aspects of the role which could be explored through peer support and annual updating might include:

- accountability when supervising and assessing students, and being able to justify decisions
- using a range of feedback and evidence to support safe assessment decisions including the student’s record of achievement
- mentoring as part of a three-way process and the importance of communication between mentors, students and other practice supervisors
- mentoring at different academic levels
• planning learning experiences with students, especially those where the student works in a different environment from their mentor

• maintaining continuity for students who may be working away from the mentor’s environment and finding ways to create a sense of ‘belonging’

• promptly identifying and addressing concerns, particularly those related to patient safety.

Other professionals involved in supporting and assessing students

The new standards have introduced greater flexibility in the supervision and assessment of students during each part of the programme (see section 8) which relates to assessment by other professionals. This provides more opportunities for other professionals to be involved in supervising nursing students in practice. However, to ensure that students are safely and effectively supported by individuals from other professions, programme providers will need to consider the best ways to provide support and ongoing development to those who will be involved. The key aspects that need to be addressed are likely to be:

• an understanding and application of the standards for pre-registration nursing education

• the differences between NMC mentor preparation programmes and the way in which other health care professionals have been prepared to support learning and assessment in practice

• their area of practice expertise and its suitability for supporting the outcomes of nursing programmes

• practice documentation and record keeping

• safe and effective ways of managing and coordinating practice learning

• processes for raising concerns about student practice

• how that period of practice learning fits into overall programme.

There are various ways to support individuals from other professions who will be acting as supervisors for nursing students. These may include taught sessions in the AEI and small informal discussions and peer support in practice settings. Regardless of the approach taken, nurse mentors and individuals from other professions supporting and assessing nursing students are likely to benefit from joint activities that increase their opportunities to learn with and from each other.

Teachers

All nurses and midwives who teach on NMC approved programmes must meet the requirements set out in section 3.4 of Standards to support learning and assessment in practice (NMC, 2008).
We require all teachers recorded with the NMC to maintain and develop their knowledge, skills and competence as a teacher through regular updating. They are required to focus on the practice aspects of their roles so that their knowledge of practice remains up to date. They must be able to demonstrate how they have maintained and developed their knowledge, skills and competence as teachers.

AEIs need to ensure that teachers recorded with the NMC are able to support learning and assessment in academic and in practice learning environments, and so are expected to support teachers in spending around 20 percent of their normal teaching hours supporting practice based learning. They can do this in a number of ways as shown in section 3.4.4 of Standards to support learning and assessment in practice (NMC, 2008).

Practice based teaching and research

Programme providers will want to find ways to ensure that the academic and practice content of programmes reflects current practice and the most up to date evidence base. Approaches may include:

- involvement of mentors, specialist nurses and other professionals from practice in AEI based activities such as lectures, group activities and simulation
- development of local clinical academic posts and career pathways
- developing the capacity for research in practice that involves practising nurses and students.
5: Structure, design and delivery of programmes

Key messages

Programme providers need to:

- capitalise on the flexible nature of NMC programme requirements and the competency framework, and use this opportunity to be innovative and forward thinking in programme design and delivery
- ensure generic and field competencies can be achieved within the context of the specific field and meet the essential mental and physical health needs of all people
- ensure that there are opportunities for shared learning between students from the different fields of nursing and between nursing students and those from other professions
- involve a wide range of stakeholders in programme design and delivery, including service users and carers.

Structure of programmes

Since programmes will be underpinned by generic and field specific competencies, which will be blended throughout the programme, there will no longer be a common foundation and branch structure. The different elements of the programme are displayed in the diagram below that shows the relationship between the standards for competence and standards for education.
When designing programmes, programme providers must ensure that there are two progression points normally separating the programme into three equal parts. The NMC has set criteria that must be met by students at progression points one and two, and by the end of the programme. Programme providers will use the competency framework and the essential skills clusters to develop learning outcomes and identify those that must be achieved during different parts of the programme (see also section 7).

Programme providers will already have processes in place relating to progression at different stages of the programme so the concept of progression is not new. Such processes are often linked to progression from one academic level to another, and can continue in a similar way as long as the NMC requirements for progression are also addressed. Programme providers may also choose to introduce extra progression points with outcomes to be met by these points. However, students must be required to meet NMC progression point one criteria at a point that is normally one third of the way through the programme, and progression point two criteria at a point which is normally two thirds of the way through the programme.

**Using the competency framework to design and deliver programmes**

The new competency framework has been designed to be used in a flexible way and provides exciting opportunities for innovative programme design and delivery. It promotes opportunities for shared learning between students from the different fields of nursing, and between nursing students and those from other professions. The competency framework is set out in section 2 of the standards.

The generic competencies are as important as those that are field specific. The generic competencies may be achieved in any care environment but, as the programme progresses, they will increasingly be applied to the field of practice. They will need to be demonstrated within the field specific context by the end of the programme.

The standards for competence for pre-registration nursing programmes set out field specific competencies for the four different fields of nursing. Programme providers may use any of these to create further shared learning opportunities between two or more fields where appropriate. These opportunities are likely to increase as the field focus increases.

The number of field specific competencies differs between fields, so the number of competencies does not directly relate to the time allocated to generic and field learning.

Programmes need to be focussed at two levels: firstly, they need to ensure that all nurses have the basic knowledge and skills needed to meet the essential needs of all people, irrespective of the student's field of practice; secondly, they need to ensure that students develop the specific 'in depth' knowledge and skills to meet the more complex and co-existing mental health and physical health needs related to their chosen field of practice.

Further detail on how generic field specific competencies will be used to develop learning outcomes is provided in section 7.
Theoretical content

The content identified in R5.6.1 is intentionally broadly defined as it is for programme providers to determine what should be included to support the programme outcomes. For example, within life sciences providers might, in addition to anatomy and physiology, include: genetics, genomics, pathology, microbiology, biochemistry, immunology, pharmacology, biophysics, radiology, dietetics, etc (see also EU content requirements for the adult nursing field below). Similarly, programme providers will wish to determine their own areas of content, for example, under social, health and behavioural sciences.

Some stakeholders have asked for the inclusion of specific content but we have resisted this on the basis that providers will want to develop their curriculum to meet both the generic and field specific aspects within a local and national context, drawing on the latest knowledge, research and policy, whilst meeting NMC requirements.

The NMC, therefore, sets out the essential content requirements for all programmes under R5.6.1. This content is the minimum required to be applied within both a generic and field specific context and underpins the key aspects of practice as in R5.6.2.

This multifaceted approach enables essential content (for example, communication) to be applied to an aspect of practice, (for example, emotional support). This might be applied within a generic context (for example in providing reassurance to someone who is afraid) or within a field specific context (for example in communicating with a person with learning disabilities who has complex needs).

The diagram below provides a further example of using this approach.
The approach is intended to ensure that content is applied in different ways and not considered in isolation. Also that it is applied to, and integrated into practice learning, both within a generic and field specific context. There are a multitude of different approaches that might be considered, but it will be for programme providers to determine which these should be and how they might be used. There is a need to ensure that the content adequately supports the achievement of the programme outcomes. Programme providers may wish to develop a grid to provide examples of how content has been applied within different contexts, although this is not an NMC requirement.

There is also guidance on indicative content in G7.1.5b, within the essential skills clusters on medicines management. In addition, and specific to the adult nursing field, there is the requirement for theoretical instruction as shown in EU Directive 2005/36 EC, Annex V.2. point 5.2.1. This identifies specific content requirements for nursing, basic sciences, and social sciences. The EU content which is set out under these three headings needs to be clearly identifiable within the curriculum.

**Programme consistency**

Some programme providers may wish to offer a programme leading to just one field of practice; others will want to offer all fields, or there may be variations in between. Some will want to develop joint programmes that lead to registration in both mental health and adult nursing, for example. Others may want to develop programmes that combine one field of nursing with another professional award, such as learning disabilities nursing and social work. Some programme providers may want to develop programmes which lead to different academic awards.

In all cases, it is essential that there is one single approach to programme development, and that this demonstrates overall consistency, flexibility and opportunities for shared learning. For this reason, it would be inappropriate to approve individual pathways as separate programmes. The approach should be to develop a single programme with different pathways.

Programmes need to reflect a balance between the broader and generic skills needed by all nurses, including learning which is essential to patient safety and that of others, and the field specific learning that takes account of service and user expectations. This is a particular challenge and means that programmes will need to be designed in different ways to reflect local, regional and national needs across the UK. However, all programmes will have a similar structure and all students must still meet the NMC competencies, requirements and standards by the end of the programme.

There are opportunities for joint planning. For example, it might be in the interests of a number of programme providers and/or commissioners to work together to design a common regional or national framework that meets local needs and has the potential to feed into local plans to widen access. This approach has already been adopted in Wales.
Other issues relating to design and delivery of programmes

Change of field during programme

See section 3.

Students who are already qualified in one nursing field who wish to qualify in another field.

See section 3.

Programmes leading to registration in two fields

AEIs must ensure that, where programmes lead to registration in two fields of nursing, the minimum length of programmes is 6,133 hours over at least four years (see R5.2.5). Programme providers can decide how these programmes are designed and delivered. However, students must demonstrate that they have achieved all competencies in both fields of nursing by the end of the programme.

Programmes leading to nursing registration and another professional award

It is possible to develop programmes that lead to registration as a nurse as well as to another professional award. Where this occurs, the standards for pre-registration nursing education must be met in full. Where there are joint programme outcomes, these must be demonstrated in a nursing context in order to meet NMC requirements. Where there are additional requirements leading to another professional award, it is likely that the programme will need to be extended in order to achieve the requirements of both.

Experience outside of the UK

The standards (R5.3.7) allow programme providers to develop formal arrangements with host partners to enable students to undertake some learning outside of the UK in academic or practice settings. In total, this must not be more than six months (or exceed 17.5 percent) of the total programme.

This may take the form of:

- a period of theoretical and/or practice learning of not more than four weeks, which may include direct care but which is not summatively assessed, or
- a period longer than four weeks of theoretical and/or practice learning which may include direct care that is summatively assessed and contributes to the overall achievement of programme outcomes.

AEIs must use relevant aspects of the NMC guidance (G5.3.8) for learning outside of the UK to develop criteria for single periods of learning of four weeks or less. This is to ensure the safety of service users, students and staff and show how the intended programme outcomes are to be addressed.
AEIs must fully apply the NMC guidance (G5.3.8) to all periods of learning undertaken outside of the UK that are longer than four weeks.

Opportunities for students to gain experience outside of the UK are well established in many health professional education programmes. Increased flexibility gives students more access to learning opportunities and resources. Funding opportunities may be available from European and global organisations such as the European Commission and British Council.

It is possible for students from outside the UK to return to their country of origin for learning in academic or practice settings as part of their total programme as long as this forms part of the approved programme and all the NMC related requirements and guidance, including those for learning outside of the UK are met.

The safety of service users, students and staff is the first concern and formal arrangements need to be in place with host partners before students start learning outside of the UK. AEIs are advised to also identify a named academic or practice support person to monitor, maintain, foster and develop each partnership. A student learning agreement, a memorandum of understanding, an ERASMUS agreement or other form of agreement needs to confirm the arrangements and responsibilities of the partner universities, taking account of the NMC requirements and guidance.

**Teaching and learning methods**

Programme providers should use various methods of teaching and learning within programmes. Programme providers are encouraged to include a range of traditional, new and innovative approaches to teaching and learning to meet the different needs and learning styles of students on the programme. No single learning approach should dominate the programme and, alongside the development of knowledge and skills, there should be sufficient time for rehearsal and application in practice. The use of technology enhanced learning approaches is expected to feature significantly in new pre-registration nursing education programmes. A blended approach to this will not only enable new approaches to learning and teaching, but will also ensure that newly registered nurses are well prepared to use technology in practice.

**Simulated learning**

Simulated learning can be used throughout the programme. Research has suggested that, in addition to practice learning, learning in a simulated practice setting (NMC, 2007) can provide a safe and effective means of supporting learning and enhancing evidence-based direct care. It can be used to allow students to practise basic nursing skills in a safe environment early on in the programme before entering practice learning environments. Later on in the programme, it can introduce them to environments, situations and aspects of practice that may not be available locally, and that are particularly challenging or outside the normal scope of the programme. There are many examples of the innovative use of simulated learning in skills development and assessment, such as OSCEs, and this approach is encouraged.

The requirements allow up to 300 hours of simulation to be counted as practice hours where it can be used to support direct care in the practice setting. Simulation may
introduce students to new skills or allow them to build on their actual experiences from practice. This type of learning will involve mentors or others with current relevant experience, and the simulation environment must be audited using previously agreed NMC criteria, NMC Circular 35/2007 *Supporting direct care through simulated practice learning in the pre-registration nursing programme*. There is no restriction on the amount of simulation that can be used within theory hours.

Simulated learning does not have to take place in a purpose built laboratory. It can take place in the classroom or in the practice environment. For example, students may draw on an experience from practice, explore this in simulation and then rehearse a number of different interventions.

**Appropriate shared learning**

Shared learning between all fields will be expected wherever possible and practicable. Generic learning outcomes will provide the most frequent and obvious opportunities for shared learning activities in theory and in practice settings, and will ensure that students are able to achieve all the competencies within the framework.

Where field specific competencies are shared between two or more fields, more opportunities for shared learning will be created. This will allow the flexibility to meet the changing needs of the workforce and will create opportunities for the different fields of nursing to learn from each other. There is no set amount of generic and field specific learning, because a combined approach should be adopted. However, regardless of the emphasis in individual programmes, all NMC competencies must be met by completion of the programme and before registration with the NMC.

**Interprofessional learning**

In addition to shared learning between the different fields of nursing, nursing students must also be given the chance to learn with and from other professionals and, where possible, with students from other professions.

The principle of interprofessional learning is to create a workforce that:

- works together effectively
- understands each other’s roles
- communicates effectively across professional boundaries, ensuring that care is ‘joined up’ and is value for money
- achieves the best possible outcomes for the patient, their carers and their families.

There are no specific requirements related to how this should be done. Programme providers are encouraged to find creative ways for interprofessional learning to take place throughout the programme so that students can develop the skills they need to work with other professionals.
In some universities, where interprofessional approaches already exist in theoretical and practice settings, this will be straightforward. Where there are fewer students from other professions, programme providers might look for partnerships with other programme providers and with providers of practice learning to create interprofessional learning opportunities. This can take place in many ways, such as in the following examples:

- patient centred scenarios using a problem or enquiry based learning approach. These might take place in groups, in simulated environments, or be set up online. Students from relevant professions can contribute to decisions about the care of individual patients and their carers and families.

- planned activities involving service users and different students in the university or practice settings. Activities might take the form of a workshop, interviews between service users and students, or a discussion of service users’ experiences.

- shared practice outcomes that relate to team working, which could be supervised and assessed in practice possibly through joint professional mentoring

- students from each field and other professions could work together to assess a person’s needs prior to and on discharge from health care settings

- workshops where more senior students organise mixed groups to discuss professional and ethical issues, such as consent, confidentiality, and patient safety including hygiene and infection control

- project work leading to presentations at a student led conference

- joint writing workshops to practise writing for publication

- joint research projects.

When creating opportunities for shared learning between students of different fields of nursing and interprofessional learning, programme providers need to ensure that approaches allow students to interact with each other rather than simply sharing lectures or teaching sessions.

**Stakeholder involvement in the design and delivery of programmes**

New and innovative approaches to curriculum planning and implementation are encouraged, but these cannot be developed or introduced in isolation. It is essential that stakeholder expectation influences the design and delivery of the programme; they should therefore be involved in ensuring that programmes take full account of:

- key national and local policies and workforce requirements

- appropriate learning opportunities

- resources

- safety or logistical issues
• appropriate actions
• disability and reasonable adjustments
• auditing and evaluation of teaching and learning
• new practice environments and learning opportunities.

**Involvement of service users and carers**

The new standards require programme providers to show exactly how users of health services and carers contribute to the design and delivery of programmes. Programme providers are encouraged to be creative when considering how service users, carers and people from local voluntary and other organisations can contribute to programme design and student learning. The following examples may help:

• being part of a regular service user or carer forum
• being part of a curriculum planning group
• contributing to the students’ induction programme
• delivering or contributing to classroom based learning activities
• providing case studies using examples of their own condition and health care experiences
• taking part in simulated activities.
• taking part in the assessment of students in practice or in simulation

When engaging users and carers, a number of issues need to be explored, such as:

• ethical matters
• payment of expenses
• transport
• access to premises
• the health and safety of individuals.
6: Practice learning opportunities

**Key messages**

- Programme providers need to be creative in identifying new and different practice learning opportunities for students that are safe and support achievement of the programme outcomes.

- Effective partnerships between AEIs and different providers of practice learning will be essential in ensuring that new practice learning opportunities and different approaches to learning in practice are identified.

- Students need to be safely supervised and supported in practice environments, and continuity of support, assessment and record keeping maintained.

- Reasonable adjustments for students with disabilities need to be applied to learning in both theory and practice settings.

**Defining practice learning opportunities**

As health services continue to change at a rapid pace and are redesigned to deliver care closer to home, nursing students will need to be competent and increasingly confident at the point of registration, to practise in any environment where service users access care.

The standards require programme providers to ensure that practice learning opportunities take place across a range of community, hospital and other settings. They must also ensure that there are periods of practice, throughout the programme, in which students are assessed in hospital and community settings.

**Practice learning in the community**

To achieve this requirement, programme providers will want to consider practice learning in the community in its very broadest sense; that is any practice learning undertaken or related to care or health promotion activities outside of the hospital environment. Another approach might be to think about the characteristics of different health care settings and the experiences and skills that nursing students might gain from particular practice learning environments.

We have identified some of the key characteristics of delivering nursing care in community environments.

- An understanding of and ability to work with families and communities as well as individuals.

- An insight into the importance of community health profiling and patterns of health and disease across different groups, communities and populations.
• An appreciation of the importance of services being centred around ease of access and convenience, in meeting the needs of individuals, families, groups or communities rather than the logistics of service delivery. Nursing in the community usually means visiting people in their homes, or being available, or delivering services in the communities in which people live.

• Individuals and communities are empowered to take control of their health and wellbeing, emphasising choice and independence rather than conforming to imposed rules and routines.

• An emphasis on health promotion and prevention of ill health, either as the main objective or by finding ways to promote health and quality of life while delivering nursing care.

• Strong interdisciplinary networks and the ability to work with others in health and social care, as well as other statutory and voluntary agencies.

• A good knowledge of local services and resources to which people can go to support their health.

• Frequent exposure to uncertain circumstances and unplanned events with limited immediate access to resources to manage the situation.

• The environment, external influences, family and social factors have a major impact on nursing assessment, interventions and activities, so flexible and creative approaches to practice will be necessary.

• It is common for some nurses to work alone, so they must be aware of associated risks and safety issues.

• Nurses must be able to work without direct supervision and make judgments and decisions independently.

Although many of these characteristics may apply to some extent to nursing in hospitals, they form the basis of nursing in the community. There are many other characteristics that could be added to the list, but these may help when identifying community practice learning opportunities and developing learning outcomes.

There are many valuable learning opportunities in the community that provide the broad experiences needed to meet the competencies. They include settings such as: walk-in centres, polyclinics, outpatient departments, call centres, residential care homes, nursing homes and settings related to criminal justice. Each of these can bring a different dimension to learning, providing an insight into the ways in which knowledge and skills are needed to meet complex needs in challenging environments.

**Innovative approaches to organising practice learning opportunities**

At the NMC, we are aware of the challenges posed by these new requirements and the challenges of supporting students safely and effectively in non-traditional environments. When approving new programmes, NMC quality assurance agents will want to see
evidence that programme providers are exploring new approaches and opportunities for practice learning across different environments that are safe and support the achievement of the learning outcomes. However, they will appreciate that developing new opportunities for practice learning may need to be done in stages and may well continue after the initial programme approval.

Strong partnerships between AEIs and practice learning providers will be vital in order to identify new opportunities for practice learning and to ensure that systems are in place to supervise and support students.

Programme providers will want to create flexible approaches to practice learning in each part of the programme. Other than the periods of practice learning towards the end of the first and second parts of the programme (which must be at least four weeks) and towards the end of the programme (which must be at least 12 weeks) there are no set requirements for the length or structure of periods of practice learning. This means that programme providers can use innovative approaches to combine theory and practice and can organise practice learning in ways that enable students to make the most of local opportunities. The nature and length of practice learning must be sufficient to enable achievement of programme outcomes. Some of the following approaches might be taken.

- Students might undertake a series of short practice learning opportunities, or visits to different environments, where they can observe care being given, or where they are directly supervised in undertaking basic care. They could then reflect on their experiences and share their observations with their mentor or teacher as part of a group feedback session.

- A period of practice learning might be overseen by one mentor based in a particular environment, but comprise short periods in other environments. Another approach might be to combine contrasting practice experiences as part of a longer period of practice learning. These practice learning experiences might take place in environments that are geographically close, in a range of hospital and community settings or arranged so that students can follow typical patient journeys through different health care environments.

- Students might work with a particular service user, carer or family for a period of time, or they might visit service users to discuss their experiences of health care.

- Simulation may be used, for example, to create opportunities for skills rehearsal in a safe environment, or to create scenarios from different types of learning environments where it may be difficult to organise real life experiences. This does not have to take place in a skills laboratory - other tools and techniques, such as interactive electronic learning packages, video conferencing and role play can be used to complement actual practice learning experiences. See section 5 for details of how this might be achieved.

- Students are likely to benefit from some longer periods of practice learning in the same environment during the programme. This will help consolidate their practice and show that they are able to work as part of a team.
Developing practice learning pathways

Where possible, practice learning opportunities should reflect local and national care delivery approaches including care pathways. Partnerships between stakeholders will be essential in developing approaches that give students access to non-traditional practice learning environments, allowing them to follow patient journeys through health and social care systems. Identifying common local health care pathways is likely to form the basis of this, followed by discussions about how practice learning opportunities could be developed to help students understand and support the patient journey.

This is likely to involve different organisations providing practice learning opportunities in a way that might not have happened in the past. For example, a care pathway may start in primary care, involve hospital admission and be followed by care in the home or other community setting involving input from social care. There could be a range of professionals involved in delivering care during the pathway and students are likely to benefit from working with them. This will often mean that different organisations will need to work together to design the right kind of experiences to provide coherent learning for students.

Continuity and safety throughout periods of practice learning

Continuity of a named nurse mentor will ensure that students are able to draw together their overall achievement of learning outcomes. In accordance with Standards to support learning and assessment in practice (NMC, 2008), nursing students must be supervised by a mentor for at least 40 percent of the time they spend in practice. However, where safe and appropriate, supervision may be indirect or undertaken by an individual from another profession, therefore, students do not have to be based in the same environment as their mentor for their entire period of practice learning as long as the mentor is available to the student 40 percent of the time. Available means the student must be able to contact their mentor and they must be accessible to the student for 40 percent of the time (see annexe 1, Application of the Standards to support learning and assessment in practice to the Standards for pre-registration nursing education (NMC, 2011)).

Where students undertake different experiences within a single period of practice learning, it is important to be clear about how they will be safely and effectively supported across different environments, and who will oversee their learning and carry out assessments at different stages of the process. Reasonable adjustments must be made for students with disabilities to support achievement of the programme outcomes within the practice setting. Systems for record keeping, using the ongoing achievement record, must be in place so that the student’s progress, achievements, areas for development and any issues of concern can be documented and promptly addressed (see section 8 for further details).

All those involved in supporting and assessing students need to be absolutely clear about their roles and responsibilities throughout the process.
7: Outcomes

Key messages

- Programme learning outcomes need to show how the NMC competencies have been addressed in relation to progression and fitness for practice at the point of registration.

- It is for programme providers to determine how they use the competencies, progression criteria, and ESCs to develop their learning outcomes.

- Learning outcomes need to demonstrate how the EU requirements in the adult field have specifically been addressed.

- Learning outcomes may relate to more than one field, domain or competency.

- Programme providers will decide where field specific competencies cross over and will develop learning outcomes according to the programmes and fields of nursing they offer.

Using field specific and generic competencies in developing outcomes

(See section 5)

The standards (R7.1.1) require that programme providers must ensure that, by the end of the programme:

- the generic standards for competence and generic competencies have enabled students to acquire the basic skills necessary to meet all people’s essential needs

- the generic and field-specific standards for competence and generic and field competencies have enabled students to acquire basic and complex skills in their field.

Programme providers will need to develop learning outcomes that can be mapped to the competencies and other requirements. The standards require that learning outcomes at the end of the first and second parts of the programme incorporate the progression point criteria in annexe 2 of the standards document and take account of the essential skills clusters.

Learning outcomes developed by programme providers may relate to more than one competency and to different fields and domains. This allows for an integrated approach to curriculum design and the development of learning outcomes, which create opportunities for shared learning.

Programme providers are responsible for ensuring that both the theory and practice learning outcomes relate to the competencies throughout the programme. The generic
and field specific competencies together form a competency set which has to be achieved by the end of the programme within the context of each field.

**Generic competencies**

Programme providers will want to determine the way in which they use the generic competencies to develop programme outcomes. It is not intended that the generic competencies should always be developed as common shared learning outcomes across fields, and they need to be flexible enough to be achieved within a variety of settings. These skills are transferable and can generally be met in or out of the student’s field specific practice. As a student progresses through the programme, we would expect to see learning outcomes derived from generic competencies increasingly applied to field specific practice. This approach is enabling and flexible; it provides opportunities for shared learning and the innovative use of practice learning opportunities across the whole programme.

**Field specific competencies**

We also expect that providers may want to develop learning outcomes which relate to field specific competencies from two or more fields. Programme providers will determine where learning outcomes can be applied to more than one set of field specific competencies. These outcomes may provide opportunities for shared learning in theory or in practice where students can experience the benefits of working with specific client groups from each other’s field of practice.

**Approaches to field planning**

Programme providers should decide how to organise field learning so that it meets the required standards. We expect students to have been given opportunities to meet the needs of clients across a full range of dependencies in a variety of settings.

Each field of nursing will continue to recognise its specific differences, but must retain the basic requirement that students will be able to meet the essential needs of all people, and the essential and complex needs of service users, carers and populations within their specific field of nursing practice, at the point of registration. This requirement is fundamental when using the competencies to develop programme learning outcomes.

It is essential that the programme content for all fields is balanced between physical and mental health. For example, in the mental health field, students must be able to develop knowledge of physical conditions and their treatment and to rehearse and show that they are competent to meet physical care needs. Equally, in the adult field, students must be given opportunities to develop the knowledge and skills needed to meet mental health needs, address problems and understand conditions and how to manage them. This requirement is explored further in approaches to field learning below.

**Material to support development of learning outcomes within each field**

To help programme providers, we have provided examples of what might be important to consider when developing learning outcomes relating to the essential care needs in
each field. These relate specifically to the client groups identified in field specific competency 1.1 in the Nursing practice and decision making domain for each field. In addition, we have also identified what might be important when developing outcomes in relation to long term conditions and we have used cognitive impairment as an example.

**Adult field**

The adult nursing competency set is made up of both generic and field specific competencies. This, together with the EU directive and the content under requirement 5.6, must be met within the context of the field by the point of registration.

While the adult field focuses more on adults and older people than any other client group, it is unique in that it must also fully meet all the requirements for general care nurses as set out in article 31 and Annexe V.2 Directive 2005/36/EC. This is because the adult nurse (unlike the other three nursing fields) will be required on registration to have met all the requirements of a general nurse under European Law. This brings the benefits of recognition of the professional qualification and freedom of movement in EU member states. However, it also creates challenges for programme providers who must ensure that the same principles that apply to theoretical and practice learning for adult nursing also apply to the nursing of other specified client groups including: child care and paediatrics, maternity care, and mental health and psychiatry. The aim is that, when necessary, adult nurses are able to provide safe and effective basic care to each of these client groups. There needs to be some direct contact with each of the respective groups in order to meet the intentions of the Directive.

Age UK and Alzheimer’s Society worked closely with the NMC during its consultation, and the feedback from users and carers is available on the NMC website. Information and other key policy drivers and reports, resulting from service failures, should help inform programme development.

The following examples show what might be considered important when assessing or delivering essential care that may not have been associated with the adult field of practice in the past.

**People with mental health needs**

- Use basic mental health skills to reduce the distress associated with mental health problems and help promote recovery.

- Act promptly to reduce the risk of harm in a crisis and to protect people who are vulnerable.

- Have a basic understanding of mental health promotion, the links between physical and mental health problems and the aetiology and treatment of common mental health problems.

- Appreciate the impact of mental health problems and distress on a person’s cognition, communication, behaviour, lifestyle and relationships.
- Be aware of the main provisions of mental health laws, especially those relating to capacity, human rights and safeguarding.

- Recognise and address people’s essential mental health needs when these exist alongside other primary health needs.

- Work and communicate with others to maintain continuity in meeting mental health needs in long term conditions.

### People with a learning disability

- Recognise and respond to the needs of people with learning disabilities who come into their care.

- Maintain continuity of care to meet pre-existing intellectual, physical and emotional needs.

- Understand the prevention, effects, and treatment of common health problems; the links between learning disabilities and physical and mental health.

- Ensure that they have access to health and social care networks and specialist services to provide support and protect people who are vulnerable.

- Actively listen, provide information, and involve people with learning disabilities in decision-making, including agreeing reasonable adjustments to minimise disruption to their usual way of life, and promote their autonomy, wellbeing and social inclusion.

- Work with families, carers, support networks and, where necessary, specialist advocates to address people’s needs.

- Use effective communication and active involvement in decision making about treatment options taking into account the person’s wishes, lifestyle and capacity for consent.

### Needs of children and young people

- Have a broad understanding of the development of children and young people within the family context and how this affects their individual needs, health, behaviour and communication.

- Work with children, young people, their families and others to provide family centred care.

- Understand common physical and mental health problems associated with childhood and adolescence, their effects and treatment.

- Deliver the basic care required to meet essential needs.
• Recognise deterioration and provide safe care to infants, children and young people in an emergency, or act to protect them where there is risk of harm, prior to referral or when accessing specialist services.

Meeting the needs of people with a long term condition, for example where cognitive impairment is a symptom

• Understand the unique needs of the person with cognitive impairment, including dementia and delirium, and respond with person centred care, empathy, compassion, dignity and respect.

• Know the main types and causes of cognitive impairment (where appropriate) and their likely impact on mental and physical health.

• Be aware of the legislation relating to mental health, capacity, human rights and safeguarding.

• Use evidence-based approaches, including psychological therapies, and appropriate medication to promote continuity and meet pre-existing intellectual, physical and emotional needs.

• Be aware of the communication needs of people with cognitive impairment.

• Actively involve the person and their family in decisions about reasonable adjustments and managing risk that will help minimise the disruption to their lifestyle, where appropriate, and promote their autonomy, wellbeing and inclusion.

• Avoid assumptions, and work with people, families and carers and through other networks to choose the care and treatment options that reflect the person’s wishes, lifestyle and their capacity for consent.

• Seek advice from specialists skilled in managing more complex and challenging needs, for example, behaviour, memory, sleep, continence, fluid maintenance, nutrition, communication, and pain management.

• Enable people to function at their full potential for as long as possible.

Please note that a field specific competency has been included relating to maternal health in the adult nursing field, so we have not included a maternal health example in this section.

Mental health field

The mental health nursing field is made up of both generic and field specific competencies. These, together with the content under requirement R5.6, have to be met within the context of the field by the point of registration.
The way in which field learning is organised is for programme providers to decide in order to meet the required standards. However, we would expect students to be given opportunities to meet essential needs of all people with mental health problems their families and carers, across all ages and at all levels of dependency, using the principles of recovery based approaches to care. This will enable students to meet the essential physical as well as mental health care needs of people with mental health problems, including the care of children and young people, pregnant and post natal women, older people, people with learning disabilities, and people with cognitive impairment. Learning within the field must also provide an in depth understanding and application of mental health legislation in relation to the rights and care of people with mental health problems.

Although acute mental health services will remain important in the context of UK mental health policies, there will be an increasing emphasis on non-hospital care as outlined in New Horizons (HMG, 2009), Delivering for Mental Health (SG, 2006), Raising the Standard (WAG, 2005) and Delivering the Bamford Vision (DHSSPS, 2009).

There were two major reviews of mental health nursing in England and Scotland in 2006. The outcomes of these led to a strengthening of previous pre-registration programmes. The lessons learned, together with the other established mental health frameworks, should be used to inform the development of future programmes. Mental health service user groups were engaged in the field working group, in particular Voices of Experience (VoX) – Scotland’s national service user organisation. Rethink also worked closely with the NMC during its consultation. Feedback from users and carers is available on the NMC website which, together with other material, should help to inform programme development.

The following examples show what might now be important when assessing or delivering essential care that may not have been associated with the mental health field of practice in the past.

**People with a learning disability**

- Recognise and respond to the needs of people with learning disabilities who come into their care.

- Maintain continuity of care to meet pre-existing intellectual, physical and emotional needs.

- Understand the prevention, effects, and treatment of common health problems, the links between learning disabilities and physical and mental health.

- Ensure that they have access to health and social care networks and specialist services to provide support and protect people who are vulnerable.

- Actively listen, provide information, and involve people with learning disabilities in decision-making, including agreeing reasonable adjustments to minimise disruption to their usual way of life, and promote their autonomy, wellbeing and social inclusion.
• Work with families, carers, support networks and, where necessary, specialist advocates to address people’s needs.

• Use effective communication and active involvement in decision making about treatment options taking into account the person’s wishes, lifestyle and capacity for consent.

Needs of children and young people

• Have a broad understanding of the development of children and young people within the family context and how this affects their individual needs, health, behaviour and communication.

• Work with children, young people, their families and others to provide family centred care.

• Understand common physical and mental health problems associated with childhood and adolescence, their effects and treatment.

• Deliver basic care required to meet essential needs.

• Recognise deterioration and provide safe care to infants, children and young people in an emergency, or act to protect them where there is risk of harm, prior to referral or when accessing specialist services.

• Learning disabilities and mental health nurses should also be able to meet the specific needs of children, understanding the connection between childhood and adolescence and their learning disability or mental health problem.

Maternal health needs

• Understand and meet the essential needs of pregnant or postnatal women in relation to a co-existing physical condition, mental health problem or learning disability.

• Recognise major risks and act quickly in an emergency to get expert help.

• Have a broad understanding of the physical and psychological effects of pregnancy, childbirth and the postnatal period.

• Have a clear understanding of the role of the midwife and midwifery care, and be able to work in partnership with midwives and other professionals to achieve the best outcomes for pregnant and postnatal women and babies in their care.
People with common physical needs

- Recognise common physical health conditions of children, adults and older people who come into their care.
- Care for someone who becomes acutely physically ill or is injured.
- Make a baseline physical health assessment, monitor their condition, and recognise and respond to any deterioration.
- Provide safe immediate physical care, treatment or first aid and obtain emergency help where needed.
- Use direct care skills to meet basic and complex physical needs which exist alongside a primary mental health problem or learning disability, including those requiring long-term or palliative care. This includes help with breathing, positioning, mobility, hygiene, temperature control, fluid maintenance, nutrition and elimination.
- Safely use medical devices to assess and provide physical care or treatment, including those for moving and positioning, infection prevention and control, feeding, maintaining hydration, elimination, managing pain, wound care, and safe administration of medicinal products.
- Seek expert advice or support where needed to ensure ongoing safe, effective and evidence based care or when accessing specialist services.

Meeting the needs of people with a long term condition, for example where cognitive impairment is a symptom

- Understand the unique needs of the person with cognitive impairment, including dementia and delirium, and respond with person centred care, empathy, compassion, dignity and respect.
- Know the main types and causes of cognitive impairment (where appropriate) and their likely impact on mental and physical health.
- Be aware of the legislation relating to mental health, capacity, and human rights and safeguarding.
- Use evidence-based approaches, including psychological therapies, and appropriate medication to promote continuity and meet existing intellectual, physical and emotional needs.
- Be aware of the communication needs of people with cognitive impairment.
• Actively involve the person and their family in decisions about reasonable adjustments and managing risk that will help minimise the disruption to their lifestyle, where appropriate, and promote their autonomy, wellbeing and inclusion.

• Avoid assumptions, and work with people, families and carers and through other networks to choose the care and treatment options that reflect the person’s wishes, lifestyle and their capacity for consent.

• Seek advice from specialists skilled in managing more complex and challenging needs for example, behaviour, memory, sleep, continence, fluid maintenance, nutrition, communication, and pain management.

• Enable people to function at their full potential for as long as possible.

Learning disabilities field

The learning disabilities nursing field is made up of generic and field specific competencies. These, together with the content under requirement R5.6, have to be met within the context of the field by the point of registration.

Programme providers can decide the way in which field learning is organised to meet the required standards, but we would expect students to have had opportunities to meet the needs of people with learning disabilities, their families and carers of all ages and at all levels of dependency. They should be able to meet the physical as well as mental health nursing care needs of people with learning disabilities, people with mental health problems, the care of children and young people, women who are pregnant or have given birth, and of people with cognitive impairment. Practice learning should be undertaken across a range of statutory and other services.

The skills of the learning disabilities nurse reflect the promotion of autonomy, rights, choices and social inclusion in the health care system. They work in person centred ways, alongside other learning disability specialists, to promote people’s health, strengths and abilities and to champion their rights as equal citizens, optimising their health and promoting their safety. The emphasis is on the responsibility of the learning disabilities nurse to provide direct care or advice to others about meeting the complex nursing needs of people with a learning disability. At the same time, we recognise that learning disabilities nurses also often work flexibly across service boundaries in support of social care, or in criminal justice.

Mencap worked closely with the NMC during its consultation and feedback from users and carers is available on the NMC website. This, together with other key policy drivers and reports on service failures, should help inform programme development.

The following examples show what might now be important when assessing or delivering essential care that may not have been associated with the learning disabilities field of practice in the past.
People with mental health needs

- Use basic mental health skills to reduce the distress associated with mental health problems and to promote recovery.
- Act promptly to reduce the risk of harm in a crisis and to protect people who are vulnerable.
- Have a basic understanding of mental health promotion, the links between physical and mental health problems and the aetiology and treatment of common mental health problems.
- Appreciate the impact of mental health problems and distress on a person’s cognition, communication, behaviour, lifestyle and relationships.
- Be aware of the main provisions of mental health legislation, especially in relating to capacity, human rights and safeguarding.
- Recognise and address people’s essential mental health needs when these exist alongside other primary health needs.
- Work and communicate with others to maintain continuity in meeting mental health needs in long term conditions.

Needs of children and young people

- Have a broad understanding of the development of children and young people within the family context and how this affects their individual needs, health, behaviour and communication.
- Work with children, young people, their families and others to provide family centred care.
- Understand common physical and mental health problems associated with childhood and adolescence, their effects and treatment.
- Deliver basic care required to meet essential needs.
- Recognise deterioration and provide safe care to infants, children and young people in an emergency, or act to protect them where there is risk of harm, prior to referral or when accessing specialist services.
- Learning disabilities and mental health nurses should also be able to meet the specific needs of children, understanding the connection between childhood and adolescence and their learning disability or mental health problem.
**Maternal health needs**

- Understand and meet the essential needs of pregnant or postnatal women in relation to a coexisting physical condition, mental health problem or learning disability.
- Recognise major risks and act quickly in an emergency to get expert help.
- Have a broad understanding of the physical and psychological effects of pregnancy, childbirth and the postnatal period.
- Have a clear understanding of the role of the midwife and midwifery care and be able to work in partnership with midwives and other professionals to achieve the best outcomes for pregnant and postnatal women and babies in their care.

**People with common physical needs**

- Recognise common physical health conditions of children, adults and older people who come into their care.
- Care for someone who becomes acutely physically ill or is injured.
- Make a baseline physical health assessment, monitor their condition, and recognise and respond to any deterioration.
- Provide safe immediate physical care, treatment or first aid and obtain emergency help where needed.
- Use direct care skills to meet basic and complex physical needs which exist alongside a primary mental health problem or learning disability, including those requiring long-term or palliative care. This includes help with breathing, positioning, mobility, hygiene, temperature control, fluid maintenance, nutrition and elimination.
- Safely use medical devices to assess and provide physical care or treatment, including those for moving and positioning, infection prevention and control, feeding, maintaining hydration, elimination, managing pain, wound care, and safe administration of medicinal products.
- Seek expert advice or support where needed to ensure ongoing safe, effective and evidence based care or when accessing specialist services.
Meeting the needs of people with a long term condition, for example where cognitive impairment is a symptom

- Understand the unique needs of the person with cognitive impairment, including dementia and delirium, and respond with person centred care empathy, compassion, dignity and respect.

- Know the main types and causes of cognitive impairment (where appropriate) and their likely impact on mental and physical health.

- Be aware of the legislation relating to mental health, capacity, human rights and safeguarding.

- Use evidence-based approaches, including psychological therapies and appropriate medication, to promote continuity and meet pre-existing intellectual, physical and emotional needs.

- Be aware of the communication needs of people with cognitive impairment.

- Actively involve the person and their family in decisions about reasonable adjustments and managing risk that will help minimise the disruption to their lifestyle where appropriate and promote their autonomy, wellbeing and inclusion.

- Avoid assumptions, and work with people, families and carers and other networks to choose the care and treatment options that reflect the person’s wishes, lifestyle and their capacity for consent.

- Seek advice from specialists skilled in managing more complex and challenging needs for example, behaviour, memory, sleep, continence, fluid maintenance, nutrition, communication, and pain management.

- Enable people to function at their full potential for as long as possible.

Children’s field

The children and young person’s nursing competency set is made up of generic and field specific competencies. This, together with the content under requirement R5.6, has to be met within the context of the field by the point of registration.

The programme provider can decide the way in which field learning meets the required standards, but we would expect that students will have had opportunities to meet the needs of children and young people between birth and the age of 18 across the full range of dependencies. This should include children and young people who have acute or urgent care needs, long term or life limiting conditions, mental health problems or learning disabilities. Nursing students should also have the opportunity to care for children and young people in various settings, including hospital, the community and the child or young person’s home.
It is important to focus on issues such as safeguarding, transition, and promoting health, as well as recognising and addressing the major physical and mental health problems of childhood and adolescence. Approaches need to be child and family centred and directed at empowering children and young people to act for themselves where appropriate. Children’s groups have contributed to the development of the competencies. The NMC also carried out extensive consultation with children and young people and this was reported on in *Values for integrated working with children and young people* (NMC, March 2008). This considered what nurses needed to meet the needs of children and young people and may help inform programme development.

The following examples show what might be important when assessing or delivering essential care that may not have been associated with the children’s field of practice in the past.

**People with mental health needs**

- Use basic mental health skills to reduce the distress associated with mental health problems and promote recovery.
- Act promptly to reduce the risk of harm in a crisis, and to protect people who are vulnerable.
- Have a basic understanding of mental health promotion, the links between physical and mental health problems and the aetiology and treatment of common mental health problems.
- Appreciate the impact of mental health problems and distress on a person’s cognition, communication, behaviour, lifestyle and relationships.
- Be aware of the main provisions of mental health legislation, especially those relating to capacity, human rights and safeguarding.
- Recognise and address people’s essential mental health needs when these exist alongside other primary health needs.
- Work and communicate with others to maintain continuity in meeting mental health needs in long term conditions.

**People with a learning disability**

- Recognise and respond to the needs of people with learning disabilities who come into their care.
- Maintain continuity of care to meet pre-existing intellectual, physical and emotional needs.
- Understand the prevention, effects, and treatment of common health problems and the links between learning disabilities and physical and mental health.
• Ensure that they have access to health and social care networks and specialist services to provide support and protect people who are vulnerable.

• Actively listen, provide information and involve people with learning disabilities in decision-making, including agreeing reasonable adjustments to minimise disruption to their usual way of life, and promote their autonomy, wellbeing and social inclusion.

• Work with families, carers, support networks and, where necessary, specialist advocates to address people’s needs.

• Use effective communication and active involvement in decision making about treatment options taking into account the person’s wishes, lifestyle and capacity for consent.

Maternal health needs

• Understand and meet the essential needs of pregnant or postnatal women in the context of a co-existing physical condition, mental health problem or learning disability.

• Recognise major risks, and act quickly in an emergency to get expert help.

• Have a broad understanding of the physical and psychological effects of pregnancy, childbirth and the postnatal period.

• Have a clear understanding of the role of the midwife and midwifery care and be able to work in partnership with midwives and other professionals to achieve the best outcomes for pregnant and postnatal women and babies in their care.

Adults with physical healthcare needs

• A broad understanding of the lifespan development of adults and older people, their roles within the family context, and how this affects their individual needs, health, behaviour and communication.

• Understand and recognise the common physical health problems of adults and older people who come into their care, including their effects, treatment and immediate nursing care requirements.

• Deliver basic care to adults and older people required to meet essential needs.

• Provide safe care to adults and older people in an emergency, or act to protect them where there is risk of harm, including first aid, basic life support and obtaining emergency assistance when needed.
• Provide immediate treatment and care for the adult or older person who becomes acutely ill or is injured.

• Make a baseline physical health assessment of an adult or older person, monitor their condition and recognise and respond to any deterioration.

• Safely use medical devices to assist with the immediate care or treatment for an adult or older person.

• Seek expert advice or support where needed to ensure ongoing safe, effective and evidence based care of an adult or older person or when accessing specialist services.

Meeting the needs of children and young people with long term conditions, for example, where cognitive impairment is a symptom

• Understand the unique needs of the child or young person (and their carers and family members) with cognitive impairment and respond with person centred care, empathy, compassion, dignity and respect.

• Know the main types and causes of cognitive impairment, stages (where appropriate) and likely impact on mental and physical health.

• Be aware of the main provisions of legislation relating to mental health, capacity and human rights and safeguarding.

• Use evidence-based approaches, including cognitive impairment mapping, psychological therapies, and appropriate medication to promote continuity and meet pre-existing intellectual, physical and emotional needs.

• Be aware of the communication needs of the child or young person with cognitive impairment.

• Actively involve the child, young person and family in decisions, in making reasonable adjustments and managing risk minimise disruption to their lifestyle where appropriate and promote autonomy, wellbeing and inclusion.

• Avoid assumptions, and work with children, young people, families and carers and other networks to select care and reasonable treatment options that reflect the person’s wishes, lifestyle and their capacity for consent.

• Seek advice from specialists skilled in managing more complex and challenging needs, for example, behaviour, memory, sleep, continence, fluid maintenance and nutrition, communication and pain management.

• Enable children and young people to function at their full potential for as long as possible.
**Essential skills clusters**

Programme providers will need to show how they have applied the ESCs when developing their learning outcomes and where in the programme these are to be met. Although the NMC guidance has identified the point at which an ESC might be best achieved, it is for the AEI to decide if this meets the needs of the curriculum and whether it should be achieved earlier or later in the programme.

ESCs were first introduced to address perceived skills gaps across all four branches of nursing in previous programmes. The guidance continues to relate to all fields, and this needs to be applied within context in new programmes.

**Conferring the academic award in relation to level of learning outcomes**

The AEI may determine the nature and title of the academic award, as long as it meets the minimum level of degree as set out in the standards and the level of outcomes reflects this. Programme providers can decide whether to offer higher academic qualifications where appropriate. AEIs will also need to consider the nature and title of the academic award for students who already have a nursing degree and have followed the programme to register in a second field.
8: Assessment

**Key messages**

- Delivering direct care to patients in the practice setting is the most appropriate place to demonstrate achievement of a skill.

- Where skills cannot be assessed in the practice setting they may be assessed in simulation to the same standard as would have been applied in the practice setting.

- The final assessment of a competency in simulation should be seen as the exception rather than the rule.

- The standards have introduced wider opportunities for other registered professionals to contribute to the assessment of nursing students.

- The ongoing achievement record will be an essential tool for collating incremental assessment decisions and ensuring continuity of practice assessment throughout each part, and at the end of the programme.

- Programme providers will need to consider how service users and carers can contribute towards the assessment of nursing students.

- There must be equal weighting of practice and theory in contributing to the final award.

### Practice assessment decisions

The standards introduce a flexible approach to the assessment of practice learning. The table below summarises who is required to make assessment decisions at various stages of the programme.

The words and phrases in bold are explained in the text below.

<table>
<thead>
<tr>
<th>Throughout each part of the programme</th>
<th>At the first progression point</th>
<th>At the second progression point</th>
<th>For entry to the register</th>
</tr>
</thead>
<tbody>
<tr>
<td>A registered nurse mentor or, where decisions are transferable across professions, an <strong>appropriate registered professional</strong>, who has been <strong>suitably prepared</strong>.</td>
<td><strong>Normally</strong> a mentor who is a registered nurse from any of the four fields of practice.</td>
<td>A mentor who is a registered nurse from any of the four fields of practice.</td>
<td>A sign-off mentor who is a registered nurse from the same field of practice as that which the student intends to enter.</td>
</tr>
</tbody>
</table>
Throughout each part of the programme

Programme providers will need to identify who will assess specific skills and aspects of competence during each part of the programme. They may decide that, in some instances, it is appropriate for other professionals to assess nursing students. Assessment by other professionals should occur only where the skills or aspects of competency are transferable across professions. Safety and public protection must always be the overriding factor in determining who should make assessment decisions. Programme providers will need to ensure that mechanisms are in place to provide ongoing training and support to other professionals who assess nursing students.

G8.2.2a of the standards defines an appropriate registered professional as a registered professional competent in the skill or aspect of competency in which the student is being assessed. Suitable preparation means they have undergone training and development that has provided them with the competence to support and assess students.

First progression point

Decisions on whether the student has achieved the practice outcomes required to enter the second part of the programme will normally be made by a mentor who is a registered nurse. However, in recognition of the existence of well established integrated teams of nurses and other registered professionals in some areas, a programme provider may, in exceptional circumstances, decide that assessment decisions at progression point one can be made by another professional.

Details of processes which should be in place where a professional who is not a registered nurse is designated to make assessment decisions at progression point one are provided at G82.2b in the standards.

The professional must:

- have been suitably prepared for the role
- have had preparation to ensure they fully understand all the requirements for progression in the context of nursing – this may include undertaking the relevant parts of an NMC approved mentor programme
- be listed on a register which confirms their ability to act in this capacity
- be subject to similar requirements as those for mentors who are registered nurses, including annual updating and triennial review.

Second progression point

Decisions on whether the student has achieved the practice outcomes required to enter the third part of the programme must be made by a mentor who is a registered nurse.
At the end of the programme for entry to the register

Assessment decisions regarding whether a student has achieved all the practice outcomes required for entry to the register at the end of the programme must be made by a sign-off mentor who is a registered nurse from the same field of practice as that which the student intends to enter.

Due regard and assessment decisions in practice

Since there will no longer be a common foundation and branch components separating the programme into generic and field specific components, the NMC have not set requirements for practice assessors to be from the same field of practice that the student intends to enter until the final assessed period of practice at the end of the programme. However, depending on the structure of local programmes, providers may decide that practice assessment at progression points one or two, or at other points during the programme, will be made by nurse mentors from the same field of practice in which the student intends to qualify.

Requirements for mentors and sign-off mentors

Mentors and sign-off mentors must meet the relevant requirements in Standards to support learning and assessment in practice (NMC 2008).

In principle, mentors and sign-off mentors should be at a level equivalent to, or higher than, the students they are supporting and assessing. However, it is acknowledged that this can be demonstrated in a variety of ways through continuing professional development, including academic and practice learning. It will be for programme providers to determine whether individual mentors and sign-off mentors have developed their knowledge and skills to the appropriate level to be able to support and assess degree nursing students.

Continuity of practice assessment through the ongoing achievement record

Standards to support learning and assessment in practice (NMC, 2008) introduced the ongoing achievement record. This ensures feedback and incremental assessment across different periods of practice learning is collated and shared between those involved in supporting and assessing students.

It is an important tool in presenting an overall picture of student achievement of programme requirements at progression points and at the end of the programme. This will provide evidence to inform the judgments made by mentors and the sign-off mentors at these points. This evidence is of particular importance where there are developmental needs, or areas of concern which need to be addressed promptly or over time. R8.2.4 and G8.2.4 outline how the ongoing achievement record should be used to support decision making at progression points and the end of the programme.

Effective use of the ongoing achievement record will also be fundamental to maintaining continuity of practice assessment in new programmes where nursing students may be gaining experience in a wide range of learning environments. In circumstances where students visit a number of different environments within a period of practice learning, or
where they follow a patient journey, it will also provide an important tool for collating incremental assessment. The student and their mentor will then be able to reflect on these experiences, drawing together their overall learning and achievement, and planning for further development.

Service users’ and carers’ contribution to the assessment process

Programme providers must make it clear how service users and carers contribute to the assessment process. Being involved in assessment in a meaningful way, without placing inappropriate responsibility on them, can be challenging and, where service users and carers do contribute, the outcome should not rest on their judgment alone. There are a number of considerations which need to be given when working with service users and carers which are outlined in section 5. Also, clear processes will need to be in place to prepare them properly, and support them in the assessor role. There may also be issues around the validity and reliability of their judgments which may cause anxiety for students. Notwithstanding these issues, many programme providers are beginning to find innovative ways of enabling service users and carers to make an effective contribution to the assessment of students. Examples include:

- hand-held electronic devices which service users and carers can use to give feedback on the student's competence
- testimonies from service users and carers which students may include in their portfolio to contribute to evidence of achievement of learning outcomes
- mentors may seek feedback from service users and carers that students have worked with
- service user and carer involvement in OSCEs and their subsequent assessment
- service users and carers contributing to discussion and assessment of videoed scenarios.

ESC medicines management and the assessment of numeracy

We have considered some new work in relation to calculations that has informed our approach to dealing with numerical assessment in relation to the ESC on medicines management. The issues around standards of numeracy competence in the health workforce have been addressed by a team commissioned by NHS Education for Scotland. Programme providers may wish to take the following information into account when determining assessment criteria.

- an ESC assessment strategy for a medication related calculation that demonstrates competency across the full range of complexity, the different delivery modes and technical measurement issues
- assessment that takes place in a combination of the practice setting, computer lab and simulated practice that authentically reflects the context and field of practice
• diagnostic assessment that focuses on the full range of complexity, identified at each stage, and recognising the different types of error (conceptual, calculation, technical measurement) which can then be linked to support strategies

Although the assessment of technical measurement competence and integration with wider medicines management can be achieved within practice or simulated practice, the assessment of conceptual understanding and calculation skills should demonstrate the student’s competence across the full range of complexity in their own field of practice. This might be achieved through computer based assessment or OSCE type assessment.

**Equal weighting of practice and theory contributing to the final award.**

The NMC considers practice to be equally important in assessment as theory. The new standards require equal weighting of practice and theory assessment in new programmes. Programmes should adopt an integrated approach where theory is applied to practice and where practice is supported by theory. Where theoretical assessment is directly related to practice, this would be considered assessment of practice. The requirement for equal weighting does not only apply to assessment in practice but also to assessment of practice. The type of assessments, and the way credit is awarded, is up to individual institutions to determine.

There is no requirement within the new pre-registration nursing education standards to grade practice, although programme providers may choose to grade practice if they wish.
9: Resources

Key messages

- Programme providers need to ensure that sufficient resources are available across academic and practice settings to support safe, effective programme delivery.

Quality of care and appropriate environments for learning

The term ‘resources’ covers a range of aspects, including people, teaching and learning facilities, equipment, information and technology. It also relates to the preparation, training and ongoing support of those involved in the selection, design, teaching, learning and assessment of students in practice and in academic settings. These aspects have been referred to in other sections of this document, so will not be covered again in this section. References to other sections are made below.

Section 1 – refers to the importance of partnership between AEIs, programme providers and commissioners to ensure that appropriate resources are in place to support the development and delivery of the programme.

Section 2 – relates to the resources which may help address equality and diversity needs.

Section 4 – covers the preparation and ongoing support and development needs of nurse mentors, teachers and others who support, teach and assess nursing students.

Section 5 – contains information about approaches to learning that need to be considered.

In addition, there is a section of the NMC website which supports design and delivery of pre-registration nursing education programmes by providing links to local and national websites and examples of practice. This will continue to be developed over time.
10: Quality assurance

Key messages

Programme providers need to:

- be sure of what is required at programme approval, re-approval, modification and monitoring
- ensure that commissioners fully support the intention to develop, approve and deliver the programme
- be able to demonstrate supporting evidence
- identify, access, meet and sustain necessary resources.

The NMC assures the quality of all NMC approved programmes of education through robust processes of approval and annual monitoring. The term ‘quality assurance’ covers approval of new programmes, re-approval and modifications of existing programmes and endorsement of programmes approved in the UK for delivery in agreed locations outside the UK. We also monitor approved education institutions and their practice partners each year.

The spirit in which approval and monitoring is undertaken is to ensure that minimum requirements have been met with regard to ensuring public safety and fitness for practice at the point of registration. Programme providers and their partners need to ensure themselves that standards of care and learning opportunities in practice are of high quality through audit systems that link to clinical governance and to external audit by other bodies.

Quality assurance of pre-registration nursing education programmes is designed to reassure stakeholders that the programme provides suitable learning opportunities to meet learning outcomes in practice and academic environments.

Evidence gathered during the audit of practice learning environments may be used to encourage the development and improvement of learning opportunities. A variety of audit tools are acceptable, the nature of which will be determined locally, and will be evaluated as part of our annual monitoring process.

Reports of quality assurance activities, annual monitoring, and list of approved programmes are published in the quality assurance of education section on the NMC website.
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**Explanation of terms** Web Link

Available at [http://standards.nmc-uk.org/PreRegNursing/statutory/explanation/Pages/explanation-of-terms.aspx](http://standards.nmc-uk.org/PreRegNursing/statutory/explanation/Pages/explanation-of-terms.aspx)

**Annexe 1: Application of Standards to support learning and assessment in practice to the Standards for pre-registration nursing education** (web link)

Available at [http://standards.nmc-uk.org/PreRegNursing/non-statutory/Pages/Application-of-SLAiP-to-SPNE.aspx](http://standards.nmc-uk.org/PreRegNursing/non-statutory/Pages/Application-of-SLAiP-to-SPNE.aspx)
References


