

November 2022

NMC Future Programme Standards Consultation

Final report

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1. Introduction

1.1 About this consultation

The Nursing and Midwifery Council (NMC) sets standards for nursing and midwifery education. There are two types of standards: standards of proficiency (which set out the required knowledge, skills and behaviours at the point of registration) and education standards set out in three parts, and part three contains the programme standards (which set out how approved nursing and midwifery programmes should be delivered).

Some of the content in the programme standards is underpinned by European legislation - the Mutual Recognition of Professional Qualifications Directive ('the EU Directive')¹. Consequently, in light of Britain's departure from the European Union (EU), the NMC launched a review to explore whether and how that content should change. Initial research highlighted both a lack of evidence to underpin change, and an absence of stakeholder consensus about how standards should change. The NMC therefore decided to progress those areas where there is enough evidence and stakeholder support. In September 2021 this led to Council approving work to explore changes in a number of areas.

The NMC has worked with stakeholders to co-produce proposals for changes to the standards. It has now consulted on those proposals.

The NMC is proposing changes, in line with their tone of voice guidelines, in four key areas:

- Selection and admission
- Knowledge and skills
- Standards on placement settings
- Simulation (for nursing only)

1.2 Aims and objectives

The NMC commissioned BritainThinks to conduct research on the public and stakeholders' views of these proposed changes. The aims of the consultation are to:

- Understand stakeholders' views on the proposals, including any concerns
- Engage meaningfully with stakeholders and offer them the opportunity to influence standards
- Provide an evidence base for any recommended changes

¹ The Mutual Recognition of Professional Qualifications Directive (2005/36/EC) is incorporated within our education programme standards. The content of the Directive is reflected in our current standards in the following areas: selection, admission and progression, curriculum, practice learning and supervision and assessment.

The relevant articles are available as annexes of the standards for pre-registration nursing and midwifery programmes linked to above.

1.3 Methodology and sample

Given the range of audiences in this research, a mixed methods approach was used to gather both a broad response to the proposed changes, as well as more detailed and considered feedback.

This report is structure by each of the four key areas and the proposed changes within each.

Quantitative strand

The quantitative strand of this research consisted of two surveys, both intended to reach different target audiences:

1. *Consultation survey*

- A 20-minute online survey (in either English or Welsh) circulated by the NMC and placed on the NMC consultation webpage. This was completed by 2,513 respondents: 2,461 individuals and 54 organisations
- Alongside this main consultation survey an easy read version of the survey was completed by 197 participants

A full breakdown of the open survey sample can be found in the Appendix I.

2. *General public survey*

- A general public survey, delivered in English with a nationally representative sample of the UK adult population (n=2,078). This was conducted online through Yonder Data Solution's (YDS) omnibus panel and comprised of 12 question units (or 'screens').

Qualitative strand

The qualitative strand was made up of eight focus groups, four with the general public, four with student nurses/midwives and five depth interviews consisting of three digitally disengaged participants, one student nurse and one student midwife.

Below is the sample frame used to recruit for the focus groups and depth interviews conducted within the qualitative strand.

Public:

4 x 120-minute focus groups with 28 members of the public in total.	All participants were mixed socio-economic grade (SEG) ABC1 / C2DE.
	Groups were split by age: 25 – 44, 45+.
	The sample also included:

<p>Focus groups took place via Zoom.</p>	<ul style="list-style-type: none"> • 8 x participants who had attended an appointment with a nursing or midwifery service in the last 6 months • 3 x participants with children under 10 years old • 4 x with caring responsibilities for an adult
	<p>Participants were from across the four devolved nations of the UK, with a spread of ethnicities, gender, and level of interaction with health and care services.</p>
	<p>Participants were recruited by BritainThinks and were paid an incentive for their time.</p>

Student groups:

<p>4 x 90-minute focus groups with 25 student nurses and midwives.</p> <p>Focus groups took place via Zoom.</p>	<p>All participants were current nursing or midwifery students, studying within NMC approved institutions.</p>
	<p>Groups were split by field of study: 2x nursing groups and 2x midwifery groups.</p>
	<p>Participants were from across the four devolved nations of the UK, with a spread of ages, ethnicities, gender, level of interaction with health and care services, and ensuring that they were studying at different NMC Approved Education Institutions (AEIs).</p>
	<p>Participants were recruited by BritainThinks and were paid an incentive for their time.</p>

1.4 Navigating this report

This report structure follows the four key areas the NMC are proposing changes within:

- Selection and admission
- Knowledge and skills
- Standards for placement settings
- Simulation (nursing only)

An Executive Summary has been provided at the beginning to give an overarching view of the findings detailed later throughout the report.

Within each section a breakdown is provided with the results of the three different surveys as well as the qualitative research used to gather feedback for this consultation. These surveys include:

- An Open Survey, placed on the NMC website
- An Easy Read survey
- A General Public survey

Where relevant, tables are labelled as referring to which survey the results are made up of.

Summary charts relating to changes to nursing or midwifery programme standards have been colour coded for ease in navigating through the findings of this report. Proposals that refer to nursing only are in a blue box, those that only refer to midwifery are in a green box, and those that refer to both nursing and midwifery are in a yellow box.

Base sizes (the number of respondents answering each question) have been included in tables and may vary for open survey respondents as they were able to skip questions which they did not want to answer. Where base sizes are below 50, results have not been included. Audience differences have been included throughout the report if they are statistically significant; differences that are not statistically significant have not been included. Additionally, there was a sufficiently high number of nurses to draw out differences within nurses by diversity characteristics including age, location, gender, and ethnicity. This has been included throughout.

Please note that figures may not always add up to 100% because figures have been rounded to the nearest whole number. As a result, totals may add up to 99% or 101%.

This report is accompanied by two appendices:

- Appendix I – this contains the full sample breakdown and can be found at the end of this report.
- Appendix II – this is a separate document that contains charts for all questions and audience differences referred to throughout this report.

2. Executive summary

Summary of NMC proposed changes

Selection and admission for pre-registration nursing and midwifery programmes

- For **nursing**: Remove the requirement for applicants to have at least 12 years of general education prior to entry to a pre-registration nursing programme and replace with: *Meet the entry criteria for the programme as set out by the Approved Education Institution (AEI) and are suitable for their intended field of nursing practice: adult, mental health, learning disabilities and children's nursing.*
- For **midwifery**: Remove the requirement for applicants to have at least 12 years of general education prior to entry to a pre-registration midwifery programme and replace with: *Meet the entry requirements for the programme as set out by the Approved Education Institution (AEI) and are suitable for midwifery practice.*
- For **nursing and midwifery**: Add the new text to Part 1 Standards framework for nursing and midwifery education: *Ensure that for students below the age of 18 on admission to their intended programme, appropriate safeguarding measures are in place to support them and people in their care.*

The NMC also propose to change its nursing associate education standards to make sure they are consistent with the above proposals.

Knowledge and skills

- For **nursing**: to remove reference to the EU Directive within the education programme standards, on the basis that this content is now included and in many cases surpassed, within its standards of proficiency.
- For **midwifery**: to remove reference to the EU Directive and to retain a specific number of learning experiences within the programme standards to give students learning opportunities and experience across care including pregnancy, labour, post-natal care and care for newborn infants.

Placement standards

- **For nursing**: to delete reference to the EU Directive (and therefore the list of placement settings that is within it) within the programme standards.
- **For midwifery**: to remove reference to the EU Directive within the programme standards and to add a new standard that reads: *ensure students experience different maternity providers.*

Simulation - for nursing only

- To add a requirement for Approved Education Institutions together with practice learning partners to: *Ensure technology and simulation opportunities are used effectively and proportionately across the curriculum to support supervision, learning and assessment.*
- To replace requirement 3.4 (ensure technology enhanced and simulation-based learning opportunities are used effectively and proportionately to support learning and assessment and pre-registration nursing programmes leading to registration in the adult field of practice comply with Article 31(5) of Directive 2005/36/EC) with: *Ensure where simulation is used, it does not exceed 600 hours of the 2,300 hours practice learning experience.*

Additionally, the proposed amended definition for simulation, which will apply to all programmes is:

- *An educational method which uses a variety of modalities to support students in developing their knowledge, behaviours and skills, with the opportunity for repetition, feedback, evaluation and reflection to achieve their programme outcomes and be confirmed as capable of safe and effective practice.*

These proposals would also have a small impact on the education programme standards for nursing associates, prescribing and return to practice and as such, the NMC is also proposing to amend these.

2.1 Views on the proposal to change selection and admission for nursing and midwifery programmes

The removal of the reference to the EU Directive for requirement for applicants to have at least 12 years of general education prior to entry to a pre-registration nursing or midwifery programme receives a mixed response. Amongst open survey respondents, over half agree for both nursing (56%) and midwifery (54%) but around a third disagree (32% nursing; 34% midwifery). All of the proposed changes in relation to safeguarding for both nursing and midwifery programme standards garner support from large majorities of respondents to the open survey and Easy Read survey.

Qualitatively, the general public and students are positive towards these proposed changes. Both audiences see the proposed changes as more inclusive and think they make courses more accessible to those who may not otherwise be able to enter them.

Concerns exist, from open survey respondents and the general public, around under 18s being able to train as nurses or midwives and whether they have the maturity for such an undertaking. However, for the general public this is in part due to a misunderstanding of the change and that they would still need to meet entry requirements and have support. Students show some concerns that younger trainees may not be taken as seriously as their older colleagues.

Finally, the proposed addition for 'appropriate safeguarding' to be put in place is welcomed. However, some raise concerns that the wording is vague and would like more clarity as to what this would look like in practice.

2.2 Views on the proposal to change knowledge and skills

Across the open survey, Easy Read as well as qualitatively, there is support for the proposed changes for knowledge and skills. In the open survey, there is strong agreement for the removal of the reference to the EU for both nursing (67%) and midwifery (73%) as programme standards are seen to have little impact as the NMC standards of proficiency for nursing and midwifery either meet or exceed these. Half (52%) of Easy Read respondents also agree with removing reference to the EU.

Agreement with this change is lower amongst the general public. Only 43% are in agreement with removing reference of the EU in nursing and midwifery programme standards, though this is because over two fifths neither agree nor disagree (21%) or don't know (22%).

There is also support for the integration of specific learning experiences from the Directive into midwifery programme standards, such as undertaking no less than 100 antenatal examinations and supporting and caring for no less than 40 women in labour. Participants feel that this will give midwifery students a more rounded learning experience which will ultimately benefit women, partners and families.

2.3 Views on the proposal to change standards on placement settings

Nursing

Removal of the reference to the EU Directive and the list of placement settings within nursing standards has agreement from over half (55%) of open survey respondents; however, one in three (30%) disagree. Overall, this proposal is thought to increase flexibility for nursing students and allow them to focus on what is relevant for them and to meet the standards of proficiency.

Midwifery

The majority of respondents to all surveys (68% open survey; 72% Easy Read survey; 63% general public survey) support the addition of a standard to ensure midwifery students experience different maternity providers. Open survey respondents and qualitative participants think that it will have a positive impact on care and will help students experience differences in culture and leadership style.

However, there are some concerns around implementation of ensuring students experience different placement providers for midwifery programmes. This is reflected both in the open survey where around a quarter disagree that the proposed change is clear (27% disagree) or achievable (25% disagree), and in the qualitative groups where midwifery students had questions as to how the placements would work in practice. A small number strongly believe that a potential unintended consequence of this change is that placements may become

inaccessible for some, for example those in rural areas or without their own transport who will be unable to travel to other trusts or sites. Guidance on how this would be implemented, particularly in relation to the way placements would be assigned and distances students would reasonably be expected to travel, may help to settle these concerns.

2.4 Views on proposal to change simulation for nursing

Across methodologies there is support for the proposed changes to simulation for nursing with the vast majority agreeing with the changes. Over four in five open survey participants agree with the new standard to ensure technology and simulation are used effectively and proportionately (83%) and with the amended definition of simulation (81%). Seven in ten (71%) also agree with the amended standard to ensure simulation does not exceed 600 hours of practice learning experience. Almost two thirds (65%) of easy read respondents agree with allowing nurses to use simulation in practice learning. Support is related to a belief that simulation can add value and give students opportunities which may not otherwise arise.

However, qualitatively, there are some concerns from students and practitioners in this area, primarily around the number of hours proposed and whether this would take away from practice hours (rather than being part of theory hours) and a belief that without real-life experience, students may not develop the required soft skills to be effective as a nurse.

2.5 Views on applying simulation to midwifery programme standards

There is a mixed reaction to the idea of applying simulation for midwifery across methodologies. In the open survey, 46% agree while 42% disagree. Amongst Easy Read respondents, there is a higher level of agreement (52%), though almost two fifths (38%) disagree. The general public are also unsure, with 42% agreeing and 31% in disagreeing. For those who are positive they see it as an opportunity to get experiences which may not otherwise arise and give flexibility in learning.

However, for those with concerns it's felt that the quality of simulation training would not be sufficient for the skills and confidence needed in real-life situations and some feel that it could reduce standards of midwifery overall.

2.6 Overarching response to the proposed changes to the future programme standards

Having reviewed all the changes a majority of respondents are broadly supportive of the proposed changes with no proposed change receiving support from less than half of the open survey respondents.

A majority of open survey respondents think that the proposed changes meet NMC design principles (63% agree). Around 6 in 10 open survey (61%) and half (52%) general public respondents also agree that they promote opportunities to improve inclusivity. It is also felt that the changes will have a positive impact with over half agreeing the changes enhance safe, kind and effective practice (54% open survey; 57% general public survey) and half

agreeing the changes will improve the outcomes for users of nursing and/or midwifery services (51% open survey; 53% general public survey).

However, across the consultation there are some key significant differences between participants. In particular, when compared with the overall sample, younger participants and students are consistently more positive towards the changes, as are those in England and Wales, educators and ethnic minority nurses. Conversely, those located in Northern Ireland are consistently less positive than those in other nations and compared with students and educators, nurses and midwives² are more negative about the proposals. Male nurses are also more likely to disagree with proposals compared to female nurses.

² While educators may also be registrants, in this report this category refers to those who describe their main role as an 'educator'. When referring to registered nurses and midwives, these are people who describe their main role as such.

3. Overarching audience differences

Where statistically significant, and to ensure that the NMC captures any differences between professions, audience differences have also been pulled out throughout this report. These audiences are categorised according to job role (e.g. educators, nurses, midwives), the sector they work in, their age and location in the UK, constituting key areas of analysis. Additionally, where relevant, we have included analysis on the following overlapping subgroups: job role and gender, job role and disability, job role and ethnicity.

Certain survey respondents consistently respond more or less positively to the proposed changes. This is shown in **Table 1**: below.

Table 1: Overarching and consistent audience differences in responses across survey respondents

Demographic differences (<i>Open survey respondents typically responding differently when compared with the overall response</i>)	
Respondents consistently responding <u>more</u> positively to the proposed changes	
Younger respondents and student nurses	Younger respondents, who are more likely to be students, are more likely to support the proposals. They are more positive about improving inclusivity, ensure safe, kind and effective practice, and improve outcomes for service users.
English and Welsh respondents	English and Welsh respondents are more positive about the changes than the overall sample.
Educators	Educators are generally very positive towards the changes, suggesting that the proposals facilitate the teaching of nursing and midwifery programmes.
Ethnic minority nurses	Nurses from ethnic minority backgrounds tend to be more positive about the proposed changes than white nurses.
Respondents consistently responding <u>less</u> positively to the proposed changes	
Irish respondents and those located in Northern Ireland	Irish respondents are more likely to disagree with the proposals in general. Those in Northern Ireland are also more likely to disagree with the changes.
Nurses and midwives registered with the NMC	Compared to students and educators, registrants are more negative about the proposals.

4. Views on the proposal to change selection and admission for nursing and midwifery programmes

4.1 Summary

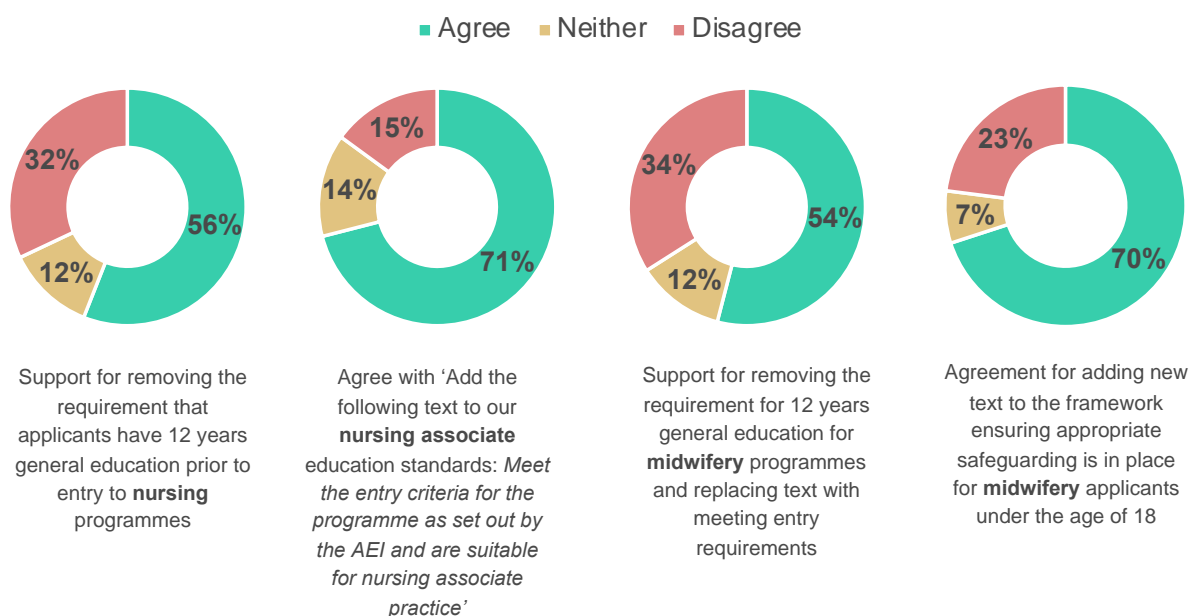


Figure 1: Level of agreement and disagreement for proposed changes to Selection and Admission for open survey respondents

- All the proposed changes for selection and admission for nursing and midwifery programmes garner support from the majority of respondents. However, the removal of the reference to the EU Directive for requirement for applicants to have at least 12 years of general education prior to entry to a pre-registration nursing or midwifery programme has higher levels of disagreement.
- The proposed changes are seen to be more inclusive and to make courses more accessible to those who may not otherwise be able to access them.
- Concerns exist, mainly from the general public, around under 18s being able to train as nurses or midwives and whether they have the maturity for such an undertaking. However, this is in part due to a misunderstanding of the change and that they would still need to meet entry requirements and have support
- The proposed addition for 'appropriate safeguarding' to be put in place is welcomed. However, some raise concerns that the wording is vague and needs more clarity about what this would look like in practice.

4.2 Agreement and disagreement with the proposed changes

There is a mixed response to the proposal to remove the requirement that applicants have to have 12 years of general education prior to entry as over half of open survey respondents agree but a third disagree. Compared with removal of 12 years of general education, there is greater support for the proposals to add text to ensure entry requirements are met, and to ensure safeguarding for under 18s for both nursing and midwifery.

Table 2: Level of agreement and disagreement for proposed changes to Selection and Admission for open survey respondents

Proposed change for Selection and Admission	Open survey respondents	
	Agree	Disagree
<p>Remove the reference to the EU Directive for the requirement for applicants to have at least 12 years of general education prior to entry to a pre-registration nursing programme and replace with: Meet the entry criteria for the programme as set out by the AEI and are suitable for their intended field of nursing practice: adult, mental health, learning disabilities and children's nursing.</p> <p><i>Base: All answering for nursing (n= 1407)</i></p>	56%	32%
<p>Add the following text to our nursing associate education standards: "Meet the entry criteria for the programme as set out by the AEI and are suitable for nursing associate practice."</p> <p><i>Base: All answering for nursing (n= 1351)</i></p>	71%	15%
<p>Remove the reference to the EU Directive for the requirement for applicants to have at least 12 years of general education prior to entry to a pre-registration midwifery programme and replace with: "Meet the entry requirements for the programme as set out by the AEI and are suitable for midwifery practice."</p> <p><i>Base: All answering for midwifery (n= 376)</i></p>	54%	34%
<p>Add this new text to Part 1 Standards framework for nursing and midwifery education: "Ensure that for students below the age of 18 on admission to their intended programme, appropriate safeguarding measures are in place to support them and people in their care."</p> <p><i>Base: All answering section (n= 1548)</i></p>	70%	23%
	Yes	No

Do you think this amendment will ensure sufficient safeguarding is in place for those under 18 who start programmes? <i>Base: All answering section (n= 1595)</i>	41%	34%
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Table 3: Level of agreement and disagreement for proposed changes to Selection and Admission for easy read survey respondents

Proposed change for Selection and Admission	Easy read respondents	
	Agree	Disagree
We should stop saying people have to have been in education for at least 12 years before they can take part in a course <i>Base: All respondents (n= 195)</i>	53%	32%
We should make sure there are rules in place to support anyone under 18 who takes part in a course <i>Base: All respondents (n= 194)</i>	86%	4%

Table 4: Level of agreement and disagreement for proposed changes to Selection and Admission for general public respondents

Proposed change for Selection and Admission	General public respondents	
	Agree	Disagree
Remove the requirement for applicants to have at least 12 years of general education prior to entry to a pre-registration nursing and midwifery programmes and replace with: "Meet the entry criteria for the programme" <i>Base: All respondents (n= 2078)</i>	48%	24%
Add this new text to Standards framework for nursing and midwifery education: "Ensure that for students below the age of 18 on admission to their intended programme, appropriate safeguarding measures are in place to support them and people in their care" <i>Base: All respondents (n= 2078)</i>	66%	9%

Removing the requirement that applicants have 12 years of general education prior to entry to nursing and midwifery programmes

Over half of those answering for nursing in the open survey (56%) agree with the removal of the reference to the EU Directive for applicants to have at least 12 years of general education prior to entry. Roughly one third disagree (32%).

Similarly, over half of those answering for midwifery in the open survey (54%) agree with the removal of the reference to the EU Directive for applications to have at least 12 years of general education prior to entry. Around one third disagree for midwifery (34%).

Other groups also have mixed reactions with around half agreeing but a sizeable proportion disagreeing with this proposed change. Half (53%) of Easy Read respondents agree with the proposed change, but close to a third (32%) disagree. Similarly, close to half (48%) of the general public agree with the proposal to remove the requirement for 12 years of general education but a quarter (24%) disagree.

Qualitatively, the public and students are supportive of the proposed removal of 12 years of general education as it opens up the professions to those who may not have had a typical education or who may want to change profession later in life.

“I think that's quite a good thing. Because some people for various reasons, may have missed some parts of their education and then decided later on in life that this is what they want to do. And now they're able to do it.”

Member of the public, 25-44, Wales

Organisations are also positive towards the proposal to remove the requirement for applicants to have 12 years of general education. This is because AEs are able to assess whether a prospective student is ready to join the programmes and the removal of the requirement allows a more inclusive approach to admissions.

“We support removal of the requirement for applicants to have 12 years of general education. We believe it is possible for applicants suitable for the nursing and midwifery professions to have different range of educational experience, and this has the potential to contribute to widening diversity within the profession. AEs are already responsible for determining that nursing applicants are suitable for the profession, and it is appropriate to introduce this for midwifery.”

Approved Education Institution, England

Adding new text to the nursing associate education standards to ensure entry requirements are met

Seven in ten (71%) who answered for nursing in the open survey agree with the addition of text to ensure entry requirements are met with a minority (15%) disagreeing.

Adding new text to ensure appropriate safeguarding is in place for applicants aged under 18

The proposal to add new text to ensure appropriate safeguarding is in place for applicants aged under 18 has strong support with seven in ten open survey respondents agreeing.

70% of open survey respondents agree with the proposed changes. Close to a quarter (23%) disagree with this addition.

Amongst Easy Read survey respondents, the proposal to add safeguarding and support for anyone under 18 garners overwhelming support. The vast majority (86%) agree with this proposal, with very few (4%) saying they disagree.

Likewise, two thirds of the general public (66%) agree with the proposal to ensure appropriate safeguarding is in place for applicants under the age of 18. Few (9%) disagree.

4.3 Concerns to be addressed

From the qualitative groups and interviews and the open response questions in the open survey, the proposed changes to remove the requirement for 12 years of general education and add wording on safeguarding raise two main concerns:

1. A belief that under 18s are not mature enough to start programmes and trained nurses and midwives would not be able to oversee them due to staff shortages

The general public show concerns that under 18s could be accepted onto programmes if the requirement for 12 years of general education is removed. Some feel that under 18s may not have the maturity or life experience to be able to take on such a demanding role or to be in settings such as hospitals caring for a range of people.

“About the age limit, I know everybody is different, but I'm not convinced under 18 is a good place. But the others look fine to me, quite reasonable. Some of the situations you're put in I think are quite demanding mentally but then age isn't a guarantee of maturity so depends on the individual”

Member of the public, 45+, England

These concerns were in part driven by a misunderstanding that under 18s would be treating patients alone and by not taking into consideration that students will still need to meet course entry requirements.

However, some open survey respondents raise similar concerns around maturity and feel that trained nurses and midwives may not be able to oversee them.

“I am concerned that placement areas will not understand their obligations. I am also concerned that if AEs placed <18 in an NHS setting, poor staffing might see them being unsupervised or undertaking tasks which are not suited to their formative years.”

Registered midwife, Wales

Some organisations and governing bodies, while generally taking a more positive outlook on the proposal, also raise concerns around the potential of underage students joining courses.

“Safeguarding minor on course being exposed to difficult situations not appropriate, so perhaps stating they need to be 18 before going on clinical practice etc. This widens the scope for potential overseas applicants and underrepresented groups to apply, such as refugees and travelling communities, who may not have access to evidence of general education. However, NMC does not stipulate a minimum age limit, but safeguards need to be in place - 16 years old.”

Government department or public body, Wales

By contrast, current nursing and midwifery students understand the need to meet entry requirements, that there would be few cases where there are under 18s accepted onto courses and that there is senior support on placements. However, they do raise concerns that younger students, or those who look younger, are less likely to be taken seriously by patients.

2. Concern that ‘appropriate safeguarding’ is too vague

Many welcome the proposal to add text to ensure appropriate safeguarding for those under 18 and members of the public feel that should already be in place. However, there is uncertainty over whether or not the amendment will ensure sufficient safeguarding. Whilst two in five (41%) agree that the amendment will ensure sufficient safeguarding, the majority either do not think it will (34%) or are unsure (25%).

There are concerns over how the term ‘appropriate’ may be interpreted and more clarity is required on what this safeguarding will include.

“The word ‘appropriate’ might mean different things to different AELs, as the governing & accountable body, the NMC should set very clear standards & use very clear words to ensure consistent safeguarding for patients, staff & students. How will ‘appropriate’ safeguarding be measured, assessed & benchmarked and by whom?”

Educator, England

The current wording is felt to be vague and open to interpretation so there are concerns that this will be done differently in different places and to different standards.

“What aspects does it cover? It is so vague it could mean anything, and I think interpretations as to what is safe and appropriate for someone who is under 18 in this sort of role will differ wildly. I am uncomfortable with someone under 18 being placed in such a high-pressure role, both for their safety and the safety of the patients they may meet in placement.”

Educator, England

Students also raise concerns around the ability of AEs to ensure compliance with these measures when there are staff shortages and supervisors are already stretched.

“How is that safeguarding support being provided? Where is the support coming from? I don't think age is what I'm concerned about, it's about general safeguarding and support. ... Wonder how that might look like when accessed on the ground.”

Midwifery student, Wales

4.4 Audience differences

All respondents

Location

Respondents in Wales (76%) are significantly more likely to agree with removing reference to the EU in nursing standards than those answering in Scotland (62%) and all devolved nations as a whole (63%).

Job role

Educators are more likely than other professions to agree with the proposal to remove the requirement that applicants have to have 12 years of general education prior to entry for both nursing and midwifery (63% cf. registered nurse 52%; nurses, midwives and nursing associates) and to add the relevant text regarding nursing associate practice (81% cf. student nurse 76%; registered nurse 69%; nurses, midwives and nursing associates 69%).

Student nurses are also more likely to agree than registered nurses with the proposal to remove the requirement that applicants have to have 12 years of general education prior to entry for nursing (63% cf. registered nurse 52%; nurses, midwives and nursing associates (52%).

Both registered and student nurses are more likely than registered midwives to agree with the proposal to ensure that for students below the age of 18 on admission to their intended programme, appropriate safeguarding measures are in place to support them and people in their care (70% and 77% cf. 60%).

Midwives registered with the NMC (29%) are also less likely than registered nurses (41%), student nurses (46%), and educators (39%) to say they think that the amendment will ensure sufficient safeguarding for those under 18.

Nurses

Gender

Male nurses are significantly less likely than female nurses to agree with the removal of the reference to the EU in nursing programme standards (53% cf. 67%), with over one third (35%) of male nurses in disagreement.

Disability

Similarly, nurses with a disability are significantly less likely than those without a disability to agree with removing reference to the EU in nursing programme standards (52% cf. 67%).

Ethnicity

Ethnic minority nurses are significantly more likely than white nurses to agree with adding new text to ensure there is appropriate safeguarding in place for under 18s (84% cf. 71%). Almost one quarter (24%) of white nurses are in disagreement. Additionally, ethnic minority nurses are significantly more likely than white nurses to think the amendment will ensure sufficient safeguarding for those under 18 (62% cf. 40%).

5. Views on the proposal to change knowledge and skills

5.1 Summary

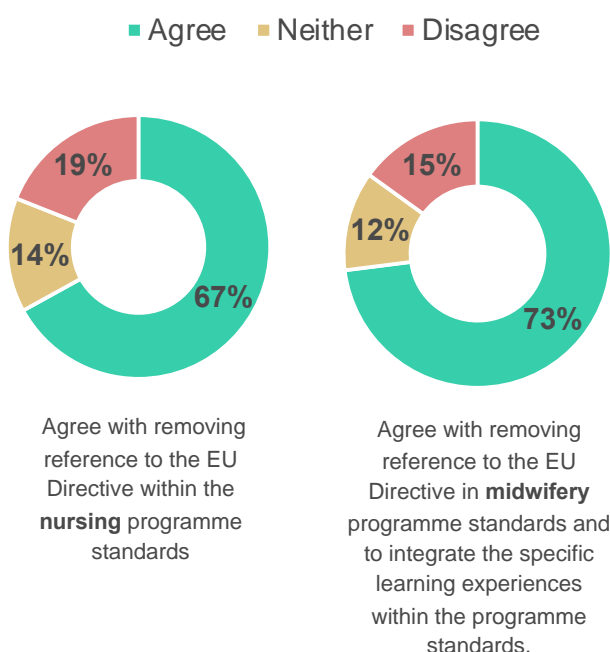


Figure 2: Level of agreement and disagreement for proposed changes to Knowledge and Skills for open survey respondents

- Across all surveys, and qualitatively, there is support for the proposed changes for knowledge and skills.
- Removal of the reference to the EU for both nursing and midwifery programme standards are seen to have little impact as the NMC programme standards either meet or exceed these.
- There is also support for the integration of learning experiences for midwifery students with participants feeling that this will give midwifery students a more rounded learning experience which will ultimately benefit service users.

5.2 Agreement and disagreement with the proposed changes

A clear majority of open survey respondents agree with both proposed changes for knowledge and skills. The general public have lower agreement than in the open survey; however, this is due to one in five being unsure for both proposed changes. Despite this, many more agree with the proposed changes than disagree.

Table 5: Level of agreement and disagreement for proposed changes to Knowledge and Skills for open survey respondents

Table 5: Level of agreement and disagreement for proposed changes to Knowledge and Skills for open survey respondents

Proposed change for Knowledge and Skills	Open survey respondents	
	Agree	Disagree
To remove reference to the EU Directive within the nursing programme standards <i>Base: All answering for nursing (n= 1256)</i>	67%	19%
For midwifery: to remove reference to the EU Directive and to integrate the specific learning experiences within the programme standards <i>Base: All answering for midwifery (n= 408)</i>	73%	15%

Table 6: Level of agreement and disagreement for proposed changes to Knowledge and Skills for easy read survey respondents

Table 6: Level of agreement and disagreement for proposed changes to Knowledge and Skills for easy read survey respondents

Proposed change for Knowledge and Skills	Easy read respondents	
	Agree	Disagree
We should remove any mention of the European rules from our standards <i>Base: All respondents (n= 193)</i>	52%	22%
We should keep the information from the European rules in our standards, about what experience people need to get when training to be a midwife <i>Base: All respondents (n= 193)</i>	53%	20%

Figure 7: Level of agreement and disagreement for proposed changes to Knowledge and Skills for easy read survey respondents

Table 7: Level of agreement and disagreement for proposed changes to Knowledge and Skills for general public survey respondents

Proposed change for Knowledge and Skills	General public respondents	
	Agree	Disagree
Remove reference to the EU Directive within the nursing and midwifery programme standards <i>Base: All respondents (n= 2078)</i>	43%	15%

For midwifery to integrate the specific learning experiences within the programme standards <i>Base: All respondents (n= 2078)</i>	60%	4%
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Remove reference to the EU in nursing programme standards

Two thirds (67%) who answered for nursing in the open survey agree with the proposal to remove reference to the EU in nursing programme standards compared with one in five (19%) who disagree.

Easy Read respondents are also supportive of the removal of reference to the EU Directive, with half (52%) agreeing and one in five (22%) disagreeing. Further, the vast majority (86%) of Easy Read respondents think that these changes should be applied to both nursing and midwifery courses.

Over two in five (43%) of the general public agree with removing reference to the EU, and 15% disagree. One in five (22%) are unsure.

Reflecting the survey, qualitatively the general public have some uncertainty but generally are positive towards removal of reference to the EU Directive. They feel that it would have little to no impact as the NMC standards are already to a higher level of proficiency.

“It would appear like the removal of the reference to the EU, that's more bureaucracy and ticking boxes, rather than changing fundamental principles of nursing. I can't see how, removing references, would directly impact a nurse and how that they operate.”

Member of the public, 25-44, England

Similarly, students are positive towards removal of reference to the EU as they recognise that the NMC standards are already higher.

“I believe it would be better to keep within NMC standards. The standards are already extremely high.”

Nursing student, England

Integrate specific learning experiences within programme standards for midwifery

Over seven in ten (73%) answering for midwifery in the open survey agree with the proposed removal of reference to the EU and integrating specific learning experiences for midwives.

Half (53%) of Easy Read respondents agree with the proposed change to integrate specific learning experiences for midwifery compared with one in five (20%) who disagree.

Three in five (60%) members of the general public support the proposed agreement with integration of specific learning experiences for midwifery with only 4% disagreeing. However, one in five (21%) are unsure.

Qualitatively, the general public are positive towards the integration of specific learning experiences for midwifery. This proposed change is thought to give students a more rounded experience and is seen to ultimately benefit those using the services.

“It seems as though there'd be a broader spectrum of knowledge... So I think it would be a hell of a lot better for the people using the services.”

Member of the public, 25-44, Wales

5.3 Concerns to be addressed

The proposed changes to knowledge and skills did not raise concerns as the NMC proficiency standards are already higher than the EU Directive requirements.

Some students questioned whether this had any impact on their ability to work abroad but with clarification that this change does not affect mobility there were no other concerns.

5.4 Audience differences

All respondents

Location

Respondents in Wales (76%) are significantly more likely to agree with removing reference to the EU in nursing standards than those answering in Scotland (62%) and the devolved nations (63%).

Job role

Educators are more likely than other professions to agree with the proposal to remove the EU Directive from nursing programme standards (78% cf. student nurse 68%; registered nurse 64%; nurses, midwives and nursing associates 64%) and, for midwifery, to remove the reference to the EU Directive and to integrate the specific learning experiences within the programme standards (86% cf. registered midwife 71%; registered nurse 71%; nurses, midwives and nursing associate 71%).

Sector

The education sector is significantly more likely than those working for the NHS to agree with the proposal to remove reference to the EU Directive within the nursing programme standards (70% cf. 61%).

Nurse

Gender

Among nurses, male nurses are significantly less likely than female nurses to agree with the removal of the reference to the EU in nursing programme standards (53% cf. 67%), with over one third (35%) of male nurses in disagreement.

6. Views on the proposal to change standards on placement settings

6.1 Summary

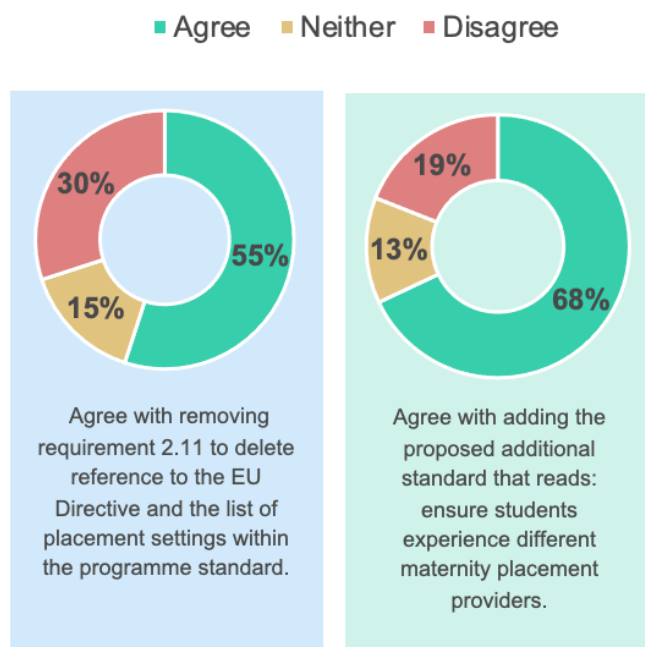


Figure 3: Level of agreement and disagreement for proposed changes to standards for placement settings for open survey respondents

- Overall views towards the proposed changes to standards on placement settings are positive.
- Removal of the reference to the EU Directive and the list of placement settings within nursing standards has overall support and is thought to increase flexibility for nursing students and allow them to focus on what is relevant for them.
- The majority support the addition of a standard to ensure midwifery students experience different maternity providers. Survey respondents and qualitative participants think that it will have a positive impact on care and will help students experience differences in culture and leadership style.
- However, there are some concerns around implementation of placements for midwifery programmes. This is reflected both in the open survey where around a quarter disagree that the proposed change is clear or achievable, and in the qualitative groups where midwifery students had questions as to how the placements would work in practice.

6.2 Agreement and disagreement with the proposed changes

Table 8: Level of agreement and disagreement for proposed changes to standards for placement settings for open survey respondents

Proposed change for Standards on Placement Settings	Open survey respondents	
	Agree	Disagree
Remove requirement 2.11 to delete reference to the EU Directive and the list of placement settings within the programme standards <i>Base: All answering for nursing (n= 1388)</i>	55%	30%
Add the proposed additional standard that reads: <i>ensure students experience different maternity placement providers</i> <i>Base: All answering for nursing (n= 410)</i>	68%	19%

Table 9: Level of agreement and disagreement for proposed changes to standards for placement settings for easy read survey respondents

Proposed change for Standards on Placement Settings	Easy read respondents	
	Agree	Disagree
We should change the wording in our standards about places where people learn to be nurses and midwives? <i>Base: All respondents (n= 195)</i>	67%	18%
Our standards should say midwives need to experience some training in a range of different places <i>Base: All respondents (n= 194)</i>	72%	14%

Table 10: Level of agreement and disagreement for proposed changes to standards for placement settings for general public survey respondents

Proposed change for Standards on Placement Settings	General public respondents	
	Agree	Disagree
Remove reference to the EU Directive within the nursing and midwifery programme standards <i>Base: All respondents (n= 2078)</i>	46%	13%
For midwifery to add the proposed additional standard that reads: <i>ensure students experience different maternity providers</i> <i>Base: All respondents (n= 2078)</i>	63%	5%

Remove reference to the EU Directive for both nursing and midwifery and the list of placement settings within the nursing programme standards

Over half (55%) answering for nursing agree with removing reference to the EU Directive and the list of placement settings within the nursing programme standards. Three in ten (30%) disagree with this proposed change.

The majority of Easy Read respondents agree with the proposed changes for placement standards. Two thirds (67%) agree with removal of reference to the EU Directive, compared with 18% who disagree. The vast majority of easy read survey respondents (86%) think that the proposed changes should apply to both nursing and midwifery.

Close to half (46%) of the general public agree with removing reference to the EU in nursing and midwifery programme standards, compared with just 13% who disagree.

The public and students are positive about the proposed changes to remove the reference to the EU in programme standards. The proposed change will increase flexibility for students and there is a feeling that it will create more focused learning for students with exposure to a range of settings in their chosen area.

“I think they should have as much experience as they can, different settings and different ways, it can surely only enhance their education.”

Member of the public, 25-44, England

Midwifery – Additional standard to ensure midwifery students experience different maternity placement providers

Over two thirds (68%) answering for midwifery agree with the proposed standard to ensure students experience different maternity placement providers. Around one in five (19%) disagree with this proposed addition.

Alongside this, seven in ten (71%) Easy Read respondents agree with adding requirements for midwifery students to experience a range of placements.

Over three in five (63%) members of the general public agree with additional standards to ensure midwifery students experience a different maternity providers compared with only 5% who disagree.

Those who answered for midwifery in the open survey were asked further questions about the proposed additional standard for maternity placements.

Table 11: Level of agreement and disagreement for additional statements for proposed changes to standards for placement settings for open survey respondents

Detailed questions about proposed additional standard for maternity placements	Open survey respondents	
	Agree	Disagree

<p>It will help student midwives experience differences in culture and leadership style</p> <p><i>Base: All sharing feedback for section and midwifery (n= 409)</i></p>	77%	10%
<p>It has positive implications for safe and effective care</p> <p><i>Base: All sharing feedback for section and midwifery (n= 402)</i></p>	72%	12%
<p>It is clear what the standard means</p> <p><i>Base: All sharing feedback for section and midwifery (n= 412)</i></p>	50%	27%
<p>It is achievable</p> <p><i>Base: All sharing feedback for section and midwifery (n= 398)</i></p>	48%	25%

Overall respondents feel the proposed additional standard will have a positive impact. Over three quarters (77%) agree that it will help student midwives experience differences in culture and leadership style. Over seven in ten (72%) agree that it has positive implications for safe and effective care.

However, there are more mixed views as to whether the proposed standard is clear or achievable. Around half agree that it is clear what the standard means (50%) and that it is achievable (48%), however around a quarter (27% and 25% respectively) disagree.

The additional standard to ensure students experience different maternity providers is welcomed by the general public. Some are surprised that this is not already a standard and it is felt that it can lead to better care as exposure to different settings and different ways of working can enhance their education.

“It ensures they’re experiencing different providers. It should be something that’s already happening, rather than luck depending on where you’re based and how many variations you get to train in. It should be good to cover as many as you can.”

Member of the public, 45+, Scotland

Students can see the positives of this change however they need more clarity on how this would work in practice.

6.3 Concerns to be addressed

Midwifery students raised concerns around setting requirements for maternity placement providers.

Primarily this concern is around the different settings available within their care and the implication that this will have for them to travel long distances if they are in an area with fewer appropriate settings. For example, those in rural areas may have just one hospital in their

trust. Whilst this is raised by only a small proportion, this unintended consequence is felt very strongly by those who may be affected.

“It'd be really difficult for me and most of my cohort to travel to other trusts - I completely agree we should be learning about this, I'd have to get up at 3am to drive somewhere, trains don't start before. I don't think it would be easy to facilitate as a standard.”

Midwifery student, England

“In some parts of the country, it might still be quite unachievable. I don't know how you'll accommodate for people to do that if they're not able to travel, large distances involved. For me, 3 hours away from where I am, so I don't think it is feasible.”

Midwifery student, Scotland

Additionally, some AEs are concerned about how achievable it is given the current lack of guidance around what is required of placement providers.

“Regarding whether implementing this standard is achievable, we note that we have begun discussions with our practice learning partners about this. It would be useful to develop guidance on exactly what constitutes a placement provider in this context. This will support AEs and their practice partners to ensure midwifery programmes are providing the appropriate clinical experiences and benefit from different models of service delivery, leadership and culture.”

Approved Education Institution, England

6.4 Audience differences

All respondents

Job role

Educators (66%) and student nurses (65%) are more likely than nurses, midwives, and nursing associates (51%) to agree with the proposal to remove requirement 2.11 to delete reference to the EU Directive and the list of placement settings within the nursing programme standards.

Qualitatively, student midwives were quite resistant to the proposal to add an additional standard to ensure students experience different maternity placement providers. They were concerned that, if this proposal went through, they would have to travel long distances to reach different maternity placement providers. Additionally, some worried that experiencing different providers would impact how likely they would be to follow someone's full pregnancy, from first check up to giving birth.

While educators are more likely to agree with the proposal, they are more likely to disagree that it is unachievable than registered midwives (37% cf. 18%).

Sector

When it comes to the perceived outcomes of the proposed new standard for midwifery, there is a notable difference between those working for the NHS and those in the education sector. Over half of NHS workers agree that it is achievable compared to only one third of those in the education sector (52% cf. 33%).

Those in the education sector are also more likely than NHS workers to disagree that the proposed change will help student midwives experience differences in culture and leadership style (20% cf. 8%).

Nurses

Disability

Among nurses, those with a disability are significantly less likely than those without a disability to agree with removing requirement 2.11 to remove reference to the EU in nursing programme standards (42% cf. 54%).

Age

Similarly, nurses aged 41-55 (55%) and 56-65 (56%) are significantly more likely to agree with the proposed change to remove reference to the EU Directive in programme standards than younger nurses aged 21-40 (45%). A similar proportion (43%) of nurses aged 21-40 also disagree with the change, demonstrating that there is much more of a mixed response among this age group of nurses. This proportion of disagreement is significantly higher than that for those nurses aged 41-55 (30%) and 56-65 (28%).

7. Views on proposal to change simulation for nursing

7.1 Summary

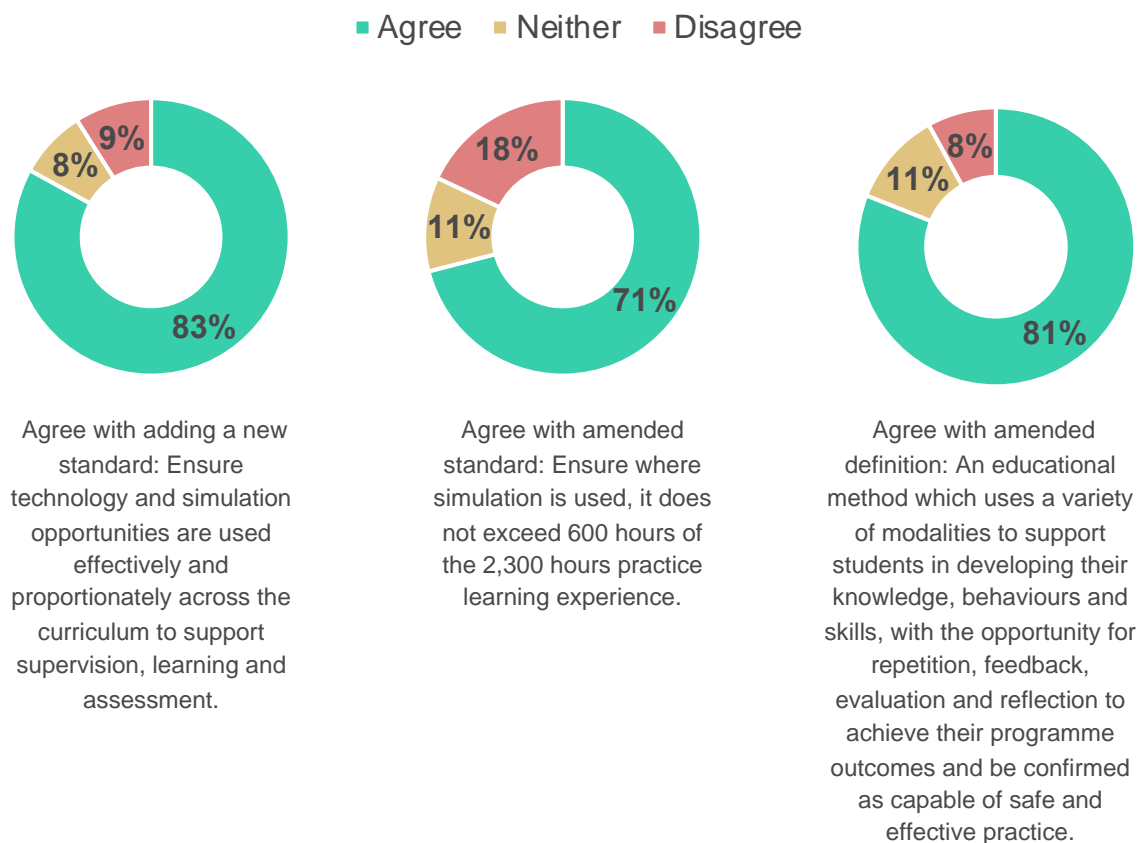


Figure 4: Level of agreement and disagreement for proposed changes to simulation for open survey respondents

- All groups are supportive of the proposed changes to simulation for nursing with the vast majority agreeing with the changes. Support is related to a belief that simulation can add value and give students opportunities which may not otherwise arise.
- However, there are some concerns in this area, primarily around the number of hours proposed and whether this would take away from practice hours (rather than being part of theory hours) and a belief that without real-life experience, students may not develop the required soft skills to be an effective nurse.

7.2 Agreement and disagreement with the proposed changes

Open survey respondents are supportive of the proposed changes to simulation for nursing; the majority agree with each of the proposed changes. Easy Read survey respondents and general public survey respondents also agree with these proposed changes.

Table 12: Level of agreement and disagreement for proposed changes to simulation for open survey respondents

Proposed change for Simulation for nursing	Open survey respondents	
	Agree	Disagree
<p>New standard: Ensure technology and simulation opportunities are used effectively and proportionately across the curriculum to support supervision, learning and assessment.</p> <p><i>Base: All answering for nursing (n= 1577)</i></p>	83%	9%
<p>Amended standard: Ensure where simulation is used, it does not exceed 600 hours of the 2,300 hours practice learning experience.</p> <p><i>Base: All answering for nursing (n= 1566)</i></p>	71%	18%
<p>Amended definition: An educational method which uses a variety of modalities to support students in developing their knowledge, behaviours and skills, with the opportunity for repetition, feedback, evaluation and reflection to achieve their programme outcomes and be confirmed as capable of safe and effective practice.</p> <p><i>Base: All answering for nursing (n= 1577)</i></p>	81%	8%

Table 13: Level of agreement and disagreement for proposed changes to simulation for easy read survey respondents

Proposed change for Simulation for nursing	Easy read respondents	
	Agree	Disagree
<p>We should change our standards to allow nurses, nursing associates and people on some other courses to do part of their training using simulation.</p> <p><i>Base: All respondents (n= 195)</i></p>	53%	32%

Table 14: Level of agreement and disagreement for proposed changes to simulation for general public survey respondents

Proposed change for Simulation for nursing	General public respondents	
	Agree	Disagree

<p>New standard: Ensure technology and simulation opportunities are used effectively and proportionately across the curriculum to support supervision, learning and assessment.</p> <p><i>Base: All respondents (n= 2078)</i></p>	65%	6%
<p>Amended standard: Ensure where simulation is used, it does not exceed 600 hours of the 2,300 hours practice learning experience.</p> <p><i>Base: All respondents (n= 2078)</i></p>	57%	6%
<p>Amended definition: An educational method which uses a variety of modalities to support students in developing their knowledge, behaviours and skills, with the opportunity for repetition, feedback, evaluation and reflection to achieve their programme outcomes and be confirmed as capable of safe and effective practice.</p> <p><i>Base: All respondents (n= 2078)</i></p>	60%	5%

Adding a new standard to ensure technology and simulation are used effectively and proportionately

Over four in five (83%) of those answering for nursing agree with the proposed addition of a new standard to ensure technology and simulation are used effectively and proportionately and less than one in ten (9%) disagree.

Two thirds (65%) of Easy Read respondents agree with changing the standard to allow nurses to do part of their practice learning using simulation, compared with 27% who disagree.

Similarly, two thirds (65%) of the general public agree with the proposal to add a new standard to ensure technology and simulation are used effectively and proportionately and just 6% disagree.

Amending standard to ensure where simulation is used, it does not exceed 600 hours of practice learning

Seven in ten (71%) open survey respondents answering for nursing agree with amending the standard to ensure simulation does not exceed 600 hours of practice learning.

Similarly, around six in ten of the general public agree with the proposal to not exceed 600 hours of practice learning (57%).

Amending simulation definition to be more future-proof

Four in five (81%) open survey respondents answering for nursing agree with the proposed amendment to the definition of simulation. Three in five (60%) of the general public agree with the proposed amendment to the definition of simulation to make it more future proof (60%).

7.3 Underlying views of proposed changes

Both the general public and nursing students are supportive of the proposed changes to simulation for nursing. Simulation adds value to training by exposing students to opportunities that may not otherwise arise, gives opportunity to practice and increases confidence.

“If someone has missed out [on doing something in practice hours] and they can do it simulation, they don’t lose that skill, they won’t miss out by not being there. A lot of the time in practicals if you miss it, you miss it.”

Nursing student, England

Those who answered the open survey were asked more detailed questions about the proposed changes for simulation in nursing including the impact, clarity and future focus of them.

Table 15: Level of agreement and disagreement for additional statements about proposed changes to simulation for open survey respondents

Detailed questions about proposed changes to simulation for nursing	Open survey respondents	
	Agree	Disagree
It is clear that the proposed maximum use of simulated hours is 600 out of 2,300 practice hours <i>Base: All sharing feedback for section and midwifery (n= 409)</i>	78%	11%
This standard will ensure that simulation is used safely and proportionately <i>Base: All sharing feedback for section and midwifery (n= 402)</i>	68%	18%
Allow more simulation to be used within the practice hours component of the nursing programme <i>Base: All sharing feedback for section and midwifery (n= 412)</i>	49%	37%
Make the standards for supervision and assessment the same for simulated practice learning as they are for conventional practice learning <i>Base: All sharing feedback for section and midwifery (n= 398)</i>	68%	18%
The proposed definition is clear <i>Base: All sharing feedback for section and midwifery (n= 398)</i>	65%	16%
The proposed definition is future focused <i>Base: All sharing feedback for section and midwifery (n= 398)</i>	69%	12%
The proposed definition allows sufficient scope for innovation by AEs <i>Base: All sharing feedback for section and midwifery (n= 398)</i>	71%	10%

Over two thirds (68%) of those answering for nursing agree that the standard for supervision and assessment of simulated practice should be the same as for conventional practice. Under one in five (18%) disagree.

There are mixed views as to whether the proposed changes will allow for more simulation to be used within practice hours of nursing programmes. Half (48%) agree that it will but over a third (37%) disagree.

The proposed maximum use of simulation hours is clear for the majority (79%) of open survey respondents. Qualitatively, the limit on the number of hours is liked as it ensures some hours towards practice but prevents an overreliance on simulation rather than real-life. Further, two thirds (68%) of open survey respondents agree that the standard will ensure that simulation will be used safely and proportionately.

In the open response question where respondents could give feedback on the proposals regarding simulation, we see three main groups of thought.

1. Those in agreement with the proposals

These respondents think simulation is an excellent way of skilling students while reducing pressures on staffing.

“There are increasing numbers of students required to meet current workforce demand and only a finite number of placement opportunities, despite the standards for supervision and assessment. There is a great deal of pressure on staff due to COVID and staffing shortages. The students will learn effectively using simulation and there needs to be simulation for mental health students.”

Registered nurse, Scotland

2. Those who agree that simulation is an important tool but are unsure of the number of hours proposed

This group of people think that the maximum number of hours should be reviewed as it is essential that students get sufficient training with real people.

“Important to have a balance between the amount of simulation and the amount of human to human contact because you have to craft your communication and the psychology of care when you're doing it on a simulation. Psychology of care may be different, but when interacting with people, the way you approach them and the way you care for them does impact on their outcomes.”

Government department or public body, Wales

“Regarding proportionality, there needs to be a balance that is specific to each programme between real-world practice learning opportunities and those delivered through technology enhanced and simulated learning opportunities. However, the maximum of 600 hours is an arbitrary figure and we are not aware of any evidence that supports such a balance

between 'real-world' practice learning opportunities, and those achieved through simulation."

Approved Education Institution, England

3. Those who disagree with the proposals

These respondents feel that students do not pick up important soft skills through simulation and that the quality of learning decreases, so real life experience should be prioritised.

"I have only recently left the NHS after 15 years in a variety of critical care roles. In my experience the students coming through are academically proficient but grossly lacking in people/social skills. This will not be remedied by further reliance on simulation, they need real, clinical experience and exposure to the public."

Registered nurse, England

Proposed amendment to the definition of simulation

The proposed amended definition of simulation is future focused (69% agree) and clear (65% agree). Further, the proposed definition allows sufficient scope for innovation by AEs. Seven in ten (71%) agree compared with one in ten (10%) who disagree.

7.5 Concerns to be addressed

Simulation is welcomed and seen as something which is future focused and gives opportunity to experience things that may not otherwise come up during training. However, there are two key areas of concern around including simulation within required practice hours:

1. It is not the same as real life situations

Whilst across audiences there is recognition that simulation can help to prepare students for rarer situations and gives them the opportunity to practice skills before performing on a real person, some have a belief that this is still not the same as the real-life situation and are concerned that there would be safety concerns should the situation come up in real life.

Some also feel that this should not come out of practice hours as they would not want to take away from their real-life experience.

"I think simulation is a really good idea for student nurses to gain experience in a safe environment, however I don't think it can be used instead of actual practice in clinical settings and should not be used as a substitute."

Student nurse, England

“Simulation plays its part in learning, but it should not replace 'lived experiences with real patients'. We need knowledgeable safe nurses at the point of registration not nurses who have completed a tick box exercise who on paper have achieved everything but in practice it is something different.”

Registered nurse, Northern Ireland

2. Development of communication skills and empathy

Some members of the public raise concerns that a reliance on simulation rather than interaction with real people may hinder development of communication and listening skills as well as empathy, which are considered important skills for both nursing and midwifery.

“When it comes to the care side of things, nothing can prepare you for an elderly patient who's screaming compared to a middle-aged man who's chatty - I don't think a dummy can replicate that.”

Member of the public, 45+, England

3. There is some concern that definition is too broad.

This is particularly the case for registrants and educators who see the potential for inconsistent use of simulation due to the different ways in which the proposed definition could be interpreted.

“The definition of simulation lacks the clarity required to ensure that where simulation is used it has both the required level of fidelity to adequately simulate clinical practice and that where simulation is used it is adequately equipping students with the clinical, managerial and professional skills to adequately manage the transition to qualified nurses. If simulation is increased the NMC need to provide clear and concise audit tools to ensure that that the simulated placement is a suitable placement and that the simulation is resourced at a level that allows for a consistent level of provision across the AEI's and that it meets the needs of all stakeholders.”

Educator, England

“I think the wording in the simulation definition is quite loose. I have concerns that this may be interpreted very loosely, resulting in students not receiving high quality 'simulation' related to practice. It might be beneficial to include a more specific definition of simulation such as 'a variety of activities using patient simulators, including devices, trained persons, lifelike virtual environments, and role-playing, not just handling mannequins'.”

Registered nurse, England

7.6 Audience differences

All respondents

Location

Respondents in England (81%) and Wales (84%) are significantly more likely to agree with the amended definition for simulation in nursing standards than those answering in Northern Ireland (69%). Respondents in England are also significantly more likely to agree that it is clear that proposed maximum use of simulation is 600 out of 2,300 hours, than those answering in Northern Ireland (79% cf. 65%).

Respondents in England (70%) are significantly more likely to agree than those answering in Wales (58%) and devolved nations (63%) that proposed new standard will ensure simulation is used safely and proportionately. Respondents in Wales are almost twice as likely to disagree than those answering in England that proposed new definition of simulation is future focused (20% cf. 11%).

Job role

Educators and student nurses are significantly more likely than registered nurses to agree with the new proposed standard to ensure technology and simulation opportunities are used effectively and proportionately across the curriculum to support supervision, learning and assessment (92% and 90% cf. 80%). The same groups are also more likely to agree with the new proposed definition of simulation with almost 9 in 10 educator (86%) and student nurse (89%) respondents in agreement, compared to 78% of registered nurses.

Educators and student nurses are also more likely than registered nurses to agree with the proposals to allow more simulation to be used within the practice hours component of the nursing programme (53% and 79% cf. 42%).

Additionally, student nurses are more likely to agree with the proposals to make the standards for supervision and assessment the same for simulated practice learning as they are for conventional practice learning than registered nurses (77% cf. 67%).

Student nurses are more positive than registered nurses about the proposed definition of simulation, with at least three quarters agreeing that it is clear (75% cf. 63%), future focused (79% cf. 66%), and allows sufficient scope for innovation by AEs (77% cf. 69%). Educators are also more likely than registered nurses to agree that it allows sufficient scope for innovation (77% cf. 69%).

Sector

Those working in healthcare that are not NHS workers are significantly more likely to disagree with the new proposed standard to ensure technology and simulation opportunities are used effectively and proportionately across the curriculum to support supervision, learning and assessment than those in the education sector (17% cf. 8%).

NHS workers are more likely than educators to disagree that it is clear that the proposed maximum use of simulated hours is 600 out of 2,300 practice hours (14% cf. 8%).

Those in the education sector are more likely than NHS workers to agree with proposals to allow more simulation to be used within the practice hours component of the nursing programme (49% cf. 40%), with almost half of those working in the NHS sector in disagreement (46%).

Nurses

Gender

Male nurses are significantly more likely than female nurses to disagree with the amended standard to ensure that use of simulation does not exceed 600 hours (24% cf. 17%). They are also more likely than female nurses to disagree with the proposed definition is future focused (18% cf. 11%) and that it allows for innovation by AElS (17% cf. 9%).

Nurses with a disability are significantly more likely than those without a disability to disagree that the proposed definition of simulation is future focused (19% cf. 11%).

Ethnicity

Overall, ethnic minority nurses are more positive about the proposed changes regarding simulation.

- 88% of ethnic minority nurses in agreement with the amended definition for simulation compared to 79% of white nurses.
- Ethnic minority nurses are also significantly more likely than white nurses to agree that the changes will ensure simulation is used safely and effectively (80% cf. 67%). What's more, white nurses are twice as likely to disagree with this than ethnic minority nurses (20% cf. 9%).
- Ethnic minority nurses are significantly more likely than white nurses to agree that the proposed definition for simulation is clear (75% cf. 63%), future focused (77% cf. 69%), and that it will allow sufficient scope for innovation by AElS (11% cf. 5%).
- Ethnic minority nurses are significantly more likely than white nurses to agree with allowing more simulation in practice hours (58% cf. 41%), with almost half (45%) of white nurses are in disagreement.
- They are also significantly more likely than white nurses to agree with making standards for supervision and assessment the same for simulation practice learning and conventional practice learning (82% cf. 67%). White nurses are twice as likely to disagree than ethnic minority nurses (20% cf. 9%).

Age

The age of nurses also appears to have an impact on the level of support for the proposed changes for simulation, with younger nurses more likely to be in agreement on numerous proposed changes:

- Nurses aged 21-40 (85%) are significantly more likely to agree that it is clear that the proposed maximum use of simulation is 600 hours compared to those aged 41-55 and 56-65 (both 76%). Nurses aged 41-55 (14%) and 56-65 (13%) are more likely to disagree that it is clear compared to those aged 21-40 (7%).
- Nurses aged 21-40 are significantly more likely than nurses aged 56-65 to agree to allow more simulation to be used within the practice hours component of nursing programmes (49% cf. 36%).
- Nurses aged 21-40 are significantly more likely than nurses aged 56-65 to agree that the proposed simulation definition is future focused (73% cf. 67%).
- Nurses aged 21-40 (76%) are significantly more likely than nurses aged 41-55 (69%) and 56-65 (67%) to agree that the proposed simulation definition allows sufficient scope for innovation by AELs.

8. Views on applying simulation to midwifery programme standards

8.1 Summary

■ Agree ■ Neither ■ Disagree

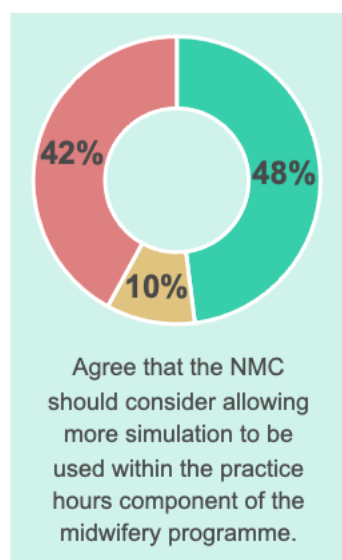


Figure 5: Level of agreement and disagreement for applying simulation changes to midwifery for open survey respondents

- There is a mixed reaction to applying simulation for midwifery with less than half (46%) agreeing and over two in five (42%) disagreeing.
- For those who are positive they see it as an opportunity to get experiences which may not otherwise arise and give flexibility in learning.
- However, for those with concerns it's felt that it will not be good enough training for the skills and confidence needed in real-life situations and some feel that it could reduce standards of midwifery overall.

8.2 Agreement and disagreement with proposed changes

Table 16: Level of agreement and disagreement for applying simulation changes to midwifery for open survey respondents

Proposed change to apply simulation to midwifery programme standards	Open survey respondents	
	Agree	Disagree
We should consider allowing more simulation to be used within the practice hours component of the midwifery programme	46%	42%

Base: All answering for midwifery (n= 454)

Table 17: Level of agreement and disagreement for applying simulation changes to midwifery for easy read survey respondents

Proposed change to apply simulation to midwifery programme standards	Easy read respondents	
	Agree	Disagree
We should look at changing this in the future, to let midwives do some of their training using simulation too	52%	38%
<i>Base: All respondents (n= 195)</i>		

Table 18: Level of agreement and disagreement for applying simulation changes to midwifery for general public survey respondents

Proposed change to apply simulation to midwifery programme standards	General public respondents	
	Agree	Disagree
Do you think the NMC should look at changing this in the future, to let midwives do some of their practice learning using simulation too?	43%	31%
<i>Base: All respondents (n= 2078)</i>		

Under half of open survey respondents (46%) agree that the NMC should consider allowing more simulation to be used within the practice hours component of the midwifery programme, though two in five (42%) disagree.

Two thirds (52%) of Easy Read respondents agree that the use of simulation should extend to midwifery. This compares with almost two in five (38%) who disagree.

The general public are also more mixed in their views of applying simulation changes to midwifery programme standards. Over two in five (43%) and three in ten (31%). A quarter (26%) are unsure.

Open survey respondents who are more positive towards simulation in the midwifery programme describe simulation as a useful tool to combat lack of placements.

“It is becoming increasingly challenging to accommodate so many midwifery students competing for births and postnatal care. Some simulation sessions could help alleviate this pressure as it may help reduce the number of students in placements at any one time.”

Registered midwife, England

“With reduction of birth rate trends there may be, in some geographies/regions a lower opportunity to gain real life practice experience. Alternative placement experience may be difficult to

facilitate/gain without significant financial costs (unless fully funded). Having the flexibility of use of simulated practice experiences will help support the AEPs and retention of students. However, due consideration would need to be given to the potential impact of this strategy on the ability for newly qualified to be confident and competent at point of registration.”

Registered midwife, England

The general public and nursing students see the benefits of including simulation for midwifery students. Nursing students recognise the value they have received from simulation and feel that the same should be available to midwifery students, who some feel have it harder.

“I think the midwifery students have it a lot harder - you can't compare. Why is it so strict for them and lighter for us... They should definitely be given simulation as well.”

Nursing student, England

However, some midwives and midwifery students raised concerns that this may take away from practice hours which they would prefer to have as they do not think simulation can provide good enough training to give midwives the skills and confidence they need in real life scenarios.

“Taking away from practice hours would impact the level of safety in there. I wouldn't feel comfortable knowing they had only worked 1700 hours before taking the lead on my care.”

Midwifery student, England

“600 hours seems quite a lot of missed opportunities for face to face care and communication. With pressures in student capacity, I feel these 600 hours will be used to its full extent for most students and I worry about the confidence of nurses post registration who had had potentially 600 hours less face to face interactions than before. Maybe less would be better.”

Registered midwife, England

“The autonomous nature of midwifery is such that once qualified a midwife may be working alone at a stand alone birth unit or the woman's home, it is hard enough now to provide sufficient experience to prepare students for what they need to know and help them develop proficiency in many skills, simulation is simply not good enough. Even the best simulation is no substitution for real life.”

Registered midwife, England

Whilst some agreed that it would make them feel more confident and expose them to scenarios that they may not otherwise have the opportunity to come across, students felt that to become proficient and the best they can be they need to work with real people. Some

registered midwives also believe that the introduction of simulation would lead to an overall decrease in standards of midwifery.

“Some of the simulation is fine to go through a process, e.g., going through a breach birth, there's no comparison with seeing it in real life.”

Midwifery student, England

“Simulation is an extremely poor substitute for real-life practice. Placements are very stretched in accommodating current numbers of midwifery students and this proposal is a plaster over cracks which will lead to a decrease in standards. Universities will immediately leap on this as way of increasing numbers to generate income with no concern of the consequences of quality of experience and safety of practitioners.”

Registered midwife, England

8.3 Audience differences in applying simulation to midwifery

All respondents

Job role

Educators are more likely than registered midwives to agree that the NMC should consider allowing more simulation in the midwifery programme (49% cf. 29%). In fact, disagreement amongst registered midwives rises to over six in 10 (61%).

Age

Older respondents are significantly more likely to disagree than younger respondents to agree that the NMC should consider allowing more simulation for midwifery. Around half of 51-55 and 56-60-year-olds are in disagreement (47% and 53%, respectively) compared to less than one in three (28%) 21-30-year-olds and four in ten of those aged 31-40 (38%) and 41-50 (41%).

9. Overarching response to the proposed changes to the future programme standards

9.1 Summary

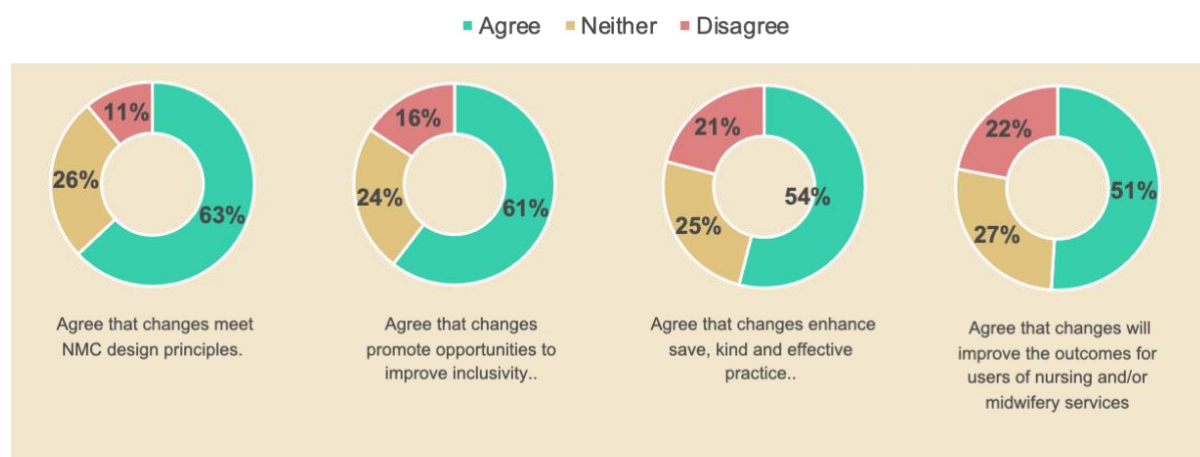


Figure 6: Level of agreement and disagreement with statements relating to proposed changes to programme standards for open survey respondents

9.2 Agreement and disagreement with proposed changes overall

Table 19: Level of agreement and disagreement with statements relating to proposed changes to programme standards for open survey respondents

Overarching response to proposed changes	Open survey respondents	
	Agree	Disagree
These changes meet NMC design principles <i>Base: All answering for nursing (n= 1693)</i>	63%	11%
These changes promote opportunities to improve inclusivity <i>Base: All answering for nursing (n= 1875)</i>	61%	16%
These changes enhance safe, kind and effective practice <i>Base: All answering for nursing (n= 1915)</i>	54%	21%
These changes will improve the outcomes for users of nursing and/or midwifery services <i>Base: All answering for nursing (n= 1890)</i>	51%	22%

Table 20: Level of agreement and disagreement with statements relating to proposed changes to programme standards for general public survey respondents

Overarching response to proposed changes	General public respondents	
	Agree	Disagree
These changes promote opportunities to improve inclusivity <i>Base: All respondents (n= 2078)</i>	52%	8%
These changes enhance safe, kind and effective practice <i>Base: All respondents (n= 2078)</i>	57%	8%
These changes will improve the outcomes for users of nursing and/or midwifery services <i>Base: All respondents (n= 2078)</i>	53%	9%

Among open survey respondents, overall reaction to the proposed changes is positive. The changes fit with NMC objectives as they are seen to meet NMC design principles (63% agree) and enhance safe, kind and effective practice (54% agree). They are also seen to have a positive impact with the proposed changes promoting opportunities to improve inclusivity (61% agree) and improving outcomes for users of nursing and midwifery services (51% agree).

The general public were also asked about their overall views of the proposed changes. Whilst one in five are unsure, a majority are positive towards the proposed changes. Over half agree that the changes enhance safe, kind and effective practice (57%), will improve outcomes for users of nursing and midwifery services (53%) and promote opportunities to improve inclusivity (52%).

General public qualitative participants are positive about the changes overall. They feel the changes:

- Will make the professions more inclusive and accessible
- Feel reasonable
- Could help to alleviate some of the pressures on the NHS.

“I think, they seem to be trying to be a little bit more inclusive... I think a lot of people did hold off doing the career that they wanted to do, because of requirements. And now they're able to, as somebody mentioned, you know, there will be an influx of people coming forward to do it, it will alleviate a lot of the stress that is on the NHS at the moment.”

Member of the public, 25-44, Wales

Removing references to the EU in standards is seen as acceptable by general public qualitative participants as long as this does no harm to nurses, midwives or those in their care then there is no reason to not support the changes.

"I can't see that it's doing any harm. If it's helping the patient that can't be a bad thing."

Member of the public, 25-44, Northern Ireland

Students are more reserved in their support for the changes than the general public. Student participants see the proposed changes as positive in terms of making the profession more inclusive and there is a hope that it would increase recruitment. However, for some students there needs to be more clarification and information on the proposed changes to address some questions and concerns. For example, they would like more clarification on the implications for placements and what that means in practice.

"There doesn't seem to be anything drastic with what has been proposed...[!] Would hope that NMC uses the opportunity to recruit more nurses.... Would hope it brings diversity, larger numbers."

Nursing student, Scotland

"50/50 - some of them need a bit more clarification. Some of them are quite vague, if we had more information on what they would change."

Nursing student, England

And some students feel that removal of reference to the EU Directive could have implications for their ability to practice in other countries in the EU.

"I think it's important to know as a student that I've got transferable skills that I could use in any other part of Europe, so I think the EU directive shouldn't be removed."

Midwifery student, England

9.3 Audience differences

All respondents

Location

In terms of improving outcomes for users of nursing and/or midwifery services, those in Wales and England are significantly more likely to agree than those in Scotland (59% and 51% cf. 43%). Disagreement is highest amongst those located in Northern Ireland, with over one third (35%) in disagreement, compared to 22% in England and 17% in Wales.

Job role

Registered midwives are less likely than nurses, students or educators to see the potential of the proposals, with smaller proportions in agreement that the proposals meet the NMC's design principles (46% cf. 61%, 80% and 60%), promote inclusivity opportunities (43% cf. 59%, 79% and 58%), enhance safe, kind and effective practice (36% cf. 52%, 75% and 44%),

and that the changes will improve the outcomes for service users (29% cf. 50%, 72% and 45%).

Age

Younger respondents are more likely to see the potential of the proposals with those aged 21-30 most likely to agree that the proposals promote opportunities to improve inclusivity (72%), enhance safe, kind and effective practice (65%), and improve outcomes for users (58%). Those aged 56-60 are consistently more likely to disagree (54%, 48% and 46%).

Nurses

Gender

Female nurses are significantly more likely than male nurses to agree with that the changes will improve outcomes for nursing and midwifery service users (53% cf. 43%), with 3 in 10 (30%) male nurses in disagreement.

Disability

Nurses with a disability are significantly less likely than those without a disability to agree with the the proposed changes meet the NMC design principles (53% cf. 65%), that the proposed changes promote opportunities to improve diversity (54% cf. 63%), agree that the proposed changes enhance safe, kind and effective practice (43% cf. 56%), and that the proposed changes will improve the outcomes for users of nursing and midwifery services (43% cf. 55%).

Ethnicity

Ethnic minority nurses appear to be more positive, with significantly higher agreement than white nurses that the changes promote opportunities to improve inclusivity (79% cf. 59%), that the changes enhance safe, kind and effective practice (70% cf. 52%), and that the changes will improve the outcomes for users of nursing and/or midwifery services (69% cf. 50%). In fact, white nurses are significantly more likely than ethnic minority nurses to disagree that the changes promote opportunities for inclusivity (15% cf. 8), enhance safe, kind and effective practice (22% cf. 11%), and will improve outcomes for users of nursing and/or midwifery services (23% cf. 12%).

10. Views on applying proposed changes to other education standards

10.1 Summary

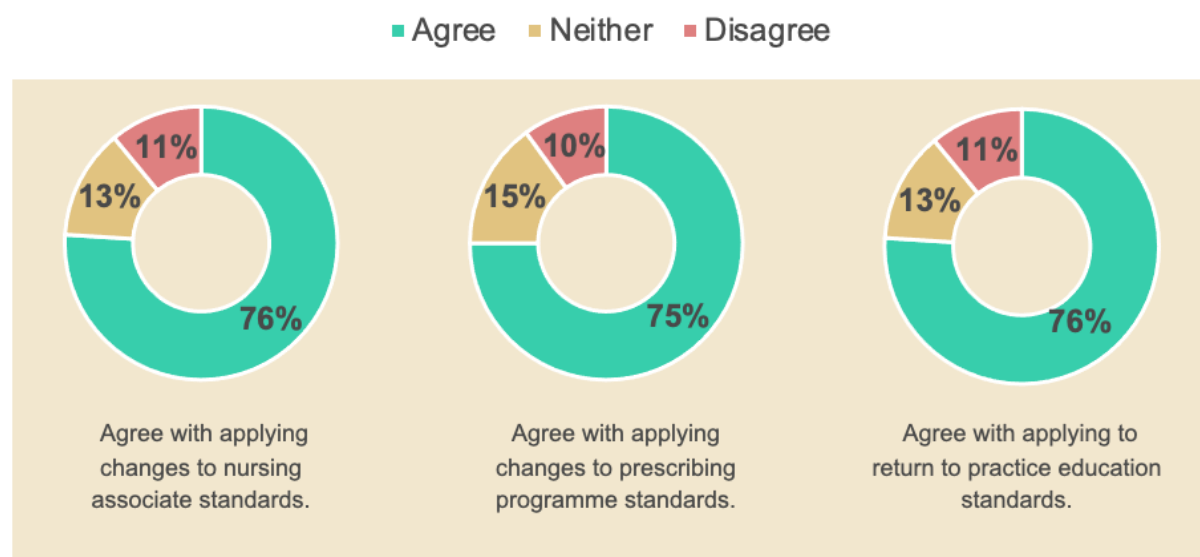


Figure 7: Level of agreement and disagreement for applying proposed changes to other programme standards for open survey respondents

10.2 Agreement and disagreement with the proposed changes

Table 21: Level of agreement and disagreement for applying proposed changes to other programme standards for open survey respondents

Proposed change to apply simulation to midwifery programme standards	Open survey respondents	
	Agree	Disagree
Nursing associate education standards <i>Base: All answering for section (n= 1428)</i>	76%	11%
Prescribing education standards <i>Base: All answering for section (n= 1442)</i>	75%	10%
Return to practice education standards <i>Base: All answering for section (n= 1470)</i>	76%	11%

Reflecting the overall positive reaction and support for the proposed changes, this support extends to other education standards.

Three quarters of open survey respondents agree that the proposals could extend to nursing associate education standards (76%), prescribing programme standards (75%) and return to practice education standards (76%). One in ten disagree with each (11%, 10% and 10%).

Qualitatively the general public also agree with applying these changes to other programme standards and feel that changes should be consistent across the board.

“Anything relating to nursing and midwifery needs to be treated in the same way.”

Member of the public, 45+, Scotland

10.3 Audience differences

All respondents

Job role

Student nurses are more likely than registered nurses to support the proposal to apply changes to nursing associate (84% cf. 72%), prescribing (87% cf. 72%), and return to practice (82% cf. 73%) education standards. Educators are also more likely than registered nurses to agree on applying the changes to nursing associate (80% cf. 72%) and return to practice education standards (82% cf. 73%).

Female nurses are significantly more likely than male nurses to agree with applying the proposed nursing associate education standards to the return to practice standards (76% cf. 67%).

Nurses with a disability are significantly less likely than those without a disability to agree to applying the proposed changes to prescribing standards (66% cf. 75%) and to return to practice education standards (62% cf. 77%).

White nurses are significantly more likely than ethnic minority nurses to disagree with applying changes to prescribing programme standards (11% cf. 5%) to return to practice programme standards (11% cf. 5%).

Sector

The non-NHS healthcare sector is more concerned about the application of these changes to prescribing education standards, with almost one fifth (18%) in disagreement compared to one in ten NHS workers (10%).

11. Conclusions

- **Overall, there is support for changes to the current requirements in general, and support for the proposed changes in particular.**
 - There is also support for these changes to be applied to other programme standards including nursing associate education standards, prescribing programme standards and return to practice education standards.
- **Despite overall support, there are clear differences between audiences in terms of their response to the proposed changes.**
 - Support is strongest amongst younger respondents and student nurses as well as educators suggesting that these groups welcome change. There are also regional differences with those in England and Wales consistently more positive towards the proposed changes.
 - By contrast, support is weaker amongst registrants with them showing lower agreement and concerns towards some of the proposed changes. Regionally, those in Northern Ireland are less positive towards the proposed changes.
- **Furthermore, whilst most are positive about the proposed changes, some need more information and clarity before supporting the change.**
 - In the proposed changes for selection and admission to nursing and midwifery this includes a need to clarify the wording 'appropriate safeguarding' which is felt to be vague and creates questions around how it will be interpreted and implemented by different AEs as well as what this means in practice both for students and individuals in their care.
 - In the proposed changes for knowledge and skills there is a need for clarity over mobility and ability to work in the EU if the reference to the EU Directive is removed.
 - In the proposed changes for placements for nursing and midwifery there are questions around how this will be implemented and what impact it will have on students. In particular what happens in areas with fewer different settings and how placements will be selected.
 - In the proposed changes for simulation there are questions and clarification needed around which parts of training simulation hours will be included. Students are reluctant to lose practice hours in place of simulation hours as there is an overall feeling that nothing can replicate the benefits and value of real-life experience.
- **The proposed changes for midwifery placements have potential unintended consequences for students which the NMC should consider.**
 - A small group of students who feel very strongly about the proposed changes have concerns around the implementation of changes to placements. For those in rural locations, areas where there are fewer trusts or who do not have access to their own transport this change will affect their ability to get to placements and could prevent some students from participating in placements.
- **Should these changes be approved, the NMC should carefully consider how best to communicate them, particularly to the public.**
 - Although there is general support for the changes, members of the public have a lower starting point in knowledge of the area. As such they are less

sure about the proposed changes, are more likely to misunderstand some of the changes and indicate concern about the potential impact on patient quality of care and safety. For example, with the proposed removal of the requirement for 12 years of general education, some of the public interpreted this as under 18s being able to treat patients in healthcare settings without supervision. Communications would therefore need to reassure on these areas.

12. Appendix I

12.1 Quantitative sample demographics

The following tables provide a full breakdown of the quantitative sample demographics. Please note that some questions were only asked to individuals or organisations, and of that some participants skipped questions, detracting from overall sample sizes.

Table 1: Organisation vs Individual

Type	Count
Organisation	2461
Individual	54
Total	2515

Table 1. Individual or organisation. Q1: Are you responding as an individual or on behalf of an organization?

Table 2. Individuals: Ethnicity

Ethnicity	Count
White	1905
Asian or Asian British	133
Black, African, Caribbean or Black British	105
Mixed or multiple ethnic groups	33
Other ethnic group	3
Prefer not to say	282
Total	2461

Table 2. Ethnicity. Q44: What is your ethnic group?

Table 3. Individuals: Sexual Orientation

Sexual Orientation	Count
Heterosexual or straight	1701
Bisexual	89
Gay or lesbian	103
Other	9
Prefer not to say	559
Total	2641

Table 3. Individuals: Sexual Orientation. Q47: Which of the following options best describes your sexual orientation?

Table 4. Individuals: Age

Age	Count
Age under 20	21
Age between 21 - 30	294
Age between 31 - 40	537
Age between 41 - 50	542
Age between 51 - 55	362
Age between 56 - 60	371

Age between 61 - 65	192
Age between 66 - 70	52
Age between 71 - 75	14
Age above 75	3
Prefer not to say	73
Total	2461

Table 4. Individuals: Age. Q38: What is your age?

Table 5. Individuals: Gender

Gender	Count
A man	348
A woman	2025
Other	6
Prefer not to say	82
Total	2461

Table 5. Individuals: Gender. Q39: What is your gender?

Table 6. Individuals: Geographical location

Geographical location	Count
England	1967
Northern Ireland	71
Scotland	212
Wales	141
Outside the European Economic Area (EEA) / European Union (EU) and the UK	34
Within the European Economic Area (EEA) / European Union (EU) but not in the UK	16
Prefer not to say	20
Total	2461

Table 6. Individuals: Geographic location. Q2: Where do you live?

Table 7. Individuals: National identity

Nationality	Count
British	1512
English	466
Irish	153
Northern Irish	45
Scottish	153
Welsh	94
Other	279

Prefer not to say	78
Total	2461

Table 7. Individuals: Nationality. Q43: How would you describe your national identity?

Table 8. Individuals: Disability

Disability	Count
Disabled	274
Not disabled	1877
Prefer not to say	310
Total	2461

Table 8. Individuals: Disability.Q41: Do you have a disability?

Table 9. Individuals: Role

Role	Count
Nurse registered with the NMC (including nurse SCPHN)	1468
Midwife registered with the NMC (including midwife SCPHN)	152
Nurse and midwife registered with the NMC (including nurse and midwife SCPHN)	73
Nursing associate registered with the NMC	27
Educator	294
Student nurse	250
Student midwife	47
Retired from any of the above professions	42
Other health and care professional	29
Member of the public	10
Student nursing associate	5
Employer of nurses, midwives and / or nursing associates	4
Researcher	4
Representative of an advocacy group / organisation	2
Other	43
Prefer not to say	11
Total	2461

Table 9. Individuals: Role. Q3 Which of the following best describes you?

Table 10. Individuals & Organisations: Sector

Sector	Individual
NHS	1196

Education	310
Healthcare (non-NHS)	170
Social care	43
Other	58
Total	1637

Table 10. Individuals: Sector. Q7 Please tell us which sector/s you are currently working in? Organisations: Sector. Q10 Please tell us which sectors your organisation is working in?

12.2 Qualitative sample demographics

The following tables provide a full breakdown of the qualitative sample demographics across focus groups and depth interviews for general public and student audiences.

12.2.1 General public

Table 11. Ethnicity

Ethnicity	Count
White	23
Asian or Asian British	6
Black, African, Caribbean or Black British	0
Mixed or multiple ethnic groups	2
Other ethnic group	0
Prefer not to say	0
Total	31

Table 12. Sexual Orientation

Sexual Orientation	Count
Heterosexual or straight	31
Bisexual	0
Gay or lesbian	0
Other	0
Prefer not to say	0
Total	31

Table 13. Age

Age	Count
Age under 20	0
Age between 21 - 30	2
Age between 31 - 40	11
Age between 41 - 50	11
Age between 51 - 55	4
Age between 56 - 60	2
Age between 61 - 65	0

Age between 66 - 70	0
Age between 71 - 75	1
Age above 75	0
Prefer not to say	0
Total	31

Table 14. Gender

Gender	Count
A man	15
A woman	16
Other	0
Prefer not to say	0
Total	31

Table 15. Socio-economic grade

Socio-economic grade	Count
ABC1	14
C2DE	17
Total	31

12.2.2 Students**Table 16. Ethnicity**

Ethnicity	Count
White	23
Asian or Asian British	2
Black, African, Caribbean or Black British	2
Mixed or multiple ethnic groups	0
Other ethnic group	0
Prefer not to say	0
Total	27

Table 17. Sexual Orientation

Sexual Orientation	Count
Heterosexual or straight	24
Bisexual	2
Gay or lesbian	1
Other	0
Prefer not to say	0
Total	27

Table 18. Age

Age	Count
Age under 20	1
Age between 21 - 30	10
Age between 31 - 40	12
Age between 41 - 50	2
Age between 51 - 55	0
Age between 56 - 60	0
Age between 61 - 65	0
Age between 66 - 70	0
Age between 71 - 75	0
Age above 75	0
Prefer not to say	2
Total	27

Table 19. Gender

Gender	Count
A man	2
A woman	25
Other	0
Prefer not to say	0
Total	27