Simulated Practice Learning

Last Updated: 29/10/2026

Relating to: Standards for pre-registration nursing programmes

Introduction

During the Covid-19 pandemic, we introduced emergency standards allowing education institutions and their practice learning partners to deliver a proportion of practice learning through simulation. Following an extensive review, we have now made this a permanent standard, allowing up to 600 hours of simulated practice learning within the 2,300 practice learning hours students must complete.

This new standard has been made permanent because we recognise that simulated practice learning methods are becoming increasingly sophisticated, helping students to build their confidence and skills in a range of situations, including some they may not encounter frequently in practice.

Overview

During the review of our programme standards, we worked with subject matter experts and gathered evidence about the use of simulated practice learning within nursing programmes. The review facilitated a change of definition for *simulation* across our programme standards, as well as amendments and additions to standards that relate to simulation.

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The new definition for simulation 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."

We also amended and moved a standard which relates to technology and simulation being used effectively and proportionately to help with nursing education. The new standard is as follows:

> "Ensure technology and simulation opportunities are used effectively and proportionately across the curriculum to support supervision, learning and assessment."

The new standard now sits within the *curriculum* section of the standards for pre-registration nursing programmes, rather than the *practice learning* section. We moved the standard as we felt it was important that Approved Education Institutions (AEIs) are encouraged to use technologies and simulation methods across a variety of areas in nursing curricula.

Simulation and technologies offer diverse approaches to learning, teaching, assessment and student support, such as AEIs being able to provide virtual reality immersion experiences that allow students to explore anatomy; or through users of services sharing their own health and care experiences. These methods help students to have a more enhanced and well-rounded education.

As technologies and methodologies continue to develop and be applied to programmes, their effectiveness can be evaluated by the AEIs adopting them. This experience, and any learning, can be shared across the sector to help create best practice.

Specifically for practice learning, we have added a new standard which states the following:

> "Provide 2,300 practice learning hours, of which a maximum of 600 hours can be simulated practice learning."

Simulated practice learning can replicate, support and complement practice learning scenarios through a wide variety of methodologies. These methodologies can include the use of actors and role play to portray clinical scenarios; the use of immersive rooms, which can depict any situation from a hospital environment to a motorway emergency; as well as the use of virtual reality to carry out simulated clinical assessments.

By providing simulated practice learning in these ways, students can engage in immersive, interactive and experiential learning where they can hone their skills in a safe environment. This environment allows a student to repeat, gain feedback, evaluate and reflect on their practice, preparing them to deliver the safe, effective and kind nursing care expected of registered professionals.

Simulated practice scenarios must be contextualised and supervised to reflect practice learning with real people.

Principles

Simulated practice learning is delivered through a variety of methods across different settings and core principles should always be fulfilled.

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Simulated practice learning must:

- Meet the Standards for pre-registration nursing programmes for practice learning[2].
- Meet the Standards for student supervision and assessment[3].
- Those supervising simulated practice should be appropriately prepared to do so.
- Demonstrate achievement of the learning outcomes that would have been experienced in a practice setting.
- Be used to enhance practice learning.
    - Simulation provides opportunities to explore diverse areas of practice and experience situations less frequently encountered in the practice setting.
- Enable active engagement in practice learning.
    - Students need to learn to practise, not just about

Delivery of simulated practice learning should include evaluation of the quality and impact of simulation methodologies. Simulation methodologies should be designed to enhance practice learning in terms of learning outcomes, and may also include effectiveness and impact on care of people.

We encourage AEIs and practice learning partners to share learning with each other to strengthen the effectiveness of simulated practice learning.

Wherever simulated practice learning is offered, students should be made aware that it is part of their practice learning. An appropriately prepared practice supervisor must be present during simulated practice learning to support student learning.

[1] NMC programme standards review, Harlow, Traverse and Britain Thinks reports. London. Available at: www.nmc.org.uk/education/programme-of-change-for-education/how-we-reviewed-our-pre-education-programme-standards/how-we-reviewed--our-education-programme-standards/

[2] NMC Standards for pre-registration nursing programmes. London. Available at: www.nmc.org.uk/standards/standards-for-nurses/standards-for-pre-registration-nursing-programmes/

[3] NMC Standards for student supervision and assessment. London. Available at: www.nmc.org.uk/standards-for-education-and-training/standards-for-student-supervision-and-assessment/

Simulated practice learning in pre-registration nursing programmes: evaluation report

We've published a new report that evaluates the use of simulated practice learning (SPL) in pre-registration nursing programmes. It's based on the experience of 19 AEIs who are approved to deliver up to 600 hours of SPL.

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Alongside rich insight from the AEIs, the report offers feedback from students, people who use services and their carers, practice supervisors and assessors, practice learning partners and academic staff to assure holistic representation of the SPL experience.

The evaluation shows that SPL offers contextualised, authentic practice learning that allows students to practise and reflect in a safe environment, enhancing competence and supporting confidence in their nursing practice. It has developed into a valued part of the practice learning experience for students.

The report also highlights challenges to delivering SPL, including the resource intensive nature of this provision.

We'll use the findings in this report to inform our going implementation of education standards. We'll also consider it alongside the independent research being carried out by The Nuffield Trust as part of the practice learning review.

We hope it will also support AEIs, employers and practice learning partners and other stakeholders in their development, implementation and evaluation of simulated practice learning.

Read the full report

Simulated practice learning FAQs

What is considered simulated practice learning?

Simulated practice learning, as part of the 2300 practice learning hours required within pre-registration nursing programmes, can help students achieve their programme learning outcomes by providing authentic, contextualised and supervised practice experiences.

Simulated practice learning can also offer students a safe and supported environment to practise and develop the skills required to meet our standards of proficiency for pre-registration nursing programmes. AEIs should assure the quality and effectiveness of simulated practice learning they provide through accessing and responding to feedback from students and other stakeholders.

What is not considered simulated practice learning?

Activities that support theoretical or practice learning, but which are not contextualised or supervised, would not meet the requirements for simulated practice learning. 'Contextualised' scenarios reflect practice with people, and are not for example, isolated activities such as clinical skills training, completing a workbook, or watching a video about patient care.

Care that is delivered remotely via telephone or in virtual wards to people is not simulated practice learning but is actual practice learning.

What is the difference between simulation and simulated practice learning?

> "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."

This definition covers a vast range of methodologies that support theoretical and practice learning.

Simulated practice learning can complement practice learning by giving students the opportunity to experience scenarios less often encountered as part of their 2300 hours of actual practice learning. Simulated practice is also contextualised for the student to make it as realistic and authentic as possible, and it must be supported by suitably prepared practice supervisors.

What types of simulated practice learning are there?

The types of simulated practice learning that AEIs can use is vast, reflecting creativity and innovation within the sector. There is not an exhaustive list of simulated practice, but examples include using actors to role play clinical scenarios, as well as use of virtual reality to carry out assessments.

Simulated practice learning will include a range of technologies or methodologies, we encourage AEIs to be innovative and share learning with each other to enhance student education.

Where can simulated practice learning take place?

Simulated practice learning can take place within the AEI or within the diverse range of practice learning environments, including online and virtual.

Why is simulated practice learning beneficial for students?

Simulated practice allows students to practise, repeat, reflect and learn practice skills and proficiencies, all overseen by practice supervisors.

Some AEIs have conducted 'a gap analysis' which highlights learning opportunities that are not always easy to achieve for students, such as care of a deteriorating patient, identifying sepsis, and conducting a mental health assessment.

Simulated practice learning can offer students the opportunity to experience these uncommon scenarios which will allow them to practise skills and proficiencies that may be hard to achieve in some practice settings.

Can academic staff fulfil the role of practice supervisor and/or assessor in the facilitation of practice learning through simulation?

Academic staff can fulfil the roles of: practice supervisor or practice assessor, or academic assessor. A practice supervisor can be a staff member registered with a professional regulator such as the NMC, GMC or HCPC who has

been prepared for the role. They should meet the standards for student supervision and assessment and have the right knowledge and skills.

Academic staff cannot be both practice supervisor and practice assessor for the same student. Academic assessors cannot be both practice supervisor and practice assessor for the same student.

What happens if an AEI has already been approved to deliver up to 600 hours of simulated practice learning hours though RN6(D)?

Recovery standard RN6(D) will now be withdrawn and standard R3.4 will replace it. However, AEIs who have already been approved to deliver recovery standard RN6(D), using up to a maximum of 600 hours of simulated practice learning as part of the 2,300 practice learning hours, can continue to do so.

Those AEIs using recovery standard RN6(D) will still be required to provide reports and a final evaluation as outlined in their original approval letter. After final evaluation, monitoring of simulated practice learning will continue for all programmes through the annual self-monitoring report*. AEIs should not submit further applications for RN6(D).

The annual self-monitoring report is a report that AEIs, and their practice learning partners, must submit every year to show how they continue to meet our standards and requirements.

What happens if an AEI had their programme approved against the standards of proficiency for registered nurses, which would permit them to deliver a number of hours of simulation?

As part of their original programme approval, AEIs may have been permitted to deliver a certain number of hours of simulation. Some of these hours of simulation may fulfil the criteria for simulated practice learning, but some may not. AEIs should review their curricula, consider whether simulated activity being delivered meets the principles of practice learning, and confirm in the 2022/2023 annual self-monitoring report the number of simulated practice hours they are delivering.

If an AEI is including any simulated practice learning hours as part of the simulation hours agreed through approval, and who wish to continue or increase the number of simulated practice learning hours they deliver (up to 600 hours), they will be required to modify their programme through a major modification (desktop)* to make this permanent change.

If an AEI wants to make a major modification to an already approved programme, they must request that modification through our online portal, QA link. More information on how we assess the proposed modification can be found in section 4.3 of our QA handbook. Available: www.nmc.org.uk/globalassets/sitedocuments/qa-link/quality-assurance-handbook.pdf

Can an AEI continue to deliver up to 300 hours of simulated practice learning that was implemented through RN5?

Recovery standards RN5 and RN5.1 will now be withdrawn and replaced by standard R3.4. Recovery standard RN5 permitted AEIs to use virtual and simulated practice learning effectively and proportionately within nursing programmes, up to a maximum of 300 hours within the 2,300 hours of practice learning.

AEIs currently delivering simulated practice learning through RN5 and who wish to continue, will be required to modify their programme through a major modification (desktop) to make this permanent change.

Can simulated practice learning be used for a student nurses' final placement?

Best practice, which is that a students' final placement should be in a practice placement setting, remains the same. This is so students can demonstrate the confidence and proficiency required to become a registered professional prior to qualification and transition into employment. This should be signed off as such by the education institution.

Can simulated practice hours can be included in nursing associate programmes?

The standards for pre-registration nursing associate programmes state that nursing associate students on a work-placed learning route:

> "are released for a minimum of 20 percent of the programme time, which is assured protected learning time in external practice placements, enabling them to develop the breadth of experience required for a generic role"

This means that simulated practice learning cannot replace the minimum 20 percent of hours that should be used for protected learning time in an external practice placement.