NMC programme of change for education

Nurse proficiencies and education framework consultation

This response form relates to our consultation on our nurse proficiencies and education framework.

Note: If you want to respond to our parallel consultation relating to prescribing and standards for medicines management, you can download the response form from our main consultation web pages at:
https://www.nmc.org.uk/globalassets/sitedocuments/edcons/cq2-prescribing-and-standards-for-medicines-management-consultation-response-form.doc

Information and supporting links to this consultation is available on our website and everyone is welcome and encouraged to respond to all areas of the consultation. We recognise however that some respondents will want to respond to specific consultation questions in certain areas of our standards. Therefore the questions will be introduced and arranged in a way that introduces each of the specific standard subject areas we are consulting on and will signpost and will provide ease of navigation to specific individual areas that we are consulting on that may be of specific interest to them. To enable respondents to answer, reference to the supporting information will be embedded into certain questions to provide additional information about the standards. We will encourage individuals and organisations to respond electronically to the independent research company, Why Research Ltd. who are collecting all the responses and will be undertaking the independent analysis on our behalf. Opportunities to save responses before submitting electronically will be available. Alternative approaches for responding to Why Research Ltd. will also be available if an alternative approach for your consultation is needed.

Consultation questions have been arranged under the following categories:

- Draft standards of proficiency for the future registered nurse

- Draft education framework: standards for education and training

- Draft requirements for learning and assessment

- Draft programme requirements for pre-registration nursing

- Equality and diversity and inclusion questions – 'About you'

- Programme of change for education – impact assessment

After you have filled in this response form

Once you have completed the questions relating to the above topics you are interested in, please either copy and paste your responses into the NMC online consultation survey at:
https://www.snapsurveys.com/wh/s.asp?k=149605707732

or email your completed form to:
whyconsultations@whyresearch.co.uk

Draft Standards of proficiency for the future registered nurse

Q.FRN.1. In developing the draft standards and requirements, we aimed to: (see each principle in the table below).

1a. Do you agree that these principles have been met and seek to protect the public?	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree	Don't know
reflect on what people will need from nurses in the future that can be applied to all fields of nursing practice (adult, children, learning disabilities and mental health)	☐	☐	☐	☒	☐	☐
provide outcomes that are open to objective assessment	☐	☒	☐	☐	☐	☐
reflect higher level knowledge and skills that emphasise research and evidence skills	☐	☒	☐	☐	☐	☐
ensure a focus on compassion and expertise in evidence based fundamental nursing care	☐	☒	☐	☐	☐	☐
allow for flexible approaches to programme delivery	☐	☒	☐	☐	☐	☐
provide entrants to nursing with an understanding of mental and physical health and care.	☐	☐	☒	☐	☐	☐
contain outcomes that prepare nurses for working effectively in multi-professional and interagency teams	☐	☒	☐	☐	☐	☐
include outcomes that focus on leadership and the nurse's role in managing complex care	☐	☒	☐	☐	☐	☐
ensure that there is sufficient emphasis on health and wellbeing	☐	☒	☐	☐	☐	☐
emphasise public health, dementia, frailty and end of life care	☐	☒	☐	☐	☐	☐
ensure that the new standards of proficiency are sufficiently accessible to the public	☐	☐	☐	☒	☐	☐
be unambiguous, clear and concise	☐	☐	☐	☐	☒	☐
provide the building blocks for continued professional development and advanced practice across a range of contexts	☐	☐	☐	☐	☐	☒

Q.FRN.2. The future nurse will work within a range of settings and therefore we have designed our draft new proficiencies to apply across all four fields of nursing (adult, children, learning disabilities, mental health). Do you feel we have achieved this approach?

☐ Strongly agree   ☐ Agree   ☒ Neither agree nor disagree   ☐ Disagree   ☐ Strongly disagree   ☐ Don't know

Many of our members have given us feedback that the standards of proficiency for registered nurses are overly focused on acute care settings. There is a lack of focus for learning disability and child nursing, particularly for Child and Adolescent Mental Health Services (CAHMS). We would urge the NMC to include competencies on cognitive behavioural therapy (CBT) and Improving Access to Psychological Therapies (IAPT) for mental health nursing.

Q.FRN.3. Do you agree that the draft standards of proficiency provide the necessary requirements for safe and effective nursing practice at the point of entry to the register?

☐ Strongly agree   ☒ Agree   ☐ Neither agree nor disagree   ☐ Disagree   ☐ Strongly disagree   ☐ Don't know

The Council of Deans of Health welcomes the NMC review of the standards, as a timely and an important exercise. We have engaged positively with the standards work and are fully involved in discussions.

We welcome the UK wide engagement approach and have facilitated UK wide meetings between the NMC and our members. We are positive about the outcomes focused approach of the NMC standards.

The draft standards of proficiency and the education framework are less prescriptive in some aspects, which should lift some of the current constraints and give greater flexibility to approved education institutions (AEIs) and placement providers. Our members have concerns on some areas which will be outlined in our response to the questions below.

Q.FRN.4. Do you agree that the draft standards of proficiency underline the importance of person centred care?

☐ Strongly agree   ☒ Agree   ☐ Neither agree nor disagree   ☐ Disagree   ☐ Strongly disagree   ☐ Don't know

We agree the standards of proficiency underlines the importance of person centred care, which we welcome. The absence of a prescriptive approach will give AEIs and practice partners more flexibility to be creative and innovative when developing and delivering pre-registration nursing programmes. We agree that programmes must have consistent outcomes.

Q.FRN.5 Do you agree that the draft proficiencies states the role of the registered nurse in providing opportunities and in enabling people to have control of their own health and lifestyle decisions?

☐ Strongly agree	☒ Agree	☐ Neither agree nor disagree	☐ Disagree	☐ Strongly disagree	☐ Don't know

Yes, this is clearly outlined in section 2 on promoting health.

Q.FRN.6 Do you agree that the draft standards of proficiency confirms the role of the registered nurse in ensuring that people are encouraged and supported to self manage their care?

☐ Strongly agree	☒ Agree	☐ Neither agree nor disagree	☐ Disagree	☐ Strongly disagree	☐ Don't know

Q.FRN.7. The draft standards of proficiency place an increased emphasis on leadership skills. Do you agree that this will be achieved for the nurse at the point of entry to the register?

☐ Strongly agree	☐ Agree	☐ Neither agree nor disagree	☐ Disagree	☐ Strongly disagree	☒ Don't know

We positively welcome the increased emphasis on leadership skills. Future registered nurses and midwives will be required to take an increasingly strong leadership role. This will require them to embrace change and future professional challenges, act as ambassadors for the profession, and influence regulatory, political, societal and organisational change.

We would like to see a greater emphasis on clinical leadership skills particularly related to identifying deteriorating patients, managing and leading care, and escalating concerns.

It is unclear how much delegated authority students will be given during their pre-registration programme as this will be decided locally. Some students will feel more confident and empowered to act on their leadership skills at the point of entry to the register. We therefore ask the NMC to make sure that leadership skill development is at the heart of the new standards.

Q.FRN.8. The draft standards of proficiency place an increased emphasis on working in multidisciplinary teams and coordinating care across multi-agency organisations. Do you agree that this will be achieved for the nurse at the point of entry to the register?

☐ Strongly agree	☒ Agree	☐ Neither agree nor disagree	☐ Disagree	☐ Strongly disagree	☐ Don't know

QFRN.9. The draft standards of proficiency apply across all four fields of nursing practice (adult, children, learning disabilities and mental health nursing) as nurses of the future will work across a variety of settings and encounter people of all ages with varying complex needs across mental, cognitive, behavioral and physical health.

Should the nursing procedures in annexe B be similarly applied across all four fields of nursing practice?

☐ Strongly agree	☐ Agree	☐ Neither agree nor disagree	☒ Disagree	☐ Strongly disagree	☐ Don't know

Q.FRN.10. If you responded strongly disagree or disagree should there be more emphasis in the <u>level</u> of nursing procedures that is specific to a field of nursing?

(For example we may include greater emphasis on advanced physical assessment skills in the adult nursing field and greater emphasis in advanced mental health assessment in the mental health nursing field).

☐ Strongly agree	☒ Agree	☐ Neither agree nor disagree	☐ Disagree	☐ Strongly disagree	☐ Don't know

Q.FRN.11. The draft standards of proficiency provide increased clarity about the achievement of competency in nursing procedures and communication and relationship management skills (see annexes A and B). Have we omitted any core skills with this approach?

☐ Yes	☒ No	☐ Don't know

If you said yes (with the above question):
Q.FRN.11a. What nursing procedural skills do you think are missing?

Q.FRN.12. Are there any nursing procedural skills stated in annex B that you think are unnecessary?

☒ Yes	☐ No	☐ Don't know

We believe it will be a challenge to achieve all the procedural skills stated in annex B across all four fields in a three-year pre-registration education programme. In children's nursing, it might be inappropriate to practise some of the procedural skills on children, and nursing students often compete with other healthcare students to get exposure to procedures and practise their skills.

The standards do not specify whether all nursing students need to be competent in all procedural skills or just the ones they have been exposed to and practised. We would welcome greater clarity on this and whether procedures are to be assessed in practice or simulation.

Q.FRN.13. Are there any nursing procedures contained within annexe B which would be difficult to achieve in practice settings, for example due to a lack of opportunity to be exposed and practice the skill?

☒ Yes ☐ No ☐ Don't know

Q.FRN.13a. If you answered yes please state which nursing procedures.

The nursing procedures that patients present with least frequently will be the most difficult to achieve. This might include such things as chest drainage procedures.

The specificity of the skills within annexe B is a concern. During a nurses' career, there will be new procedure implemented that are more patient critical than the ones in annexe B. Annexe B will need regular reviews to ensure that the nursing procedures are kept current with nursing practice.

Q.FRN.14. Should competence of <u>certain</u> nursing procedural skills be achieved in simulated practice settings before being assessed in practice settings?

☐ Yes ☒ No ☐ Don't know

Q.FRN.14a. If you answered yes please state which skills.

Q.FRN.15. Are there any communication and relationship management skills or nursing procedures contained within the annexes which <u>could</u> be fully achieved in simulation?

☒ Yes ☐ No ☐ Don't know

We recognise that there may be areas of practice that are less suited or able to fully support some of the skills and procedures contained the annexes, for example a critical care or surgical unit.

There are some communication, relationship management, and procedural skills that could be achieved in simulation, for example, record keeping or chest auscultation.

Q.FRN.16. Are there any nursing procedures that <u>cannot</u> be fully achieved in simulated practice settings?

☒ Yes   ☐ No   ☐ Don't know

The use of simulation is to support the acquisition of clinical skills and is an important component of learning and teaching strategies. It cannot and should not replace clinical placements and time spent learning in a real clinical environment with living patients.

Embodied nursing practice, can only fully be learned and practised on real, living and breathing patients. Nursing procedures that cannot be fully achieved in simulated practice settings are communicating with really poorly or distressed patients, communicating with families, and end of life care.

Q.FRN.17. Do the proficiency annexes set out all of the necessary communication and relationship management skills needed for the future nurse to be safe and effective at the point of registration?

☐ Yes   ☒ No   ☐ Don't know

If no (to the above question):
Q.FRN.17a. What communication and relationship management skills do you think are missing?

Digital technology skills. Digital technology is transforming the way we live our lives and patient-facing health care technology is expanding fast as people become increasingly interested in using digital tools to manage their health and wellbeing.

As health and social care becomes more technology focused, the skills to use and develop these new ways of working will be part of the expectation for registered nurses. We would like to see these skills strengthened in the proficiencies.

Q.FRN.18. Do the proficiency annexes adequately describe the nursing procedural skills, and communication and relationship management required within each of the four fields of nursing (adult, child, learning disability, mental health)?

☐ Yes   ☒ No   ☐ Don't know

Please see our response to Q.FRN.2.

We feel there is a lack of provision for learning disability and children nursing, particularly for Child and Adolescent Mental Health Services (CAHMS). We would urge the NMC to include additional competencies on cognitive behavioural therapy (CBT) and Improving Access to Psychological Therapies (IAPT) for mental health nursing.

Q.FRN.19. Should there be some variation in the <u>level </u>of communication and relationship management skills, and nursing procedures that is field of nursing specific?

(For example we may include greater emphasis on advanced physical assessment skills in the adult nursing field and greater emphasis in advanced mental health assessment in the mental health nursing field).

☐ Strongly agree	☒ Agree	☐ Neither agree nor disagree	☐ Disagree	☐ Strongly disagree	☐ Don't know

Q.FRN.20. In order to demonstrate that students have met the communication and relationship skills stated in Annexe A to practice safely and effectively at the end of their programme, should student nurses be required to demonstrate proficiency (please select one option only):

☐ Across each of the four fields of nursing practice (adult, children, learning disabilities, mental health nursing)	☒ In the student's selected field of practice only	☐ Don't know

Q.FRN.21. Nurses will enter the register in one or more of the four fields of nursing practice (adult, children, learning disabilities and mental health nursing). This means that nurses will be expected to achieve all the nursing procedural skills, and communication and relationship management skills stated in the annexes.

Final sign off of proficiencies, communication and relationship management skills and nursing procedural skills are necessary for safe and effective practice at the end of their chosen field of practice programme. Should nurses be proficient: (please select one option only):

☐ Across each of the four fields of nursing practice (adult, children, learning disabilities, mental health nursing	☒ In the student's selected field of practice only	☐ Don't know

Q.FRN.22. Are there any aspects of nursing practice that you would expect to have seen in the draft standards of proficiencies which are missing?

☒ Yes	☐ No	☐ Don't know

We feel there needs to be a greater emphasis on transferable skills that nurses can apply to specific situations. The draft standards of proficiencies heavily focus on specific skills.

Q.FRN.23. Do you have any other comments about the future nurse standards of proficiency and annexes we are consulting upon?

Our additional comments on the draft standards of proficiency:

1. Language
We feel the standards are too wordy and in places unclear. Furthermore, some of the language does not reflect current practice and the technical terms used in the document may not be easily understood by patients and the public e.g. chest auscultation. We would suggest the standards are carefully proofread before they are finalised to ensure they can be easily understood by a wide audience.

2. Standard 1.5
'Understand the professional responsibility for adopting a healthy lifestyle and maintain a level of personal fitness and wellbeing required to meet people's need for mental and physical care'. We are unclear how this will be managed and how it will be enforced.

3. Current workforce
We want to ensure that the new standards can be supported by the right resources including up-skilled education and practice leaders. However, we have ongoing concerns about the readiness, capacity and skills of the current workforce for implementation and to support delivery of the new standards of proficiency.

In England, continuing professional development (CPD) for nurses, midwives and allied health professionals has been the subject of deep cuts. For 2016/17 this funding was cut by up to 45%. CPD funding supports the delivery of short courses, modules and programmes to meet the needs of the NHS workforce at national, regional and local level. This reduction in funding for the current workforce has the potential to undermine the effective delivery of the new standards.

The problems related to CPD also apply to Wales. The requirements for proficiency in procedures not currently performed by most registrants will necessitate up-skilling of the current workforce which will prove challenging in an environment where release of nurses to attend CPD sessions is curtailed by staff shortages.

4. Research
Like many policies there is an interchangeable use of 'evidence' and 'research' as if they are the same thing. This needs to be addressed. We understand the focus on nurses being able to use evidence in practice but this is not the same as being able to use research in practice. Most of the mentions of research/evidence are merely contextual.

Standard 1.5 'demonstrate a sound understanding of research methods, ethics and governance to critically analyse, safely use, share and apply research findings to promote and inform best nursing practice', has always been a limitation of nursing research programmes that seems to be continuing. The issue here is that the focus is on methods, but does not specify what is an inadequate level of research understanding for engaging in research. This limited focus has always been a hindrance to the rapid development of research careers in nursing compared with other professional groups (such as the AHPs and medicine). We believe that this need to be challenged, given that there is an increased focus on 'fast tracking' new graduates into doctoral programmes and research careers. We need graduates to have a more rounded research knowledge than methods, including ethical considerations.

The standards do not say very much about the practice of research, or how nurses appraise available research for quality. We would like something in the standards that emphasises that nurses must be able to

differentiate between 'research' of no value to practice (for many reasons: wrong questions asked; no reference to pre-existing systematic reviews; poor design; badly carried out; poorly reported) and research which is both rigorous and has solid implications for practice. The words finding and understanding systematic reviews and critical appraisal of published evidence should appear as competences.

As for conducting research, we would like to see some reference to nurses being able to articulate the value of different research designs to produce nursing knowledge. We would not expect nurses at the point of registration to be conducting research but they should have a core knowledge of research methods.

5. Early adopters
Some of our members have expressed interest in being an early adopter of the new standards of proficiency. Employers have a key role to play in this. It is vital that both AEIs and employers are on board and ready to be early adopters. The Council is keen to support the development of joint guidance for AEIs and employers to support early adopters and implementation of the new standards of proficiency.

6. Timeframe
Our understanding is that the final nursing proficiencies will be published in early 2018. AEIs will be given the option to adopt the new proficiencies in September 2018 before full implementation into new degree programmes from September 2019. This is a tight timeframe. We must emphasise that preparation for the 2018/19 recruitment cycle will formally begin in the Autumn 2017 when UCAS opens the application process. AEIs need a timely decision on the proficiencies as delays will be a significant concern and risk. Without timely information, AEIs run the risk of not being compliant with the Competition and Markets Authority's (CMA) legal requirement on information for students. AEIs also need to be able to plan and ensure they have sufficient resources and staffing to support the delivery of programmes based on the new proficiencies. There is going to be the need to upskill the existing workforce to support students which will take time and this should not be underestimated.

Draft Education framework: standards for education and training

Q.EF.24. The education framework has requirements for education institutions, practice placement and work placed partners which are increasingly focused on outcome rather than describing processes and inputs.

Do you agree with this approach to our education and training standards?

☒ Strongly agree ☐ Agree ☐ Neither agree nor disagree ☐ Disagree ☐ Strongly disagree ☐ Don't know

Q.EF.25. The proposed programme of change for education seeks to offer more flexibility to education institutions and their practice placement and work placed partners to deliver nurse and midwifery programmes in creative and innovative ways.

Is this ambition apparent in our proposals?

☒ Yes. If yes please can you offer an example in the box below? ☐ No. If no please can you offer an example where we can go further in the box below? ☐ Don't know

The proposals do offer flexibility but to allow this to be fully exploited, the theory and practice hours need to be clarified, particularly in relation to the UK's exit from the EU.

The possibility to extend placements beyond clinical experience e.g. to shadow nurses working in research roles is welcomed.

Q.EF.26. When developing the draft education framework standards and requirements, the objectives were (see table below):

Q.EF.26a Have these objectives have been met?	Yes	No	Don't know
situates patient safety at the core of their function	☒	☐	☐
enhanced outcome, future focused requirements	☒	☐	☐
being right touch - consistent, clear, proportionate and agile	☐	☒	☐
evidence based regulatory intervention that promotes inter-professional learning and cross regulatory assurance	☐	☒	☐
a framework that is applicable to a range of learning environments	☒	☐	☐
ensuring that the education framework is measurable and assessable	☐	☒	☐
promoting equality and diversity	☒	☐	☐

Q.EF.26b. If you have responded as 'no', please provide additional information for us to consider.

1. The current language and wording is vague and open to interpretation. For example, 'relevant', 'appropriate' and 'suitably prepared' is subjective terminology. We would like to see the language strengthened and made more explicit in parts. If helpful, we would be able to suggest some wording changes.

2. It is unclear how AEIs, practice placement and work placed learning partners will be measured against some of the requirements. For example, R2.9 - most AEIs already publish their fitness to practise procedures, however, it is unclear how the NMC will judge what it deems to be 'robust, effective, fair and impartial'.

3. It would be helpful if the Education Framework and the Annexe: Requirements for learning and assessment for all nursing and midwifery programmes, were together in a single document.

Q.EF.27. Do you agree that the education framework can be applied to pre *and* post registration education and training?

☐ Strongly agree	☒ Agree	☐ Neither agree nor disagree	☐ Disagree	☐ Strongly disagree	☐ Don't know

Q.EF.28. Do you agree that the education framework can be applied to nursing *and* midwifery education and training?

☐ Strongly agree	☒ Agree	☐ Neither agree nor disagree	☐ Disagree	☐ Strongly disagree	☐ Don't know

Agree, however, we suggest the Lead Midwifery for Education (LME) role should be reviewed to ensure it remains fit for purpose and is future proofed. Consideration must be given to overcome some of the existing challenges of the role such as lack of role consistency and demonstrating added value through a reliable evidence base.

Q.EF.29. Do you agree that the education framework is likely to ensure effective partnership working and shared responsibilities between education institutions, practice placement and work placed learning providers?

☐ Strongly agree	☐ Agree	☒ Neither agree nor disagree	☐ Disagree	☐ Strongly disagree	☐ Don't know

Q.EF.29a. If you have responded as strongly disagree or disagree please provide additional information for us to consider.

We would like the education framework to ensure effective partnership working and shared responsibilities between education institutions, practice placements and work placed learning providers. In areas where there are already good and established working relationships we can expect this outcome to be achieved. In in areas where relationships are less developed this may not be achieved.

Q.EF.30. Does the education framework draft standards work equally well for programmes delivered in flexible educational modes: for example full-time and part time university based, and part-time work placed?

☐ Strongly agree   ☒ Agree   ☐ Neither agree nor disagree   ☐ Disagree   ☐ Strongly disagree   ☐ Don't know

Apprenticeships routes into the nursing profession will be required to result in equivalent outcomes and standards to the pre-registration degree programme.

Q.EF.31. Do you agree that the education framework promotes inter-professional learning?

☐ Strongly agree   ☒ Agree   ☐ Neither agree nor disagree   ☐ Disagree   ☐ Strongly disagree   ☐ Don't know

Q.EF.31a. Please state any additional requirement we could state to further encourage inter- professional learning.

We welcome the promotion of inter-professional learning and working.

Q.EF.32. Do you agree that the education framework prioritises the safety of people during all education and training that takes place in academic and simulation settings?

☐ Strongly agree   ☒ Agree   ☐ Neither agree nor disagree   ☐ Disagree   ☐ Strongly disagree   ☐ Don't know

Q.EF.33. Do you agree that the education framework prioritises the safety of people and patients during all education and training that takes place in practice placement and work placed settings?

☐ Strongly agree	☒ Agree	☐ Neither agree nor disagree	☐ Disagree	☐ Strongly disagree	☐ Don't know

Q.EF.34. Is there any aspect of delivery and management of education and training that you would expect to have seen in the education framework which is missing?

☒ Yes	☐ No	☐ Don't know

There is a lack of clarity about the preparation for the role of assessor. All students on an NMC approved programme will be assigned to a nominated practice assessor and an academic assessor for each part of the programmes. Members in Wales have provided feedback that this will be very difficult to achieve in health boards with placements over multiple sites. Furthermore, the assessors being in such close contact for a year or more could lead to familiarity and may therefore not overcome concerns regarding failure to fail which is the reason often given for separating the role of assessor and supervisor.

Q.EF.35. Do you have any more comments on the draft Education Framework: standards for education and training?

1. Draft Education Framework for nurses and midwives
The Education Framework will apply to both nursing and midwifery education. The communications around the consultation have been very nursing focused, for example the Twitter hashtag the NMC has been promoting is #Nurse2030. We are concerned that the midwifery voice could be lost in the consultation process and that the consultation outcomes will not fully represent the views of both professions.

Draft requirements for learning and assessment

Q.LA.36. As part of our proposed new requirements for learning and assessment, we propose separating the support and supervision of students from the assessment of students.

Do you agree with this approach?

☐ Strongly agree ☐ Agree ☒ Neither agree nor disagree ☐ Disagree ☐ Strongly disagree ☐ Don't know

Q.LA.37. Do you agree with our proposal that the practice assessor role should be independent of the practice supervisor role?

☐ Strongly agree ☐ Agree ☒ Neither agree nor disagree ☐ Disagree ☐ Strongly disagree ☐ Don't know

Q.LA.38. Are there any other ways we can ensure independence of the assessment outcomes of student proficiency?

☒ Yes ☐ No ☐ Don't know

Preparation of assessors to ensure they understand the consequence of inadequate/poor/incomplete assessment. However, with no standards for assessment, this will be difficult to achieve.

We would like the NMC to introduce a UK-wide assessment document which would be a positive step towards addressing consistency issues and preparation of assessors.

Q.LA.39. We do not intend to set proficiencies for the new roles which we have proposed. Instead we will encourage locally agreed innovative and creative approaches to supervision and assessment to be in place.

Do you agree with this approach?

☐ Strongly agree ☐ Agree ☐ Neither agree nor disagree ☒ Disagree ☐ Strongly disagree ☐ Don't know

Q.LA.40. We will no longer require those supporting, supervising and assessing students to complete a programme that the NMC approves. This will enable local innovation, creative and inter professional approaches to take place.

Do you agree with this approach?

☐ Strongly agree ☐ Agree ☐ Neither agree nor disagree ☒ Disagree ☐ Strongly disagree ☐ Don't know

Q.LA.40a. Please state any risks that you perceive in relation to this proposal.

The proposals for learning and assessment for all nursing and midwifery programmes are a concern for our members.

The proposals are a significant change from the current mentorship model. We anticipate that this will cause some anxiety for the existing mentor workforce who may feel that their role is being devalued. The NMC in collaboration with employers and AEIs has a role in helping organisations prepare for change and communicating these changes to registrants, health and social care staff, educators, the public, students and others.

The model is potentially more complicated and there are practical considerations around identifying sufficient numbers of suitably prepared supervisors, practice assessors and academic assessors. Our members do not feel that the requirements make a clear distinction between the two assessor roles. We would welcome clarity and would welcome the opportunity to help the NMC develop further guidance on the roles.

We understand that supervisors will be able to sign off skills and will contribute to the assessment but they will not play a formal role in assessing students' achievement of learning outcomes. The assessment decision must be evidence based, however, members are unsure how confident assessors will feel making an assessment when they have not worked closely with a student. We would welcome continuation of the accountable person role to help address this concern.

The draft standards are vague about the preparation required for supervisors and assessors to ensure they are competent and have the necessary skills, attributes and knowledge required for the roles to be effective. It is implied this will be left to AEIs to determine. A lack of understanding of assessment will lead to inconsistency of assessment and therefore we are less likely to see the envisaged improvements. Given that variation in skills newly qualified nurses have at the point of registration was one of the drivers for the development of new standards, it is important that this is made clear from the onset. We would welcome the opportunity to support the NMC in developing guidance on assessment and information to help AEIs decide what appropriate preparation is.

There is uncertainty about the future quality assurance model. AEIs are unclear what mechanism the NMC will apply to make sure that future education programmes continue to meet its standards and that risks are managed effectively. We would welcome clarity.

The preparation of the current workforce, including current mentors, is going to be critical to the success of the new standards. Delivering this will require investment and time to support existing staff with their professional development. We call for the NMC to be proactive, working in partnership with the Council and other stakeholders, to respond to this challenge and advocating for sufficient resources for continuing professional development and mentor support.

Q.LA.41. The proposed model allows that practice supervisors can be any registered health and social care professional who is suitably prepared and does not have to be an NMC registrant. This will enable educators to decide locally the individuals and / or groups that are best placed to supervise learners.

Do you agree with this approach?

☒ Strongly agree	☐ Agree	☐ Neither agree nor disagree	☐ Disagree	☐ Strongly disagree	☐ Don't know

Q.LA.41a. Please state any risks that you perceive in relation to this approach.

We support a multi-profession model of practice supervision. To ensure this happens effectively, health and social care professionals must be involved at an early stage. They will be key partners in the design, monitoring, evaluation and delivery of practice learning and assessment. A shared understanding and communication of what this will entail is vital and preparation for the role is going to be crucial.

Q.LA.42. The proposed model states that, while a range of academic and practice based educators will contribute to assessing a student, there will be two nominated assessors - a practice assessor and an academic assessor - who will be responsible for the assessment of a student for each part of the programme.

(For example for the first year of a three year programme or semester one of a post registration programme).

Do you agree with this approach?

☐ Strongly agree ☐ Agree ☒ Neither agree nor disagree ☐ Disagree ☐ Strongly disagree ☐ Don't know

Q.LA.42a. Please state any risks that you perceive in relation to this approach.

Learning and assessment has a powerful influence on the formation of professional identity, on the future career choices of newly qualified nurses and midwives, and on the attitudes and expectations that they carry into their practice as registered professionals.

There are several challenges for effective practice learning and assessment that are deeply rooted within cultures and organisations. These challenges include:

• Resources: funding, the lack of value placed on education/mentorship of qualified staff;
• Variability of placements and lack of placement capacity in some important settings;
• Focus on 'input' measures and the hours in practice rather than learning in practice.

We recognise there are some potential benefits of separating supervision from assessment. However, there must be recognition that learning and assessment will continue to be delivered in an environment that operates along traditional lines. Many NHS Trusts are in the worst financial position of their history and there is a national nursing and midwifery shortage.

We recognise the NMC has tried to enable flexibility for AEIs, practice placement and work based learning providers to develop innovative approaches, whilst being accountable for the local delivery and management of NMC approved programmes in line with the standards. In principle, we welcome greater flexibility for AEIs that encourage innovation. However, our members are concerned that the existing pressures will encourage some organisations to operate at the bare minimum unless there are explicit requirement in the standards. The new standards must ensure that quality of education and care is maintained or enhanced.

Q.LA.43. In the future it may not be necessary for a student nurse to be assessed by a nurse from the same field of practice. Educators from academic and practice settings would decide locally who is best placed to assess the student.

Do you agree with this approach?

☐ Strongly agree ☒ Agree ☐ Neither agree nor disagree ☐ Disagree ☐ Strongly disagree ☐ Don't know

Q.LA.44. Do you have any more comments on the draft requirements for learning and assessment?

Research
We are concerned there is no mention of research in the Requirements for pre-registration nursing education programmes. If it is not explicitly asked for, it may not be included given that curricula are so busy already. Research active/intensive universities will include research, but for less research-intensive universities and colleges it may be less of a priority. This then becomes concerning in terms of how explicit the research knowledge is among graduating nurses and differences among graduates from different universities.

Draft programme requirements for pre-registration nursing

Q.PR.45 Our new programme requirements allows approved education institutions (AEIs) and their practice placement partners to set entry criteria for literacy, numeracy and digital literacy. We will not set requirements in this area.

Do you agree with this approach?

☐ Strongly agree   ☒ Agree   ☐ Neither agree nor disagree   ☐ Disagree   ☐ Strongly disagree   ☐ Don't know

We agree with this approach. Students must meet consistent outcomes at the end of the programme and demonstrate proficiency in literacy, numeracy and digital literacy.

Q.PR.46. Within the existing pre-registration nursing entry criteria AEIs must have processes in place to allow recognition of prior learning to a maximum of 50 percent of the programme provided all the requirements are met in full. (This can be either academic and practice learning or both).

Do you agree that we should continue to set a maximum limit for recognition of prior learning?

☐ Strongly agree   ☐ Agree   ☒ Neither agree nor disagree   ☐ Disagree   ☐ Strongly disagree   ☐ Don't know

Q.PR.46a. If you answered strongly agree or agree what percentage of the programme should be the maximum available for recognition of prior learning?

No more than 50% should be APEled into the programme. This is in line with university regulations for many institutions. If any more than 50% is allowed, it will be impossible for any given university to award a degree in its name.

Q.PR.47. In recognition of the importance of theory and practice to student learning and proficiency, we propose that we continue to require an equal amount of education to be delivered in practice and theory. Do you support this position?

☐ Strongly agree   ☐ Agree   ☒ Neither agree nor disagree   ☐ Disagree   ☐ Strongly disagree   ☐ Don't know

Q.PR.47a. If you strongly disagree or disagree, should we leave decisions about the proportion of practice and theory to individual education institutions and their practice placement partners?

| ☐ Strongly agree | ☒ Agree | ☐ Neither agree nor disagree | ☐ Disagree | ☐ Strongly disagree | ☐ Don't know |

There is no evidence to support input hours as a proxy for quality of education/output and there is a tendency to conflate the amount of time in practice with the amount of learning in practice. It is important to note that in many other countries, nursing students spend far fewer hours in placements. A 2010 survey in Australia, for example, found a mean of 954 placement hours for undergraduate nursing courses; in the US, nursing students spend around 1000 hours in placements. This is also consistent with the hours most AHPs spend in placements.

The full implications of the UK's withdrawal from the EU are yet to be understood, there is an opportunity to consider whether the UK should remain within the Mutual Recognition of Professional Qualifications 2005/36/EC (MRPQ Directive) and to consider the interpretation of the directive.

Q.PR.48. There is currently a cap that limits 300 hours of practice learning to be achieved in simulated practice learning environments.

We are proposing that practice learning provided through simulation can be increased but should not exceed the number of hours spent in actual practice placement settings.

This means students may spend more time in simulated practice learning environments than they do now.

Do you agree with this approach?

| ☐ Strongly agree | ☒ Agree | ☐ Neither agree nor disagree | ☐ Disagree | ☐ Strongly disagree | ☐ Don't know |

Q.PR.48a. If you answered strongly disagree or disagree do you think there should continue to be a limited number of hours that states the cap for simulation hours used for practice hours.

| ☐ Yes | ☐ No | ☐ Don't know |

Q.PR.48b. If yes, how many hours should the cap limit be set at? Please state the maximum number of hours to be used as simulation for practice.

We support the proposal that practice learning provided through simulation can increase. This will give AEIs greater flexibility in programme design. We strongly agree that simulation hours should not exceed the number of hours spent in actual practice placement settings.

We can expect AEIs to adopt different approaches to simulation and the resourcing available to deliver simulation effectively and consistently will be variable.

The quality and precision of simulation hours should be part of the approval and monitoring of approved education programmes.

Q.PR.49. The draft pre-registration nursing programme requirements allow education institutions to decide what is required from a student at each progression point of their programme.

Do you support this approach?

☐ Strongly agree   ☒ Agree   ☐ Neither agree nor disagree   ☐ Disagree   ☐ Strongly disagree   ☐ Don't know

Q.PR.50 Throughout our pre-consultation engagement, the introduction of a UK wide national standardised practice assessment document has been frequently proposed to improve consistency of outcome judgments on student proficiency.

Do you agree with this proposal?

☒ Strongly agree   ☐ Agree   ☐ Neither agree nor disagree   ☐ Disagree   ☐ Strongly disagree   ☐ Don't know

Q.PR.50a. If you agreed or strongly agreed with the previous question, should the NMC work with others to support the development of a standardised practice assessment document?

☒ Strongly agree   ☐ Agree   ☐ Neither agree nor disagree   ☐ Disagree   ☐ Strongly disagree   ☐ Don't know

Our members strongly support a national practice assessment document which would provide greater consistency.

Q.PR.51. Do you have any more comments on the draft programme requirements for pre-registration nursing?

Programme of change for education – equality and diversity and inclusion questions – 'About you'

Q1. Are you responding as an individual or on behalf of an organisation? (please tick only one box)

☐ As an individual.
   If yes go to **Q2**

☒ On behalf of an organisation.
   If yes go to **Q14**

Responding as an individual

Q2. Which of the following best describes you? (please tick only one box)

☐ I am a member of the public. If yes go to **Q6**

☐ I am a nurse or a midwife. If yes go to **Q3**

☐ I am a student nurse or a student midwife. If yes go to **Q5**

☐ Other healthcare professional. If yes go to **Q6**

Nurses and midwives only

Q3. Which of the following categories best describes your current practice?

(Tick one or more areas that best describe the area you practise in)

☐ Direct patient care

☐ Management

☐ Education Policy

☐ Research

☒ Other (Membership organisation)

Q4. Please tick the box(es) which best describes the type of organisation you work for:
(please tick all that apply)

☐ Government department or public body

☐ Regulatory body

☐ Professional organisation or trade union

☐ NHS employer of doctors, nurses or midwives

☐ Independent sector employer of nurses and midwives

☐ Agency for nurses or midwives

☐ Education provider

☐ Consumer or patient organisation

☒ Other (The Council of Deans of Health represents the UK's university faculties engaged in higher education and research for nurses, midwives and allied health professionals)

Q5. Please tick the box(es) below that most closely reflect(s) your role?

☐ Adult nurse

☐ Mental health nurse

☐ Learning disabilities nurse

☐ Children's nurse

☐ Specialist community public health nurse

☐ Health visitor

☐ Occupational health nurse

☐ School nurse

☐ Family health nurse

☐ Specialist practice nurse

☐ District nurse

☐ General practice nurse

☐ Midwife

☐ Student nurse

☐ Student midwife

☒ Other (Policy organisation)

All individuals

To help make sure that our consultations reflect the views of the diverse UK population, we aim to monitor the types of responses we receive to each consultation and over a series of consultations. Although we will use this information in the analysis of the consultation response, it will not be linked to your response in the reporting process.

Q6. What is your country of residence? (please tick only one box)

- ☐ England
- ☐ Northern Ireland
- ☐ Scotland
- ☐ Wales
- ☐ Other – European Economic Area
- ☐ Other – rest of the world (please say where)

Q7. What is your age (years)? (please tick only one box)

- ☐ Under 25
- ☐ 25–34
- ☐ 35–44
- ☐ 45–54
- ☐ 55–64
- ☐ 65 or over
- ☐ Prefer not to say

Q8. Are you: (please tick only one box)

- ☐ Female
- ☐ Male
- ☐ Prefer not to say

Q9. Please select one option to indicate whether your gender identity completely matches the sex you were registered at birth: (please tick only one box)

- ☐ Yes
- ☐ No
- ☐ Prefer not to say

Q10. Please indicate your sexual orientation (please tick only one box)

- [ ] Bisexual
- [ ] Gay man
- [ ] Gay woman or lesbian
- [ ] Heterosexual or straight
- [ ] Prefer not to say

Q11. What is your ethnic origin? (please tick only one box)

White

- [ ] British, English, Northern Irish, Scottish or Welsh
- [ ] Irish
- [ ] Gypsy or Irish traveller
- [ ] Any other white background (please specify here)

Mixed or multiple ethnic groups

- [ ] White and Black Caribbean
- [ ] White and Black African
- [ ] White and Asian
- [ ] Any other mixed or multiple ethnic group (please specify here)

Asian or Asian British

- [ ] Indian
- [ ] Pakistani
- [ ] Bangladeshi
- [ ] Chinese
- [ ] Any other Asian background (please specify here)

Black, African, Caribbean or black British

- ☐ Caribbean

- ☐ African

- ☐ Any other black, African, or Caribbean background (please specify here)

Other ethnic group

- ☐ Arab

- ☐ Any other ethnic group (please specify here)

- ☐ Prefer not to say

Q12. Would you describe yourself as having a disability*? (please tick only one box)

*Disability in this context means a physical or mental impairment which has a substantial and long-term adverse effect on a person's ability to carry out normal day-to-day activities.

- ☐ Yes

- ☐ No

- ☐ Prefer not to say

Q13. Please indicate your religion (please tick only one box)

- ☐ No religion

- ☐ Buddhist

- ☐ Christian

- ☐ Hindu

- ☐ Jewish

- ☐ Muslim

- ☐ Sikh

- ☐ Any other religion: (please specify here)

- ☐ Prefer not to say

Responding as an organisation

Q14. Which one of the following categories best describes your organisation? (please tick only one box)

- ☐ Government department or public body

- ☐ Regulatory body

- ☐ Professional organisation or trade union

- ☐ NHS employer of doctors, nurses or midwives

- ☐ Independent sector employer of nurses and midwives

- ☐ Agency for nurses or midwives

- ☐ Education provider

- ☐ Consumer or patient organisation

- ☒ Other (The Council of Deans of Health represents the UK's university faculties engaged in higher education and research for nurses, midwives and allied health professionals)

Q15. Does your organisation represent the views of nurses or midwives and/or the public that share the following characteristics? (select all that apply)

- ☐ Older

- ☐ Younger

- ☐ Disabled

- ☐ Ethnic groups

- ☐ Women / men

- ☐ Lesbian, gay and bisexual

- ☐ Transgender

- ☐ Pregnancy / maternity

Q16. In which country is your organisation based? (please tick only one box)

☒ UK wide

☐ England

☐ Scotland

☐ Northern Ireland

☐ Wales

☐ Other – European Economic Area

☐ Other – rest of the world (please say where)

Q17. Please give the name of your organisation: (please give details here)

Q18. Would you be happy for your comments in this consultation to be identified and attributed to your organisation in the reporting, or would you prefer that your response remains anonymous? (please tick only one box)

☒ Happy for comments to be attributed to my organisation

☐ Please keep my responses anonymous

Q19. Please state your name: (Rachel Craine)

Q20. Please state your job title: (Senior Policy Officer)

Programme of change for education – impact assessment

The proposed new standards of proficiency, and standards of education and training should not create unlawful barriers or create disadvantage for diverse groups on the basis of: race, gender, disability, religion and belief, sexual orientation, age, gender reassignment, pregnancy/maternity, political belief or being in a marriage/civil-partnership.

Will any of our proposals have a particular impact on these groups across the following categories?

EDI.1a. Race:

☐ Yes – largely positive impact anticipated	☐ Yes – largely negative impact anticipated	☐ No	☒ Don't know

A full equality impact assessment, based on HESA data, should be carried out to consider the full impact of the proposals. It should be recognised that there are already some existing challenges to attracting and recruiting students from some diverse groups, for example there is an imbalance of males and females in the nursing workforce, which should be taken into consideration when assessing the impact of the new standards of proficiency.

EDI.1b. Gender:

☐ Yes – largely positive impact anticipated	☐ Yes – largely negative impact anticipated	☐ No	☒ Don't know

Please see response above.

EDI.1c. Disability:

☐ Yes – largely positive impact anticipated	☐ Yes – largely negative impact anticipated	☐ No	☒ Don't know

Please see response above.

EDI.1d. Religion and belief:

☐ Yes – largely positive impact anticipated	☐ Yes – largely negative impact anticipated	☒ No	☐ Don't know

EDI.1e. Sexuality orientation:

☐ Yes – largely positive impact anticipated	☐ Yes – largely negative impact anticipated	☒ No	☐ Don't know

EDI.1f. Age:

☐ Yes – largely positive impact anticipated	☐ Yes – largely negative impact anticipated	☐ No	☒ Don't know

EDI.1g. Gender reassignment:

☐ Yes – largely positive impact anticipated	☐ Yes – largely negative impact anticipated	☒ No	☐ Don't know

EDI.1h. Pregnancy / maternity:

☐ Yes – largely positive impact	☐ Yes – largely negative impact	☒ No	☐ Don't know

anticipated   anticipated

EDI.1i. Political belief:

☐ Yes – largely
   positive impact
   anticipated

☐ Yes – largely
   negative impact
   anticipated

☒ No

☐ Don't know

EDI.1j. Being in a marriage or civil partnership:

☐ Yes – largely
   positive impact
   anticipated

☐ Yes – largely
   negative impact
   anticipated

☒ No

☐ Don't know

This completes your responses.

Thank you very much for taking the time to participate in the NMC programme of change for education: nurse proficiencies and education framework consultation.

After you have filled in this response form

Once you have completed this form, please either copy and paste your responses into the NMC online consultation survey at:
https://www.snapsurveys.com/wh/s.asp?k=149605707732

or email your completed form to:
whyconsultations@whyresearch.co.uk