

Current recovery programme standards

Updated 24 January 2022

Introduction

In response to the Covid-19 pandemic, we developed a set of emergency standards for nursing and midwifery education.

These standards aimed to provide approved education institutions (AEIs) and their practice learning partners with the flexibility to enable students within their second and third/final year to support the workforce. Students were able to make use of their knowledge and skills while continuing their programmes and meeting their learning outcomes.

With the pandemic continuing we phased out the majority of the emergency standards on 30 September 2020 to support students returning to their normal studies and supernumerary placements. We identified a number of emergency programme standards which were retained as recovery standards.

Following a request from the Secretary of State for Health and Social Care we re-introduced a set of emergency standards that enabled final year nursing students (not including those in their final year of a two year post graduate diploma programme) to undertake up to 100 percent of their time in clinical practice, whilst that standard remained in effect. This standard was subsequently removed in May 2021.

We also recognised that in some regions of the UK it wasn't possible for first year students to remain in practice as normal. We therefore agreed to reinstate the emergency standard which allowed first years to complete their year in academic and online learning where their normal placements cannot be supported. We also re-introduced some additional flexibility around the Standards for student supervision and assessment.

All of our emergency standards were removed on 30 September 2021, with the recovery standards remaining in effect.

We'll continue to monitor the pandemic, working closely with stakeholders within the sector should we need to re-instate further emergency standards or add additional recovery standards.

The following recovery standards apply to all programmes

Recovery standard

R1. Ensure placement allocations take account of current, relevant public health guidelines with due regard to the health and wellbeing of individual students.

Standard superseded by recovery standards

N/A

Recovery standard

R2. All students will receive support, supervision and assessments in line with the Standards for student supervision and assessment (SSSA, 2018).

Standard superseded by recovery standards

Standards to support learning and assessment in practice (SLAiP, 2008):

All standards.

Recovery standard

R3. Theoretical instruction can be replaced with blended learning, where appropriate to support student learning, which meets the required theoretical hours and learning outcomes.

Standard superseded by recovery standards

N/A

Recovery standard

R4. Where students currently have 12 weeks to meet any outstanding outcomes, under these exceptional circumstances there will be an unlimited period for these to be met.

Standard superseded by recovery standards

SPNE (2010)

Standard 3: Selection, admission, progression and completion

R3.10.2 AEs must ensure that, where exceptional circumstances prevent all outcomes being achieved within the assessed period for that part of the programme, any outstanding outcomes are met and confirmed within 12 weeks of the student entering the next part of the programme. The 12-week period includes holidays and any absences. Reasonable adjustments may be applied for students with a disability.

R3.10.3 AEs must ensure that students who fail to achieve the outstanding outcomes within the 12-week period must, depending on local assessment policy, either return to the previous part of the programme to meet the shortfall, or be discontinued.

SPME (2009)

Standard 15: Assessment strategy

Clinical practice must be graded and be counted as part of the academic award. All outcomes within a progression point period (for example an academic year) have to be achieved and confirmed within 12 weeks of entering the next academic level. All assessments must be completed and have been passed prior to successful completion of the programme. This is designed to confirm that the student has the theoretical knowledge, practical skills and attitude to achieve the standards required for entry to the midwives' part of the register.

The following recovery standards apply to all nursing programmes

These recovery standards apply to situations where direct contact with healthy or ill people and communities in audited practice learning placements is constrained due to the pandemic, or not possible for nursing students.

Recovery standard

RN5 AEs and their practice learning partners must ensure virtual and simulation-based learning opportunities are used effectively and proportionately to support learning and assessment in practice to meet specifically identified standards of proficiency, associated skills and nursing procedures, and pre-registration nursing programme outcomes for the intended year of study.

Where there is insufficient direct contact with healthy or ill people and communities in audited practice learning placements available for students to meet learning outcomes, alternative learning opportunities that use simulation, virtual and digital learning and other contemporary approaches can be used. These approaches may replace direct contact in practice for up to a maximum of 300 hours (eight weeks) of the overall 2300 practice learning hours.

The final practice learning assessment necessary for award and eligibility to register should take place in an audited practice placement setting and meet the standards for student supervision and assessment (2018).

RN5.1 Appropriate student supervision of the use of simulation, virtual and digital learning and other contemporary approaches to practice learning (for example, peer learning, actors; high and low fidelity including manikins; and virtual and online practice learning training programmes involving authentic case studies, reflection and interaction with people) and appropriate student assessment of learning outcomes achieved during simulated or digital learning must be in place in order to meet the standards for student supervision and assessment (2018).

Standard superseded by recovery standards

SPNE (2010)

5.2.4 AEl must ensure that no more than 300 hours of the 2,300 hours of practice are used for clinical training in a simulated practice learning environment. This environment must support the development of direct care skills, and be audited by the AEl before it is used.

SPNE (2018)

Section 3 Practice learning

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 (See below).

Directive 2005/36/EC minimum requirements for general care (adult nurses), Article 31 – training of nurses responsible for general care

31(5) Clinical training is that part of nurse training in which trainee nurses learn, as part of a team and in direct contact with a healthy or sick individual and/or community, to organise, dispense and evaluate the required comprehensive nursing care, on the basis of the knowledge, skills and competences which they have acquired. The trainee nurse shall learn not only how to work in a team, but also how to lead a team and organise overall nursing care, including health education for individuals and small groups, within health institutes or in the community.

This training shall take place in hospitals and other health institutions and in the community, under the responsibility of nursing teachers, in cooperation with and assisted by other qualified nurses. Other qualified personnel may also take part in the teaching process.

Trainee nurses shall participate in the activities of the department in question insofar as those activities are appropriate to their training, enabling them to learn to assume the responsibilities involved in nursing care.

Supporting information

The purpose of this recovery standard is to enable AEs to maintain the practice learning experience to recover any deficit or gaps in practice learning caused by the impact of the pandemic.

Practice learning in direct contact with healthy or ill people and communities in audited practice learning placements is considered optimal. Where this is constrained due to the pandemic, or not possible for nursing students, these recovery standards could be used, with the aim to use simulated practice learning with healthy or ill people where possible.

1. The recovery standards will be in place until such time Council agree to withdraw them.
2. AEs can choose whether or not to implement these recovery standards, and if implemented, how this is done. They should engage directly with students to explain and agree the rationale for their decision.
3. If AEs choose to implement these recovery standards they will be required to exceptionally report the changes made to the programme providing evidence of how supervision and assessment has been met in-line with our standards for student supervision and assessment. We will be asking for detail of how alternative approaches to practice learning have been implemented through a new Covid-19 exceptional reporting form.
4. The number of direct contact practice hours that can be replaced using alternative methods is up to 300 of the 2300 practice learning hours, over the duration of the programme.
5. For final year students, the final practice learning assessment necessary for award and eligibility to register should take place in an audited practice placement setting and must meet the standards for student supervision and assessment (2018).
6. The length of the final placement is not specified, provided that the required number of hours in practice and learning outcomes have been met.
7. Alternative contemporary approaches to practice learning and assessment could be delivered through the use of simulation, virtually and digitally, and include: peer learning; actors; high and low fidelity including manikins/environments; and virtual and online practice learning training programmes involving authentic case studies, reflection and interaction with people.
8. The quality of the learning experience must enable students to meet practice learning outcomes and competence.
9. Through the implementation of alternative methods for practice learning consideration should be given to involving and learning with other health care professionals.

10. The standards for student supervision and assessment will apply to all alternative approaches of programme delivery to ensure the identified standards of proficiency, associated skills and nursing procedures, and pre-registration nursing programme outcomes for the intended year of study are met.
11. Appropriate supervision in line with the practice learning outcomes should be in place for all simulated or on-line practice learning opportunities, which can be carried out in a synchronous or asynchronous way.
12. Whilst the emergency standards remain live, E5.1 will apply to support supervision and assessment.
13. In keeping with recovery standard R1 all practice simulated environments must be made safe in accordance with the Covid-19 guidelines for social distancing.
14. The opportunity to evaluate the simulated learning experience should be given to students.

Recovery standard

RN6(D) AEs and their practice learning partners must ensure virtual and simulation based learning opportunities are used effectively and proportionately to support learning and assessment in practice to meet specifically identified standards of proficiency, associated skills and nursing procedures, and pre-registration nursing programme outcomes for the intended year of study. Use of simulation, virtual and digital learning and other contemporary approaches may replace direct contact in practice for up to a maximum of 600 hours of the overall 2300 practice learning hours. The final practice learning assessment necessary for award and eligibility to register should take place in an audited practice placement setting and meet the standards for student supervision and assessment (2018).

Any AEI who wishes to make use of RN6(D) must first apply to the Nursing and Midwifery Council and get approval using [this form](#). RN5.1 will also apply to any AEI using RN6(D).

Standard superseded by recovery standards

SPNE (2010)

5.2.4 AEs must ensure that no more than 300 hours of the 2,300 hours of practice are used for clinical training in a simulated practice learning environment. This environment must support the development of direct care skills, and be audited by the AEI before it is used.

SPNE (2018)

Section 3 Practice learning

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 (See below).

Directive 2005/36/EC minimum requirements for general care (adult nurses), Article 31 – training of nurses responsible for general care

31(5) Clinical training is that part of nurse training in which trainee nurses learn, as part of a team and in direct contact with a healthy or sick individual and/or community, to organise, dispense and evaluate the required comprehensive nursing care, on the basis of the knowledge, skills and competences which they have acquired. The trainee nurse shall learn not only how to work in a team, but also how to lead a team and organise overall nursing care, including health education for individuals and small groups, within health institutes or in the community.

This training shall take place in hospitals and other health institutions and in the community, under the responsibility of nursing teachers, in cooperation with and assisted by other qualified nurses. Other qualified personnel may also take part in the teaching process.

Trainee nurses shall participate in the activities of the department in question insofar as those activities are appropriate to their training, enabling them to learn to assume the responsibilities involved in nursing care.

The role of the Nursing and Midwifery Council

What we do

Our vision is safe, effective and kind nursing and midwifery that improves everyone's health and wellbeing. As the professional regulator of almost 745,000 nursing and midwifery professionals, we have an important role to play in making this a reality.

Our core role is to **regulate**. First, we promote high education and professional standards for nurses and midwives across the UK, and nursing associates in England. Second, we maintain the register of professionals eligible to practise. Third, we investigate concerns about nurses, midwives and nursing associates – something that affects less than one percent of professionals each year. We believe in giving professionals the chance to address concerns, but we'll always take action when needed.

To regulate well, we **support** our professions and the public. We create resources and guidance that are useful throughout people's careers, helping them to deliver our standards in practice and address new challenges. We also support people involved in our investigations, and we're increasing our visibility so people feel engaged and empowered to shape our work.

Regulating and supporting our professions allows us to **influence** health and social care. We share intelligence from our regulatory activities and work with our partners to support workforce planning and sector-wide decision making. We use our voice to speak up for a healthy and inclusive working environment for our professions.

The Recovery Standards were approved by Council on 2 July 2020

The Recovery Standards RN5 and RN5.1 were approved by Council on 16 February 2021.

The Recovery Standards RN6(D) was approved by Council on 24 November 2021.