

CHRE performance review 2010-2011

Education and training

NOTE: Throughout this document, references to ‘the order’ are to the Nursing and Midwifery Order 2001, as amended. Where available, web links are provided in endnotes as supporting evidence.

For the purposes of publication, questions raised by CHRE, together with our responses (submitted in March 2011), have been added to the end of our original submission of December 2010.

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First standard	Standards for education and training are linked to standards for registrants. They prioritise patient safety and patient centred care. The process for reviewing or developing standards for education and training should incorporate the views and experiences of key stakeholders, external events and the learning from the quality assurance process.	3 - 11
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Third standard	The process for quality assuring education programmes is proportionate and takes account of the views of patients, students and trainees. It is also focused on ensuring the education providers can develop students and trainees so that they meet the regulator’s standards for registration.	13 - 16
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First standard	Standards for education and training are linked to standards for registrants. They prioritise patient safety and patient centred care. The process for reviewing or developing standards for education and training should incorporate the views and experiences of key stakeholders, external events and the learning from the quality assurance process.
<p>1</p> <p>2</p> <p>2.1</p> <p>2.2</p> <p>2.3</p> <p>2.4</p> <p>2.5</p> <p>2.6</p> <p>2.7</p> <p>3</p>	<p>Standards for education and training are fundamental to patient safety and represent the first stage of public protection. <i>The code: Standards of conduct, performance and ethics for nurses and midwives</i>¹ (the code) is central to, and forms the basis around which all standards and guidance for education, and for students, are developed and the programmes, approved to meet those standards, are delivered. <i>The Midwives rules and standards</i>,² which are currently being revised, directly inform the standards for pre-registration midwifery education.</p> <p>The code (and where appropriate the <i>Midwives rules and standards</i>) are therefore central to our:</p> <p><i>Standards for pre-registration nursing education</i>^{3 and 4}</p> <p><i>Standards for pre-registration midwifery education</i>⁵</p> <p><i>Standards of proficiency for specialist community public health nurses</i>⁶</p> <p><i>Standards to support learning and assessment in practice</i>⁷</p> <p><i>Standards for specialist education and practice</i>⁸</p> <p><i>Guidance on professional conduct for nursing and midwifery students</i>⁹</p> <p>Guidance on good health and good character, which we provide both for approved education institutions (AEIs) and for students, nurses and midwives</p> <p>The primary purpose of all education standards is safe and effective practice at the point of registration, or prior to recording a qualification on the register. Emphasis on safeguarding and public protection is central to education standards and student guidance. Some of the work undertaken over the last few years in reviewing the pre-registration nursing and midwifery standards, particularly involving external stakeholders, has indirectly influenced the development of practice standards and guidance for</p>

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<p>nurses and midwives as well as those for education.</p> <p>4 We aim to ensure that our education standards and guidance are consistent with practice standards, guidance and related circulars developed for nurses and midwives. For example, the following standards and guidance publications have informed development of the new <i>Standards for pre-registration nursing education</i> and <i>Standards for pre-registration midwifery education</i>, and will also be taken account of during ongoing programme delivery.</p> <p>4.1 <i>Standards for medicines management</i>¹⁰</p> <p>4.2 <i>Standards of proficiency for nurse and midwife prescribers</i>¹¹</p> <p>4.3 <i>Standards for the supervised practice of midwives</i>¹²</p> <p>4.4 <i>Standards for the preparation and practice of supervisors of midwives</i>¹³</p> <p>4.5 <i>The Prep handbook</i>¹⁴</p> <p>4.6 <i>Record keeping: Guidance for nurses and midwives</i>¹⁵</p> <p>4.7 <i>Guidance for the care of older people</i>¹⁶</p> <p>4.8 <i>Care and respect every time: what you can expect from nurses</i>¹⁷</p> <p>4.9 <i>Raising and escalating concerns: Guidance for nurses and midwives</i>¹⁸</p> <p>5 All education providers will adhere to our latest standards, guidance and advice to inform the delivery of their approved programmes. Most sets of standards include guidance in the same document. Advice is sometimes issued separately, as in the case of the new standards for pre-registration nursing education.³ Education providers are alerted to the issuing of new requirements by NMC Circulars¹⁹. Additional information and clarification is provided through correspondence to named individuals at the AEs. Adherence to standards and guidance is observed through programme approval and monitoring. The content of</p>	

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<p>advice is monitored by our call centre and updated as and when necessary.</p> <p>6 We have produced comprehensive advice and supporting information for implementing the standards for pre-registration nursing education,²⁰ which is a dynamic document that will be developed over time to take account of feedback during the implementation of new programmes. We have also provided links on our website to contemporary resources which programme providers may find useful. This approach at providing web based contemporary information is part of the new 'library of standards' project which will be rolled out across all programmes in the future.</p> <p>7 We provide two sets of guidance in relation to our requirements for good health and good character, one for AEs²¹ and one for students, nurses and midwives.²² These have been updated to take account of the Equality Act 2010 and a more comprehensive review of the guidance will take place during 2011.</p> <p>8 Feedback from stakeholders, particularly during earlier work on the ongoing review of fitness for practice at the point of registration, had indicated the need for us to set criteria for selection around values and attitudes. This feedback informed the development of our <i>Guidance on professional conduct for nursing and midwifery students</i>.⁹ This was a significant new development when it was first published in 2009 and has been welcomed by education providers. We have anecdotal feedback that it is proving particularly useful in student fitness to practise hearings. We issue copies to AEs for distribution to all first year nursing and midwifery students and their mentors.</p> <p>9 The review also led to the strengthening of the <i>Standards to support learning and assessment in practice</i>.⁷ This work involved wide public engagement and resulted in the introduction of a number of requirements, which were aimed at ensuring that safe judgements could be made about a nursing or midwifery student's developing competence in the practice setting and that any concerns could be promptly addressed. For example:</p> <p>9.1 An ongoing achievement record to ensure that student concerns could be addressed as soon as possible and that action plans could be passed from one mentor to the next (Circular 33/2007 <i>Ensuring continuity of practice assessment through the ongoing achievement record</i>)²³</p> <p>9.2 Sign off mentors that have to determine competence in practice, as required by the respective programme standards</p>	

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<p>(Section 2.1.3, <i>Standards to support learning and assessment in practice</i>)⁷</p> <p>9.3 Essential skills clusters (ESCs) to be achieved at specific points in the programme, which were designed to respond to particular areas of public and professional concern (Circular 07/2007 Annexe 2, <i>Essential skills clusters for pre-registration nursing programmes</i>,²⁴ Circular 03/2009²⁵ replacing Circular 23/2007 <i>Introduction of essential skills clusters for pre-registration midwifery education</i>)</p> <p>9.4 Revised programme entry criteria and guidance for student selection (Circular 13/2008 <i>Good practice guidelines for selection of candidates to pre-registration nursing and midwifery programmes</i>)²⁶</p> <p>10 Standards relating to pre-registration nursing education have been under ongoing review since 2005; background information can be found in our submissions for previous years and on our website.²⁷ Over time, the review led to the introduction of a number of measures aimed at ensuring that students are safe and effective at various points during their programme and competent in practice at the point of registration.</p> <p>11 In revising and developing new standards for both midwifery (2009) and nursing (2010) education, the earlier initiatives identified above were incorporated into the new standards. Feedback from practitioners, gained as part of the review of pre-registration nursing education, also indicated that some of the above measures were proving helpful and considered important for public protection.</p> <p>12 A major emphasis in the new <i>Standards for pre-registration nursing education</i>³ is the need for all nurses, irrespective of their field of practice, to be able to meet the essential care needs of people of all ages, as well as being able to meet the more complex needs of people within their nursing field. Central to this is the need to respect dignity and to practice with care and compassion. As reported in paragraph 4, our <i>Guidance on the care of older people</i>¹⁶ informed the development of these standards.</p> <p>13 During the development of these standards, we engaged with over 5,000 people, including patients' organisations, as well as directly with service users and carers. We worked directly with Age UK, Alzheimer's Society, Rethink and Mencap to ensure that what clients had to say directly influenced our standards, guidance and advice.</p>	

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14	<p>From January to April 2010, we asked for feedback on the draft standards for pre-registration nursing education via an online survey. Four smaller surveys were also available for older people, people with dementia, learning disabilities or mental health problems, together with their families and carers. These surveys were developed in partnership with Age UK, Alzheimer’s Society, Rethink and Mencap. The report is available on our website.²⁸</p> <p>15 We have had extremely positive feedback about our work with lay groups externally and internally; the reports from the work with these groups are available to programme providers to inform curriculum development.</p> <p>16 Our work with Mencap has been cited as a case study, as an example of good practice, in the 2010 edition of the Department of Health (DH) guidance for people who commission or produce Easy Read information.²⁹</p> <p>“In 2010 the Nursing and Midwifery Council (NMC) reviewed their standards for pre-registration nursing training. They consulted on a set of draft standards covering the knowledge, skills and attitudes required of qualified nurses.</p> <p>It was important that people with learning disabilities were able to participate because they often use the services that nurses provide. The NMC worked with Mencap to tailor their approach. Mencap produced a short, Easy Read questionnaire, which focused on people’s own healthcare experiences rather than on complex questions about the draft standards themselves.</p> <p>As well as the Easy Read questionnaire, a focus group was carried out in order to consult face to face with people with learning disabilities. The focus group made use of scenarios and role-plays so participants could act out and talk about the experiences they’d had in hospital.</p> <p>The consultation generated rich data that gave a good insight into the experiences and needs of people with learning disabilities as well as reinforcing some of the key messages from the standard consultation. This helped inform NMC’s decisions about the new standards and enabled them to place sufficient emphasis on the priority nursing skills identified.”</p>

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<p>17 As reported in paragraph 31 of the third standard for guidance and standards, we are currently working with the Alzheimer’s Society to further explore some of the issues, around care of people with dementia and cognitive impairment, which emerged during their involvement with the review of pre-registration nursing education.</p> <p>18 Detailed information about our stakeholder engagement, including the outcomes, is provided in a report produced in June 2010. This was published as an annexe to the paper when the new standards were presented to the Council for approval in September 2010 and is now available on our website.³⁰ Another annexe to the paper provided details of how the draft standards had been adjusted following the consultation earlier in the year. This document³¹ is one of the many that can be accessed from the review’s section on our website.²⁷</p> <p>19 There were a number of other external influences on the review of pre-registration nursing education, which was undertaken in parallel with <i>Modernising nursing careers</i>.³² The previous UK wide review of pre-registration nursing education was undertaken in 1999 by the United Kingdom Central Council for Nursing Midwifery and Health Visiting (UKCC) and led to the introduction of what became known as the ‘fitness for practice’ programmes. In 2001, the UKCC Post Commission Development Group had made a number of recommendations for any future review, in particular the need to promote inter-professional learning and to review the four branch programmes for adult, children’s, mental health and learning disabilities nursing. These recommendations, together with the UK policy drivers associated with modernising nursing careers, and the white paper <i>Trust assurance and safety – The regulation of health professionals in the 21st century</i>,³³ became major influencing factors for the review of pre-registration nursing education. Developments were also directly influenced by reports about poor practice, in particular in relation to learning disabilities nursing in 2008 the <i>Michael Report - Healthcare for all</i>.³⁴ More recent influences were reports relating to the poor care of older people and reports of other high profile service failures in the NHS and independent sector care.</p> <p>20 During the course of the review that led to our current <i>Standards for pre-registration midwifery education</i>,⁵ the Midwifery Committee proposed that there should be a staff:student ratio of one midwife teacher to 10 pre-registration students. As the evidence to support this ratio was very limited, in March 2009 we commissioned a study to identify measures that could be used to determine the value that midwife teachers bring to childbearing women. The Midwives in Teaching (MiNT) project was a collaborative study involving five universities, led by the University of Nottingham. The objectives of the project were to investigate.</p>	

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	<p>20.1 The various models for delivery of pre-registration midwifery education</p> <p>20.2 The specific contributions to practice learning made by midwife teachers</p> <p>20.3 How aspects of the curriculum, teaching and learning support affect the quality of care provided by newly qualified midwives</p> <p>20.4 The value brought to the care of families by midwife teachers</p> <p>21 The outcomes of this project, which was completed in November 2010, will help us to decide whether there is an optimum midwife teacher resource (staff:student ratio) and, if so, whether it could be universally applied. The research will also identify quality measures that could be assessed through the quality assurance (QA) monitoring process, which may be more appropriate than recommending a staff:student ratio. Further information about the project is available from its website.³⁵</p> <p>22 <i>Midwifery 2020</i> was a UK-wide collaborative programme led by the four UK Chief Nursing Officers and carried out in partnership with the Royal Colleges, the NMC and a range of partners and stakeholders in maternity care including professional bodies, higher education professionals, interest groups and employers across all four countries. The programme of work looked at maximising the midwifery contribution to improving the experience of women during their maternity care, meeting the health and social care needs of a rapidly changing population and improving the outcomes for mothers, babies and families. The final report for one of the key workstreams, relating to education and career progression, was published at the end of March 2010.³⁶ The final report of the programme, <i>Midwifery 2020: Delivering expectations</i>, was launched in September 2010 and is available from the <i>Midwifery 2020</i> website.³⁷</p> <p>23 The reports from the <i>Midwifery 2020</i> programme, together with the report of the MiNT project, will provide a key resource for the future evaluation and review of our <i>Standards for pre-registration midwifery education</i>⁵ and the <i>Midwives rules and standards</i>.²</p> <p>24 Various external stakeholders have worked with us to ensure that current issues and best practice are reflected in our standards. Examples included meetings with the NHS National Genetics Education and Development Centre and the National Leadership Council (NLC) around quite different contemporary issues as part of the review of pre-registration nursing education. We aim to be proportionate in setting standards and have, therefore, resisted requests for more detailed inclusion of content around, for</p>

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<p>example, genetics and genomics, or by adopting the NLC's full set of competencies. We believe this detail is for programme providers to consider as part of their own programme development and evaluation.</p> <p>25 During the annual QA monitoring process, all outcomes that have been monitored against standards of education are moderated and evaluated for trends and key risks. This then informs the next year's monitoring plan where reviewers specifically target those key risks to ascertain how AEIs are controlling the risks through their internal processes. An example of this was the identification of a risk surrounding the compliance with the European Union (EU) Directive on the recognition of professional qualifications³⁸ within adult nursing particularly around AP(E)L admissions; this area is being targeted in the monitoring process for 2010-2011 to ensure robust processes for AP(E)L are occurring.</p> <p>26 Additionally we review the implementation of circulars that have been released by the NMC to ensure that the amendments or revisions, subsequent to the original release of the standards, have been incorporated. This way we can monitor the effectiveness of all necessary change. An example of this is to ascertain how AEIs are incorporating the potential to utilise 300 hours of simulated practice into the programme, as set out in NMC Circular 36/2007.³⁹</p> <p>27 During our quality assurance process, AEIs demonstrate that they have fitness to practise processes in place for students, which deal with both conduct and health issues; we do not collect detailed information on individual student fitness to practise cases. The monitoring process indicates that this key risk area is being controlled well and that students are introduced to it at an early stage, thereby ensuring that they are aware that their conduct is being monitored during the course of their programme. In accordance with our <i>Standards to support learning and assessment in practice</i>,⁷ mentors understand their responsibility for monitoring the professional behaviour and conduct of their students.</p> <p>28 AEIs have policies and procedures in place to address issues of poor student conduct. For example, at one AEI, practice education facilitators have developed a process to help mentors deal effectively with such matters. A flow chart sets out how to deal with issues of conduct and a policy document explains requirements for issues that may put patients at risk. The student responsibility for reporting conduct issues is reinforced in the hand-book; this includes any concerns about the delivery of patient care.</p> <p>29 Another example is where an academic offence policy, which covers all the students at the AEI and deals with matters such as</p>	

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<p>cheating at exams and plagiarism, is run in parallel with the policy for nursing and midwifery students. The Associate Dean is responsible for convening an Academic Offence Panel. At stage 1, which does not involve the student, an investigation is conducted, reviewed and depending on the severity of offence, the matter will proceed to stage 2. A referral may also be made to the fitness to practise panel, for example, where the matter involved forgery of a signature. The fitness to practise panel is convened by the Student Academic Services Department and the panel comprises senior academic staff, a student union representative and a director of nursing.</p> <p>30 Annual monitoring considers the mechanisms, contained within the AEI's academic regulations, for interrupting, withdrawing or discontinuing students across the sector. It also looks at the reasons for applying these sanctions, one of which may be related to the student's fitness to practise.</p> <p>31 We accept no compromises to public safety and will not allow inconsistency in the interpretation of our standards for education. When approving programmes, we require that each AEI meets all our standards for education through its curriculum design. Our standards for education and training are expressed in such a way as to allow scope for providers' interpretation in developing their own programmes, in consultation with commissioners and local service providers.</p> <p>32 As part of approving and monitoring programmes, we set audit trails, which enable us to identify key risks that may be less well controlled; these can then be targeted during the following year's monitoring. For example, having become aware that there were a number of teachers who had not recorded their teaching qualification on our register, the monitoring programme for the following year included a check that all teachers had the relevant recorded qualification. With the Equality Act 2010 coming into force this year, the monitoring programme is checking whether those involved in recruitment and selection have undergone equality and diversity training.</p>	

Second standard	Through the regulator's continuing professional development/revalidation systems, registrants maintain the standards required to stay fit to practise.
33	During the last year, we have completed phase one of the current revalidation project plan, the information gathering phase. An external supplier was contracted to undertake a study to gather information around the principles of revalidation, which had been agreed by the DH working group for non-medical revalidation. ⁴⁰
34	The study used a variety of tools, including interviews, workshops, a review of formal and unpublished literature and large scale surveys. It also took account of annual reviews, multi source feedback, learning and development requirements, management of risk and the processes required for us to make fitness to practise decisions on individual nurses and midwives. The report recommended several actions, which were designed to raise quality and safety as well as strengthening public confidence through transparent and accountable processes. Strengthening of our standards to support the revalidation process was recommended, specifically the code ¹ and the standard for post-registration education and practice (Prep). ¹⁴
35	The study included consideration of our current CPD arrangements to determine the impact on patient safety. This involved: a survey of 1,600 nurses and midwives; a workshop with 20 other key stakeholders; and the views of a 16 member expert panel. The results indicated that CPD is seen by nurses and midwives as a way of supporting career development, rather than something that will facilitate improvements in their practice. We recognise that, if CPD is included as part of our revalidation process, we will need to consider how it can best be used to support improvement in the areas of safety, quality and risk. The study recommended that we consider using CPD as a source of evidence to demonstrate continuing fitness to practise. In order to enable nurses and midwives to better link CPD to practice improvement, we will be developing this work stream in phase two of the revalidation project.
36	The report from the study was considered at a Council seminar in July 2010. Further engagement with Council and key stakeholders will take place in early 2011 to validate the findings within the report. In the meantime, we have strengthened the revalidation team through the appointment of a Head of Revalidation and a Revalidation Programme Manager. Phases two to four of the project plan will be completed by 2014.
37	We have undertaken some initial scoping of the modifications, to our internal systems, that will be required for revalidation and improved audit of CPD. This has identified a number of tasks that need to be undertaken to improve processes and infrastructure.
38	If we are to establish a risk based revalidation process, we need to be able to target individual nurses and midwives whose area of

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<p>practice has been identified as high risk. Analysis of information collated from historical fitness to practise cases will help us determine the greatest areas of risk within our register. Work has already started on cleansing the data from all the fitness to practise cases considered under the current rules. We are also making the link, between the fitness to practise case management system and the database used to manage the register (WISER), more effective in order to facilitate targeting of the areas of greatest risk, as identified by the analysis of the fitness to practise data.</p> <p>39 As has been noted in our submissions in previous years, we are concentrating our resources on developing a new process for revalidation, together with a new standard to replace the current Prep standard.¹⁴ We currently have a three-year registration period; the process for renewal includes a requirement for the nurse or midwife to declare that they have complied with our Prep standard.</p> <p>40 We do not routinely receive feedback from nurses and midwives on CPD but, as will be seen from paragraph 35 above, they do not see a relationship between CPD and developing their practice. Following discussions with the DH, we are now considering integrating the existing Prep standard and processes into the new revalidation standards, guidance and CPD audit processes. This will enable us to ensure that our final revalidation system is ‘affordable and supports high quality care’, as emphasised in the recent DH letter, regarding non-medical revalidation, that was issued to all regulators. In the interim, we are already undertaking some internal work to develop Prep into a more robust tool to support this.</p>	

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<p>41 Detailed information about our QA framework was provided in our submissions for the two previous years (standard 4.3(i)). Further information is available on the website of our supplier, Mott MacDonald,⁴¹ which includes areas of good practice that we are disseminating through their quarterly newsletter and via the QA conference.</p> <p>42 The framework encompasses approvals monitoring, re-approvals and endorsements of educational programmes. Proportionality, accountability, consistency, transparency and targeting are central tenets of the framework, in accordance with the underpinning</p>	

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<p>evidence base for QA. This approach allows us to work with each AEI’s existing internal QA processes, enabling us to highlight, monitor and indicate enhancement through the development and implementation of each annual review plan and, where appropriate, inform standards and proficiencies for education. Wherever possible, we aim to avoid duplication of work already being undertaken by AEIs.</p> <p>43 This is demonstrated by our awarding of earned autonomy status as part of the annual monitoring process. AEIs who have gained good, or outstanding, grades across all key risks are awarded earned autonomy status for the following year. These AEIs will not be subject to a monitoring visit by reviewers but will be required to undertake a self evaluation and submit a report. In the academic year 2008 – 2009, 24 AEIs were awarded earned autonomy status and in 2009 - 2010 there were 33 awards. Earned autonomy has enabled us to strengthen our approach in targeting AEIs proportionately and also enables us to acknowledge the robust internal QA measures that they already have in place.</p> <p>44 Our QA process includes encouraging the AEI to complete a standard evaluation form following a QA event. A summary of these evaluations is considered at monthly contract meetings with our QA supplier and any necessary actions or reviews are evaluated or followed up as necessary. During the academic year beginning September 2009, we received feedback from nine of the 54 approval events and from nine of the 31 monitoring events. We use this feedback to identify areas for enhancement of the process; these often relate to communication.</p> <p>45 Looking forward, we are have commissioned an external review of our QA framework, which is canvassing the opinions of a wide variety of stakeholders. These include AEIs, education commissioners, placement providers, students, mentors, voluntary organisations, patients and carers. We are using a number of methods to collect data for analysis: electronic survey, telephone interviews, face to face interviews and a stakeholder workshop. The report of the review is due to be considered by Council in February 2011.</p> <p>46 Our QA framework has been developed to support the checks on meeting our standards for education and encompasses fitness for practice evidence. Consequently each programme or institutional monitoring event can be judged against those standards. Key risks identified by one year’s monitoring activity become the focus for monitoring in the following year and are incorporated into that year’s monitoring review plan (see monitoring review plans for 2009 -2010 and 2010 -2011).⁴²</p> <p>47 At approval and monitoring events, our reviewers have an opportunity to meet with students, mentors and stakeholders separately,</p>	

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<p>in order to elicit their views on the overall student learning experience. This information is then triangulated with the documentary evidence. AEIs are expected to provide evidence of how patients and carers have contributed to the design or delivery of the programme. This can be achieved through physical representation at approval and monitoring events, through participation in recruitment and admissions, influencing course design, content delivery and through contributions to student assessments at a formative level or through simulation of practice.</p> <p>48 The field of mental health nursing is leading the way in the use and participation of service users and carers in programmes. We are also seeing this develop further in midwifery, where student midwives have caseloads and women are encouraged to offer their views on the care they received.</p> <p>49 One example of good practice identified during the QA process, which achieved an outstanding grade, was a ‘using patients as partners’ scheme, where patients participated in simulated learning activities and provided feedback on the student’s performance. In another example of user involvement, one AEI has a designated Service User Champion who is responsible for promoting service user engagement in the work of all the health profession programmes. This extends to both curriculum design and delivery. The AEI has been doing this work with the help and support of its Social Work Department, who have considerable experience of this; another demonstration of our commitment to learn and share best practice for other professions.</p> <p>50 When reviewing standards for education, patient and carer representative groups are consulted widely and this was very apparent at the recent consultation on the standards for pre-registration nursing. Further information about this work is provided in paragraphs 13 to 18 of the first standard.</p> <p>51 Within the QA framework, student evaluation of theory and practice learning is ascertained through the mechanisms established by AEIs. Consideration of these evaluations is very important. As the number of students participating in this process is not very high, we consider the response rate achieved and how the AEI is seeking to improve that. We also consider how the AEI responds to the findings of the evaluation and how these are reflected in the design of new programmes. Student union groups and student council representatives often sit on academic faculty boards, thereby ensuring that this user voice is heard at influential university forums. Some AEIs are also now including students on the approval panel as part of the review process, which usually provides a clear focus on the student experience</p> <p>52 Employer feedback about the competence of newly registered nurses and midwives has grown since incorporating the ESCs into</p>	

Third standard	The process for quality assuring education programmes is proportionate and takes account of the views of patients, students and trainees. It is also focused on ensuring the education providers can develop students and trainees so that they meet the regulator's standards for registration.
<p>pre-registration programmes. Simulation is often used as a teaching and learning strategy within these programmes. Many AEIs have invested heavily in high fidelity simulation equipment and clinical skills facilities. These provide the opportunity for service users and patients to contribute to learning activities by playing the role of patients and carers and providing feedback to students on their communication skills. In some areas, placement providers contribute to scenario based learning within these important learning environments, thereby influencing learning outcomes and skills competency. Other aspects of this process include refinements within the new standards for pre-registration nursing to reflect the nurse for the future. First destination data are captured by AEI's and these data are analysed in the context of the role transition necessary for registration and appropriate preceptorship during the first year of registration. There is also an opportunity to meet with stakeholders at approval and monitoring events, which yield the level of confidence in the educational programme delivery. The statement of compliance or letters of support by commissioners of nursing and midwifery education also testify to the support for the programme under review. This area is also being captured through the QA review mentioned in paragraph 45.</p> <p>53 Reviewers are increasingly drawing on their programme monitoring experience when conducting approval events. For example, they will seek clarification on aspects of admission and progression, preparation and support for mentorship and the assessment of 'fitness for practice'; they will offer guidance on what aspects are likely to be followed up during future annual monitoring. This focus on 'getting it right' at the approval stage is reflected in later monitoring events with evidence of stronger risk control measures, improved experiences for students and greater protection for the public.</p>	

Fourth standard	Action is taken if the quality assurance process identifies concerns about education and training establishments.
<p>54 During the academic year 2009-2010, there were 68 approval events covering 148 programmes. There were 52 monitoring visits, with a total of 128 programmes being reviewed. Fourteen AEIs achieved an 'outstanding' overall grade. Two were recorded as 'unsatisfactory' and action plans were put into place against set criteria. Thirty three AEIs earned autonomy in the monitoring activity which meant that they achieved an overall grade of 'good' or 'outstanding' across the key QA risks.</p> <p>55 During monitoring events, evidence from the AEI's internal QA processes is reviewed; this identifies good practice and gaps in the</p>	

Fourth standard	Action is taken if the quality assurance process identifies concerns about education and training establishments.
	<p>QA systems. Providers tend not to audit their internal QA processes. For example, there may be a process in place for student evaluation of placements but if few complete the evaluations, this calls into question the validity of the information as a useful basis for decision making and the quality of some evaluation tools. Highlighting this sort of issue generally raises its priority and the following year appropriate action is demonstrated.</p> <p>56 Education and service providers take the award of either a 'satisfactory' or 'unsatisfactory' overall grade very seriously and respond accordingly. The concerns identified are addressed quickly and rigorously. AEs and service managers have commented that, whilst the identification of a weak risk control was initially challenging, it has led to much stronger QA processes and greater collaboration between the partners in programme delivery.</p> <p>57 Concerns surrounding irregularities, or inconsistencies in meeting the academic standards, are analysed on an individual basis, to resolve specific issues and to identify emerging themes across the sector. For example, when programme approval has lapsed, insufficient preparation on the part of the development team can lead to a failure to demonstrate how the standards for education would be achieved. In this situation approval is withheld.</p> <p>58 In March 2010, as a result of concerns over the quality of care in two specific areas, maternity services and accident services, we conducted an extraordinary review of placement learning environments at Basildon and Thurrock University Hospitals NHS Foundation Trust. The review both reassured us regarding how the standards were being met in supporting student learning and what action plans were in place in relation to enhancement of learning opportunities and support. The full report of the review, together with a separate executive summary, is available on our website.⁴³ Checking on progress since the review will form part of the annual monitoring for 2010-2011.</p> <p>59 During the latter part of the academic year of 2009 – 2010, we became aware that one AEI was running a mentor preparation programme that had not been subject to our approval process. This was a potential risk to the integrity of the 'live mentor register', the list of mentors who are suitably qualified to conform to our <i>Standards to support learning and assessment in practice</i>⁷ and who play an important role in supporting student achievement in practice. We worked with the AEI to formulate an extraordinary action plan to control and resolve the risks, which has been achieved successfully. We are continuing to work through similar actions with another AEI that uses the same placement provider. This led to us to undertake an extraordinary visit to the placement provider, in order to be confident that the live mentor register was both reliable and valid. Having identified a problem, we took decisive action to preserve the integrity of our standards for education, as part of our overall duty to protect the public.</p>

Fourth standard	Action is taken if the quality assurance process identifies concerns about education and training establishments.
<p>60 In October 2010, Council delegated the operation of AEI approvals to the Registrar. To support him, we established an internal group to provide advice on education issues. The remit of the Registrar will include reviewing the approvals and monitoring undertaken as part of our QA framework. This will strengthen the QA feedback loop by providing an internal level of scrutiny and discussion around education matters.</p>	

Fifth standard	Information on approved programmes and the approval process is publicly available.
<p>61 Information on the approval process is available through the <i>Reviewing and monitoring</i> section of our website.⁴⁴ This provides links to the.</p> <ul style="list-style-type: none"> 61.1 QA Handbook, which provides detailed information about our QA framework and how it is applied throughout the UK; it also includes information for programme providers to help them prepare for the review and to support them in their self evaluation procedures 61.2 Results of annual monitoring, which include the monitoring review plan for that particular year 61.3 Monitoring reports for each provider 61.4 Website of our external suppliers, Mott MacDonald <p>62 Information on approved programmes is available through a search facility.⁴⁵</p> <p>63 The <i>Freedom of information</i> section of our website⁴⁶ explains the procedure and provides a request form, together with some frequently asked questions.</p>	

CHRE's questions and NMC's responses

Standard 1: Standards for education and training are linked to standards for registrants. They prioritise patient safety and patient centred care. The process for reviewing or developing standards for education and training should incorporate the views and experiences of key stakeholders, external events and the learning from the quality assurance process.

Question 1: Will the review of the guidance on requirements for good health and good character take account of our policy project report on good character?

64 Yes. A full review of our good health and good character guidance is scheduled to be undertaken in 2011-2012 which will take full account of CHRE's good character project report.

Question 2: What consideration has the NMC given to developing guidance for students/prospective students with disabilities on access to nursing and midwifery careers?

65 In making adjustments to our guidance on good health and good character, we have provided more clarity regarding our requirements for access to, and support for, students with disabilities. We have also provided advice and supporting information to accompany the new *Standards for pre-registration nursing education*, some of which applies specifically to supporting students with disabilities.^{3, 20} Issues relating to programme access, making reasonable adjustments and providing appropriate support for students with disabilities will all form part of the comprehensive review of our good health and good character guidance.

Question 3: The NMC has indicated that accredited education institutions have processes in place for dealing with student fitness to practise issues. How has it assured itself that these processes are used and do ensure that only those fit to practise continue on the undergraduate education courses?

66 As part of the QA process, institutions must provide information about their processes for fitness to practise, to illustrate how they manage the risk. This includes information about the policies for fitness to practise, how the process is activated and how students are introduced to, and updated on, their professional role. In this academic year, the annual monitoring process includes collecting and collating data, from AEIs, about the number of fitness to practise student hearings that have been convened, the

reasons for the hearings and the outcomes.

Question 4: In paragraph 31, the NMC appears to state that accredited education providers are not allowed to interpret the standards for education in the first sentence but states in the second sentence that there is room for interpretation. Could we have clarification on this?

67 Each AEI must illustrate the way in which the curriculum meets the standards for education. However, it is recognised that each institution may decide to apply the standards in different ways, for example, in relation to the content and delivery decisions for their particular programme. This will help them to meet the requirements for practice, providers and commissioners.

Standard 2: Through the regulator's continuing professional development/revalidation systems, registrants maintain the standards required to stay fit to practise.

Question 5: How does the NMC plan to address the finding that registrants see CPD as a way of supporting career development rather than something that facilitates improvement in practice?

68 We will ensure that our new revalidation system includes an enhanced CPD monitoring process that:

68.1 Focuses on identifying the outcomes of learning activities and their impact on the continuing fitness to practise of nurses and midwives

68.2 Enables us to ensure that nurses and midwives keep their skills and knowledge up to date in relation to their current area of practice

68.3 Motivates nurses and midwives to improve their knowledge and skills and promotes a culture of continuous improvement in practice

69 We will be developing a risk-based audit process, through which CPD can be used as a source of sound evidence to demonstrate continuing fitness to practise.

70 A key feature of this programme of work will be close and sustained engagement with external stakeholders to develop and gain agreement to rollout plans, to deliver and assess pilot schemes and recommend timescales for full implementation. In addition,

this will ensure that they fully understand that CPD will be audited to monitor that it is being used to improve practice.

Question 6: The NMC has stated that it is concentrating its resources on developing a new revalidation process. Could we have further evidence of the outcomes of the work undertaken to develop the revalidation process?

- 71 During the last year, we completed phase one of the current revalidation project plan - the information gathering phase. An external supplier was contracted to undertake a study to gather information around the principles of revalidation. The study used a variety of tools including interviews, workshops, a literature review, surveys, annual review feedback and a review of the processes required for us to make fitness to practise decisions on nurses and midwives. The study included consideration of our current CPD arrangements which involved: a survey of 1,600 nurses and midwives; a workshop with 20 other key stakeholders; and the views of a 16 member expert panel.
- 72 Actions taken since receiving this report have included:
- 72.1 The appointment of a head of revalidation and a revalidation programme manager in October 2010.
 - 72.2 Scoping the modifications to our internal IT systems that are required for revalidation and improved audit of CPD, which has identified a number of actions to improve processes and infrastructure. Work has commenced on these projects, including improvements to the system and the database used to manage the register (WISER).
 - 72.3 Starting to cleanse the data from fitness to practise cases to enable us to better use this data in a risk based audit process.
 - 72.4 Meeting regularly with the other health care regulators; mapping their proposals and decisions regarding revalidation in order to consolidate the evidence base that informs and validates the development and implementation of our revalidation system.
 - 72.5 Producing a review of the 'lessons learned' from previous NMC projects and policy and standards development to better ensure a successful outcome to this project implementation.
 - 72.6 A decision to integrate the existing Prep standard and processes into the new revalidation standards, guidance and CPD audit processes. Internal work to develop Prep into a more robust tool, to support this, has already commenced, notably

for those registrants that present with problems at renewal of registration.

72.7 A robust assessment of the views of the key internal stakeholders to make sure that the next phase of engagement with external stakeholders will be based on clear proposals and also to ensure that their contributions to the development of the system are visible. The next phase of engagement with external stakeholders will commence in April 2011, following the Council update at the March meeting.

73 This activity will enable us to ensure that our final revalidation system is 'affordable and supports high quality care', as emphasised by the DH in its letter to the NMC and other regulators in November 2010.

Standard 3: The process for quality assuring education programmes is proportionate and takes account of the views of patients, students and trainees. It is also focused on ensuring the education providers can develop students and trainees so that they meet the regulator's standards for registration.

Question 7: The NMC in paragraph 42 states that it aims to avoid duplication of work already undertaken by the accredited education institutions. However, feedback from the Council of Deans indicates that the institutions do not agree with this statement. How does the NMC anticipate that it will address this concern?

74 We are conscious of the need to be proportional, whilst avoiding unnecessary duplication and overlap in QA activities. However, we feel that the need to accommodate 50 percent theory and practice, within our approved programmes, necessitates this level of scrutiny in order to assure public protection. We appreciate that the QA processes for higher education and for contract monitoring by commissioners are well established but they do not always apply the same level of scrutiny as we require.

75 The suggestion, made by the Council of Deans, that our processes may be more closely aligned with those of the Health Professions Council does not currently account for the size of the practice learning components within many of their approved programmes. Nevertheless, we continue to look for opportunities to work more closely with other regulators.

76 Between 2004 and 2006, we participated in activities in England known as Major Review where we contributed as part of a joint Quality Assurance Agency team to quality assure nursing and midwifery education. This later led to pilots in which all health related programmes were monitored at one single event but the outcome was not necessarily less burdensome. Further work was then undertaken by Skills for Health which focused more on contract monitoring in England. When we outsourced our UK-wide QA processes in 2006, we moved to a proportional risk based approach, through which institutions could earn autonomy for the quality of their provision. This had the capacity to reduce the QA burden for those institutions exceeding our

requirements by them not having to be visited in that year. From employer events, we are aware of a range of stakeholder views and that some have indicated the need for us to be more rigorous in our approach to QA.

- 77 We have undertaken a comprehensive audit of our QA activities, which will inform the way in which QA arrangements will be progressed in the future. The current contract with our QA supplier ends in September 2011. We will be keen to engage with stakeholders in developing revised systems.

Question 8: Would it be possible to see the outcome of the review of the quality assurance process commissioned by the NMC?

- 78 A summary report of the outcome of the external review of the quality assurance framework will be released later in March 2011.

Standard 4: Action is taken if the quality assurance process identifies concerns about education and training establishments.

Question 9: How has the NMC assured itself that students and others are able to bring concerns about accredited education institutions to its attention? How did it become aware of the accredited education institution that was running an unapproved mentor programme?

- 79 The QA framework reviews the processes that AEIs have in place when considering student, user and stakeholder concerns and complaints. One of the five key risk areas for annual monitoring is internal quality assurance so that we can gather evidence from the annual monitoring report about individual AEI QA processes. Additionally the public, students and stakeholders can contact us directly via letter, email or the call centre where all queries and concerns are followed up directly by an appropriate member of staff.
- 80 During annual monitoring, reviewers have an opportunity to meet students, mentors, managers and other stakeholder groups in order to canvas their views about NMC programmes and their satisfaction with them. These meetings also provide an opportunity for reviewers to triangulate the evidence provided by the AEIs thus determining that all processes are working in practice.
- 81 We were informed about the unapproved mentor programme via our existing links with the AEI. It is possible for programme providers, or anyone involved in the programme, to contact us directly to tell us about their concerns or findings. In the case of the mentor programme, the practice education facilitator contacted us directly because of the findings following an educational audit. The other ways in which issues such as these would come to light in the current framework would be via the annual

monitoring process. In this situation the QA reviewer would inform us of the findings.

Question 10: What improvements do the NMC consider will result from the registrar approving all renewals or approvals of courses?

82 The Registrar's direct oversight of this provides a further level of scrutiny, which allows us to identify emerging risks and themes, triangulate external and internal information and incorporate these into future monitoring activity. The monthly meetings enable us to address these quality issues in a timely and dynamic way. In addition to the Registrar, the membership of the group includes staff from other NMC directorates, whose expertise informs the decision making process.

Third party feedback: We would welcome your comments on the following matter that has been raised:

- Concerns that advice and support from the NMC in relation to education queries is not helpful, clear or concise (Practice Education Facilitators)

83 The education queries raised in the feedback from the NHSCT Practice Education Team (NHSCT) relate to support and assessment in practice of students on NMC approved programmes. We are aware that providers of practice learning have found some of the principles in our *Standards to support learning and assessment in practice*⁷ challenging to interpret in the local context. As a result, we have developed additional material to support implementation of the standards, which is available on our website. This includes:

83.1 Additional information to support implementation of NMC Standards to support learning and assessment in practice.⁴⁷

83.2 FAQs for Standards to support learning and assessment in practice (updated in 2011).⁴⁸

84 In response to feedback, such as that provided by the NHSCT, we made our requirements for support and assessment of students on pre-registration nursing programmes explicit within the new *Standards for pre-registration nursing education*³ and provided additional information in the accompanying supporting advice.²⁰

85 In relation to helpful, clear and concise advice, as reported in our response to question 2 in the guidance and standards function (paragraph 60 in that document), we plan to introduce a new 'standards and ethics helpline' later this year. This will provide a single point of access for enquires (including those related to education). The helpline will be staffed by a small dedicated team

who will be trained to give advice on a wide range of issues. There will be a clear protocol in place for escalating queries to other members of staff with specialist expertise in education or practice who can respond to more complex queries. The service will aim to ensure that we are consistent in our approach to advice and have a more structured method of collating data and feedback from its users.

¹ *The code: Standards of conduct, performance and ethics for nurses and midwives* - http://www.nmc-uk.org/Documents/Standards/nmcTheCodeStandardsOfConductPerformanceAndEthicsForNursesAndMidwives_LargePrintVersion.PDF

² *Midwives rules and standards* - <http://www.nmc-uk.org/Documents/Standards/nmcMidwivesRulesandStandards.pdf>

³ Library of Standards - Pre-registration nursing education – Welcome page - <http://standards.nmc-uk.org/Pages/Welcome.aspx>

⁴ *Standards for pre-registration nursing education* – available to read online on the Standards page of our website - <http://www.nmc-uk.org/Publications/Standards/>

⁵ *Standards for pre-registration midwifery education* - http://www.nmc-uk.org/Documents/Standards/nmcStandardsforPre_RegistrationMidwiferyEducation.pdf

⁶ *Standards of proficiency for specialist community public health nurses* - <http://www.nmc-uk.org/Documents/Standards/nmcStandardsOfProficiencyForSpecialistCommunityPublicHealthNurses.pdf>

⁷ *Standards to support learning and assessment in practice* - <http://www.nmc-uk.org/Documents/Standards/nmcStandardsToSupportLearningAndAssessmentInPractice.pdf>

⁸ *Standards for specialist education and practice* - <http://www.nmc-uk.org/Documents/Standards/nmcStandardsForSpecialistEducationandPractice.pdf>

⁹ *Guidance on professional conduct for nursing and midwifery students* - <http://www.nmc-uk.org/Documents/Guidance/NMC-Guidance-on-professional-conduct-for-nursing-and-midwifery-students.PDF>

¹⁰ *Standards for medicines management* - <http://www.nmc-uk.org/Documents/Standards/nmcStandardsForMedicinesManagementBooklet.pdf>

¹¹ *Standards of proficiency for nurse and midwife prescribers* - <http://www.nmc-uk.org/Documents/Standards/nmcStandardsOfProficiencyForNurseAndMidwifePrescribers.pdf>

¹² *Standards for the supervised practice of midwives* - <http://www.nmc-uk.org/Documents/Standards/nmcStandardsGForSupervisedPracticeofMidwives2007.pdf>

¹³ *Standards for the preparation and practice of supervisors of midwives* - <http://www.nmc-uk.org/Documents/Standards/nmcStandardsforThePreparationAndPracticeofSupervisorsOfMidwives.pdf>

¹⁴ *The Prep handbook* - <http://www.nmc-uk.org/Documents/Standards/nmcPrepHandbook.pdf>

¹⁵ *Record keeping: Guidance for nurses and midwives* - <http://www.nmc-uk.org/Documents/Guidance/nmcGuidanceRecordKeepingGuidanceforNursesandMidwives.pdf>

¹⁶ *Guidance for the care of older people* - <http://www.nmc-uk.org/Documents/Guidance/Guidance-for-the-care-of-older-people.pdf>

¹⁷ *Care and respect every time: What you can expect from nurses* - <http://www.nmc-uk.org/Documents/Guidance/nmcCareandRespectEveryTime2009.pdf>

¹⁸ *Raising and escalating concerns: Guidance for nurses and midwives* - <http://www.nmc-uk.org/Documents/RaisingandEscalatingConcerns/Raising-and-escalating-concerns-guidance-A5.pdf>

¹⁹ Circulars - <http://www.nmc-uk.org/Publications-/Circulars/>

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- ²⁰ Supporting advice - <http://standards.nmc-uk.org/PreRegNursing/non-statutory/Pages/supporting-advice.aspx>
- ²¹ Good health and good character – Guidance for educational institutions - <http://www.nmc-uk.org/Educators/Good-health-and-good-character/>
- ²² Good health and good character: Guidance for students, nurses and midwives - <http://www.nmc-uk.org/Students/Good-Health-and-Good-Character-for-students-nurses-and-midwives/>
- ²³ NMC Circular 33/2007 - http://www.nmc-uk.org/Documents/Circulars/2007circulars/NMC%20circular%2033_2007.pdf
- ²⁴ NMC Circular 07/2007 Annexe 2 - http://www.nmc-uk.org/Documents/Circulars/2007circulars/NMCcircular07_2007Annexe%202.pdf
- ²⁵ NMC Circular 03/2009 - http://www.nmc-uk.org/Documents/Circulars/2009circulars/NMC%20circular%2003_2009.pdf
- ²⁶ NMC Circular 13/2008 - http://www.nmc-uk.org/Documents/Circulars/2008circulars/NMC%20circular%2013_2008.pdf
- ²⁷ Review of pre-registration nursing education - <http://www.nmc-uk.org/Get-involved/Consultations/Past-consultations/By-year/Review-of-pre-registration-nursing-education/>
- ²⁸ Review of pre-registration nursing education – Phase Two – Report on consultation findings on proposed new standards for pre-registration nursing education - <http://www.nmc-uk.org/Documents/Consultations/RPNE/9537%20NMC%20RPNE%20II%20Report.pdf>
- ²⁹ Making written information easier to understand for people with learning disabilities – Guidance for people who commission or produce Easy Read information – Revised Edition 2010 (see page 14 of document) - http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/documents/digitalasset/dh_121927.pdf
- ³⁰ Review of pre-registration nursing education (RPNE) – stakeholder engagement and outcomes - [http://www.nmc-uk.org/Documents/Consultations/RPNE/Review%20of%20pre-registration%20nursing%20education%20\(RPNE\)%20-%20stakeholder%20engagement%20and%20outcomes.pdf](http://www.nmc-uk.org/Documents/Consultations/RPNE/Review%20of%20pre-registration%20nursing%20education%20(RPNE)%20-%20stakeholder%20engagement%20and%20outcomes.pdf)
- ³¹ Post consultation adjustments incorporated into the final draft standards for pre-registration nursing education (Paper NMC/10/34, Annexe 3) - <http://www.nmc-uk.org/Documents/Consultations/RPNE/RPNEPhase2/NMCPreRegistrationNursingStandardsPostConsultationAdjustments.pdf>
- ³² Modernising nursing careers – setting the direction - http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4138756
- ³³ *Trust assurance and safety – The regulation of health professionals in the 21st century* – http://webarchive.nationalarchives.gov.uk/20100407034821/http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/documents/digitalasset/dh_065947.pdf
- ³⁴ Healthcare for all: report of the independent inquiry into access to healthcare for people with learning disabilities - http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_099255
- ³⁵ The MINT Project, Midwives IN Teaching: - <http://www.nottingham.ac.uk/midwifery/mint/index.php>
- ³⁶ *Midwifery 2020 programme: Education & career progression workstream: Final report* - <http://www.midwifery2020.org/documents/2020/Education.pdf>
- ³⁷ Midwifery 2020 - <http://www.midwifery2020.org/>
- ³⁸ EU Directive 2005/36/EU
- ³⁹ NMC Circular 36/2007 – Supporting direct care through simulated practice learning in the pre-registration nursing programme - http://www.nmc-uk.org/Documents/Circulars/2007circulars/NMCcircular36_2007.pdf
- ⁴⁰ Principles for revalidation: report of the Working Group for Non-medical Revalidation; Professional Regulation and Patient Safety Programme - http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_091111

⁴¹ Mott MacDonald in Partnership with NMC - <http://www.nmc.mottmac.com/>

⁴² Monitoring review plan 2009/10 - http://www.nmc-uk.org/Documents/QualityAssurance/QAMonitoringReports/QAreports/NMC_QAframeworkReviewPlan2009_2010.pdf

Monitoring review plan 2010/11 - http://www.nmc-uk.org/Documents/QualityAssurance/QAMonitoringReports/2010_2011/MonitoringReviewPlan2010_2011.pdf

⁴³ Extraordinary reviews - <http://www.nmc-uk.org/Educators/Quality-assurance-of-education/Extraordinary-reviews/>

⁴⁴ Reviewing and monitoring - <http://www.nmc-uk.org/Educators/Quality-assurance-of-education/Reviewing-and-monitoring/>

⁴⁵ Search NMC approved programmes - <http://www.nmc-uk.org/Approved-Programmes/>

⁴⁶ Freedom of information - <http://www.nmc-uk.org/Freedom-of-information/>

⁴⁷ Additional information to support implementation of NMC Standards to support learning and assessment in practice - <http://www.nmc-uk.org/Documents/Standards/nmcAdditionalinformaionForSupportLearningAndAssessmentInPractice2008.pdf>

⁴⁸ FAQs for Standards for support learning and assessment in practice - <http://www.nmc-uk.org/Documents/Standards/nmcSLAiPfAQ20110131.pdf>