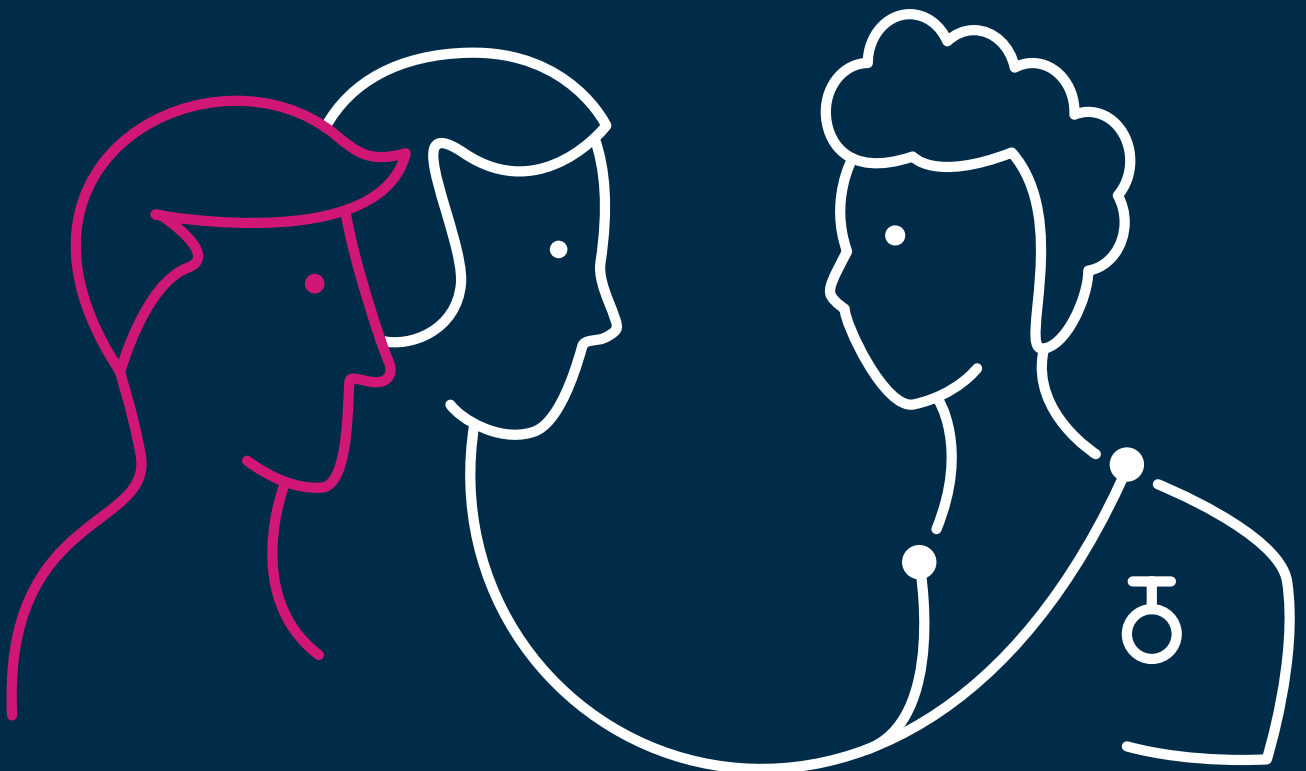


A public consultation on proposed changes to our education programme standards.



July 2022

Contents

- 2** About us
- 3** Introduction
- 4** Why we are proposing changes to our education programme standards
- 6** Design principles
- 6** Co-production
- 7** Our proposed changes
 - 7** Selection and admission for nursing and midwifery programmes
 - 8** Knowledge and skills
 - 9** Standards on placement settings
 - 10** Simulation for nursing only
- 11** Our approach to this consultation
- 12** Legal framework for setting standards
- 12** Equality, diversity and inclusion
- 13** How to navigate your way through and respond to the consultation
- 14** Timescales and next steps

About us

Our vision is safe, effective and kind nursing and midwifery that improves everyone's health and wellbeing. As the independent regulator of more than 758,000 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.



Introduction

This consultation document provides an overview of our standards and the proposed changes to some of our education programme standards. It sets out why we are proposing these changes, how we've co-produced them with stakeholders across the UK and what the next steps are. It also explains how you can get involved by responding to our consultation on these proposals.

.....

We promote high education and professional standards for nurses and midwives across the UK, and nursing associates in England.

Our standards of proficiency set out what nurses, midwives and nursing associates need to know and be able to do, by the time they register with us.

Our education standards set out our expectations of education institutions and their practice learning partners for delivering NMC-approved programmes for nurses, midwives and nursing associates. **They cover:**

- [Standards framework for nursing and midwifery education and training](#)
- [Standards for student supervision and assessment](#)
- Education programme standards for each profession or specialist qualification on how each programmes should be delivered

This consultation is limited to our education programme standards.

The standards affected are:

Part 1: Standards framework for nursing and midwifery education

Part 3: Standards for pre-registration nursing programmes

Part 3: Standards for pre-registration midwifery programmes

Part 3: Standards for pre-registration nursing associate programmes

Part 3: Standards for prescribing programmes

Part 3: Standards for return to practice programmes

You can read our proposed changes to each document on [our website](#).

Why we are proposing changes to our education programme standards

Our education programme standards set out how pre-registration nursing and midwifery courses should be delivered to ensure that our nurses and midwives seeking to join our register meet the standards of proficiency necessary to deliver safe, effective and kind care

As the UK has left the EU, we are proposing to remove the reference to the Mutual Recognition of Professional Qualifications Directive ('the Directive')¹ and change the requirements within our standards in the following areas:

- selection, admission and progression
- curriculum
- practice learning, and
- supervision and assessment

We commissioned two pieces of independent research to help understand:

- the impact of the Directive's requirements
- our stakeholders' views
- to test whether there would be any benefit to changing our standards
- the degree of consensus about making any changes.

This included a survey of professionals on our register including educators, students, employers and advocacy groups, which received 6,266 responses. You can see the results of this research on [our website](#).

The findings provided little evidence to support changes to many areas of our existing standards. As a result we decided to progress with the areas that had enough evidence and stakeholder support. At its meeting in September 2021, our Council approved work to explore changes in relation to the following items. You can see the full Council paper on [our website](#).

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

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

- The Directive's requirements for student selection and admission for both nursing and midwifery.
- Removing the Directive's knowledge and skills requirements from within the education programme standards, where these are now incorporated in our NMC standards of proficiency for registered nurses and midwives.
- Prescription of placement settings, and whether these could be retained, modernised or removed for nursing and midwifery.
- Increasing the flexibility regarding the use of simulation, with the potential to explore increasing simulated practice learning using a range of modalities, up to 600 hours, for nursing only.
- Exploring specific areas where there is an appetite for more radical change in nursing only, where there are currently evidence gaps and a lack of consensus (specifically exploration of the context of overseas programmes which are delivered using less practice learning hours).

Additionally Council approved:

- Retaining the current minimum programme length of three years and the total number of hours (4,600) for nursing and midwifery, and the same standards for recognition of prior learning for nursing.
- Retaining the numbers of specific experiences required during pre-registration midwifery education (such as number of births), as this requires further exploration with subject matter experts.
- In relation to midwifery, prioritising embedding and evaluating our new midwifery standards before making any wider changes. Stakeholders, including our Midwifery Panel, felt that, ideally, further research would be required. We have committed to continue to explore these issues with stakeholders so that further changes can be considered in the future, as more evidence is generated.

Since then, we've worked closely with stakeholders to co-produce proposed changes to our education programme standards. This consultation is an opportunity to seek wider views from people and organisations on these proposed changes.

Design principles

All our standards must meet our design principles, which are a set of key points that guide how we develop and implement standards.

These principles include:

- an intention to future-proof our standards
- for our standards to be outcome focused
- to ensure that they can be applied across all four UK countries
- for the standards to be evidence-based
- to support creativity and innovation
- to factor in our Public Sector Equality Duty

[Read more](#) about our design principles and how we develop our standards.

Co-production

Co-production of proposed changes to our standards is vital to ensure we receive a diverse range of views and consider the best current evidence.

We developed a governance structure with external representation to evaluate the available evidence and co-produce additional or amended standards within the scope of the work agreed by Council. This structure consisted of:

- Standards Development Groups (SDGs): One group for nursing, and one for midwifery, with expert stakeholder representation from across the four countries, to consider the detail of the proposals and make recommendations.
- Policy Advisory Group (PAG): An internal NMC group with standards development specialists, policy and legal representation, to ensure all SDG recommendations were consistent with our legal obligations and our strategy.
- [Steering Group](#): A group of external key stakeholders from the four countries of the UK with an independent Chair, Professor Jean White CBE. Its role is to consider the strategic implications of all proposals and to provide advice to the Executive Board to inform the Executive's recommendations to Council.

In addition to independent stakeholder research and the detailed discussions with stakeholders involved in our governance structure, we took our draft proposals to the joint NMC – Council of Deans of Health annual meeting and the NMC Midwifery Panel. We also discussed key elements of the proposed changes with our Public Voice Forum, specifically on the use of simulation in nursing and midwifery programmes.

Our proposed changes

This section sets out what we are proposing to change within our education programme standards.

For each area, we'll explain the context of requirements of the Directive and why we're proposing to make changes. There will also be a number that links to the relevant changes within the standards document.

Selection and admission for nursing and midwifery programmes

Our current programme standard includes the Directive requirement that an applicant must have at least 12 years of general education prior to entry to a pre-registration nursing or a three year or equivalent midwifery programme.

We found through discussions with stakeholders that the concept of 'general education' is arbitrary, open to interpretation and can mean different things in different locations. It could also present a barrier to some applicants prior to admission to programmes. Removing this would widen participation to those who may not have or cannot evidence 12 years of general education, such as those from travelling communities and refugees. It is also in keeping with our Public Sector Equality Duty, which includes advancing opportunity.

Concerns about safeguarding issues were raised by the midwifery SDG, who felt that by removing this requirement students could be admitted to programmes who were under the age of 18. Our standards do not stipulate a minimum age, and it was concluded that age is not an indication of maturity or readiness for a nursing or midwifery programme. However, because appropriate safeguarding should be in place for students of all ages and people receiving care, any risks are mitigated.

As a result, we propose adding a new standard regarding age and safeguarding to the Part 1: Standards framework for nursing and midwifery education.

The proposed changes (new and amended words are in italics) are:

- For **Standards for pre-registration nursing programmes**, the proposed amended standard states: *Meet the entry criteria for the programme as set out by the AEI and are suitable for their intended field of nursing practice: adult, mental health, learning disabilities and children's nursing.*
- For **Standards for pre-registration midwifery programmes**, the proposed amended standard states: *Meet the entry requirements for the programme as set out by the AEI and are suitable for midwifery practice.*
- The new proposed standard to be added to **Standards framework for nursing and midwifery education states**: *Ensure that for students below the age of 18 on admission to their intended programme, appropriate safeguarding measures are in place to support them and people in their care.*
- We have reviewed all other education programme standards and proposed alignment has been made for the **Standards for pre-registration nursing associate programmes**.

Knowledge and skills

The Directive mandates knowledge, skills and competencies, and specific learning experiences in nursing and midwifery programmes.

Through discussion with stakeholders, and scrutiny of the content of our standards of proficiency for both [nursing](#) and [midwifery](#) we are assured that these standards either meet or exceed the requirements of the EU directive.

The **Nursing** SDG considered that our [Standards of proficiency for registered nurses \(2018\)](#) surpass the knowledge and skills mandated by the Directive. Furthermore, they agreed that removing reference to the Directive would ensure that the language in our Standards of proficiency for registered nurses better reflects contemporary nursing practice and would be more inclusive of the four fields of nursing (Adult, Children's, Mental Health, and Learning Disabilities).

The **Midwifery** SDG similarly agreed that the Directive's knowledge and skills inclusions are exceeded by our standards of proficiency for midwives. However, there are a number of specific learning experiences contained in the Directive, which we propose retaining. As a result, we've integrated these into the proposed draft education programme standards. The language used has also been modernised in line with our [Standards of proficiency for midwives \(2019\)](#).

The proposals are therefore:

- For **nursing**: to remove reference to the Directive within the education programme standards.
- For **midwifery**: to remove reference to the Directive and to integrate the specific learning experiences within the education programme standards as follows:

Provide learning opportunities, across the whole continuum of care that enables students to gain experience to:

- Support and care for women during pregnancy, undertaking no less than 100 antenatal examinations.
- Support and care for no less than 40 women in labour and facilitate the birth.

Where 40 births cannot be reached owing to the lack of available women giving birth, it may be reduced to a minimum of 30, provided that the student is given the opportunity to assist with caring for an additional 20 women giving birth.

- Participate in the support and care of women in labour and having a breech birth. Where there are no opportunities in practice to gain experience of breech births, proficiency may be gained by simulated learning.
- Support and care for no less than 100 women postnatally and 100 healthy newborn infants.
- Develop the required knowledge, skills and behaviours needed to support and care for no less than 40 women who have additional care needs or develop complications including those related to physical, psychological, social, cultural and spiritual factors.
- Care for newborn infants requiring additional care or have complications, including in a neonatal unit.
- Care for women across the life course with additional sexual and reproductive health needs
- Provide students with learning opportunities to experience midwifery care for a diverse population across a range of settings, including midwifery-led services.

Standards on placement settings

The Directive mandates that nursing and midwifery students undertake certain types of practice placements. We considered whether students need particular placement experiences to meet our standards of proficiency and therefore whether these requirements can be safely removed.

The **Nursing** SDG considered the list of placement settings mandated by the Directive. They agreed that the terminology in this list is dated and does not reflect contemporary practice, language and service design.

The **Midwifery** SDG also discussed the Directive’s requirements for practice placements for midwifery students. These requirements are less prescriptive than those for nursing, but to align with the above, it was agreed that these requirements could be removed. The Midwifery SDG proposed an additional standard to ensure diversity of placement providers for student midwives. We’re therefore proposing that a requirement for student midwives to experience different maternity placement providers would enhance student learning by enabling them to experience different models of maternity service delivery, leadership and culture.

The proposal is:

- For **nursing**: to remove reference to the Directive within the education programme standards.
- For **midwifery**: to remove reference to the Directive within the education programme standards and to add a new standard that reads: ensure students experience different maternity placement providers.

Simulation for nursing only

The Directive describes clinical instruction (practice learning)² as learning “in direct contact with a healthy or sick individual and/or community.” This means that simulation modalities which do not fit this description can’t be used within the required 2,300 hours of practice learning. Our proposal for this aspect of the review was to increase flexibility by allowing more extensive use of simulation of different modalities within pre-registration nursing programmes.

During discussions on simulation, the Nursing SDG agreed that simulation should be defined within our standards, and must be sufficiently broad and future-proofed to allow innovation. The SDG also recommended to limit the use of simulation to 600 of the overall 2,300 practice learning hours at this stage, but this should be subject to review if further evidence emerges.

²Clinical 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.

The proposal is therefore for one new and one amended standard:

- In section 2 of the **Standards for pre-registration nursing programmes**: Ensure technology and simulation opportunities are used effectively and proportionately across the curriculum to support supervision, learning and assessment. (New standard at 2.10).
- In section 3 of the **Standards for pre-registration nursing programmes**: Ensure where simulation is used, it does not exceed 600 hours of the 2,300 hours practice learning experience. (Amended from standard 3.4).

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

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

These proposals would also have a small impact on our education programme standards for **nursing associates**, **prescribing** and **return to practice** and have been amended.

Our approach to this consultation

This consultation is run by Britain Thinks, an independent research organisation who will host the survey and analyse all the responses on our behalf.

.....

Britain Thinks will also be carrying out qualitative research, including focus groups and interviews, with some stakeholders, students and members of the public. Obtaining feedback from the public and seldom heard groups is a priority for us, and these methods will help ensure we receive this.

We're also working with another independent research organisation, Blake Stevenson, to conduct user testing of the draft proposed education programme standards. This involves seeking the views of stakeholders including professionals, educators, and students, who will be using the standards on whether they are accessible, inclusive, assessable, measurable and fit for purpose.

This independent research and analysis will ensure we consider all the feedback we receive. This evidence will inform any necessary changes to the draft education programme standards before submitting them to our Council for approval.

Legal framework for setting standards

The Nursing and Midwifery Order 2001 ('the Order') sets out our role in the setting and maintenance of education standards

In the setting and maintenance of the standards, the NMC must follow its overriding objective of protecting the public. The NMC is required to engage and consult before our Council approves any changes to its standards for education and training.

Equality, diversity and inclusion

These draft standards are aligned to our equality, diversity and inclusion (EDI) priorities that we published in 2020. In particular this reflects our commitment to:

- promote a just culture
- challenge discrimination in the health and care sector's work and learning environments
- support the reduction of health inequalities
- improve our EDI evidence base and extend our insight
- support the health and wellbeing of nursing and midwifery professionals

We carry out a full equality impact assessment for each project that falls within our education programme. As part of this process, we highlight positive changes we want to make and identify areas that may have the potential to impact negatively from an EDI perspective together with the actions we must take to mitigate this.

Information from this consultation will contribute to our equality impact assessment process. During the consultation and the development of our standards we consider any actions we can take to make sure that EDI is embedded in all areas across our standards.

As part of the consultation we would welcome your feedback in relation to any aspects of EDI that these standards could impact upon. We would like to hear where you think we could do more to meet our public sector equality duty to eliminate discrimination, advance equality of opportunity and foster good relations between different groups within our regulatory role. We have included a section in the consultation that specifically seeks your views on the EDI implications of our proposals.

How to navigate your way through and respond to the consultation

You can respond to the consultation via this [link](#).

If you can't submit your response using the online survey, please contact us at consultations@nmc-uk.org for an alternative format.

You can also use this email address if you have [any questions](#).

You can read our proposed changes to each document on [our website](#).

All consultation questions are optional except for the 'about you' questions. This shows us if we have engaged with a diverse and broad range of people. Responses on behalf of organisations will be analysed separately from responses from individuals, so it's important that we know which capacity you are responding in.

If you're responding on behalf of an organisation we'll ask for your name and the organisation's name. However, you have the option to remain anonymous if you wish.

If you're responding as an individual we won't ask for your name and you will remain anonymous. Therefore, you won't be able to change your responses after you have submitted them. We also won't be able to provide a record of your responses.

Timescales and next steps

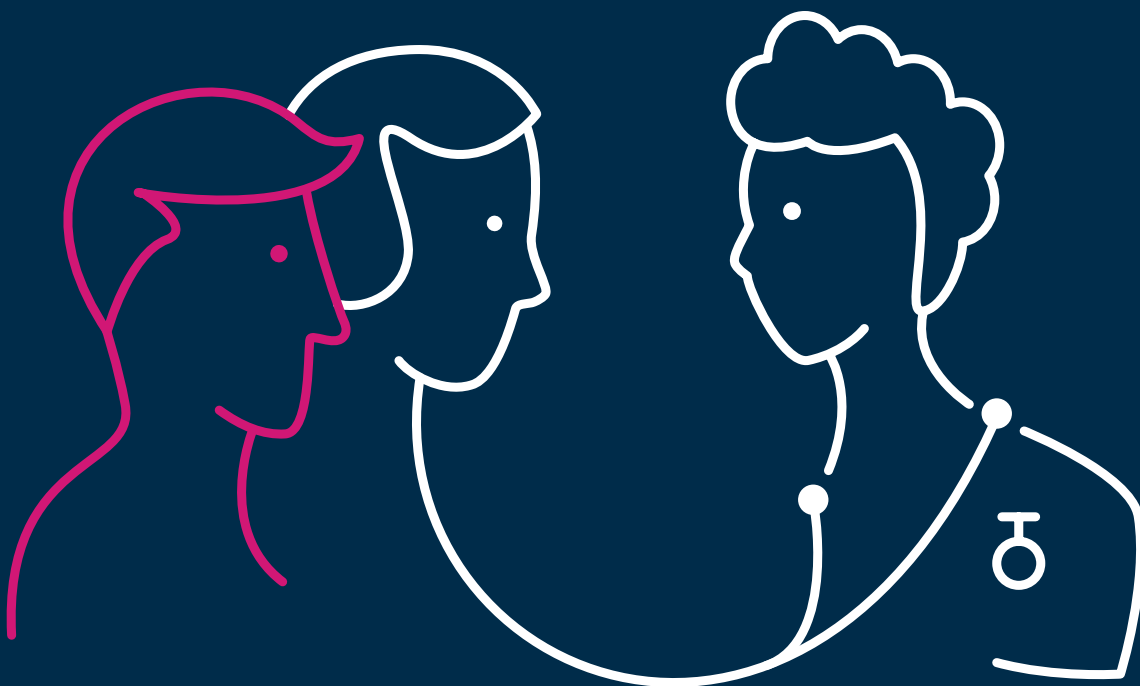
The consultation will run for a period of ten weeks from midday on 13 July 2022 until midday on 21 September 2022. Any responses received after this time won't be included in the analysis of the consultation responses. We will continue to engage with all our stakeholders as the consultation gets underway.

Our independent research company will analyse all of the responses. We will then reconvene our steering group and SDGs, and use the findings of the consultation to co-produce the final draft of the proposed education programme standards. We will aim to publish the findings of the consultation on our website and present the final version of the proposed education programme standards to Council to seek approval at their meeting in January 2023. Should our Council approve these we will publish and AEs will be able to seek approval and implement the new standards from September 2023.

We will use the findings of the consultation to co-produce and shape the final draft of the standards.

Thank you for taking the time to respond to this important consultation.

<https://www.nmc.org.uk/education/programme-of-change-for-education/consultation-on-pre-registration-programme-requirements/>



23 Portland Place, London W1B 1PZ

T +44 20 7333 9333

nmc.org.uk

 **@nmcnews**

 **@nmcuk**

The nursing and midwifery regulator for England, Wales, Scotland and Northern Ireland
Registered charity in England and Wales (1091434) and in Scotland (SC038362).

©NMC 2022 - 2025

NMC Nursing &
Midwifery
Council