

Council

Education Quality Assurance Annual Report 2022-2023

Action: For discussion

Issue: To provide a report to Council on the education quality assurance (QA) activity for the 2022-2023 academic year.

Core regulatory function: Professional Practice

Strategic priority: Strategic aim 1: Improvement and innovation
Strategic aim 2: Proactive support for our professions
Strategic aim 5: Insight and influence

Decision required: None.

Annexes: None

Further information: If you require clarification about any point in the paper or would like further information please contact the author or the director named below.

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Context:

1. The purpose of this Annual report to NMC Council is to provide an update on our education quality assurance (QA) activity for the 2022-23 academic year, covering the QA of nursing, midwifery and nursing associate undergraduate and post graduate education.
2. Education QA is one of our primary regulatory functions in ensuring public protection, working to ensure that students are trained appropriately so that, at the point of registration, they are able to provide safe, kind and effective care.
3. Following the publication of our post-registration programme standards in 2022, we are now working towards the approval of all new programmes against these standards by September 2024.
4. This has been a busy year for our QA activity. This includes, for the first-time, withdrawal of approval of a programme in the best interests of women, babies and families.
5. As part of our processes, we have also strengthened our approach to empowering the student voice. This includes the introduction of Student Listening Events which have already proved to be a powerful tool in hearing students' experiences and ensuring our standards are met. Where we have potential concerns about a programme, we are also contacting students directly to invite them to share their experiences. This is an approach we will continue to build on, ensuring that the students' voice is a key part of our activity.
6. Where the number of concerns we investigate continues to remain high, we are continuing to review our approach, including exploring the new powers that we expect to receive as part of regulatory reform to further enhance our approach.
7. In order to meet our regulatory requirements, there are areas that we need to improve and strengthen. We have commissioned an independent advisor to undertake a review of the QA function.
8. Our quality assurance (QA) framework is one of the ways that we ensure better, safer care. Each year we reflect and report on the outcomes of our QA activity to ensure we are assured that students are being equipped with the relevant knowledge, skills and learning experience to practise safely at the time they join the register and that they can build on throughout their career. We also continuously look for ways to improve our approach to QA by improving our processes.
9. At the time of writing this report, the number of approved education institutions (AEIs) had increased from 92 to 97, covering 1,745 approved programmes.

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10. Alongside programme approval we continue to monitor institutions through our annual self-reporting process and concerns mechanisms.
11. Of the 92 AEIs required to undertake annual self-reporting, 21 (23 percent) did not provide sufficient assurance and reports were returned to AEIs with feedback and a request for further assurance. This is a significant improvement from last year. All AEIs subsequently provided the assurance we required.
12. We continue to monitor institutions throughout the year and make regulatory interventions where we have concerns. We are proactive in making the best possible use of our intelligence by promoting information sharing and collaborating both internally with our Regulatory Intelligence Unit and Employer Link Service, and externally with other regulators and key organisations.
13. The Nursing and Midwifery Order 2001 (the Order) sets the legislative context for the QA of nursing, midwifery and nursing associate education. Our standards comply with our legislation and provide necessary requirements for the education and training of nurses, midwives and nursing associates, and the proficiencies they have to meet to join our register.
14. This annual update examines the QA activity we have undertaken and the key themes and risks that have emerged from our QA of approved education institutions and their practice placement partners in the 2022–23 academic reporting year (from 1 September 2022 to 31 August 2023) for nursing, midwifery and nursing associate education.
15. Our role in education plays a key part in how we meet our overall objective of better, safer care.

Four country factors:

16. The annual update includes the findings of our QA activity across all four countries of the UK over the academic year 2022-2023.

Discussion:

Part one: approval of nursing, midwifery and nursing associate education programmes

Approval of education institutions

1. In the period of 1 September 2022 to 31 August 2023, five new AEIs were approved: The University of St Mark and St John, Aston University, Birmingham Newman University, Leeds Trinity University and Warwick University. This increased the number of AEIs to 97.

2. A summary of AElS and approved programmes has been included in Table 1a and 1b. The number of approved programmes has gone down this year where the old pre-registration standards against the pre-2018 standards were taught out and closed.

Table 1a – Summary of the number of approved programmes and AElS.

	2021-2022 (comparison)	2022-3
Total number of NMC AElS	92	97
Total number of NMC approved programmes	1802	1745
New education institutions approved to be an AEl during the reporting year	1	5
AElS approved to deliver pre-registration nursing for the first time	1	3
AElS approved to deliver pre-registration midwifery for the first time	2	1
AElS approved to deliver pre-registration nursing associates	56	58

Table 1B: Summary of the number of approved programmes.

	2021-2022 (comparison)		2022-2023	
	Pre-2018 standards	Post-2018 standards	Pre-2018 standards	Post-2018 standards
Pre-registration nursing	0	837	0	879
Pre-registration midwifery	3	105	2	112
Pre-registration nursing associate	0	96	0	103
Prescribing	6	252	0	252
Return to practice	5	123	0	127
SPQ	158	0	132	0
SCPHN	180	0	138	0

Approval and modification of education programmes

17. During this period there were 15 programme approvals, 32 major modifications and two endorsements (where programmes are taught in the Channel Islands).

Table 2: Summary of programme approval and monitoring events undertaken during 2022-3

	Nursing Associate	Pre-reg midwifery	Pre-reg nursing	Prescribing	RT P	SCPHN	SP Q	Total
Approval	2	1	4	2	1	3	2	15
Major Modification Desktop	2	1	7	2	2	0	0	14
Major Modification Visit	3	2	10	3	0	0	0	18
Endorsement	0	1	1	0	0	0	0	2
Extraordinary Review/ Monitoring Visit/Listening Event	1	4	1	0	0	0	0	5
Total	8	9	22	7	3	3	2	54

18. Of the 49 approvals, modifications, and endorsements, 20 (49 percent) resulted in the visitors recommending approval with no conditions. This demonstrates an increasing trajectory across the last three years related to AEI and programme preparedness for approval against the NMC standards. Enhanced preparedness in some AEIs could be linked to them limiting the amount of proposed approval/modification activity last academic year, thereby enabling more robust development activity prior to submission of evidence to demonstrate meeting the NMC standards.

19. Following the publication of our Standards for post-registration programmes (2022), all AEIs wishing to deliver specialist community health public nursing programmes and programmes, leading to community nursing specialist practice qualifications, must undergo full approval (as opposed to a major modification of an existing programme). We anticipated a staggered approach to programme approval activity throughout 2022/23 and 2023/24, which would mirror our experiences with pre-registration programme approvals, however we have seen a significant delay in AEIs progressing to approval. Only five post-registration qualification programmes have been approved in this reporting period. In England, significantly AEIs have chosen to defer approval activity until the Institute for apprenticeships and technical education (IfATE) published their standards, and associated funding banding. During this reporting period we have seen a high number of post-registration programme applications deferred and this will impact on the timely delivery of this function in 2023/24.

To mitigate this, we have instructed our QA Partners (Mott MacDonald) to undertake a second round of recruitment to the registrant QA visitor pool, to ensure we have adequate resources in place to deliver this intensified period of approval activity.

20. Overall, in this reporting period we have seen a decrease in the number of new programmes being approved for the first time and an increase in major modifications to existing programmes, including the addition of new routes, such as apprenticeships, and in nursing, additional fields of practice. This shift in QA activity was anticipated, as approval is now indefinite, but we do not specify how regularly this must/should be done, which could create a new risk as an unintended consequence. Currently, each AEI is able to make minor modifications to their own programme internally, however, year on year these changes could accumulate and result in the programme being structurally different to the original approval. To mitigate this risk, we ask all AEIs to report on all minor modifications made during each academic year within their annual self-report. Subsequently, a greater degree of tracking is now required by the QA team to ensure we are able to closely monitor the accumulative impact of these smaller changes.

Conditions

21. Where visitors identify that our standards are not met, they can either set conditions, or where significant concerns are raised recommend refusal of the programme. The institution must meet these conditions, which are approved by the visitor before we will approve the programme.
22. Conditions are categorised against five key risk themes. In order of the most frequently occurring conditions the risk themes were:
- 22.1 Selection, admission and progression
 - 22.2 Effective partnership working: collaboration, culture, communication and resources
 - 22.3 Practice learning
 - 22.4 Assessment, fitness for practice and award
 - 22.5 Education governance: management and quality assurance.
23. The remaining 29 visits (59 percent) have been recommended for approval subject to specific conditions being met. In total 71 NMC conditions have been applied across 49 visits. This is a decrease in the ratio of conditions per visit when compared to last year. This is positive and provides further evidence of the enhanced preparedness of AEIs going into an approval visit.

Table 3 – Total number of conditions at approval events against key risk themes

Key Risk Theme	Total
Selection, admission and progression	16
Effective partnership working: collaboration, culture, communication and resources	13
Practice learning	12
Assessment, fitness for practice and award	10
Education governance: management and quality assurance	20

24. The most frequently occurring conditions related to the key risk theme of education governance: management and QA. Conditions were generally consistent in number across all other risk themes, although slightly higher in selection, admission and recruitment.
25. Under education governance: management and QA particular conditions were applied relating to correction of errors within the programme documentation. Three of these were applied to the same programme at the same visit and related to corrections required to meet NMC standards and requirements.
26. As in previous years, other conditions related to accuracy of information for students, during 2022-2023 this was primarily about programme hours.
27. A new focused condition during 2022-2023 was related to the provision of equality, diversity and inclusion (EDI) data about student population and any actions taken to mitigate/manage attainment gaps. This follows on from the new requirement for all AELs to provide this data as part of their Gateway three submission from January 2023 onwards. This shows that EDI is higher on the agenda and provides assurance that discussion in this context is featuring as part of all education QA activity.
28. Interestingly, governance of programmes within AELs has been a common theme leading to the decision to undertake programme monitoring activity in several AELs over the last 12 months. It is feasible that the sustained focus on governance of practice learning in recent years has meant some AELs have not equally focused on internal governance and QA of the programmes they deliver.
29. Comparatively, last year most conditions related to the key risk theme of practice learning, indicating a change in the context of conditions applied. Previously it has been reported that the greatest area of known risk is likely in the practice learning

environment, so it is encouraging to note the low number of conditions mapped to this risk theme last year.

30. In Table 3 above, we have summarised all conditions assigned to AEIs following approval events within the 2022/23 academic year.
31. Whilst the reduction in conditions is welcome, we have, however, noted an increasing number of AEIs not meeting conditions at first attempt, resulting in an extended process to move the programme to a recommendation to approve. The reasons for this are not immediately clear, but it is known that these cases relate to QA activity that has resulted in a high number of complex conditions where the AEI has needed to undertake significant work with its practice learning partners to provide evidence to meet the conditions.
32. In all instances there has not been a need to move to a refusal of a programme based on deficiencies that could impact on public safety. It has been feasible for the AEI to rectify these areas and present evidence to meet the conditions in the agreed timeframe, which has been lengthened in some cases from the standard four to six weeks that is usually granted post-visit.

Refusals

33. During this period no new programmes were refused approval.

Part two: Monitoring and Concerns

Annual Self-Reporting (ASR)

34. AEIs are required to undertake and submit an annual self-assessment and self-declaration of their current NMC approved programme(s). The self-assessment provides an opportunity for AEIs and their practice learning partners to give examples or case studies of notable or innovative practice and enables them to indicate any areas of provision that they are aiming to enhance. The self-declaration section of the report requires the AEI to confirm that all approved programmes continue to meet the NMC standards; that all programme modifications have been notified to the NMC; and, that all key risks are controlled.
35. Previously the ASR template has been the same for each institution, including the core questions and a set of thematic questions each year. For the first time this year we tailored each ASR to the AEI. In particular this focused on their National Student Survey (NSS) scores as we introduced the first part of our data driven approach to QA. This also enabled us to ask specific thematic questions according to programmes offered by each AEI.

36. The NSS is a survey of all final year students about their experiences on their programme, focusing on the course content, assessment and feedback, through to support. The response rates are always high and therefore provides a strong benchmark for students' experiences of their programmes.
37. We analysed the NSS data and RAG (Red, Amber, Green) rated each AEIs' data. AEIs then received their own data RAG rated within the ASR template. For any red score the AEI was required to provide an action plan in how this was being addressed. This provides a key benchmark for us to track progress. We will continue to build on this approach, including expanding the range of data to include student progression and attainment broken down by protected characteristics. This tailored approach to each AEI ensures we are being proportionate where we have assurance, enabling more targeted interventions where we have specific concerns. The data driven approach is aimed to ensure that concerns are identified and rectified as early as possible.
38. The AEI annual self-assessment reports are reviewed and we may require AEIs to resubmit their report and provide further detailed evaluative information if the evidence provided cannot assure us that all criteria have been met.
39. 92 AEIs were required to submit an annual self-report reflecting on the academic year 1 September 2021 to the 31 August 2022 (known as ASR 21/22). 21 AEIs (23 percent) did not provide sufficient evidence for assurance and these reports were returned to the AEIs with feedback and a request for further evidence to be submitted. Most AEIs were required to provide additional assurance for one area of the ASR 21/22, however six AEIs were required to provide additional evidence in two or more areas of assurance. 19 of the AEIs provided assurance on their second submission, with two AEIs requiring a third opportunity to submit their ASR 21/22.
40. This year, 77 percent of AEIs provided assurance on their first submission of the ASR report. This is a significant increase on the ASR 20/21, when only 56 percent of AEIs provided assurance on their first submission.
41. Seven AEIs have been required to resubmit their ASR for the last three years (or more) for not providing evidence of assurance on the first submission. In 2023, the QA Team have identified a total of 16 AEIs who will be targeted for proactive support with the submission of their ASR 22/23, this is because they have not provided assurance on the first submission, in at least three of the past five yearly cycles.

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42. Through the ASR 21/22, many areas of good practice and/or innovation were identified and this was shared with AEIs through two webinars (one for nursing programmes and one for midwifery programmes). These webinars were well attended and feedback on these was positive, this will be replicated moving forward into 2023/4.
43. The ASR will continue to be a valuable tool for building our understanding of how NMC approved programmes have been implemented and operationalised, alongside the working-context and challenges of our approved education institutions. However, the effectiveness of this tool and the reliability of the data collected within it has been called into question during this reporting period. Notably, based on the ASR, Canterbury Christ Church University provided us assurance that its programmes continued to meet the NMC Standards. We now have greater awareness that a self-declaration of compliance is only effective if an AEI has accurately self-identified a risk or breach of the Standards.
44. A future aspiration of the QA team to bolster the assurance provided by the ASR, is to undertake a post-ASR annual conversation with each AEI. This would enable a deeper dive into the written narrative provided and allow us to probe the assurances we are being provided. This methodology would build upon on the success of new programme monitoring, where we have found the new format for undertaking these focused meetings to be highly effective at identifying areas for improvement.
45. All ASR submissions are currently analysed externally, by our QA delivery partner Mott MacDonald, as we do not have the internal capacity and capability to conduct this analysis. This creates a risk for the NMC, in that no one internal to the NMC has systematically reviewed all the ASRs in a proactive manner. The externally written report will highlight areas for the NMC to review, however, there is a time delay (of around four months) associated with this which could prevent timely action from being taken.

New programme monitoring and enhanced scrutiny

46. As we move towards a data driven approach to QA we have introduced a new system of new programme monitoring for all new AEIs, or existing AEIs running a new programme (pre or post registration) for the first time.
47. New programme monitoring lasts until after the first students from the programme join our register. This gives us the opportunity to work closely with all new programme teams and institutions who we have not worked with before, and therefore have less information on to inform our data driven approach.

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As part of new programme monitoring programmes must submit self-reports to us twice a year for those programmes, both of which are followed up by an online meeting with stakeholders or a face-to-face visit by a senior member of the QA team.

48. Our revised approach to new programme monitoring has been successfully implemented within this reporting period, following a full process review of our existing practices which we undertook in response to feedback from the senior nursing advisor (education). Previous rounds of new programme monitoring had not identified any concerns with programmes and did not feel robust or impactful.
49. As we continue to develop the data driven approach to monitoring institutions, we have also introduced a similar process to new programme monitoring for currently approved programmes referred to as enhanced scrutiny. Enhanced scrutiny is applied where we have concerns based on the data and evidence we have – for example, if there is a trend that over time student attrition on a programme is continuing to increase or if a programme has had outstanding actions to achieve at the close of the new programme monitoring period.
50. At the end of the academic year 2022/23, the QA Board have decided six AElS should have programmes placed under enhanced scrutiny. All six programmes are Nursing Associate programmes and the recommendation to the QA Board was made following their period of new programme monitoring.
51. In 2022/23, 34 AElS were engaged through new programme monitoring, covering five midwifery programmes, ten nursing programmes, 26 nursing associate programmes, one prescribing programme and two return to practice programmes (total 44 programmes).
52. All AElS are sent written feedback regarding the level of assurance gained from their new programme monitoring meetings, and if areas for improvement are identified this is followed up by the QA Team. Following new programme monitoring meeting one (undertaken in October to December 2022) 50 percent of new programmes were required to create an action plan in response to QA team feedback. This plan was then monitored by the QA team and in the second new programme monitoring meeting (undertaken in May to July 2023) this number had reduced to 39 percent of new programmes, although it is worthy of note, that the majority of action plans had been fully achieved and new areas for improvement were identified.

53. In addition to the six new programmes which are being placed on to enhanced scrutiny, two AElS have been recommended for monitoring visits following their period of new programme monitoring. These two risk-based AEl monitoring visits will take place in January to March 2024.

Responding to concerns

54. We continue to monitor AElS and their practice learning partners to ensure compliance with our standards. When risks emerge AElS and their practice learning partners must respond swiftly to manage and control risks appropriately. AElS should exceptionally report risks and mitigations to us and we take action when these risks are not being effectively managed and controlled locally. We also gather intelligence directly from system regulators, media scanning and whistleblowing, as well as through our Regulatory Intelligence Unit (RIU) and direct concerns raised to us by students, academic staff and/or members of the public.

55. Once we receive a concern through any of those methods they are then officially graded as:

55.1 Minor – risks to our standards not being met are minimal and unlikely to impact on the student learning environment and public safety

55.2 Major – risks to our standards not being met are high with possible impact on the student learning environment and public safety

55.3 Critical – risks to our standards not being met are high with potential significant impact on the student learning environment and public safety

56. The QA team has introduced the internal term of ‘escalating’ concern, which is used to describe a current major level concern with the potential to become a future critical concern. This is regularly correlated with high media interest or where our data and intelligence tell us other regulatory activity is underway, but not yet concluded. All escalating concerns are routinely brought to the attention of the QA Board for formal discussion and guidance on the appropriate next steps.

57. During 2022/23 we received a total of 225 new concerns, with 138 being categorised as minor, 78 as major and 3 as critical. A full summary of concerns can be found in Tables 4 and 5.

Table 4 – Number of concerns opened by source of concern and grading:

Intelligence Source	Critical	Escalating	Major	Minor	Total
Employer Link Service	0	1	1	8	10
Exceptional report	1	2	42	88	133
Health Education England	0	0	2	2	4
Media Scanning	1	2	9	10	22
Other	1	1	14	17	33
Regulatory Intelligence Unit	0	0	10	13	23
Total	3	6	78	138	225

58. Similarly to previous years, most of the exceptional reports continue to relate to issues in practice environments, including adverse system regulator reports and their impact on student learning, supervision and assessment and escalation of student concerns, and what actions have been undertaken locally to manage those concerns. However, the QA team have concerns regarding a small number of AEIs who do not appear to have submitted any exceptional reports within this reporting period, or who AEIs who do not submit exceptional reports unless they have been formally requested by the QA team. We have planned an analysis of exceptional reporting behaviour by AEI, giving consideration to their location and the provision they offer, however this work is currently on hold due to the capacity of the QA team.

59. We have seen an increase in AEIs reporting risks to the delivery of the theory aspects of their programmes. It is encouraging to see AEIs continue to actively report concerns to us.

60. Exceptional reports in relation to ‘theory’ have predominantly been related to the recruitment of appropriately experienced and qualified staff to their programme teams, notably in the smaller fields of nursing practice and midwifery. This indicates a potential risk to the quality and continuity of programme delivery.

61. Once a concern has been categorised there are a number of different regulatory interventions we can take to ensure the programmes continue to meet our standards ranging from no

further action where we have sufficient assurance from the institution, through to carrying out a monitoring visit or extraordinary review, which can lead to us withdrawing approval of a programme. A summary of regulatory interventions can be found in Table five. Further details about specific concerns are outlined in more detail below.

62. This year we have also introduced a new regulatory intervention in the form of listening events. These enable us to hear directly from students, and/or practice learning partners to understand their experiences of the programme directly. Unlike a full monitoring visit these events can be arranged quickly to hear and feedback the student and/or practice voice. The events have been well received, and we will continue to make use of them as an upstream form intervention. If we had concerns regarding an individual programme, this could be extended to an AEI listening event, where AEI staff are given the opportunity to share their perspectives.
63. We have strengthened the student voice in our monitoring visits and extraordinary reviews as well. Previously where we undertook a visit the AEI would arrange for a group of students to speak to the visitor team. With the introduction of the listening events we have rolled out a new system where we contact all the students directly inviting them to the event, and outlining the rationale. This has seen a large increase in the number of students the teams engage with, ensuring that the views reflect the breadth of experience across the student cohorts.
64. We have changed our approach to all monitoring activity, moving away from using a five risk themes approach, to using the Standards framework for nursing and midwifery education (NMC, 2018) as the consistent basis for all monitoring. This approach provides direct evidence of if, and how, the NMC standards and requirements are being met by the AEI in collaboration with its practice learning partners. It has been well-received by AEIs, QA visitors and wider stakeholders (such as NHSE) because it enable us to be systematic, as well as open, clear and transparent regarding our expectations.
65. This approach ensures that AEIs are able to present their evidence and receive specific feedback against the five headings of the standards framework: learning culture, educational governance and quality, student empowerment, educators and assessors and, curriculum and assessment.

Table 5 – Regulatory interventions taken for concerns

Regulatory Intervention	Critical	Escalating	Major	Minor	Total
Closed with no further action	0	1	40	52	93
Email for clarification	4	9	73	123	209
Call from QA Officer	0	0	0	3	3
Action plan requested	0	0	11	2	13
Call from a member of the senior team	1	1	7	9	18
Face to face meeting	0	2	6	6	14
Extraordinary Review/Monitoring Visit/Listening Event	5	0	0	0	5
Total No. of Concerns	3	6	78	138	225
Total AEIs connected	7	19	194	267	487

66. In the year 2022/23, we have had five critical concerns open, however due to strong assurance provided it has been possible for the QA Board to de-escalate two of these critical concerns to the level of major concerns (Shrewsbury and Telford NHS Foundation Trust and Muckamore Abbey Hospital).

67. For the three critical items currently open, all have had regular online meetings or calls from the senior team, with two having multiple face to face meetings, including with other regulators and government bodies to secure ongoing assurance. This ongoing assurance has also involved requesting appropriate action plans, and contingency plans for removing students. The critical items are reviewed monthly at our QA Board.

68. As part of our role as a dynamic regulator, we continue to proactively share intelligence internally with our Regulatory Intelligence Unit and Fitness to Practise colleagues as well as externally where appropriate with other professional and system regulators.

Canterbury Christ Church University – Midwifery programme

69. We have been working with Canterbury Christ Church University since February 2020 to address concerns around the education of its midwifery students. We first had concerns about the practice learning environment for student midwives given the well-documented and extremely serious concerns about the safety of maternity services at East Kent Hospitals University NHS Foundation Trust. Subsequently, wider concerns about the university's management of the programme, and partnership working with its practice learning partners arose during the

approval visit which ultimately led to our decision to refuse approval of the programme against our new standards in 2022.

70. Where we originally had concerns about the learning environment for midwifery students at East Kent Hospitals University NHS Foundation Trust, we engaged with the university through our normal processes to seek regular assurance that our standards were being met.
71. Separately to this process, our QA visitors as part of the joint approval event with the university against our new midwifery standards in June 2022 identified concerns, including from current students and practice partners, which led to refusal of the new programme.
72. Since August 2022, in light of the concerns raised, we met with the university monthly to seek ongoing assurances that our standards were being met and to review their action plans and contingency plans.
73. Health Education England (HEE) separately undertook its own listening event with students and the university's practice learning partners in August 2022 which identified a number of actions, reflecting areas raised during the NMC approval visit.
74. Where we identified concerns with the programme we undertook a student listening event, the first of its kind, in December 2022, ahead of the planned January approval visit. The report from that event was provided to the university who in turn submitted their observations on the report. Alongside the reports, our QA Board also received the exceptional reports submitted by the university and their action plans.
75. In February 2023, the university also decided to pause its midwifery student placements at the William Harvey Hospital, which is part of East Kent Hospitals University NHS Foundation Trust. The CQC also announced enforcement action at the William Harvey Hospital Maternity and Midwifery Services.
76. On 22 February 2023, reviewing all of the information, our QA Board took the initial decision to withdraw approval of the university's midwifery programme, because it no longer felt assured that the university was equipping midwifery students to meet NMC standards and deliver the care people have a right to expect, nor that students were learning in safe environments. This decision was communicated formally to the university on Monday 27 February.

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77. The university responded to our concerns, and our QA Board met again on 6 April. The Board agreed there were aspects of the university's response that needed clarifying.
78. As a result, we gave the university extra time to provide these clarifications. The QA Board then reconvened on 26 April and, after thorough deliberation of the university's response and clarifications, made a final decision to withdraw approval of the programme. This does not stop the university seeking fresh approval of a programme against our standards in the future.
79. We carefully considered whether to give the university additional time to address our concerns. While we recognised the positive progress made in some areas, we did not feel that more time would be sufficient to address the substantial number and complexity of the issues, such that we would be assured students graduating this year would meet the standards of proficiency for joining the register.
80. Following withdrawal of the programme we have worked closely with the University, Health Education England and NHSE to support the transfer of students as smoothly and rapidly as possible so that they could complete their studies.
81. We have now approved the transfer of students to the University of Surrey, and 105 out of 112 students agreed to transfer and have begun their studies. The University of Surrey is teaching students locally to minimise the disruption to students. This will see the students graduate against the 2019 standards. Due to training against the new standards and needing to meet the deficits of their previous training, students will graduate a year to 18 months beyond their expected graduation date. Following appropriate changes and assurance, students have now been reintroduced into the William Harvey Hospital.
82. To help support the regional workforce we have also approved the University of Greenwich to run its approved midwifery programme from its Medway Campus.
83. We will be undertaking a full lesson learned activity, including with external partners, to clearly define roles and responsibilities of different organisations to streamline processes should we make the decision to withdraw approval of another programme in the future.

Canterbury Christ Church University – Nursing programme

84. With the ongoing concerns at Canterbury Christ Church University's midwifery programme, we had not had similar concerns with its nursing provision. This included a positive programme approval, and no concerns with its placement provision.
85. However, we are aware that the university has wrongly been counting high levels of reflective time as practice learning. The university has put in place mitigation plans which we have approved for its students to make up their missing hours.
86. We are continuing to support the university, including to seek assurances that the programme continues to meet our standards.

University of Greenwich – Midwifery programme

87. The University of Greenwich shares some of its practice learning settings with Canterbury Christ Church University. Following the feedback from Canterbury students we undertook a student listening event with the students from the University of Greenwich to provide assurance on their experiences.
88. The feedback from Greenwich midwifery students was overwhelmingly positive and provided assurance of effective and timely support from the AEI in relation to both academic and practice issues, efficient and robust student voice processes and confidence in raising and escalating concerns processes.
89. The listening event identified a small number of areas where further improvements could be made by the University of Greenwich, therefore, the QA team have agreed an action plan with the AEI and will continue to monitor this over the coming months.

Staffordshire University – Midwifery programme

90. Staffordshire University has been a critical concern since 2020. Originally due to the maternity concerns at Shrewsbury and Telford NHS Trust where it places students and subsequently in its own right. This was following an extraordinary review in 2020 that identified a number of our standards were not met, in particular around the student voice being listened to. The same issues were then identified in a follow up monitoring visit in May 2022.

91. A final monitoring visit was undertaken in December 2022 visit. It is pleasing to report that at the December 2022 monitoring visit all key risk indicators were met and the feedback received from students was overwhelmingly more positive than when a monitoring team previously visited.
92. This outcome clearly evidences the importance and effectiveness of programme monitoring activities and the impact these can have on the quality of a programme and the overall experience of the students.
93. A student listening event is planned for December 2023, to ensure sustained progress has been made by Staffordshire University.

Anglia Ruskin University – Nursing and Nursing Associate programmes

94. The visit to Anglia Ruskin University in June 2023 was prompted by several concerns known to the QA Team, that indicated a weakness in Anglia Ruskin University’s internal governance systems.
95. Our QA delivery partners, Mott MacDonald, were instructed to undertake a monitoring visit to assess risk to the AEl’s nursing associate and pre-registration nursing programmes meeting NMC standards in both the academic and practice learning environments. This was the first monitoring visit to use the revised review plan (see points 62 and 63). The monitoring visit was undertaken over four days and the visit team comprised three registrant QA visitors and two lay QA visitors. This was necessary to cover the two programmes delivered across three campus sites and one satellite site.
96. The visit team determined that only three of the eight NMC standards (risk themes) were met and Anglia Ruskin University have submitted to the NMC QA Team an initial action plan to immediately address the risks identified.
97. Subsequently, the QA Board has determined that Anglia Ruskin University is a critical concern, and the senior QA team are now working proactively with Anglia Ruskin University to refine its action plan and closely monitor its progress and timely achievement.

Nottingham University – Midwifery programme

98. The University of Nottingham had an extraordinary review of its midwifery programme in July 2022. This visit was prompted by concerns in maternity services in Nottingham University Hospitals NHS Trust.

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The extraordinary review resulted in two unmet risk areas related to the availability of practice supervisors and practice assessors to support the number of students in practice, and the use of student feedback and evaluation to improve systems, address weaknesses and enhance programme delivery.

In response to this, the AEI developed an action plan to address these risks, which has been monitored by the NMC QA team through the critical concerns process.

99. Throughout 2022/23, regular meetings have continued with all AEIs placing midwifery students at Nottingham University Hospitals NHS Trust alongside monthly meetings with HEE/NHSE Workforce, training and education team in the Midlands.
100. The listening event in March 2023 was an opportunity to meet with students and practice learning partner representatives to follow-up on actions taken by the University of Nottingham in collaboration with Nottingham University Hospitals and seek feedback on their impact. Unfortunately, the feedback from students indicated that insufficient time had passed to establish a positive impact from actions implemented by the programme team. The team therefore continues to work with the NMC through the critical concerns process and QA board requested a monitoring visit in December 2023. This visit is currently being planned.

Next Steps

101. Our QA report provides an update on education and QA activities throughout 2022 - 2023 including approval and monitoring activity. We have highlighted areas of challenge and how we are responding to these including seeking an independent consultant to provide us support with the QA review we plan to embark upon which is going to EB on the 17 November to agree the scope of the review.

Midwifery implications:

102. Midwifery implications have been reflected in the QA Annual Report.
103. Of our critical concerns, the majority are in relation to midwifery programmes, and concerns within certain maternity settings. We continue to work closely with those programmes to ensure our standards continue to be met.
104. All midwifery programmes are required to have been approved against the new standards.

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- Public protection implications:** 105. There are no public protection implications arising directly from the production of this report. The report sets out the contribution our QA activity makes towards protecting the public in ensuring that our standards continue to be met.
- Resource implications:** 106. Resources to carry out our education QA activity form part of the normal operational budget of the Professional Practice directorate.
107. As outlined previously the QA review will be conducted with support from an external consultant which will cost £33,750. Furthermore, upon completion of the QA review and the recommendations coming out of the review, we may require additional budget to help support us to strengthen our existing QA model.
- Equality diversity and inclusion implications:** 108. We are committed to ensuring that our approved nursing and midwifery programmes comply with all equality and diversity legislation. Our standards outline the commitment to EDI which we expect from AElS. In accordance with our standards and QA framework, AElS must provide evidence such as an equality and diversity policy, recruitment, selection and admissions policy, and evidence of providing support to students that promotes equality and diversity, alongside the individual EDI requirements in the programme standards.
- Stakeholder engagement:** 109. As part of our ongoing QA activity, we work closely with AElS and respond to their feedback. We also work closely with other health and care bodies to ensure key information, in particular related to concerns is shared where appropriate. This engagement has continued to increase during this reporting period.
- Risk implications:** 110. Failure by AElS to comply with our education standards could impact upon public protection, students not being appropriately supported, and that newly qualified nurses, midwives and nursing associates not meeting our proficiency standards.
- Regulatory reform:** 111. The opportunities and implications for regulatory reform have been considered within this paper
- Legal implications:** 112. The Nursing and Midwifery Order 2001 Part IV (the Order) sets the legislative context for the QA of nursing, midwifery and nursing associate education. Our Standards comply with our legislation and provide necessary requirements for the education and training of nursing, midwives and nursing and associates, and the proficiencies they have to meet to join our register.