



Quality Assurance Handbook

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The specialist health unit



Quality Assurance Handbook

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INTRODUCTION

Purposes of the handbook

1. This reviewers handbook for programme approval and programme monitoring (the Handbook), explains how the NMC UK-wide QA Framework will be applied throughout the UK. It also shows how quality assurance events relate to the NMC Professional Standards and Proficiencies and the Key Risks identified by the NMC. The main purposes of the Handbook are to:
 - Inform reviewers on how to conduct the different types of quality assurance activity.
 - Guide reviewers on the questions they need to consider in making judgments about quality and decide on grades of risk.
 - Inform education providers of the expectations of the various quality assurance processes.
2. In making the Handbook public we aim to:
 - Promote high standards of delivery of nursing and midwifery education.
 - Provide a basis for consistency, fairness and validity in programme approval and risk based monitoring events.
 - Enable programme providers to prepare for reviews and work with reviewers to ensure the smooth running of the review processes.
 - Support programme providers in their self-evaluation procedures.
3. To achieve these aims, the Handbook explains:
 - How the different types of quality assurance events will be organised and managed.
 - The questions reviewers will be seeking to answer, the evidence they are likely to require to make their judgments and how assessments of risk will be made.
 - The quality assurance procedures for quality assurance events.
4. Quality assurance practice will take account of any changes to standards and requirements or other changes made by the NMC. Practice may also develop in the light of experience. Programme providers will be informed of any such changes well in advance of their implementation.
5. The Handbook is produced in sections so that programme providers and reviewers can locate those that they require for particular reviews. The main sections are found starting with paragraphs numbered:
 18. [Programme Approval/Re-approval](#)

- 54. [Risk Based Monitoring](#)
 - 116. [Programme Modification](#)
 - 125. [Approval and Endorsement of Programmes in More Than One Country](#)
6. The Handbook contains guidance for reviewers on how to judge the quality and/or risk controls of programmes using a four point scale. Provision which meets requirements will be judged to be Outstanding, Good or Satisfactory. Where provision fails to meet requirements it will be judged to be Unsatisfactory. The grade characteristics described for the approval of programmes in [Paragraph 46](#) and for the monitoring of programme providers in Paragraph 90 are intended to be illustrative; reviewers will also be able to take into account other good or effective features of provision.

How quality assurance events will be arranged and conducted

- 7. Quality assurance activity will be delivered in a manner designed to be efficient and cost effective for both programme providers and the NMC and to minimise unnecessary activity for programme providers.
- 8. Programme providers will normally be informed of monitoring events at least **Eight** weeks before the event. There may be occasions when an approved provider feels there are good reasons for postponing a planned review or bringing the review forward to an earlier date. Official Correspondents should contact the relevant project officer at Mott MacDonald to discuss any proposal for changing a planned review.
- 9. Approval and re-approval events will be undertaken by peer reviewers who are currently, or have been practising in nursing, midwifery and/or education in the past two years. They will be assigned to undertake these quality assurance activities only in parts of the Register and fields of practice in which they hold registration and in which their experience is current. Where more than one programme is to be considered by the Approval Panel, **each reviewer** assigned to participate in the process will attend the meeting of the Approval Panel.
- 10. Risk based monitoring will similarly be undertaken by a team of peer reviewers with due regard to parts of the register and fields of practice and coordinated by a managing reviewer.
- 11. Programme providers should nominate a representative to help with the smooth running of monitoring reviews. This person will play an important role in the review, liaising regularly with the managing reviewer during the planning and review process.
- 12. Reviewers will behave with integrity, courtesy and due sensitivity when conducting quality assurance activities in accordance with Mott MacDonald's Code of Conduct for Reviewers ([Annexe 8](#)) In turn, reviewers will expect that programme providers will co-operate fully.

Management and quality assurance

13. Management and quality assurance will be a focus for assessment in both approval and monitoring reviews. Reviewers will assess the quality of management by considering its effectiveness in facilitating, supporting and monitoring high quality education leading to students achieving the standards and proficiencies required by the NMC. Reviewers will not expect that any particular models of management should be in place, nor consider aspects of management relating to the wider role of managers within the organization subject to review.
14. Reviewers will focus on the extent to which quality assurance systems check there is reliable evidence to support the claim that the quality of provision has been maintained or improved. They will review how well the procedures described by the programme provider work in practice.

Self-evaluation

15. Programme providers are required to undertake a self-evaluation, currently in the form of an annual report. Self evaluation is a crucial element of quality assurance and good management and reviewers will take due account of these evaluations. There is no prescribed format for self-evaluation as it is intended to avoid duplication of effort and meet the needs of a range of stakeholders. However, the report must detail, for each NMC programme, how statutory requirements are met, the achievement of intended professional outcomes and demonstration of how deficiencies have been made good across the total approved provision.
16. Programme providers may wish to present their self-evaluation using the format of the NMC Key Risks and Risk Indicators.

Quality assurance of reviews

17. Mott MacDonald will employ a range of measures to assure the quality of quality assurance activities undertaken on behalf of the NMC, including:
 - Clear guidance for reviewers and programme providers about the quality assurance processes.
 - Training for all reviewers.
 - Moderation meetings chaired by the managing reviewer at monitoring events to ensure consistency in judgments.
 - Allocation of reviewers with due regard to parts of the register and fields of practice.
 - Evaluation of the work of reviewers.
 - A questionnaire completed by programme providers to check they are satisfied that the quality assurance activity has followed the procedures in this Handbook

([Annexe 7f](#) and [Annex 7g](#))

- An opportunity for programme providers to check the draft report of monitoring for factual accuracy.
- A clear complaints procedure ([Annexe 10](#)).
- A clear appeals procedure ([Annexe 6](#)).

SECTION 1

PROGRAMME APPROVALS/ RE-APPROVALS

18. Programme approval/re-approval is undertaken jointly between the NMC, an approved programme provider and other stakeholders, which will normally include the placement providers and commissioners of the programme. Partnership is central to programme development and this is reflected in the approval process. A Programme will not normally be approved by the NMC if it has been previously approved academically. The approval of both academic and professional aspects of the programme is inextricably linked and must be considered at the same time.
19. The approval process ([Annexe 1](#)) is designed to ensure that:
 - 1 The rules and standards of the NMC are explicit in the intended programme.
 - 2 Arrangements for the proper supervision, teaching and assessment of students are in place.
 - 3 Practice learning placements have been quality assured.
 - 4 External examining arrangements are applied as rigorously for assessment of practice as for academic assessments.
 - 5 The programme addresses contemporary knowledge and practice.
 - 6 The general rules of the programme provider are compatible with the NMC rules and requirements.
20. Membership of the Approval Panel, including identification of the Chair, will be agreed between the programme provider and Mott MacDonald. At the approval event, reviewers acting on behalf of the NMC have delegated authority to take decisions relating to the approval of the programmes. The Approval Panel will scrutinise documentation and other evidence presented by the programme provider and programme team and will then make a decision to either:
 - 1 **Approve** the programme, normally for a period of no more than five years, if it is satisfied that the required standards have been met.
 - 2 **Approve the programme subject to specific conditions and/or recommendations.**
 - 3 **Withhold approval** of the programme if it is not satisfied that the required standards have been met.

Any conditions must be agreed as met before the commencement of the programme. The Approval Panel may also make **recommendations** regarding the programme.

Both conditions and recommendations will be subject to subsequent Programme Monitoring.

21. Conditions of approval relate to failure to meet NMC regulatory requirements for the protection of the public or academic/university regulatory requirements which if not satisfactorily addressed, would prevent the programme from running. Approval Panels are therefore required to maintain a clear distinction between *conditions* which are **mandatory** and *recommendations*, which are **advisory** in nature. Conditions and recommendations must be stated in clear and unambiguous terms and must include the date by which the condition is to be met.
22. Where the panel imposes a significant number of conditions, this may bring into question the validity of the programme. The maximum number of conditions applied should normally not exceed five. In cases where more than five conditions are set by the panel, the programme will not be normally approved.

THE APPROVAL EVENT

Convening the approval event

23. The Programme provider will approach Mott MacDonald to arrange an approval event at least **12 weeks** prior to the event, following which potential reviewer(s) will be identified with due regard to parts of the register and fields of practice. Potential reviewers will be required to indicate their availability, agree to complete the work within the given timeframes and confirm that no conflict of interest pertains. Conflict of interest means any connection which might give cause to question a reviewer's credibility or the objectivity of his/her judgment.

This precludes a reviewer acting in any place, education or service provider, at which he/she regularly gives instruction in any subject or delivers nursing/midwifery services. Consideration of conflict of interest should also be considered where reviewers' employers provide or share clinical placements with the education provider to be approved. The programme provider will be informed of the details of potential reviewers and they will also confirm, or otherwise, that no conflict of interest pertains.

24. The Reviewer will agree with the programme provider the constitution of the Approval Panel, ([Annexe 2](#)) the structure of the event and any arrangements for placement visits. A copy of the details and emails confirming agreement should be forwarded by the reviewer to Mott MacDonald for completion of the audit trail purposes. The NMC strongly recommend that panel membership should comprise:

- A senior university representative (Chair)
- Administrator for teaching and quality at the university
- Lecturer/s at the university (not directly involved in the programme)
- Mott MacDonald Reviewer(s) with due regard to programme(s) being approved

- External specialist advisor
- User and carer representatives
- Student representatives

25. It is usual practice to engage practice providers through meeting with mentors. Mott MacDonald would not normally expect to undertake placement visits, **unless**, the Education Provider is providing an entirely new programme with new learning outcomes **or**, previous quality assurance reviews have indicated serious or continuing problems in placement areas. Mott MacDonald will contact the NMC for guidance at an early stage should consideration be given to undertaking placement visits as part of the approval process. Guidance for placement visits is provided at [Annexe 3](#).

At this time, Mott MacDonald will also inform the respective commissioner of the programme of the approval event and the arrangements in place.

Pre- event preparation

26. **Six weeks** prior to the event, the programme provider will send the approval documentation to the reviewer(s) in electronic form and hard copy. This documentation should include:

- **Quantitative *student data***
Information about student recruitment, progression and learning beyond registration.
- **Contract *numbers*,**
Numbers for which programme approval is sought or given.
- ***Staff data***
Information on teaching staff who contribute significantly to each programme.
Support staff.
- ***Practice learning data***
Evidence of the range, quality and adequacy of practice learning placements, including arrangements for preparation and provision of assessors/mentors and other persons supporting practice learning.
- ***Qualitative evidence***
Programme specifications.
Module descriptors
Definitive information given to students about the programme. (e.g. student handbook).

Strategic plan/business plan.

Strategic plan for practice placement provision.

- **Statement of Compliance or equivalent**

Confirmation that sufficient resources are in place to deliver the programme.

- **Other regulatory bodies**

Rationale for, and implications of, approval by any other regulatory body e.g. the Health Professions Council.

27. In addition, reviewers will receive a **Briefing Pack** from Mott MacDonald containing:

- **Reference** to the standards which apply.
- **Information** on QA process of reviewers.
- **Name** and contact details of Director of Reviews and Assistant Director of Reviews who will be available for advice if needed.
- **Mott MacDonald** report formats.
- **Mott MacDonald** reviewer approval process checklist
- **Mott MacDonald** making/moderating outcome of approval events algorithm
- **Programme Providers monitoring report from the previous year**

28. Using structured analysis and audit forms relevant to the programme (example at [Annexe 4](#)), Reviewers will scrutinise the programme and documentation to ensure that:

- 1 Resources are in place to deliver the programme.
- 2 The standard, kind and content of the programme as set out by the NMC have been met.
- 3 The structure and content of the programme has been developed in partnership between education and service providers.
- 4 The programme outcomes satisfy the statutory requirements for a registerable / recordable qualification.
- 5 The assessment strategy meets NMC requirements.
- 6 The programme complies with DIRECTIVE 2005/36/EU.

29. At **re-approval**, the Reviewer will ensure that:

- 1 Programmes remain professionally contemporary and fit for practice and registration.
- 2 Modifications to programmes over time still enable the programmes to meet the requirements for registration.

- 3 Modifications to meet the requirements of any other regulatory bodies do not compromise NMC standards
- 4 Work is being undertaken to enhance the quality of practice placements.
- 5 Examination boards are set up appropriately to ensure the integrity of professional awards.

30. At both **approval and re-approval** the Reviewer will also ensure that:

- 1 Entry requirements are consistent with NMC standards and met for “good health and good character”.
- 2 Outcomes are specified for theory and practice.
- 3 Arrangements for the accreditation of prior learning are appropriate and in place.
- 4 The extant rules and standards of the NMC are explicit in the intended programme, with particular attention paid to compliance with practice standards, so that those successfully completing the programme will be fit to practice and eligible for registration.
- 5 Arrangements for the proper supervision, teaching and assessment of students are in place.
- 6 Practice placements have been adequately audited.
- 7 External examining arrangements are applied as rigorously for assessment in practice as they are for written assessments.
- 8 The programme addresses contemporary profession specific knowledge.
- 9 The general regulations of the programme provider are compatible with the rules governing professional programmes and that appropriate decisions are made for professional programmes.

31. The Reviewer will also determine at this time if a practice placement visit should be considered. Reviewers would not normally expect to undertake placement visits, **unless**, the programme provider is providing an entirely new programme with new learning outcomes **or**, previous quality assurance reviews have indicated serious or continuing problems in practice placement areas.

The Reviewer should contact Mott MacDonald for guidance at an early stage should consideration be given to undertaking placement visits as part of the approval process. If practice placement visits are to be undertaken, this may need to be arranged on dates separate to the Approval Panel meeting. Guidance for practice placement visits is provided at [Annexe 3](#).

32. Reviewers will note the demonstration of requirements and identify on the appropriate audit form where there is insufficient evidence which must be pursued during the

approval event. **The audit form is not sent to the education provider.** The Reviewer will provide the programme provider and Mott MacDonald with a list of the issues to be explored further, **at least three weeks** before the event along with any additional personnel or documentation to be made available. This will inform the agenda for the Approval Panel event, a copy of which, when finalised should be sent to the relevant Project Officer at Mott MacDonald. The reviewer must share the issues to be explored further with other reviewer/s where there is more than one reviewer attending the event

Approval panel meeting

33. It is usual for the senior university representative to chair the meeting of the Approval Panel. At the start of the Panel briefing meeting, the reviewer should explain their role and responsibilities as a representative of the NMC and the implications of conjoint approval. The reviewer(s) should explain it is their responsibility to assess whether the programme meets all of the regulatory requirements and unless these are met, it will not be possible to approve the programme. It is also expected that the Chair will discuss with Panel members the issues to be explored and who will lead on each issue.
34. The possible outcomes of the approval event should also be explained; these being a recommendation to the NMC that the programme be approved; a recommendation of conditional approval subject to the completion of clear, unambiguous and timely conditions, or withholding of approval.
35. If conditions exceed five in number, then questions must be raised as to the validity of the programme and the need for the programme leaders to re-submit their proposals. It should also be understood that should a major issue be raised where the reviewer needs to obtain advice about a specific requirement, the Chair will adjourn the meeting for this to occur.
36. The programme development team would normally be expected to comprise both academic staff and practitioners, including mentors, and where appropriate other stakeholders e.g. students, users and carers. It is essential that there is an effective balance between practice and campus based learning. The presenting team will be expected to make a short presentation outlining the development and nature of the programme being considered. This presentation may also address issues submitted to the presenting team prior to the event.
37. The Panel members should then explore issues relating to core/shared aspects as well as each specialist field of practice components. The Panel should ensure that arrangements for both practice and campus based learning and assessment are explored.
38. The Reviewer should record responses to the issues they have previously raised on the evidence form in [Annexe 9](#) to determine whether regulatory requirements have been met, or not met. It will also be necessary to pursue these issues in discussion with students,

mentors and if a placement visit is made, with service providers and to record the evidence gained to inform and assist the Approval Panel in making an evidence based decision regarding the outcome of the event. A separate evidence form must be completed for each meeting.

Outcome meeting

39. Members of the Approval Panel will meet at the end of the event to share findings and reach a collective decision regarding the outcome of the event. One of the following outcomes will be reached:
1. **Approval:** If the programme meets all regulatory and programme provider requirements, the **outcome** of the approval event will be that the programme is approved, normally for a period of no more than five years.
 2. **Approval of the programme subject to specific conditions:** If the findings of the Approval Panel identify failures of the programme to meet some aspects of regulatory requirements for the protection of the public, or academic/university regulatory requirements then the programme may be approved subject to specific conditions being met. **In this case, the Panel must identify clear and unambiguous statements of the conditions to be met, with realistic timescales and persons identified as responsible for reporting the completion of the work to meet the conditions.** It should be noted that conditions should only relate to issues which, if not satisfactorily addressed, would prevent the programme from running. The programme provider will be required to produce a response to conditions providing evidence that the conditions have been met within the agreed time frame.
 3. **Withhold** approval of the programme if the Panel is not satisfied that the required standards have been met. Where the panel imposes a significant number of **conditions**, this may bring into question the validity of the programme. The **maximum** number of conditions applied **should normally not exceed five**. In cases where more than five conditions are set by the panel, the programme will not be normally approved. Conditions and recommendations must be stated in clear and unambiguous terms and **must** include the date by which the condition is to be met. Reviewers must inform the Director of Reviews of the findings and the NMC will be informed **within 5 working days**.
 4. **If a programme provider cancels or defers the approval event for any reason the NMC will require them to reimburse Mott MacDonald for all reviewer fees and expenses incurred.**
40. The Approval Panels may also wish to make **recommendations** to the Programme Development Team. However, the panel should be advised to maintain a clear distinction between *mandatory* conditions and recommendations which are advisory.

41. **Reviewers must ensure they make an accurate record of the wording of conditions and recommendations agreed at the Panel meeting.** Where two or more reviewers are present they must agree the grades for each standard of the programme, with due regard to any similarities and differences between fields of practice.

Reporting

42. The programme provider will take minutes of the Approval Panel event and produce a report to be agreed between all panel members. Once agreed the programme provider will send Mott MacDonald a copy of the approval report. In addition, the Reviewer(s) will confirm with Mott MacDonald that they have agreed the University record of the approval report within **3 working days** of doing so.
43. If the programme is **approved**, Mott MacDonald will inform the NMC of the outcome of the event and recommend approval.
44. If the programme is **approved subject to specific conditions**, Mott MacDonald will then enter the conditions and due date into its database. At or before the due date for conditions to be met, the programme provider will provide the Reviewer(s) with their response to conditions, providing evidence that the conditions have been met. If the Reviewer(s) find that the evidence demonstrates that conditions **have been met**, they must confirm this with the programme provider and Mott MacDonald **within 10 working days**. On obtaining confirmation from all Approval Panel members that the conditions have been met, or through Chair's action, the Education Provider will notify the Reviewer(s) who will inform Mott MacDonald of this outcome **within 3 working days**. Mott MacDonald will then inform the NMC of the outcome of the event and recommend approval. **Reviewers should advise the programme provider that they may recruit to a new programme, subject to approval, but may not enrol students until NMC approval is received.**
 - 44.1 If the evidence submitted by the programme provider does **NOT** demonstrate that the conditions **have been met**, to the satisfaction of the whole panel, the Reviewer(s) must inform the Programme provider and Mott MacDonald within **10 working days**. The Reviewer should also contact Mott MacDonald for guidance on the offering of an extension to ensure satisfactory achievement of the conditions set.

If the programme provider fails to provide any evidence of meeting conditions within the agreed time frame, the conditions may be deemed to be **NOT MET** and the reviewer should contact Mott MacDonald for guidance on action to be taken.
 - 44.2 The programme provider will send the Reviewer(s) and Mott MacDonald further evidence of meeting the conditions set within the agreed extended timeframe. If the evidence demonstrates that the conditions **have been met**, the Reviewer(s) will confirm this with the Programme provider and Mott MacDonald **within 10**

working days. On obtaining confirmation from all Approval Panel members that the conditions have been met, the Programme provider will notify the Reviewer(s) who will inform Mott MacDonald of this outcome **within 3 working days.** Mott MacDonald will then inform the NMC of the outcome of the event and recommend approval.

44.3 If the further evidence submitted by the programme provider **STILL** does **NOT** demonstrate to the satisfaction of the whole panel that the conditions **have been met**, the Reviewer must inform the programme provider and the Director of Reviews within **10 working days.** Mott MacDonald will seek guidance from the NMC and discuss with the Chair of the Approvals Panel the recommendation that the Programme **be not approved.**

45 On completion of the Approval Event, Reviewers will complete the programme approval report form ([Annexe 5](#)) within **five working days.**

In the approval report Reviewers will:

- Identify the academic award/s as well as the NMC programme reviewed.
- Provide an evaluative statement for **each** standard and score the level of achievement for each of the standards relating to the programme(s) being approved using a four point scale.
- Where two or more reviewers are involved **they must agree the grades which are to be recorded against each standard of the programme, with due regard to similarities and differences between fields of practice**, to ensure consistency of reporting across multiple programmes/pathways.
- Provide an accurate record of the wording of all conditions and recommendations and clearly identify which programmes they relate to when more than one programme/pathway is being approved.
- Ensure that all recommendations and/or conditions are cited in the evaluative text of the report against the relevant NMC standard.
- Provide an evaluative summary describing the evidence which supports the approval outcome.

46. **1 Outstanding:** Exceptionally and consistently high performance with examples of effective practice which is innovative and worthy of dissemination and emulation by other programme providers.

2 Good: The element/programme enables students to achieve stated learning outcomes without need for specific improvements.

3 Satisfactory: The element/programme enables students to achieve stated learning outcomes but improvement is needed to overcome specific weaknesses.

4 Unsatisfactory: Exceptionally low performance. The element / programme makes less than adequate contribution to the achievement of stated learning outcomes. Significant and urgent improvement is required to become acceptable.

47. The approval report, the evidence forms from each meeting ([Annexe 9](#)) and the audit form must be sent to Mott MacDonald for recording on the database within **5 working days** of the approval event.

Confirmation of approval

48. On receipt of a recommendation from Mott MacDonald, the NMC will send an approval letter to the programme provider.

Re-approval

49. Programme re-approval is usually required within 5 years, although an extension of approval may be considered for up to one year in exceptional circumstances. Re-approval follows the same process as approval.

Capturing issues for future programme monitoring

50. The score of achievement will be used to inform subsequent monitoring reviews and will contribute to the focus of future quality assurance events. All **conditions** and **recommendations** and any standard scoring **satisfactory** or **unsatisfactory** will be flagged and will be followed up at the next monitoring review and/or approval event.

Mott MacDonald quality control processes for approval/ re-approval events

51. Reviewers are required to complete a self evaluation form ([Annexe 7a](#)) on completion of an approval/ re-approval event. This provides an opportunity for reviewers to reflect on how they have fulfilled the assignment and to identify how Mott MacDonald may provide support with any learning and/or development needs.
52. Mott MacDonald will also request the programme provider to provide feedback on the contribution of its reviewer(s) to the approval process ([Annexe 7g](#)).
53. Mott MacDonald will also undertake quality monitoring of a 10% sample of approval/re-approval events. The Mott MacDonald representative will act as a silent observer during the course of the event and will observe the application of its systems and processes and the role of the reviewer(s) in discharging their responsibilities. Arrangements have also been agreed for NMC representatives to observe a sample of quality assurance events.

SECTION 2:

RISK BASED MONITORING

Introduction

54 Monitoring is the process by which the NMC is assured that approved programmes continue to be delivered in accordance with NMC standards and additional agreements made at approval. It seeks to ensure that programmes continue to meet regulatory requirements through examination of systems to ensure that NMC Key Risks are controlled, that weaknesses are addressed in a timely manner and that quality assurance processes are effective in maintaining and enhancing programme delivery in both practice and theory. Underpinning this quality assurance event is the production of an annual report by programme providers. At present, there is no specific format for the annual report so as to allow reports generated for other purposes to be used.

The annual report

55. The NMC requires an annual report which demonstrates how each of the programmes offered meet NMC standards and requirements. The report **must** include:

- 1 Intended numbers and actual numbers of students recruited.
- 2 Achievement and progression of students.
- 3 Analysis of external examiners' reports and resultant action.
- 4 Monitoring of intra and inter-reliability and consistency of practice assessments made by mentors/academic staff.
- 5 Evidence of acting on findings of composite reports of audits of clinical governance practice.
- 6 Report on register of assessors.
- 7 Report on mentor preparation/updating.
- 8 Student and clinical evaluations.
- 9 Risk assessment of clinical issues.
- 10 Modifications of the programme since approval and additional resources allocated to support developments in accord with the Statement of Compliance or equivalent.
- 11 Action plans and subsequent achievements resulting from programme development.
- 12 Actions taken as a result of institutional audit.

56. Programme providers may find it helpful to prepare an annual report which demonstrates

how each of the NMC Key Risks and Risk Indicators are controlled.

The annual report should be submitted to Mott MacDonald by the end of December or earlier if possible. If the annual report will not be available by this time Mott MacDonald must be informed as soon as possible.

Conduct of the monitoring event

57. The monitoring process algorithm is presented at [Annexe 11](#). Risk based monitoring will be undertaken by a team of reviewers led by a Managing Reviewer. The Managing Reviewer (MR) will undertake an initial analysis of documents in the public domain and collect further information during an initial visit in order to compile a Pre-Review Commentary (PRC). This document will serve as a brief for Reviewers and the agenda of the review itself. Reviewers will be drawn from the pool of reviewers with due regard to parts of the register and for the programmes sampled for monitoring. Potential reviewers will be required to indicate their availability, agree to complete the work within the given timeframes and confirm that no conflict of interest pertains.
58. Conflict of interest means any connection which might give cause to question a reviewer's credibility or the objectivity of his/her judgment. This precludes a reviewer acting in any place, education or service provider, at which he/she regularly gives instruction in any subject or delivers nursing/midwifery services. Consideration of conflict of interest should also be considered where reviewers' employers provide or share clinical placements with the education provider to be approved. The programme provider will be informed of the details of potential reviewers and they will also confirm, or otherwise, that no conflict of interest pertains.
59. The monitoring event will take place at least two weeks following the initial visit. The monitoring event will normally be of two day's duration but in a small number of cases, one day, depending upon the number and complexity of programmes sampled. The majority of the event will take place in practice placement areas where the findings drawn from the annual report and other relevant documents will be tested with students, mentors/practice teachers and employers.

Convening the programme monitoring event

60. Programme providers will normally be notified of the programme monitoring event at least 8 weeks in advance and will be asked to nominate a contact person within the Nursing/Midwifery faculty who will be available at the initial visit and will be able to facilitate the arrangements for the monitoring event with the assigned Managing Reviewer.

Preparing the pre-review commentary (PRC)

61. Mott MacDonald will provide Managing Reviewers with a range of background information relating to the Education Provider and the programme(s) sampled for

monitoring. This will include:

- 1 A copy of the last annual report for nursing and midwifery programmes.
- 2 A copy of the most recent relevant programme approval report and report on achievement of conditions, if appropriate.
- 3 Copies of the most recent relevant monitoring reports or self evaluation monitoring reports
- 4 A copy of the Supervisor of Midwives report (as appropriate).
- 5 Copies of recent quality assurance reports relevant to the service providers providing practice placements for students of the programme(s).
- 6 Copies of relevant external quality assurance reports in the public domain.

62. Managing Reviewers will analyse this information and produce a Pre-Review Commentary (PRC) ([Annexe 12](#)), under the following headings:

Brief description of the programme provider

- 1 Size and nature of provider, including the number of campuses, geographical spread, student numbers, recruitment, attrition.
- 2 Partnering service providers and any relevant issues from external QA reports

Analysis of performance against respective NMC Key Risks

- 1 A summary of the achievement in the control of NMC key risks.
- 2 Identification of themes/ issues to be explored/tested during the site visit.

Arranging the initial visit

63. Prior to the initial visit, Managing Reviewers should contact the programme provider's nominated contact to arrange a visit to obtain any further information or clarification and to agree the agenda and arrangements for the monitoring event.

64. A possible approach for the first contact might include:

- 1 An introduction to yourself.
- 2 Confirmation of the actual dates of the monitoring event.
- 3 Explanation of the purpose of the *initial visit*: that it is for the purpose of obtaining further relevant information to complete the PRC and that it is **NOT** appropriate to meet with students, clinical or academic staff other than the programme leader at this stage.
- 4 Confirm date for initial visit, the documents to be available and the agenda for the day

- 5 Confirm arrangements by e-mail.
65. Depending upon the information already obtained from the annual report and other documents in the public domain, the MR may request documents from the following list to be made available at the initial visit.
- 1 Student statistics, progression and completion rates.
 - 2 External examiner reports, especially with regard to quality of learning in practice and assessment of practice.
 - 3 Feedback from students, NHS employers, service users and programme provider staff.
 - 4 Reports on action taken in response to evaluation by students, service providers and external examiners.
 - 5 Confirmation of the service providers contributing to the programmes sampled for review.
 - 6 Annual clinical governance reports from service partners.
 - 7 Criteria for selection and preparation of practice areas and evidence of appropriate audits.
 - 8 Mentor and practice educator recruitment, training and update statistics and risk management strategy.
 - 9 Live register of mentors/practice educators.
 - 10 Evidence of effective practice/innovation within the Education Provider and/ service providers.
 - 11 Profile of teaching team, their responsibilities and workload in respect of student numbers.
 - 12 Copies of the student handbook and assessment of practice documents to pass on to reviewer/s.

The initial visit

66. This meeting takes place with the nominated contact at least two weeks before the monitoring event to facilitate the completion of the PRC and to agree the agenda for the monitoring event. If senior academic staff are present at the start of the meeting it should be for reasons of courtesy only.

The agenda below is illustrative of the format of this initial visit.

- 1 Introductions
- 2 Purpose of the initial visit

- 3 Clarification of the review method
- 4 Scrutiny of selected information requested by the Managing Reviewer
- 5 Sharing of issues to be pursued during the monitoring event including any satisfactory grades identified at the previous monitoring event and/or recommendations set at approval event/s during the last year
- 6 Ask whether there are any other issues which the monitoring team should know about e.g. serious clinical incidents, enquiries etc.
- 7 Ask whether there are any particular risks identified in delivering the programme/s e.g. clinical placements shared with other programme providers
- 8 Agreement of the monitoring agenda, introductory meeting, sites to be visited and staff, students, mentors and employers to be available.
- 9 Domestic arrangements
 - room for monitoring team
 - facilities, including coffee making etc and plugs for computers
 - lunch
 - parking
- 10 Close
 - ensure that named contact has no outstanding questions
 - Thank named contact for their time.

Selection of practice placements to be visited during the monitoring event

67. A representative sample of clinical placements must be visited by reviewers to test how programme providers control NMC Key Risks. The visits to clinical placements provide an opportunity for exploring with students, mentors and senior/clinical managers the application of the policies and procedures to ensure responsibilities for learning are met and their experience of the programmes sampled for monitoring. It also affords the opportunity to verify educational audit processes and actions taken to maintain /improve the learning environment and control NMC Key Risks. Opportunities should also be available to meet with patients/clients or carers who have contributed to the development and/or delivery of the curriculum.

Criteria for selection of placements

68. The following criteria for selection of clinical placements are recommended:
- 1 The placement should not normally have been visited as part of an external quality assurance event in the past 2 years.

- 2 Placements cited by the programme provider as demonstrating effective practice and /or innovation.
- 3 New practice placements or weaker practice placements where action is required to improve the learning environment.
- 4 A balance of care settings e.g. hospital, residential and community services
- 5 A range of NHS, Social Care and independent or voluntary sector provision as appropriate.
- 6 A sample of non specialist and specialist care settings.
- 7 Other provision as appropriate to specific programmes and localities:
 - Medical and Community Health Centers.
 - Schools and any special areas of interest.
 - Occupational Health Clinics within NHS Trusts, Local Authorities and commercial enterprises e.g. manufacturing companies, retail chains.

Planning the placement visits

69. The timescales and order of events will be agreed by the Managing Reviewer and the nominated programme provider contact person during the initial visit. The contact person will advise on the geographical spread of practice areas where students are placed and the Managing Reviewer will specify locations to be visited. It will not be necessary, at this time, to specify the people to be interviewed at the monitoring event. This will be done on the day of the event and will be determined by their availability. However, it will be necessary to ensure that students are present on clinical placement at the time of the event. In planning the schedule appropriate time should be allowed for time for travel between sites.

Where clinical placements are widespread, arrangements may be made to conduct some interviews by telephone or videoconference.

Post initial visit:

70. The Managing Reviewer will revise the PRC in light of any additional information obtained at the initial visit and will summarise the key issues to be explored by reviewers at the monitoring event. The text of the PRC should be highly evaluative and not too long. There is no point in copying descriptive data that is available elsewhere. However, there should be sufficient analysis to help team members understand the basis for the hypotheses and review issues. The PRC should be completed electronically. **There is no need for elaborate prose, note form is sufficient as long as the meaning is clear.**

Development of monitoring plan

71. The summary of key issues in the PRC will inform a monitoring plan. This will specify the focus of the monitoring event, identifying issues that are programme specific, common across programmes and/or specific key risks identified by the NMC nationally. It will also provide the agenda for the pre-event team briefing meeting when responsibility for themes/issues will be assigned. One week before the monitoring event, the Managing Reviewer will forward a copy of the PRC to reviewers. Reviewers will consider how they can explore the key issues during the review.

Pre-event briefing meeting

72. The Managing Reviewer will meet with the Review Team the evening prior to the monitoring event. The purpose of this meeting is to brief the team and to guide them through the event. The briefing should include:
- 1 An analysis of available data presented in the PRC relating to the programme provider and the NMC Key Risks and Risk Indicators to be monitored.
 - 2 Discuss the working hypotheses
 - 3 Focus the monitoring event by identifying the main issues that need to be explored
 - 4 Assign responsibilities for themes/issues with due regard for the programmes being monitored and key risks identified by the NMC
 - 5 Inform the team of their responsibilities for recording evidence captured
 - 6 Inform the team of their responsibilities for drafting their respective sections of the report
 - 7 Provide student handbook and assessment of practice documents for reviewers

THE MONITORING EVENT

Assessment of systems to control NMC key risks

73. The NMC Key Risks have been revised following the 2009-10 annual monitoring cycle and will continue to be the focus of monitoring in 2010-11. The Review Plan detailing the Key Risks, Risk Indicators and associated NMC standards, potential control systems and sources of evidence is presented below.

Monitoring Review Plan 2010/11 for ALL NMC approved programmes

Themes	Key Risks	id	Indication that risk is controlled	NMC Standard ref	Risk Controls	Review Plan
Resources	Programme providers have inadequate resources to deliver approved programmes to the standards required by the NMC	1.1.1	Registrant teachers hold NMC recordable teaching qualifications and have experience /qualifications commensurate with role	SLAiP 3.4	Effective policy for lecturers to achieve recordable teaching status with NMC and to record their qualification	Sample check registrant teachers' registration and record of qualifications on NMC website
					Role descriptors are consistent with responsibilities of teachers	Determine staff adherence to provider policy on appropriate qualifications
		1.1.2	Sufficient staff dedicated to programme delivery	SLAiP 3.1, 3.2.4, 3.2.6	Effective workforce strategy	Examine workloads amongst staff teams, students experience of learning and support, feedback on assignments including timeliness & benefit to students, frequency and overall number of cancelled lectures due to unavailability of lecturers
					Clear measures to monitor strategy's implementation	
	Inadequate resources available in practice settings to enable students to achieve learning outcomes	1.2.1	Sufficient appropriately qualified mentors/practice teachers available to support numbers of students	NMC QA Factsheet C/2004UK: Principle 2- Managing practice-focused learning. NMC Circulars 26/2007 28/2007	Clear accountability for allocation of students to practice settings with sufficient suitable mentors/practice teachers available.	Review data base entries for accurate and regular records. Cross reference Programme and Service Provider information on numbers and availability of mentors. Meet with mentors, students and service representatives for evidence of numbers of students per mentor. Check that mentors act with due regard.
						SLAiP 3.2.4, and Page 12 2nd Bullet
		1.2.2	Student teachers are supported by people who are appropriately qualified	SLAiP 3.4.4 final sentence	Appropriate mentorship arrangements for nurses and midwives on teacher programmes	Check all demands made of clinical areas visited..
						Check that student teachers have qualified teachers supporting and assessing their teaching practice
	1.2.3	Mentors/practice teachers are able to attend training and annual updates	NMC QA Factsheet C/2004: Principle 3 SLAiP Page 12 2nd Bullet NMC additional info to support implementation of SLAiP	Flexible modes of delivery of mentor training and updates	Meet with mentors and training/update organisers to check frequency of mentor updates offered evaluation and levels of attendance.	

Monitoring Review Plan 2010/11 for ALL NMC approved programmes

Themes	Key Risks	ID	Indication that risk is controlled	NMC Standard ref	Risk Controls	Review Plan
Admissions & Progression	Inadequate safeguards are in place to prevent unsuitable students from progressing to qualification	2.1.1	Admission processes follow NMC requirements	Standard 2 or 5 – General entry requirements - Good health and good character NMC Circular 13/2008 Standard 4.3 – Standards for pre-registration midwifery education	Selection and admission processes include practitioners and users. Panel members are given equality and diversity training. Admission processes include checks of health and conduct.	Check that interview panel members undergo equality and diversity training. Review selection procedures. Identify involvement by practitioners and users
		2.1.2	Programme providers procedures address issues of poor performance in both theory and practice	Circular 03/2009 (Midwifery), Good Health and Good Character Guidance 08/2008 Standard 4.4 – Standards for pre-registration midwifery education	Teachers, practice teachers and mentors follow procedures to address issues of poor performance	Explore experience of implementing procedures to address poor performance
		2.1.3	Systems for the accreditation of prior learning and achievement are robust and supported by verifiable evidence, mapped against NMC outcomes and standards of proficiency	Standards of proficiency for nursing education, NMC QA Factsheet 1/2004UK: AP(E)L. NMC SCPHN Circular 23/2006	Effective management of AP(E)L applications, verification of credit claims and QA of system	Identify AP(E)L systems and sample applications for appropriate mapping against NMC requirements, particularly for pre-registration nursing programmes offering a shortened route .

Monitoring Review Plan 2010/11 for ALL NMC approved programmes

Themes	Key Risks	ID	Indication that risk is controlled	NMC Standard ref	Risk Controls	Review Plan
Practice Learning	Inadequate governance of practice learning	3.1.1	Evidence of effective partnerships between education and service providers, including other education institutions	SLAiP NMC QA Factsheet C/2004UK: Principle 1- Ensuring partnerships for learning	Effective Local partnership arrangements at strategic and operational levels including independent sector and Foundation Trusts. Auditing strategy conforms with NMC standards. Effective sharing of audit information if placements are used by other providers.	Determine level and nature of interaction between partners. Identify support for education and training at all levels from mentors to board level, Check frequency and validity of audit processes over a sample of placement areas. Identify the elements of the audit tool used and its effectiveness in identifying suitable practice learning opportunities to enable the achievement of outcomes and proficiencies. Determine that where shared arrangements for audits of practice learning exist, information on the quality of provision is available to all parties.
	Programme providers fail to provide learning opportunities of suitable quality for students	3.2.1	Evidence that mentors/practice teachers are properly prepared for their role in assessing practice	NMC Circular 27/2007 – sign-off status of practice teacher students 05/2010 Sign-off mentor criteria	Mentor and practice teacher preparation is approved by NMC and prepares participants, especially those in sign-off role, to meet requirements of SLAiP. Mentor/practice teacher updates allow individuals to maintain competence in assessing student performance.	Examine curriculum. Ask mentors/practice teachers their understanding of the assessment process, including the sign-off element. Check understanding of how to manage poor performance and identify examples of mentors being supported when failing students in practice. Check that updates include opportunities for discussion with other mentors/practice teachers. Check that arrangements for triennial review are in place.
		3.2.2	Records of mentors/ practice teachers are accurate and up to date	SLAiP NMC additional info to support implementation of SLAiP p11	Placement providers update mentor/practice teacher register/database appropriately Audit systems accurately report numbers of mentors.	Check frequency of updates to register, make checks on accuracy during visits to practice settings. Cross reference audits with placement sample, and register of mentors held by service providers
		3.2.3	Practitioners and service users are involved in programme development delivery.	NMC QA Factsheet C/2004UK: Principle 1- Ensuring partnerships for learning	Programme management team includes service users and practitioners, Resources are available to support involvement of service users.	Identify how providers elicit the views of service users and patients about the care provided by students, their level of awareness of the role of students and their education. Determine the contribution of practitioners and service users to programme development, delivery and evaluation.
		3.2.4	Education staff support students in practice	SLAiP 3.4.4 Midwifery Standard 11	Time dedicated for education staff to engage with practice and the application of theory to practice	Review policies for lecturer practice teaching activity. Gather evidence of time spent in practice and how this contributes to programme delivery. Identify the contribution of practising midwives to the application of theory to practice.
	Confirmation of achievement unreliable or invalid	3.3.1	Mentor/practice teachers' assessment of competence is consistent and substantiated by students' performance	SLAiP 2.1.2, 2.1.3 NMC Circular 33/2007 Factsheet C/2004UK: Principle 5-Enhancing Quality	QA of assessment of competence	Check measures to monitor inter-rater reliability and validity of practice assessments Check procedures governing students' ongoing achievement records

Monitoring Review Plan 2010/11 for ALL NMC approved programmes

Themes	Key Risks	ID	Indication that risk is controlled	NMC Standard ref	Risk Controls	Review Plan
Fitness for Practice	Approved programmes fail to address all required learning outcomes	4.1.1	Students achieve NMC learning outcomes /competencies for entry to the nursing part of register	Standards of proficiency for nursing education NMC circular 03/2009 Essential Skills Clusters NMC circular 36/2007- simulated practice European Directive 2005/36/EC	Effective teaching and learning strategies to meet NMC outcomes/proficiencies. Opportunities to rehearse and develop skills. Appropriate formative and summative assessment/confirmation of achievement of ALL requirements of EC directive included in timetable.	Determine effectiveness of formative and summative assessment /confirmation of achievement. Determine how students benefit from teaching and learning strategies including simulated learning. Examine links between theory and practice components. Identify if essential skills fully in place. Explore coverage of content in European Directive (ECD) and identify how requirement for other practice experiences for adult nurses is being met. Check that individual hours of theory and practice comply with EC directive. Explore service providers' confidence that poor performance is identified and addressed. Determine employers'/potential employers' satisfaction with students exiting from programme.
		4.1.2	Students achieve NMC learning outcomes /competencies for entry to the midwifery part of register	Standards for pre-registration midwifery education Essential Skills Clusters for Midwifery	Effective teaching and learning strategies to meet NMC outcomes/proficiencies. Opportunities to rehearse and develop skills. Appropriate formative and summative assessment/confirmation of achievement	Determine effectiveness of formative and summative assessment /confirmation of achievement. Determine how students benefit from teaching and learning strategies including simulated learning. Examine links between theory and practice components - find out how practising midwife teachers support application. Determine how grading of practice is being implemented. Explore service providers' confidence that poor performance is identified and addressed. Determine employers' /potential employers' satisfaction with students exiting from programme.
		4.1.3	Students achieve required proficiencies for entry to SCPHN part of the NMC register	Standards of proficiency for Specialist Community Public Health Nursing Relevant NMC Standards including PREP, Nurse Prescribing, SLAiP	Effective teaching and learning strategies to meet NMC outcomes/proficiencies. Opportunities to rehearse and develop skills. Appropriate formative and summative assessment/confirmation of achievement	Determine effectiveness of formative and summative assessment /confirmation of achievement. Determine how students benefit from teaching and learning strategies including simulated learning; examine links between theory and practice components. Explore service providers' confidence that poor performance is identified and addressed. Determine employers'/potential employers' satisfaction with students exiting from programme.

Monitoring Review Plan 2010/11 for ALL NMC approved programmes

Themes	Key Risks	ID	Indication that risk is controlled	NMC Standard ref	Risk Controls	Review Plan
Fitness for Practice	Approved programmes fail to address all required learning outcomes	4.1.4	Students achieve the outcomes identified for NMC approved programmes leading to either recordable or non-recordable qualifications	Relevant NMC Standards including PREP, Nurse Prescribing, SLAiP, Specialist Practitioner Programmes	Effective teaching and learning strategies to meet NMC outcomes/proficiencies. Opportunities to rehearse and develop skills. Appropriate formative and summative assessment/confirmation of achievement	Determine effectiveness of formative and summative assessment /confirmation of achievement. Determine how students benefit from teaching and learning strategies including simulated learning; examine links between theory and practice components. Explore service providers' confidence that poor performance is identified and addressed. Determine employers'/potential employers' satisfaction with students exiting from programme.

Monitoring Review Plan 2010/11 for ALL NMC approved programmes

Themes	Key Risks	ID	Indication that risk is controlled	NMC Standard ref	Risk Controls	Review Plan
Quality Assurance	Programme providers' internal QA systems fail to provide assurance against NMC standards	5.1.1	Programme evaluation and improvement systems address weakness and enhance delivery	NMC QA Factsheet C/2004UK: Principle 5- Enhancing Quality	Evaluation systems provide appropriate feedback to enhance programme delivery. The Institution has a comprehensive range of internal QA systems which incorporate achievement of both academic and practice outcomes.	Review evidence of action on programme evaluation - student committee/feedback, external examiner reports, programme management committee, exam boards. Check evidence of auditing internal QA systems. Check evidence of follow up on issues from previous year's monitoring.
		5.1.2	External examiners engage with both theory and practice elements of approved programmes	NMC QA Factsheet C/2004UK: Principle 5- Enhancing Quality SLAiP 2.1.2, Principle 5- Enhancing Quality NMC Circular 33/2007	External examiners' contracts and remuneration are commensurate with role External examiners engage with all aspects of programme to assess validity and reliability of judgements	Check evidence of moderation of practice elements, for example perusal of practice portfolios, observation of OSCEs, externals contact with mentors. Identify external examiners' engagement with assessment of practice.
		5.1.3	Programme approvals are conducted well and ensure that NMC standards are covered	QA Handbook - Section 1 - Programme Approval/Re-approval	Comprehensive and consistent programme approval processes	Check that approval events are conducted conjointly and involve programme commissioners. Explore extent of internal and professional scrutiny of documentation prior to presentation for approval. Review number and nature of conditions set at approvals and the action taken to prevent repetition at subsequent events. Monitor process for consideration of recommendations from approval events. Check that all programmes offered have current approval status.
		5.1.4	Internal QA processes facilitate appropriate updating of programmes in the light of changes/additions made to NMC standards	QA Handbook - Section 3 - Programme Modification	Additions/amendments to approved curricula and changes required by NMC are incorporated into existing programmes in the appropriate manner	Review adherence to procedures for minor/major modifications Identify process of dissemination of correspondence from NMC official correspondent.

Gathering evidence and testing hypotheses

74. Reviewers have a collective responsibility for gathering, verifying and sharing evidence so that they are able to test the hypotheses of risk and/or good practice identified in the PRC. Reviewers will share and discuss evidence, check their understanding and interpretation of data and will triangulate different sources to arrive at collective understandings. **They will also gather evidence on the elements presented in the PRC.**
75. The Reviewers will conduct interviews with teaching staff, students, mentors, practice teachers, employers and patients/carers who may have contributed to programme development and delivery. The objective of the meetings is to test, and if necessary, modify the hypotheses and early findings and to seek evidence of consistency in the implementation of programmes.
76. The reviewers will also visit service providers for the purpose of collection of evidence and to corroborate programme providers' self assessment in their annual report with partner service providers, mentors and employers. Reviewers will:
- interview a range of students, mentors, practice teachers, ward or community managers to test their experiences of the programme(s) and their delivery.
 - examine any documentary evidence of student practice placement, records kept of mentor/student meetings, assessments and training events.
77. Personnel interviewed by reviewers must be assured that no comments will be attributed to individuals, however, should issues be raised of serious concern, then reviewers will be obliged to report this to the Managing Reviewer who will determine any subsequent action.
78. Records of these interviews should be recorded on Evidence Forms. A new Evidence Form should be used for each issue/meeting. ([Annexe 9](#))

Guidance for meetings with programme leaders, students, service managers, mentors and practice teachers, patients and carers

Meeting with programme leaders

79. Topics for discussion will usually include:
- Action taken in relation to recommendations made when the programme was approved.
 - Any major/minor amendments made since the programme was approved.
 - The impact of any changes made.
 - Level of resources available to support programme delivery

- Preparation of interview panel members
- Application of APEL systems
- Appropriateness of learning outcomes.
- Effectiveness of assessment strategies.
- How specific key risks are addressed (e.g. development of essential skills and proficiencies, on going checks on the conduct of students throughout the programme, operation of Fitness to Practice Committees etc).
- Achievement of standards and requirements for registration.
- Current issues in the support/collaborative arrangements with the Service partner(s).
- Contribution of the multidisciplinary team and service users and carers to the learning opportunities.
- Methods of seeking service users and patients' views on the care offered to them by students, and their level of awareness of the role of students and the programme.
- Impact of changes made to meet the requirements of another regulatory body e.g. the Health Professions Council, on meeting NMC standards and requirements.
- Any changes anticipated in the future.
- Any issues programme leaders anticipate may arise during the event.
- Role of Lead Midwife for Education.

Meeting with students

80. Reviewers will meet and hold discussions with students from each programme being monitored. The students should be representative of the whole cohort in age, sex, and ethnic background. Where there are significant numbers of students on different programmes, the Managing Reviewer will require more than one group of students.
81. The topics for discussion in the interview(s) with the group(s) will usually include:
- Access to and engagement with the learning opportunities (e.g. are the teaching sessions and practice placements stimulating, accessible, relevant and challenging?)
 - Clarity of the aims and purposes of the programme (e.g. Can students see how the programme is providing good preparation for meeting the relevant standards and proficiencies for practice).

- Coherence within the programme including links between university based and practice placement learning.
- The practice placement experiences (including breadth, balance and suitability)
- Practice assessment including its relevance and the provision of support feedback and review.
- Individual support including the working relationships with lecturers, supervisors, mentors and practice teachers and the availability of help in the university and from service providers.
- The students perceptions of the information shared with them about their conduct during the programme
- The students' perceptions of their progress including the quality and quantity of feedback, assessment procedures and their own contribution to the assessment process.

Meeting with mentors and practice teachers

82. Reviewers will meet and hold discussions with mentors and practice teachers from each programme being monitored. Where there are significant numbers of mentors and practice teachers for different programmes and for different practice placement providers, the MR will require more than one group.
83. The topics for discussion in the interview(s) with the group(s) will usually include:
- Support/collaborative arrangements in place with the partner programme provider.
 - Appropriateness of learning outcomes and how they contribute to the achievement of essential skills and standards for proficiency.
 - Contribution of the multidisciplinary team and service users and carers to the learning opportunities.
 - Evidence that care in placement areas is based on research and evidence based findings and standards of clinical governance.
 - Support mechanisms for students on placement.
 - Preparation for and updating for role as mentor/practice teacher.
 - Feedback on fulfilment of role as mentor/practice teacher and triennial review process.
 - Preparation for role as an interview panel member.
 - Systems for ensuring inter rater reliability and validity of assessment of competence between mentors.

- Accessibility of mentors/practice teachers to students.
- Methods of seeking service users and patients' views on the care offered to them by students, and their level of awareness of the role of students and the programme.
- Record keeping of working and meetings with students.
- Feedback on students' progress and communication of any concerns with Education Provider.
- Feed back from Education Provider on the quality and standards of placements and actions required.
- Investigation, response to and recording of complaints.

Meeting with employers (service managers)

84. Reviewers will meet and hold discussions with service managers from programmes being monitored. The service managers should be selected by the Managing Reviewer when the visits are agreed. Where there are significant numbers of different programmes and different practice placement providers, the reviewers may require meetings with service managers in different service provider locations.
85. The topics for discussion in the interview(s) with the group(s) will usually include:
- 1 Support/collaboration arrangements with the partner programme provider
 - 2 Contribution of practitioners to programme development and monitoring
 - 3 Preparation of staff as interview panel members
 - 4 Appropriateness of learning outcomes
 - 5 Achievement of standards and requirements for registration
 - 6 Contribution of multidisciplinary teams, service users and carers to learning opportunities
 - 7 Procedures and criteria for securing, approving and allocating placements
 - 8 Evidence/research base of care and arrangements for clinical governance
 - 9 Support mechanisms for students on placement
 - 10 Preparation of staff for role(s) of mentor/practice teacher
 - 11 Criteria and selection process for mentors/practice teachers
 - 12 Assessment of competence in fulfilling role of mentor/practice teacher and triennial review process.
 - 13 Ways of ensuring inter rater reliability and validity of assessment of competence

between mentors

- 14 Methods of seeking service users and patients' views on the care received by students
- 15 Feedback on progress of students to programme provider and communication of concerns
- 16 Level of involvement of service representatives in determining student conduct
- 17 Arrangements for programme providers to provide feedback on the quality and standards of placements and requirements for action
- 18 Investigation, response to and recording of complaints relating to practice placements

Meeting with patients and carers

86. Reviewers will meet and hold discussions with patients and carers who have contributed to each programme being monitored. The patients and carers should be selected by the provider. Where there are significant numbers of patients and carers contributing to different programmes, the MR will require more than one group and meetings in different service provider locations.
87. The topics for discussion in the interview(s) with the group(s) will usually include:
 - 1 Extent to which they felt able to contribute to the programme.
 - 2 Extent to which they felt their contribution was valued and included.
 - 3 Relevance of the learning outcomes to the needs of patients and carers.
 - 4 Opportunity of patients and carers to contribute to the delivery of the programme.
 - 5 Support provided to patients and carers in making meaningful contributions.
 - 6 Methods of providing feedback on the care that patient are offered by students, and their level of awareness of the role of students and the programme.

Making judgments

88. The reviewers will meet with the Managing Reviewer at agreed times to share findings and determine any further issues to be explored and to arrive at their final judgments. Should a reviewer find something untoward which needs urgent further investigation, then they should notify and discuss this with the Managing Reviewer by telephone as soon as possible. Reviewers will share and consider all forms of evidence gathered during the review to enable them to reach accurate and robust collective judgments. During this time it will be the responsibility of the Managing Reviewer to constructively challenge findings, in order to ensure there is sufficient triangulated evidence to support conclusions.

89. Reviewers should make judgments about the quality and effectiveness of learning opportunities; on the effectiveness of learning resources and of the support provided to students to enable them to progress in their studies. They should also assess whether the content and design of the curriculum are effective in enabling students to achieve the stated learning outcomes for the programme. In addition, reviewers will assess whether the curriculum is appropriate to each stage of the programme and the level of award. Reviewers are also required to evaluate whether the assessment strategies are designed and implemented appropriately in order to measure student achievements of stated learning objectives. The range of assessments should include formative methods and provide students with prompt feedback. In making judgments about learning resources, reviewers will assess whether the minimum resource necessary to deliver each programme is available and used effectively.

90. Reviewers will grade the level of risk control on the following basis:

1. **Outstanding:** Exceptional and consistently high performance. Strong risk controls are in place across the provision and in addition, reviewers **must** identify specific features within the risk control systems that are worthy of dissemination and emulation by other programme providers.
- 2 **Good:** The element/programme enables students to achieve stated learning outcomes. Appropriate risk control systems are in place without need for specific improvements.
- 3 **Satisfactory:** The element/programme enables students to achieve stated learning outcomes. But improvements are required to address specific weaknesses in risk control processes.
- 4 **Unsatisfactory:** The element/programme makes less than adequate contribution to the achievement of stated learning outcomes. Risk control systems and processes are weak and significant and urgent improvements are required to become satisfactory.

The grade awarded for each Key Risk will be determined by the lowest level of control in any component Risk Indicator. The grade **should not** reflect a balance of achievement across a Key Risk.

91. If the delivery of any NMC approved programme does not meet elements of the regulatory requirements, the Managing Reviewer will discuss with a senior representative of the Education Provider, the cause for concern as early as possible and explore ways of managing the situation. If the cause for concern continues the Director of Reviews will be informed, and the NMC will be informed **within 5 working days**. If the causes for concern are considered high risk for the NMC, they will be informed **within 2 working days**.

Maintenance and enhancement of standards and quality

92. Managing Reviewers will undertake an assessment of how the programme provider's quality systems and processes operate in respect of the programme(s) being monitored. They will assess systems and processes in place to address NMC key risks and their effectiveness in facilitating, supporting and monitoring high quality education, leading to students achieving the standards and proficiencies required by the NMC. Managing Reviewers will not assume that any particular models of management should be in place, nor consider aspects of management relating to the wider role of managers within their organisation.
93. Reviewers will focus on the extent to which quality assurance systems check there is reliable evidence to support the claim that the quality of provision has been maintained or improved. They will undertake activities to evaluate how well the procedures described by the programme provider work in practice. This will be undertaken by seeking evidence of documented improvements and reductions in risk, particularly in respect of practice placement learning.

Reporting

94. The Managing Reviewer will facilitate discussion with the Reviewer(s) to determine key issues and themes at key points during the course of the monitoring event and to check the need to pursue lines of enquiry. The Reviewers will share their findings and the Managing Reviewer will facilitate the agreement of key themes and issues and the levels of achievement in controlling NMC Key Risks for the provider as a whole, in addition to specific programmes. Particular attention must be paid to ensuring that triangulated evidence is available to support judgments made. These discussions will inform the verbal Headline Report to senior programme provider staff.
95. Where requirements are unmet the Director or Assistant Director of Reviews will be informed immediately and consulted on action to be taken.
96. At the conclusion of the monitoring event, the Managing Reviewer will provide a verbal headline report of key themes and issues to senior staff of the programme provider and service partners (**up to 6 people**).
97. Following the monitoring event, Reviewer(s) will prepare an evidence form for each meeting ([Annexe 9](#)) and report ([Annexe 13](#)) on the sample programme they have monitored. The report should contain a clear description of how NMC Key Risks are managed. The report must be completed within **2 working days** of the event and forwarded to the Managing Reviewer with the completed evidence sheets.
98. The Managing Reviewer will collate the Reviewer(s) reports and synthesise the evidence to prepare a draft programme provider report ([Annexe 14](#)). The Managing Reviewer will send the draft programme provider report to Reviewer(s) for them to agree and "sign-off"

within **2 working days**.

99. The final draft report, along with all Reviewer reports and evidence sheets and the PRC must be submitted to Mott MacDonald within **5 working days** of the monitoring event.

Mott MacDonald quality control of reports

100. Reviewer(s) reports will be reviewed by the Managing Reviewer to determine consistency in judgments that accurately reflect the evidence provided, confirm the level of achievement in controlling Key Risks and consider the urgency or otherwise of follow up and any appropriate recommendations to the NMC. Managing Reviewers will discuss and agree revisions with Reviewers. A copy of the Quality Assurance Report is provided at [Annexe 7c](#).
101. All programme provider reports will be reviewed internally by the Director or the Assistant Director of Reviews who will confirm the draft report is satisfactory or discuss and agree revisions with the respective Managing Reviewer. A copy of the Quality Assurance Report is provided at [Annexe 7c](#).
102. The final draft report, with achievement descriptors, will be sent to the programme provider by Mott MacDonald to check for factual accuracy **within 10 working days of the monitoring event**. A copy will be retained by Mott MacDonald.
103. The programme provider will return comments on factual accuracy to Mott MacDonald within **5 working days**. The comments will be forwarded to the Managing Reviewer who will revise the draft report as appropriate and send a final copy to Mott MacDonald within **3 working days**. Mott MacDonald will then submit the report to the NMC for publication.
104. The programme provider may choose to provide a written response to be published with the report; this should be submitted **within 5 weeks** of their receipt of the formal outcome and report from the NMC. The responses should be sent directly to the NMC.
105. If the programme provider and service providers disagree with the outcome of the monitoring event they may be referred to the appeal procedure ([Annexe 6](#)). However it should be noted that an appeal may only be lodged on the basis of **dissatisfaction with the conduct of the event** and not the professional judgment of the Reviewers.

Post completion of final report

106. If a programme provider is awarded an 'Unsatisfactory' grade in any of the Key Risks, they will be required to develop an action plan to address the causes for concern, using the action plan template at [Annexe 15](#) and action plan algorithm at [Annexe 16](#). Programme providers may find the guidance on completing an action plan at Annexe 15 helpful. The action plan must be agreed with the Managing Reviewer and normally finalised within **10 working days** of monitoring. Mott MacDonald will then enter the action plan into its database and forward a copy to the NMC within **3 working days**.

107. The NMC will write to Mott MacDonald to confirm ratification of the action plan within **5 working days**. The timing of subsequent monitoring will be determined by the degree of risk identified and the activities and time frame for key stages of achievement set out in the action plan. Mott MacDonald will notify the Managing Reviewer to agree a date with the programme provider for submission of evidence to demonstrate achievement of the action plan.
108. The Managing Reviewer may undertake a follow-up visit if directed by the NMC, to review progress in strengthening control measures. The initial report will be amended by the Managing Reviewer to reflect progress and the final outcome and will include any issues to be addressed at future monitoring. The amended report and evidence forms will be forwarded to the Director of Reviews. Mott MacDonald will confirm the outcome within **5 working days** of the amended report being agreed.
109. If the provision still does not meet NMC requirements the Director of Reviews will consult the NMC on appropriate action and inform the Managing Reviewer and the programme provider of the outcome and action to be taken.
110. **The NMC will only publish the Summary Report once all requirements have been met.**

Mott MacDonald quality control processes for programme monitoring events

111. A 360 degree evaluation of the programme monitoring event shall be undertaken to assure the proper conduct of the quality assurance activity and to identify how Mott MacDonald may provide support with any learning and/or development needs of Managing Reviewers and Reviewers.
112. Reviewers are required to complete a self evaluation form ([Annexe 7a](#)) and return it to Mott MacDonald along with the evidence and report forms They are also asked to complete an evaluation of the way in which the Managing Reviewer has conducted the event ([Annexe 7d](#)) and to return this to Mott MacDonald.
113. Managing Reviewers will complete an evaluation of Reviewers ([Annexe 7e](#)) and will provide feed-back to Reviewers with reference to Reviewers own self evaluation in addition to the MRs evaluation.
114. Mott MacDonald will also request the programme provider to provide feedback on the contribution of its reviewer(s) to the monitoring process ([Annexe 7f](#)). A further copy of the feedback form will be sent to the programme provider if a completed copy has not been returned after the monitoring event.
115. Mott MacDonald will also undertake quality monitoring of a 10% sample of monitoring events. The Mott MacDonald representative will act as a silent observer during the course of the event and will observe the application of its systems and processes and the role of the Managing Reviewer and Reviewer(s) in discharging their responsibilities. Arrangements have also been agreed for NMC representatives to observe the conduct of a sample of quality assurance events.

SECTION 3

PROGRAMME MODIFICATION

116. Reviewers may only be partially involved in this process but it is presented for completeness and to ensure that all who may be involved are aware of the total process.

NMC advice

117. Advice as to whether a particular issue constitutes a major or minor modification and how this might be best managed to ensure compliance with regulatory requirements must be obtained from Mott MacDonald before the modification is made. Programme providers may find the programme modification algorithm at [Annexe 17](#) helpful in understanding the modification process.

Minor modifications

118. Under normal circumstances, approved institutions may improve and enhance NMC approved programmes through their own internal processes. Modifications made in this way, which are agreed and documented by the relevant internal processes and which continue to adhere to NMC regulatory requirements, will not normally require the direct approval of the NMC. However, it must be demonstrated that any such modification does not disadvantage existing students on the programme. Should a number of minor modifications have a cumulative effect and represent a significant change to the original approval, it may be necessary for Mott MacDonald to inform the NMC.

119. The programme provider must provide Mott MacDonald with evidence of the outcome of internal approval, usually a copy of the relevant internal minute sanctioning the modification. On receipt of the relevant evidence, Mott MacDonald will record the modification on its database and will inform the NMC.

120. Mott MacDonald will send a letter of confirmation of the modification to the programme provider. It should be noted that modification of a programme will not normally result in an extension to the existing period of NMC approval.

121. All programme modifications and developments must be reported in the Annual Report and will be considered by Mott MacDonald as part of its monitoring activity. Programme providers are required to maintain an audit trail, clearly showing how the development has been introduced, evaluated and necessary action taken to ensure fitness for practice.

Major modification

122. Where modifications introduce more significant changes to approved programmes it may be necessary for NMC reviewers to participate in the programme provider's internal processes in order to provide assurance of continued compliance with the relevant NMC standards.

123. Such significant changes might include:

- Changes to learning outcomes designed to meet NMC outcomes and proficiencies
- Changes to assessment of such learning outcomes
- Other changes that impact on any NMC regulatory requirements
- The cumulative effect of a number of minor modifications
- Introduction of an accelerated/shortened route

124. Any modification that directly affects regulatory requirements should be agreed by correspondence with Mott MacDonald at least 12 weeks prior to an internal approval event. Mott MacDonald will request a Reviewer to assess the impact of change on the regulator's requirements and ensure that regulatory requirements are met. Reviewers will:

- Adapt the standard audit trail and approval report documents to reflect a programme modification.
- State clearly in the evaluative summary what the proposed modification is
- Report only on the standards which are affected by the proposed modification.

Programme providers must be advised that the modification will not extend the period of the original NMC programme approval.

SECTION 4

APPROVAL AND ENDORSEMENT OF PROGRAMMES IN MORE THAN ONE COUNTRY

125. Reviewers will not normally be required to participate in the process of approval and endorsement of programmes as this process is unusual. However, the details are presented for completeness and to ensure that all who may be involved are aware of the process.

Initial intention to offer a programme in more than one country

126. In principle, a programme presented for approval in one UK country may be approved to be delivered in any of the other UK countries without further action, subject to the following arrangements:

- The intention to offer a programme in more than one country must be stated explicitly by the programme provider **prior** to approval and systems must be seen to be in place to support such implementation at approval.
- Specific arrangements and processes relating to the intention to deliver the programme in more than one country, together with supporting information, must be set out in the programme submission document presented at approval. This includes:
 - Evidence of confirmation that the programme has the support in each country where the programme is to be delivered.
 - Statement of Compliance (or equivalent), signed by both the programme provider and commissioners, stating clearly that resources are available to support the delivery of the programme on specified sites.

127. If programmes are to be provided more widely than stated at the initial approval, continued approval will be conditional on the programme provider having in place a Statement of Compliance (or equivalent), signed by both the programme provider and each respective commissioner/placement provider, covering all aspects of programme delivery.

128. Each Statement of Compliance or equivalent must be signed or agreed before any student may commence on the programme in the geographical area(s). Statements of Compliance are subject to annual monitoring by Mott MacDonald on behalf of the NMC.

Endorsement of a programme approved in one country for delivery in another UK country

129. Where a programme has been initially approved in one country in UK with the intention of it **only** being offered in that country any proposal to offer it in another UK country requires endorsement for which the following arrangements apply.

130. The programme provider seeking endorsement will contact Mott MacDonald in the country where the programme is to be delivered and confirm that the necessary framework is in place to offer the programme in that country. Mott MacDonald will co-ordinate endorsements where programmes have initially been approved in England Scotland, Northern Ireland or Wales.
131. Endorsement will entail consideration of the following:
 - 1 Infrastructure to deliver programme in the specific country, including academic and practice arrangements;
 - 2 Partnership arrangements;
 - 3 Policy context/country and cultural specific requirements;
 - 4 Quality assurance mechanisms/processes;
 - 5 Statement of Compliance (or equivalent) as in paragraph 26.
132. Should Conditions of Endorsement be applied, all conditions must be met prior to the programme being offered in the relevant country. Any conditions made in respect of one country, must not compromise programme delivery and/or programme approval in another country.
133. A report of the endorsement meeting will be produced by the Mott MacDonald Reviewer and shared with the programme provider.
134. Mott MacDonald will report the outcome of programme endorsement to the NMC with recommended actions. The outcome will also be recorded on the Mott MacDonald database.
135. The NMC will notify the programme provider of the period of endorsement, being mindful that the period of approval remains as agreed for the original programme.
136. Dependent upon the nature and complexity of the proposal, a full approval, rather than an endorsement of the programme, may be required.

Endorsement of programmes approved in the UK for delivery in specified locations outside the UK.

137. The process of Endorsement does not allow a programme to be approved in the UK for sole delivery outside of the UK. It is intended to apply to a programme being delivered in the UK, which may also be delivered outside of the UK using comparable programme arrangements. There is no facility for franchising which could allow another institution to deliver the programme on behalf of the NMC approved institution.
138. The approved institution remains fully responsible for delivering the programme both within the UK and in the approved location outside of the UK. Approved NMC teachers for the programme must be either employed by the programme provider or formally

- accredited by the programme provider for the explicit purpose of delivering the programme.
139. Should a request be received for a midwifery programme approved in the UK for delivery in specified locations outside the UK, Mott MacDonald will inform the NMC who will bring the application to the attention of the Midwifery Committee before considering it further.
 140. The programme provider will complete a proforma (NMC Circular 14/2006 Annexe 2). The NMC Audit Risk and Assurance Committee will then determine whether the location specified outside the UK meets the criteria to be considered for endorsement.
 141. If the Audit Risk and Assurance Committee give the authority to proceed with detailed planning, the programme provider and commissioner then enter into a dialogue with Mott MacDonald to arrange for an endorsement event to be held. Mott MacDonald will co-ordinate endorsements requests originating in England Scotland, Northern Ireland or Wales.
 142. Endorsement will entail consideration of the following:
 - Infrastructure to deliver a programme in specific country/location, including academic and practice arrangements;
 - Partnership arrangements;
 - Policy context, country/location specific requirements; and
 - Quality assurance processes.
 143. Assurances will be required that programmes are delivered by NMC registrants within a context of UK health care, in an environment where the supervision and assessment of students in practice is undertaken by appropriately prepared NMC registrants, which meets NMC standards.
 144. Statement(s) of Compliance, or equivalent, will be required which confirm that resources are in place currently to support the wider delivery of the programme (QA Factsheet F/2004ENG).
 145. Where the nature of the proposal is complex, or where a new programme is proposed that will involve the delivery of the programme in the UK and outside of the UK, then a full approval of the programme will be required.
 146. Should Conditions of Endorsement be applied, all conditions must be met prior to the programme being offered in the relevant country. Any conditions made in respect of one country, must not compromise programme delivery and/or programme approval in another.
 147. A report of the Endorsement meeting will be produced by the Mott MacDonald Reviewer and shared with the programme provider.

148. Mott MacDonald will report the outcome of programme endorsement to the NMC with recommended actions. The outcome will also be recorded on the Mott MacDonald database.
149. The NMC will notify the programme provider of the period of endorsement, being mindful that the period of approval remains as agreed for the original programme.
150. Dependent upon the nature and complexity of the proposal or where a new programme is being proposed a full approval, rather than an endorsement of the programme, may be required.
151. Programme approval or endorsement will be recorded on the NMC database, identifying the specific locations outside the UK where the programme may be delivered.
152. Monitoring activity will be co-ordinated and led by Mott MacDonald depending on the country in which the NMC approved institution responsible for the programme is located.
153. Monitoring will ensure that cross-country/location issues are appropriately identified, acted upon and outcomes recorded. This will result in a single monitoring report being submitted relating to the approved education provider's ability to offer the programme across all specified locations.

SECTION 5

NMC UK WIDE QUALITY ASSURANCE FRAMEWORK

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[Annexe 17](#)

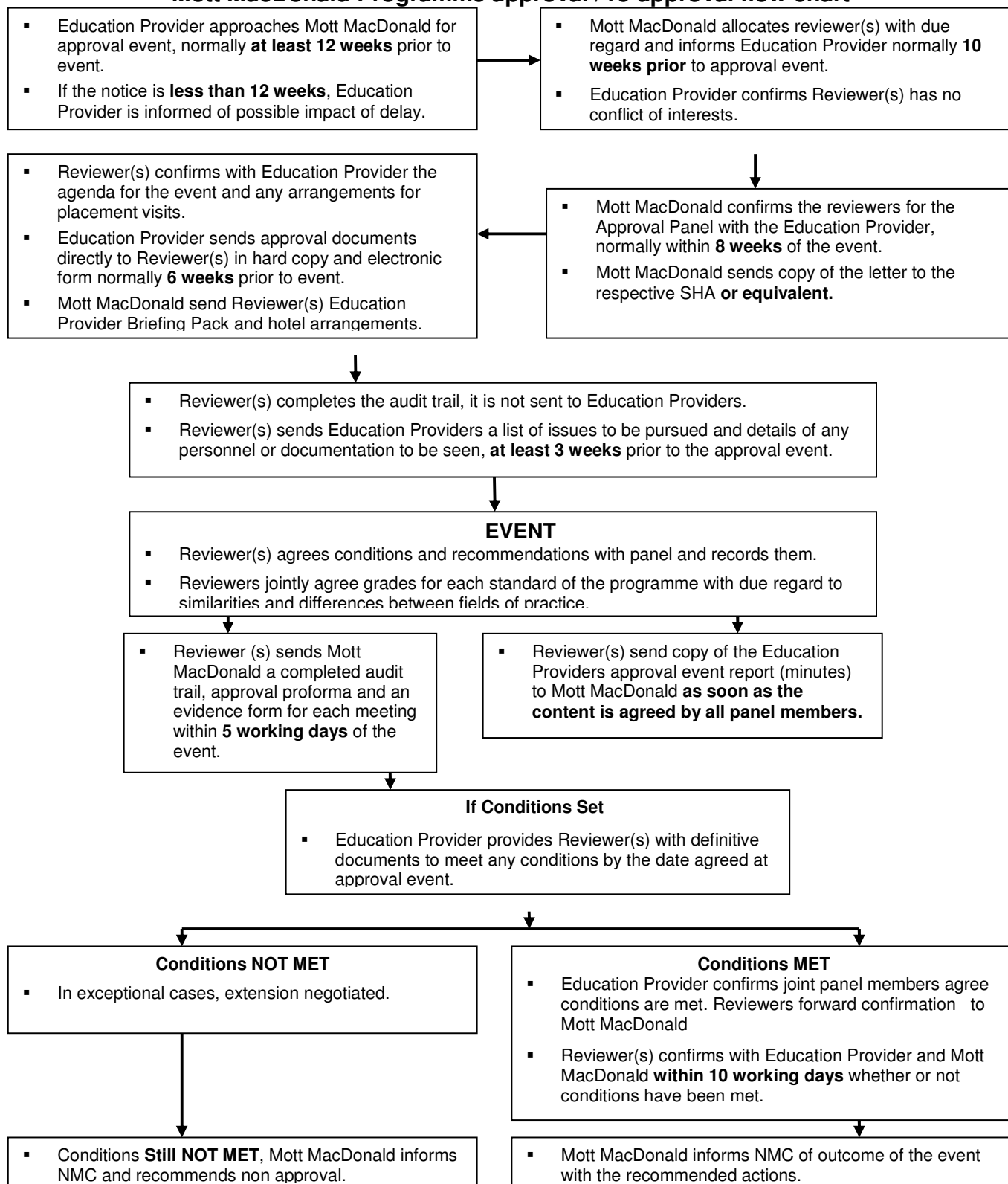
Programme Modification Algorithm

[Annexe 18](#)

Programme Endorsement Report

NMC UK Wide Quality Assurance Framework

Mott MacDonald Programme approval / re-approval flow chart



NMC UK Wide Quality Assurance Framework

Mott MacDonald Protocol for signing off conditions set at approval panel meeting

Introduction

1. When an Approval Panel approves a programme subject to conditions being met within a due date, the following process will be followed to ensure that all conditions have been satisfactorily met and agreed by **all** members of the Approval Panel.

Action to be taken following decision to grant Conditional Approval

2. The Chair of the Panel will inform the Programme Development Team Leader of the conditions to be met, the time frame in which they are to be completed and the form in which this is required to be demonstrated.
3. At, or before the due date for conditions to be met, the Chair of the Approval Panel will provide the Reviewer(s) and Mott MacDonald with evidence that the conditions have been met. If the Reviewer(s) find that the evidence demonstrates that conditions **have been met**, they will confirm this with the Education Provider and Mott MacDonald **within 10 working days**.
4. On obtaining confirmation from all Approval Panel members that the conditions have been met, the Chair of the Approval Panel will notify the Reviewer(s) who will inform Mott MacDonald of this outcome **within 3 working days**. Mott MacDonald will then inform the NMC of the outcome of the event and recommend approval.

Conditions NOT met

5. If the Education Provider does not submit evidence of meeting conditions within the agreed timeframe it will be deemed that conditions **have NOT been met**. The Reviewer(s) must inform Mott MacDonald **immediately**. Mott MacDonald will contact the Education Provider to explain the ramifications of failing to produce the required documentation and will in exceptional circumstances, agree a revised date for submission of not more than **five working days**.
6. If the evidence submitted by the Education Provider demonstrates that the conditions **have NOT been met**, the Reviewer(s) must inform the Education Provider and Mott MacDonald within **10 working days**. The Reviewer should also contact Mott MacDonald for guidance on the offering of a possible extension to ensure satisfactory achievement of the conditions set.
7. The Education Provider will send the Reviewer(s) and Mott MacDonald further evidence of meeting the conditions set within the agreed extended timeframe. If the evidence demonstrates that the conditions **have been met**, the Reviewer(s) will confirm this with the Education Provider and Mott MacDonald **within 10 working days**.

8. On obtaining confirmation from all Approval Panel members that the conditions have been met, the Chair of the Approval Panel will notify the Reviewer(s) who will inform Mott MacDonald of this outcome **within 3 working** days. Mott MacDonald will then inform the NMC of the outcome of the event and recommend approval.

Conditions STILL NOT met

9. If the further evidence submitted by the Education Provider demonstrates that the conditions set **have STILL NOT been met**, the Reviewer must inform the education provider and Mott MacDonald within **10 working days**. Mott MacDonald will seek guidance from the NMC and discuss with the Chair of the Approvals Panel the recommendation that the Programme **not be approved**.

Nursing and Midwifery Quality Assurance Framework

Mott MacDonald Model agenda for conjoint NMC and University programme approval/validation panels

Mott MacDonald wishes to work together with providers of nursing and midwifery education to ensure effective and robust quality assurance mechanisms. The model below is offered for consideration and adaptation to local situations. It indicates the appropriate composition of approval panels and curriculum development teams and the level of input which is taken to demonstrate the universities commitment to a proposed programme. The agenda is flexible and illustrates the areas which should be addressed.

Approval Panel:	Senior Representative of the University (Chair) Administrator for Teaching Quality, at the University Lecturer at the University (not directly involved in the programme) NMC Reviewer(s) with due regard to programme(s) being approved External Specialist Advisor User and Carer representatives Student representatives
Curriculum Development team:	Lead developer Local Supervisory Authority Midwifery Officer (midwifery programmes) Lead Midwife for Education (midwifery programmes) Academic Staff Student representatives Service representatives—mentors and service managers Library representative User and Carer representatives
Agenda:	<p>The timescales and order of events can be adjusted as appropriate, e.g. to take account of placement visits if necessary</p> <p>30 mins Panel to meet and discuss the proposal</p> <p>30 mins Agree themes for discussion, areas to be addressed, allocate roles and responsibilities</p> <p>45 mins-1 hour Presentation by the development / teaching team</p> <p>45mins-1hour To provide overview and address areas identified by panel members</p> <p>45mins-1hour Questions from the Panel</p> <p>1 hour To address all members of the development team</p> <p>1 hour Lunch and private panel meeting to discuss findings and clarify further requirements</p> <p>30-45 mins Meeting with students</p> <p>30-45 mins Discussion of academic and practice support mechanisms/concerns</p> <p>30-45 mins Meeting with mentors</p> <p>30-45 mins Discussion of practice issues, supervision and assessment processes</p> <p>30 mins Panel meet to discuss findings and agree conditions / recommendations</p> <p>30 mins Feedback to the development / teaching team</p> <p>30 mins Clear outline of findings and any conditions and recommendations, agree realistic timescales for achievement of conditions</p>

NMC UK Wide Quality Assurance Framework

Mott MacDonald Model agenda for practice placement visits during approval events

Introduction

Mott MacDonald wish to work together with providers of nursing and midwifery education to ensure NMC principles for practice learning are upheld. (NMC Fact Sheet C/2004UK)The model agenda is offered for consideration and adaptation to local situations.

Clinical placement visits will be undertaken by the Mott MacDonald reviewer(s) and other approval panel members deemed appropriate. Meetings should be arranged with a range of service personnel to determine the organisational commitment and support in providing high quality placements and mentors to support student learning.

Where there are a range of clinical placements, panel members may divide into small groups and visit different clinical settings as appropriate.

Visit Agenda:	The timescales and order of events should be locally agreed.
15 minutes	Discuss with senior clinical managers relevant strategic issues and organisational commitment to the proposed programme and student placements. Explore how the service provider will work with the Education Provider to deliver the programme and effective practice learning.
15 minutes	Discuss with service managers how the responsibilities for placement learning will be met and how appropriate learning opportunities are determined and support students in achieving the required standards of proficiency.
30 - 45 minutes	Visit to placement area, observation of learning environment. Explore with supervisors, mentors; sign off mentors and practice teachers their understanding of respective responsibilities. Explore how learning opportunities lead to the required standards of proficiency. Discuss with multi-disciplinary staff and service users and carers how they have and will contribute to curriculum development and delivery.
30 minutes	Meet with students on similar or related programmes and discuss their experience of curriculum delivery, practice and educational support arrangements and any concerns they might have.
30 minutes	Panel members discuss findings and clarify any further requirements.

NMC UK Wide Quality Assurance Framework

Mott MacDonald Audit Trail of Assessment of Programme Approval Requirements: Pre-Registration NURSING

To be read in conjunction with Standards of Proficiency for Pre-Registration Nursing Education (NMC Standards 02.04), NMC QA Fact Sheet C/2004 Principles for Practice Learning and current programme specific circulars accessed via the NMC Website

STANDARD	EVIDENCE	REF SOURCE	ISSUES FOR EXPLORATION	HOW	MET/ NOT MET
ADMISSION & CONTINUED PARTICIPATION:					
St. 1 Age of Entry					
St. 2 General requirements <ul style="list-style-type: none"> Numeracy & literacy Good health/character 					
St. 3 AP(E)L (Previous academic or experiential learning) <ul style="list-style-type: none"> Length of programme 					
St. 4 Admission with advanced standing (UK Registrants)					
St. 5 Transfer with AP(E)L					
EDUCATION FOR PRE-REGISTRATION NURSING PROGRAMMES:					
St. 6 Structure & nature of educational programme (DIRECTIVE 2005/36/EC) <ul style="list-style-type: none"> Length of programme Structure of programme Balance of theory and practice Teaching and learning strategies 					

STANDARD	EVIDENCE	REF SOURCE	ISSUES FOR EXPLORATION	HOW	MET/ NOT MET
<ul style="list-style-type: none"> • Academic standard of programmes • Content • Student support • CFP • Branch programmes • Knowledge underpinning practice • Assessment • Student status 					
NMC STANDARDS OF PROFICIENCY:					
<p>St. 7 First level nurses</p> <ul style="list-style-type: none"> • Professional and ethical practice • Care delivery • Care management • Personal and professional development 					
<p>Statement of compliance/confirmation of resources signed by education provider and commissioners (or equivalent) on behalf of service provider partners.</p>					

Name of Reviewer: _____

Date of initial entry: _____

NMC UK Wide Quality Assurance Framework

Mott MacDonald Audit Trail of Assessment of Programme Approval Requirements: SPECIALIST COMMUNITY PUBLIC HEALTH NURSING

To be read in conjunction with Standards of Proficiency for Specialist Community Public Health Nurses (NMC Standards 04.04), NMC QA Fact Sheet C/2004 Principles for Practice Learning and current programme specific circulars accessed via the NMC Website

CONTEXT OF PRACTICE	EVIDENCE	REF SOURCE	ISSUES FOR EXPLORATION	HOW	MET/ NOT MET
Standards of proficiency to be achieved within the practice route followed by practitioner					
Programmes prepare students for specialist practice and responsibility and accountability					
Students enter practice focused programmes at a level beyond initial registration					
Standards achieved under the direction of a registered Specialist Community Public Health Nurse and in the context of the specified practice route					
EDUCATION FOR SPECIALIST COMMUNITY PUBLIC HEALTH NURSING PROGRAMMES:					
St. 1 Length of programme					
St. 2 Structure of programme					
St. 3 Balance of practice and theory					
St. 4 Defined areas of practice					

CONTEXT OF PRACTICE	EVIDENCE	REF SOURCE	ISSUES FOR EXPLORATION	HOW	MET/ NOT MET
St. 5 Academic standard of programme					
St. 6 Content of curriculum					
St. 7 Student support					
St. 8 Nature of programme					
St. 9 Knowledge underpinning practice					
St. 10 Assessment					
St. 11 Student status and supernumerary status					
NMC STANDARDS OF PROFICIENCY: 4 DOMAINS					
D. 1 Search for health needs					
D. 2 Stimulation of awareness of health needs					
D. 3 Influence on policies affecting health					
D. 4 Facilitation of health enhancing activities					

CONTEXT OF PRACTICE	EVIDENCE	REF SOURCE	ISSUES FOR EXPLORATION	HOW	MET/ NOT MET
<ul style="list-style-type: none"> Optional V100 (Community Practitioner Nurse Prescriber) 	Please complete a separate audit trail for nurse and midwife prescribers				
Statement of compliance / confirmation of resources signed by education provider and commissioners (or equivalent) on behalf of service provider partners.					

Name of Reviewer: _____

Date of initial entry: _____

NMC UK Wide Quality Assurance Framework

Mott MacDonald Audit Trail of Assessment of Programme Approval Requirements: NURSE AND MIDWIFE PRESCRIBERS

To be read in conjunction with Standards of Proficiency for Nurse and Midwife Prescribers (NMC 2006), NMC QA Fact Sheet C/2004 Principles for Practice Learning and current programme specific circulars accessed via the NMC Website

STANDARDS	EVIDENCE	REF SOURCE	ISSUES FOR EXPLORATION	HOW	MET/ NOT MET
ADMISSION:					
St. 1 Requirements <ul style="list-style-type: none"> Specialist Practitioner Qualifications or Specialist Public Health Nursing Independent/Supplementary prescriber 					
St. 2 Eligibility for a recorded qualification <ul style="list-style-type: none"> Initial Subsequent 					
St. 3 Interruption in the preparation programme					
EDUCATION:					
Structure and nature of programme St. 4 The Education provider					
St. 5 Academic standard					
St. 6 Length of programme <ul style="list-style-type: none"> Specialist Practitioner Qualifications or Specialist Public Health Nursing Independent/supplementary prescriber 					

STANDARDS	EVIDENCE	REF SOURCE	ISSUES FOR EXPLORATION	HOW	MET/ NOT MET
St. 7 Student support					
St. 8 Balance between practice and theory					
Content					
St. 9 Aim and learning outcomes					
Assessment					
St. 10 Assessment Specialist Practitioner Qualifications or Specialist Public Health Nursing					
St. 11 Assessment Independent / supplementary prescriber					
STANDARDS FOR PRESCRIBING PRACTICE:					
St. 1 Licence as a prescriber					
St. 2 Accountability					
St. 3 Assessment					
St. 4 Need					
St. 5 Consent					
St. 6 Communication					
St. 7 Record keeping					
St. 8 Clinical management plans (supplementary prescribing)					

STANDARDS	EVIDENCE	REF SOURCE	ISSUES FOR EXPLORATION	HOW	MET/ NOT MET
St. 9 Prescribing and administration/supply					
St. 10 Prescribing and dispensing					
St. 11 Prescribing for family and others					
St. 12 Computer generated prescribing					
St. 13 Evidence based prescribing					
St. 14 Delegation					
St. 15 Continuing professional development					
St. 16 Controlled drugs					
St. 17 Prescribing unlicensed medicine					
St. 18 Prescribing medicines for use outside the terms of their licence					
St. 19 Repeat prescribing					
St. 20 Remote prescribing via telephone, email, video link or website					
St. 21 Gifts and benefits					
STANDARDS OF PROFICIENCY:					
Assess a patient/client's clinical condition					

STANDARDS	EVIDENCE	REF SOURCE	ISSUES FOR EXPLORATION	HOW	MET/ NOT MET
Undertake a thorough history including medical history and medication history, and diagnose where necessary, including over the counter medicines and complimentary therapies					
Decide on management of presenting condition and whether or not to prescribe					
Identify appropriate products if medication is required					
Advise the patient/client on effects and risks					
Prescribe if the patient/client agrees					
Monitor response to medication and lifestyle advice					
Statement of compliance/ confirmation of resources signed by education provider and commissioners (or equivalent) on behalf of service provider partners.					

Name of Reviewer: _____

Date of initial entry: _____

NMC UK Wide Quality Assurance Framework

Mott MacDonald Audit Trail of Assessment of Programme Approval Requirements: Pre-Registration MIDWIFERY

To be read in conjunction with Standards for Pre-Registration Midwifery Education (NMC Standards 2009), NMC QA Fact Sheet C/2004 Principles for Practice Learning and current programme specific circulars accessed via the NMC Website

STANDARD	EVIDENCE	REF SOURCE	ISSUES FOR EXPLORATION	HOW	MET/ NOT MET
LEAD MIDWIFE FOR EDUCATION:					
St. 1 Appointment of the lead midwife for education					
St. 2 Development, delivery and management of midwifery education programmes					
St. 3 Signing the supporting declaration of good health and good character					
ADMISSION & CONTINUED PARTICIPATION:					
Age of entry St. 4 General requirements <ul style="list-style-type: none"> • Selection • Literacy & numeracy • Good health and good character • Entry to the register 					
St. 5 Interruptions to pre-registration midwifery education programmes					

STANDARD	EVIDENCE	REF SOURCE	ISSUES FOR EXPLORATION	HOW	MET/ NOT MET
St. 6 Admission with advanced standing					
St. 7 Transfer between approved institutions					
St. 8 Stepping off and stepping on to pre-registration midwifery education programmes					
STRUCTURE AND NATURE OF PROGRAMMES:					
St. 9 Academic standard of programme					
St 10 Length of programme					
St. 11 Student support					
St. 12 Balance between clinical practice and theory					
St. 13 Scope of practice experience					
St. 14 Supernumerary status during clinical placement					
St. 15 Assessment strategy					
St. 16 Ongoing record of achievement					

STANDARD	EVIDENCE	REF SOURCE	ISSUES FOR EXPLORATION	HOW	MET/ NOT MET
ACHIEVING THE NMC STANDARDS:					
<p>St. 17 Competencies required to achieve the NMC standards:-</p> <ul style="list-style-type: none"> Communicate effectively with women and their families throughout the preconception, antenatal, intrapartum and postnatal periods 					
<ul style="list-style-type: none"> Diagnose pregnancy, assess and monitor women holistically throughout the pre-conception, antenatal, intrapartum and postnatal periods through the use of a range of assessment methods, and reach valid, reliable and comprehensive conclusions 					
<ul style="list-style-type: none"> Determine and provide programmes of care and support for women 					
<ul style="list-style-type: none"> Provide seamless care and interventions in partnership with women and other care providers during the antenatal period 					

STANDARD	EVIDENCE	REF SOURCE	ISSUES FOR EXPLORATION	HOW	MET/ NOT MET
<ul style="list-style-type: none"> Refer women who would benefit from the skills and knowledge of other Individuals 					
<ul style="list-style-type: none"> Care for, monitor and support women during labour; monitor the condition of the foetus and support spontaneous births 					
<ul style="list-style-type: none"> Undertake appropriate emergency procedures to meet the health needs of women and babies 					
<ul style="list-style-type: none"> Examine and care for babies immediately following birth 					
<ul style="list-style-type: none"> Work in partnership with women and other care providers during the postnatal period to provide seamless care and interventions 					
<ul style="list-style-type: none"> Examine and care for babies with specific health or social needs and refer to other professionals or agencies as appropriate 					

STANDARD	EVIDENCE	REF SOURCE	ISSUES FOR EXPLORATION	HOW	MET/ NOT MET
<ul style="list-style-type: none"> Care for and monitor women during the puerperium, offering the necessary evidence-based advice and support regarding the baby and self-care 					
<ul style="list-style-type: none"> Select, acquire and administer safely, a range of permitted drugs consistent with legislation, applying knowledge and skills to the situation that pertains at the time 					
<ul style="list-style-type: none"> Complete, store and retain records of practice 					
<ul style="list-style-type: none"> Monitor and evaluate the effectiveness of programmes of care and modify them to improve the outcomes for women, babies and their families 					
<ul style="list-style-type: none"> Contribute to enhancing the health and social wellbeing of individuals and their communities 					

STANDARD	EVIDENCE	REF SOURCE	ISSUES FOR EXPLORATION	HOW	MET/ NOT MET
<ul style="list-style-type: none"> Practice in accordance with <i>The NMC code of professional conduct: standards for conduct, performance and ethics 8</i> (the Code), within the limitations of the individual's own competence, knowledge and sphere of professional practice, consistent with the legislation relating to midwifery practice 					
<ul style="list-style-type: none"> Practice in a way which respects, promotes and supports individuals' rights, interests, preferences, beliefs and cultures 					
<ul style="list-style-type: none"> Practice in accordance with relevant legislation 					
<ul style="list-style-type: none"> Maintain confidentiality of information 					
<ul style="list-style-type: none"> Work collaboratively with other practitioners and agencies 					
<ul style="list-style-type: none"> Manage and prioritise competing demands 					

STANDARD	EVIDENCE	REF SOURCE	ISSUES FOR EXPLORATION	HOW	MET/ NOT MET
<ul style="list-style-type: none"> Support the creation and maintenance of environments that promote the health, safety and wellbeing of women, babies and others 					
<ul style="list-style-type: none"> Contribute to the development and evaluation of guidelines and policies and make recommendations for change in the interests of women, babies and their families 					
<ul style="list-style-type: none"> Review, develop and enhance the midwife’s own knowledge, skills and fitness to practice 					
<ul style="list-style-type: none"> Demonstrate effective working across professional boundaries and develop professional networks 					
<ul style="list-style-type: none"> Apply relevant knowledge to the midwife’s own practice in structured ways which are capable of evaluation 					
<p>Statement of compliance/ confirmation of resources signed by education provider and commissioners (or equivalent) on behalf of service provider partners.</p>					

Working in partnership

Name of Reviewer: _____

Date of initial entry: _____

NMC UK Wide Quality Assurance Framework

Mott MacDonald Audit Trail of Assessment of Programme Approval Requirements: OVERSEAS NURSING PROGRAMME

To be read in conjunction with NMC Circulars 9/2005, NMC Circular 36/2006, NMC Circular 1/2007 & NMC QA Fact Sheet C/2004
Principles for Practice Learning accessed via the NMC Website

REQUIREMENTS	EVIDENCE	REF SOURCE	ISSUES FOR EXPLORATION	HOW	MET/ NOT MET
ADMISSION AND CONTINUED PARTICIPATION:					
Entry standard of English language (IELT)					
UK work permit and/or student visa					
Supervised practice decision letter and placement form from NMC					
AP(E)L					
KIND AND STANDARD OF PROGRAMME:					
Integration of <ul style="list-style-type: none"> Defined period of supervised practice Overseas nursing programme 					
Protected learning time (minimum 20 days)					

Working in partnership

REQUIREMENTS	EVIDENCE	REF SOURCE	ISSUES FOR EXPLORATION	HOW	MET/ NOT MET
PROGRAMME DELIVERY:					
Partnership between higher education institution and service provider					
Respect for individuals and communities					
Fitness for purpose					
Provision of care					
Management of care					
Health for all orientation					
Nursing Competencies					
Lifelong learning					
Quality and excellence					
Content					
Level					
Achievement of competencies/accountability for confirmation					
Audit of practice experience					

REQUIREMENTS	EVIDENCE	REF SOURCE	ISSUES FOR EXPLORATION	HOW	MET/ NOT MET
NMC STANDARDS OF PROFICIENCY,:					
First level nurses - 4 domains <ul style="list-style-type: none"> • Professional and ethical practice • Care delivery • Care management • Personal and professional development 					
Statement of compliance / confirmation of resources signed by education provider and commissioners (or equivalent) on behalf of service provider partners.					

Name of Reviewer: _____

Date of initial entry: _____

NMC UK Wide Quality Assurance Framework

Mott MacDonald Audit Trail of Assessment of Programme Approval Requirements: LEARNING AND ASSESSMENT IN PRACTICE

To be read in conjunction with Standards to Support Learning and Assessment in Practice (NMC 2006, 2008) and current programme specific circulars accessed via the NMC Website

STANDARDS	EVIDENCE	REF SOURCE	ISSUES FOR EXPLORATION	HOW	MET/ NOT MET
APPROVAL OF MENTOR / PRACTICE TEACHER/ TEACHER PROGRAMMES					
DEVELOPMENTAL FRAMEWORK					
8 Domains: 4 Developmental stages – registrant, mentor, practice teacher and teacher. <ul style="list-style-type: none"> Establishing effective working relationships Facilitation of learning Assessment and accountability Evaluation of learning Creating and environment for learning Context of practice Evidence based practice Leadership 					
APPROVAL OF MENTOR / PRACTICE TEACHER/ TEACHER STANDARDS					
2.1 Mentors <ul style="list-style-type: none"> Criteria for supporting learning and assessing in practice Competence and outcomes Criteria for sign-off mentor 					

STANDARDS	EVIDENCE	REF SOURCE	ISSUES FOR EXPLORATION	HOW	MET/ NOT MET
<p>2.2 Practice Teachers</p> <ul style="list-style-type: none"> • Criteria for supporting learning and assessing in practice • Competence and outcomes 					
<p>2.3 Teachers</p> <ul style="list-style-type: none"> • Criteria for supporting learning and assessing in practice • Competence and outcomes 					
APPLYING THE STANDARDS TO SUPPORT LEARNING AND ASSESSMENT IN PRACTICE					
<p>3.1 Education programmes</p> <ul style="list-style-type: none"> • Nursing • Midwifery • Specialist community public health nursing 					
<p>3.2.1 Mentors</p> <ul style="list-style-type: none"> • Mentor preparation programmes <ul style="list-style-type: none"> ○ Level ○ Length minimum/maximum ○ Academic & practice based learning ○ Work based learning ○ Foundation for practice teacher preparation ○ AP(E)L up to 100% 					

STANDARDS	EVIDENCE	REF SOURCE	ISSUES FOR EXPLORATION	HOW	MET/ NOT MET
<ul style="list-style-type: none"> • Continuing professional development • Allocated learning time for mentor activity • Supporting learning in practice • Assessing learning in practice • Signing off practice proficiency 					
<p>3.2.2 Practice teachers</p> <ul style="list-style-type: none"> • Practice teacher preparation programmes <ul style="list-style-type: none"> ○ Level ○ Length minimum/maximum ○ Academic & practice based learning ○ Work based learning and reflection ○ Foundation for teacher preparation ○ AP(E)L up to 100% • Continuing professional development • Allocated learning time for practice teacher activity • Supporting learning in practice • Assessing learning in practice • Signing off practice proficiency 					

STANDARDS	EVIDENCE	REF SOURCE	ISSUES FOR EXPLORATION	HOW	MET/ NOT MET
<p>3.2.3 Teachers</p> <ul style="list-style-type: none"> • Teacher preparation programmes <ul style="list-style-type: none"> ○ Level ○ Length minimum/maximum ○ Teaching practice ○ Outcomes at stage 4 • Continuing professional development • Signing off proficiency • Allocated learning time for teaching activity 					
<p>Statement of compliance/ confirmation of resources signed by education provider and commissioners (or equivalent) on behalf of service provider partners.</p>					

Name of Reviewer: _____

Date of initial entry: _____

NMC UK Wide Quality Assurance Framework

Mott MacDonald Audit Trail of Assessment of Programme Approval Requirements: SUPERVISOR OF MIDWIVES

To be read in conjunction with Standards for the Preparation and Practice of Supervisors of Midwives (NMC 2006), NMC QA Fact Sheet C/2004 Principles for Practice Learning and current programme specific circulars accessed via the NMC Website

STANDARDS	EVIDENCE	REF SOURCE	ISSUES FOR EXPLORATION	HOW	MET/ NOT MET
ADMISSION:					
St. 1 Requirements: <ul style="list-style-type: none"> Eligibility for preparation Recording the qualification 					
St. 2 Eligibility for appointment as a supervisor of midwives: <ul style="list-style-type: none"> Initial Subsequent Transitional provision Informing the NMC 					
EDUCATION					
St. 3 Structure and nature of the programme: <ul style="list-style-type: none"> Education provider Academic Standard Length of programme Interruption in programme Student support Balance between practice based learning and theory 					

CONTINUING AS A SUPERVISOR OF MIDWIVES					
St. 4 Support for the role: New appointment <ul style="list-style-type: none"> Continuing professional development 					
COMPETENCIES FOR A SUPERVISOR OF MIDWIVES					
St. 5 Statutory supervision of midwives: <ul style="list-style-type: none"> Theory, roles and responsibilities In action Working in partnership with women Leadership 					
Statement of compliance/ confirmation of resources signed by education provider and commissioners (or equivalent) on behalf of service provider practice partners.					

Name of Reviewer: _____

Date of initial entry: _____

NMC UK Wide Quality Assurance Framework

Mott MacDonald Audit Trail of Assessment of Programme Approval Requirements: SPECIALIST PRACTICE QUALIFICATIONS

To be read in conjunction with Standards for Specialist Education and Practice (NMC 2001), NMC QA Fact Sheet C/2004 Principles for Practice Learning and current programme specific circulars accessed via the NMC Website

The standards document provides: - common core standards for all specialist education and practice including, Adult, Mental Health, Learning Disability and Midwifery programmes. There are additional core and specific standards for General Practice Nursing, Community Mental Health Nursing, Community Learning Disabilities Nursing, Community Children's Nursing, Community Nursing in the Home/District Nursing.

STANDARDS	EVIDENCE	REF SOURCE	ISSUES FOR EXPLORATION	HOW	MET/ NOT MET
COMMON CORE STANDARDS FOR ALL SPECIALIST EDUCATION AND PRACTICE					
9 Entry Requirements					
9.4 Length and content of programme <ul style="list-style-type: none"> • No less than first degree level • No less than 32 weeks • 50% theory and 50% practice key principles : <ul style="list-style-type: none"> • Combination of core and specific modules – core no less than 1/3 and no more than 2/3 of total • A coherent programme of learning • Flexible modes of delivery • Linked to higher education accreditation • Credit for APL and APEL 					

STANDARDS	EVIDENCE	REF SOURCE	ISSUES FOR EXPLORATION	HOW	MET/ NOT MET
11 Learning Outcomes <ul style="list-style-type: none"> • Clinical Nursing Practice • Care and Programme Management • Clinical Practice Leadership • Clinical Practice Development 					
12 Education <ul style="list-style-type: none"> • Content 					
COMMON CORE LEARNING OUTCOMES FOR SPECIALIST COMMUNITY NURSING EDUCATION AND PRACTICE					
13 Common Core Learning Outcomes <ul style="list-style-type: none"> • Clinical Nursing Practice • Care and Programme Management • Clinical Practice Leadership • Clinical Practice Development 					
STANDARDS FOR GENERAL PRACTICE NURSING					
15 Entry requirements					
16 Specific Learning outcomes <ul style="list-style-type: none"> • Specialist Clinical Practice • Care and Programme Management 					

STANDARDS	EVIDENCE	REF SOURCE	ISSUES FOR EXPLORATION	HOW	MET/ NOT MET
STANDARDS FOR COMMUNITY MENTAL HEALTH NURSING					
15 Entry requirements					
16 Specific Learning outcomes <ul style="list-style-type: none"> Clinical Nursing Practice Care and Programme Management 					
STANDARDS FOR COMMUNITY LEARNING DISABILITIES NURSING					
15 Entry requirements					
16 Specific Learning outcomes <ul style="list-style-type: none"> Clinical Nursing Practice Care and Programme Management 					
STANDARDS FOR COMMUNITY CHILDREN'S NURSING					
15 Entry requirements					
16 Specific Learning outcomes <ul style="list-style-type: none"> Clinical Nursing Practice Care and Programme Management 					

STANDARDS	EVIDENCE	REF SOURCE	ISSUES FOR EXPLORATION	HOW	MET/ NOT MET
STANDARDS FOR COMMUNITY NURSING IN THE HOME/ DISTRICT NURSING					
15 Entry requirements					
16 Specific Learning outcomes <ul style="list-style-type: none"> • Clinical Nursing Practice • Care and Programme Management • Integrated V100 prescribing (Mandatory element) Please complete a separate audit trail for nurse and midwife prescribers 					
Statement of compliance/ confirmation of resources signed by education provider and commissioners (or equivalent) on behalf of service provider partners.					

Name of Reviewer: _____

Date of initial entry: _____

Working in partnership

NMC UK Wide Quality Assurance Framework

Mott MacDonald Audit Trail of Assessment of Programme Approval Requirements: RETURN TO PRACTICE

To be read in conjunction with the PREP Handbook (NMC 2004), NMC QA Fact Sheet C/2004 Principles for Practice Learning and current programme specific circulars accessed via the NMC Website

STANDARDS	EVIDENCE	REF SOURCE	ISSUES FOR EXPLORATION	HOW	MET/ NOT MET
STANDARDS FOR NURSING AND MIDWIFERY					
Admission NMC registration lapsed after a break in practice of three years or more					
Learning outcomes; <ul style="list-style-type: none"> • an understanding of the influence of health and social policy relevant to the practice of nursing, midwifery and specialist community public health nursing • an understanding of the requirements of legislation, guidelines, codes of practice and policies relevant to the practice of nursing, midwifery and specialist community public health nursing • an understanding of the current structure and organisation of care, nationally and locally • an understanding of current issues in nursing, midwifery and specialist community public health nursing education and practice • the use of relevant literature and research to inform the practice of nursing, midwifery and specialist community public health nursing • the ability to identify and assess 					

STANDARDS	EVIDENCE	REF SOURCE	ISSUES FOR EXPLORATION	HOW	MET/ NOT MET
<p>need, design and implement interventions and evaluate outcomes in all relevant areas of practice, including the effective delivery of appropriate emergency care</p> <ul style="list-style-type: none"> the ability to use appropriate communications, teaching and learning skills the ability to function effectively in a team and participate in a multi-professional approach to the care of patients and clients the ability to identify strengths and weaknesses, acknowledge limitations of competence and recognise the importance of maintaining and developing professional competence. 					
<p>Length and nature of programme Not less than five days Length and nature determined by education provider & practitioner. Midwives to discuss with lead midwife for education. To take into account:</p> <ul style="list-style-type: none"> registration history previous levels of knowledge and experience relevant experience undertaken while out of practice# 					

STANDARDS	EVIDENCE	REF SOURCE	ISSUES FOR EXPLORATION	HOW	MET/ NOT MET
Statement of compliance / confirmation of resources signed by education provider and commissioners (or equivalent) on behalf of service provider partners.					

Name of Reviewer: _____

Date of initial entry: _____

NMC UK Wide Quality Assurance Framework

Mott MacDonald Audit Trail of Assessment of Programme Approval Requirements: PROGRAMME ENDORSEMENT. For NMC Programmes approved in the UK to be delivered in a specific location outside the UK

To be read in conjunction with NMC Standards of Proficiency for the appropriate programme, NMC QA Fact Sheet C/2004 Principles for Practice Learning and current programme specific circulars accessed via the NMC Website

STANDARD	EVIDENCE	REF SOURCE	ISSUES FOR EXPLORATION	HOW	MET/ NOT MET
Existing Period of Approval (Programmes may only be endorsed within the existing period of approval).					
Outcome of monitoring of current programme (Refer to Mott MacDonald monitoring report on the UK programme provider). <ul style="list-style-type: none"> Internal monitoring (by Education Provider). External monitoring (by Mott MacDonald External Examiners etc). 					
Locations outside the UK for intended delivery <ul style="list-style-type: none"> Infrastructure to deliver a programme in specific country / location. 					
Prospective additional commissioners/purchasers of the programme					

STANDARD	EVIDENCE	REF SOURCE	ISSUES FOR EXPLORATION	HOW	MET/ NOT MET
<p>Partners (making major contribution to programme delivery)</p> <ul style="list-style-type: none"> Partnership arrangements. Academic and practice arrangements. Supervision and assessment of students. Teachers - NMC registrants. Mentors - appropriately prepared NMC registrants. 					
<p>Cohort size/ frequency of intakes</p>					
<p>Delivering within the context of UK health care</p> <ul style="list-style-type: none"> Policy context, country / location specific requirements. 					
<p>Quality assurance processes</p>					

STANDARD	EVIDENCE	REF SOURCE	ISSUES FOR EXPLORATION	HOW	MET/ NOT MET
<p>Statement of compliance/ confirmation of resources signed by education provider and commissioners (or equivalent) on behalf of service provider partners.</p>					

Name of Reviewer: _____

Date of initial entry: _____

Working in partnership

NMC UK Wide Quality Assurance Framework PROGRAMME APPROVAL REPORT: NURSING

Programme Provider Name: <i>(Education provider and associated practice placement providers)</i>	
NMC Provider Code:	
Date of review:	
Provision reviewed and academic level:	
Part of Register programme leads to:	
Reviewer(s):	
Members of Approval Panel:	
Programme Presenters:	

OUTCOME of Approval Panel Meeting

Outcome:	Approved Approved with recommendations Approved with conditions Approved with conditions and recommendation Approval withheld
Conditions and date to be met:	
Recommendations:	
Date conditions met:	
Programme start date:	

OVERALL SUMMARY

ACHIEVEMENT OF STANDARDS	LEVEL
Standard 1: Age of entry	
Standard 2: General requirements <ul style="list-style-type: none"> • Numeracy & literacy • Good health/character 	
Standard 3: AP(E)L (Previous academic or experiential learning) <ul style="list-style-type: none"> • Length of programme 	
Standard 4: Admission with advanced standing (UK Registrants) <ul style="list-style-type: none"> • Length of programme 	
Standard 5: Transfer with AP(E)L	
Standard 6: Structure & nature of educational programme (DIRECTIVE 2005/36/EC) <ul style="list-style-type: none"> • Length of programme (4600 hrs) • Structure of programme • Balance of theory and practice • Teaching and learning strategies • Academic standard of programmes • Content • Student support • CFP • Branch programmes • Knowledge underpinning practice 	

<ul style="list-style-type: none">• Assessment• Student status	
Standard 7: Standards of proficiency: First level nurses <ul style="list-style-type: none">• Professional and ethical practice• Care delivery• Care management• Personal and professional development	

SUMMARY OF KEY ISSUES FOR FUTURE PROGRAMME MONITORING

Evidence Base Informing Programme Approval Outcome

EVIDENCE SOURCE	DATE/REFERENCE / NO. OF STAFF MET
Prior to Approval Panel meeting:	
At Approval Panel Meeting:	
Service provider sites IF visited:	
Meetings other than with the presenting team:	

Glossary

APL / APEL	Accreditation of Prior Learning / Accreditation of Prior Experiential Learning
CEF	Clinical Education Facilitator
CPF	Clinical Placement Facilitator
CRB	Criminal Records Bureau
DN	District Nursing
LME	Lead Midwifery for Education
LSAMO	Local Supervising Authority Midwifery Officer
NMC	Nursing and Midwifery Council
PPF	Practice Placement Facilitator employed by an NHS/Foundation trust to support students in placement employed by an NHS/Foundation trust to support students in placement
QA	Quality Assurance
RHV	Registered Health Visitor
RM	Registered Midwife
RNA	Registered Nurse Adult
RNC	Registered Nurse Child
RNLD	Registered Nurse Learning Disabilities
RNMH	Registered Nurse Mental Health
ROH	Registered Occupational Health Nurse
RSN	Registered School Nurse
SCLD	Specialist Practitioner – Community Learning Disabilities Nursing
SCMH	Specialist Practitioner – Community Mental Health Nursing
SCPHN	Specialist Community Public Health Nursing
SHA	Strategic Health Authority
SPAN	Specialist Practitioner – Adult Nursing
SPCC	Specialist Practitioner – Community Children’s Nursing
SPCN	Specialist Practitioner – Children’s Nursing
SPDN	Specialist Practitioner – District Nursing
SPGP	Specialist Practitioner – General Practice Nursing
SPLD	Specialist Practitioner – Learning Disability Nurse
SPMH	Specialist Practitioner – Mental Health
SPQ	Specialist Practice Qualification
Preferred Terminology in Report Writing	
Effective practice	Rather than good practice
Practitioner	Rather than clinical staff or service staff
Programme	Rather than course
Programme providers	Approved education institution and associated service provider partners recognised by the NMC to provide approved programmes
Service provider partners	NHS/Foundation trusts and the independent voluntary sectors that provide clinical placements
Practice learning environments	Areas where students are involved in care activities

Working in partnership

NMC UK Wide Quality Assurance Framework PROGRAMME APPROVAL REPORT: MIDWIFERY

Programme Provider Name: <i>(Education provider and associated practice placement providers)</i>	
NMC Provider Code:	
Date of review:	
Provision reviewed and academic level:	
Part of Register programme leads to:	
Reviewer(s):	
Members of Approval Panel:	
Programme Presenters:	

OUTCOME of Approval Panel Meeting

Outcome:	
Conditions and date to be met:	
Recommendations:	
Date conditions met:	
Programme start date:	

OVERALL SUMMARY

ACHIEVEMENT OF STANDARDS	LEVEL
Standard 1: Appointment of the lead midwife for education	
Standard 2: Development, delivery and management of midwifery education programmes	
Standard 3: Signing the supporting declaration of good health and good character	
Age of entry St. 4 General requirements <ul style="list-style-type: none"> • Selection • Literacy & numeracy • Good health and good character • Entry to the register 	
Standard 5: Interruptions to pre-registration midwifery education programmes	
Standard 6: Admission with advanced standing	
Standard 7: Transfer between approved educational institutions	
Standard 8: Stepping off and stepping on to pre-registration midwifery education programmes	

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Standard 9: Academic standard of programme	
Standard 10: Length of programme	
Standard 11: Student support	
Standard 12: Balance between clinical practice and theory	
Standard 13: Scope of practice experience	
Standard 14: Supernumerary status during clinical placement	
Standard 15: Assessment strategy	
Standard 16: Ongoing record of achievement	
Standard 17: Competencies required to achieve the NMC standards	

SUMMARY OF KEY ISSUES FOR FUTURE PROGRAMME MONITORING

Evidence Base Informing Programme Approval Outcome

EVIDENCE SOURCE	DATE/REFERENCE / NO. OF STAFF MET
Prior to Approval Panel meeting:	
At Approval Panel Meeting:	
Service provider sites IF visited	
Meetings other than with the presenting team:	

Glossary

APL / APEL	Accreditation of Prior Learning / Accreditation of Prior Experiential Learning
CEF	Clinical Education Facilitator
CPF	Clinical Placement Facilitator
CRB	Criminal Records Bureau
DN	District Nursing
LME	Lead Midwifery for Education
LSAMO	Local Supervising Authority Midwifery Officer
NMC	Nursing and Midwifery Council
PPF	Practice Placement Facilitator employed by an NHS/Foundation trust to support students in placement employed by an NHS/Foundation trust to support students in placement
QA	Quality Assurance
RHV	Registered Health Visitor
RM	Registered Midwife
RNA	Registered Nurse Adult
RNC	Registered Nurse Child
RNLD	Registered Nurse Learning Disabilities
RNMH	Registered Nurse Mental Health
ROH	Registered Occupational Health Nurse
RSN	Registered School Nurse
SCLD	Specialist Practitioner – Community Learning Disabilities Nursing
SCMH	Specialist Practitioner – Community Mental Health Nursing
SCPHN	Specialist Community Public Health Nursing
SHA	Strategic Health Authority
SPAN	Specialist Practitioner – Adult Nursing
SPCC	Specialist Practitioner – Community Children’s Nursing
SPCN	Specialist Practitioner – Children’s Nursing
SPDN	Specialist Practitioner – District Nursing
SPGP	Specialist Practitioner – General Practice Nursing
SPLD	Specialist Practitioner – Learning Disability Nurse
SPMH	Specialist Practitioner – Mental Health
SPQ	Specialist Practice Qualification
Preferred Terminology in Report Writing	
Effective practice	Rather than good practice
Practitioner	Rather than clinical staff or service staff
Programme	Rather than course
Programme providers	Approved education institution and associated service provider partners recognised by the NMC to provide approved programmes
Service provider partners	NHS/Foundation trusts and the independent voluntary sectors that provide clinical placements
Practice learning environments	Areas where students are involved in care activities

NMC UK Wide Quality Assurance Framework

PROGRAMME APPROVAL REPORT: Learning and Assessment in Practice

Programme Provider Name: <i>(Education provider and associated practice placement providers)</i>	
NMC Provider Code:	
Date of review:	
Provision reviewed and Academic Award :	
Part of Register programme leads to:	
Reviewer(s):	
Members of Approval Panel:	
Programme Presenters:	

OUTCOME of Approval Panel Meeting

Outcome:	<ul style="list-style-type: none"> • Approved • Approved with recommendations • Approved with conditions • Approved with conditions and recommendations • Approval withheld
Conditions and date to be met:	
Recommendations:	
Date conditions met:	
Programme start date:	

OVERALL SUMMARY

ACHIEVEMENT OF STANDARDS	LEVEL
<p>Developmental framework: 4 Developmental stages – registrant, mentor, practice teacher and teacher: 8 Domains:</p> <ul style="list-style-type: none"> • Establishing effective working relationships • Facilitation of learning • Assessment and accountability • Evaluation of learning • Creating and environment for learning • Context of practice • Evidence based practice • Leadership 	
<p>Standard 2.1: Mentors</p> <ul style="list-style-type: none"> • Criteria for supporting learning and assessing in practice • Competence and outcomes • Criteria for sign-off mentor 	
<p>Standard 2.2: Practice Teachers</p> <ul style="list-style-type: none"> • Criteria for supporting learning and assessing in practice • Competence and outcomes 	
<p>Standard 2.3: Teachers</p> <ul style="list-style-type: none"> • Criteria for supporting learning and assessing in practice • Competence and outcomes 	
<p>Standard 3.1: Education programmes</p> <ul style="list-style-type: none"> • Nursing • Midwifery • Specialist community public health nursing 	

<p>Standard 3.2: Mentors</p> <ul style="list-style-type: none"> • Mentor preparation programmes <ul style="list-style-type: none"> ○ Level ○ Length minimum/maximum ○ Academic & practice based learning ○ Work based learning ○ Foundation for practice teacher preparation ○ AP(E)L up to 100% • Continuing professional development • Allocated learning time for mentor activity • Supporting learning in practice • Assessing learning in practice • Signing off practice proficiency 	
<p>Standard 3.3: Practice teachers</p> <ul style="list-style-type: none"> • Practice teacher preparation programmes <ul style="list-style-type: none"> ○ Level ○ Length minimum/maximum ○ Academic & practice based learning ○ Work based learning and reflection ○ Foundation for teacher preparation ○ AP(E)L up to 100% • Continuing professional development • Allocated learning time for practice teacher activity • Supporting learning in practice • Assessing learning in practice • Signing off practice proficiency 	
<p>Standard 3.4: Teachers</p> <ul style="list-style-type: none"> • Teacher preparation programmes <ul style="list-style-type: none"> ○ Level ○ Length minimum/maximum ○ Teaching practice ○ Outcomes at stage 4 • Continuing professional development • Signing off proficiency • Allocated learning time for teaching activity 	

SUMMARY OF KEY ISSUES FOR FUTURE PROGRAMME MONITORING

Evidence Base Informing Programme Approval Outcome

EVIDENCE SOURCE	DATE/REFERENCE / NO. OF STAFF MET
Prior to Approval Panel meeting:	
At Approval Panel Meeting:	
Service provider sites IF visited:	
Meetings other than with the presenting team:	

Glossary

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NMC UK Wide Quality Assurance Framework

PROGRAMME APPROVAL REPORT: NURSE AND MIDWIFE PRESCRIBERS

Programme Provider Name: <i>(Education provider and associated practice placement providers)</i>	
NMC Provider Code:	
Date of review:	
Provision reviewed and Academic Award :	
Part of Register programme leads to:	
Reviewer(s):	
Members of Approval Panel:	
Programme Presenters:	

OUTCOME of Approval Panel Meeting

Outcome:	Approved Approved with recommendations Approved with conditions Approved with conditions and recommendations Approval withheld
Conditions and date to be met:	
Recommendations:	
Date conditions met:	
Programme start date:	

OVERALL SUMMARY

ACHIEVEMENT OF STANDARDS	LEVEL
Standard 1: Requirements <ul style="list-style-type: none"> Specialist Practitioner Qualifications or Specialist Public Health Nursing Independent/Supplementary prescriber 	
Standard 2: Eligibility for a recorded qualification <ul style="list-style-type: none"> Initial Subsequent 	
Standard 3: Interruption in the preparation programme	
Standard 4: The education provider	
Standard 5: Academic standard	
Standard 6: Length of programme <ul style="list-style-type: none"> Specialist Practitioner Qualifications or Specialist Public Health Nursing Independent/supplementary prescriber 	
Standard 7: Student support	

Standard 8: Balance between practice and theory	
Standard 9: Aim and learning outcomes	
Standard 10: Assessment Specialist Practitioner Qualifications or Specialist Public Health Nursing	
Standard 11: Assessment Independent / supplementary prescriber	
Standards for prescribing practice:	
Standards of proficiency:	

SUMMARY OF KEY ISSUES FOR FUTURE PROGRAMME MONITORING

Evidence Base Informing Programme Approval Outcome

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Service provider sites IF visited:	
Meetings other than with the presenting team:	

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Working in partnership

**NMC UK Wide Quality Assurance Framework
PROGRAMME APPROVAL REPORT: OVERSEAS NURSES PROGRAMME**

Programme Provider Name: <i>(Education provider and associated practice placement providers)</i>	
NMC Provider Code:	
Date of review:	
Provision reviewed and Academic Award :	
Part of Register programme leads to:	
Reviewer(s):	
Members of Approval Panel:	
Programme Presenters:	

OUTCOME of Approval Panel Meeting

Outcome:	Approved Approved with recommendations Approved with conditions Approved with conditions and recommendations Approval withheld
Conditions and date to be met:	
Recommendations:	
Date conditions met:	
Programme start date:	

OVERALL SUMMARY

ACHIEVEMENT OF STANDARDS	LEVEL
<p>Admission and continued participation:</p> <ul style="list-style-type: none"> • Entry standard of English language (IELT) • UK work permit and/or student visa • Supervised AP(E)L practice decision letter and placement form from NMC • AP(E)L 	
<p>Kind and standard of programme:</p> <ul style="list-style-type: none"> • Integration of defined period of supervised practice overseas nursing programme • Protected learning time (minimum 20 days) 	
<p>Programme delivery:</p> <ul style="list-style-type: none"> • Partnership between higher education institution and service provider • Respect for individuals and communities • Fitness for purpose • Provision of care • Management of care • Health for all orientation • Nursing Competencies • Lifelong learning • Quality and excellence • Content • Level • Achievement of competencies/accountability for confirmation • Audit of practice experience 	

<p>Standards of proficiency: First level nurses - 4 domains</p> <ul style="list-style-type: none">• Professional and ethical practice• Care delivery• Care management• Personal and professional development	
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SUMMARY OF KEY ISSUES FOR FUTURE PROGRAMME MONITORING

Evidence Base Informing Programme Approval Outcome

EVIDENCE SOURCE	DATE/REFERENCE / NO. OF STAFF MET
Prior to Approval Panel meeting:	
At Approval Panel Meeting:	
Service provider sites IF visited:	
Meetings other than with the presenting team:	

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**NMC UK Wide Quality Assurance Framework
PROGRAMME APPROVAL REPORT: RETURN TO PRACTICE**

Programme Provider Name: <i>(Education provider and associated practice placement providers)</i>	
NMC Provider Code:	
Date of review:	
Provision reviewed and Academic Award :	
Part of Register programme leads to:	
Reviewer(s):	
Members of Approval Panel:	
Programme Presenters:	

OUTCOME of Approval Panel Meeting

Outcome:	<ul style="list-style-type: none"> • Approved • Approved with recommendations • Approved with conditions • Approved with conditions and recommendations • Approval withheld
Conditions and date to be met:	
Recommendations:	
Date conditions met:	
Approval date:	
Programme start date:	

OVERALL SUMMARY

ACHIEVEMENT OF STANDARDS	LEVEL
<p>Admission: NMC registration lapsed after a break in practice of three years or more</p>	
<p>Learning outcomes:</p> <ul style="list-style-type: none"> • an understanding of the influence of health and social policy relevant to the practice of nursing, midwifery and specialist community public health nursing • an understanding of the requirements of legislation, guidelines, codes of practice and policies relevant to the practice of nursing, midwifery and specialist • community public health nursing • an understanding of the current structure and organisation of care, nationally and locally • an understanding of current issues in nursing, midwifery and specialist community public health nursing education and practice • the use of relevant literature and research to inform the practice of nursing, midwifery and specialist community public health nursing • the ability to identify and assess need, design and implement interventions and evaluate outcomes in all relevant areas of practice, including the effective delivery of appropriate emergency care • the ability to use appropriate communications, teaching and learning skills • the ability to function effectively in a team and participate in a multi-professional approach to the care of patients and clients • the ability to identify strengths and weaknesses, acknowledge limitations of competence and recognise the importance of maintaining and developing • professional competence. 	

<p>Length and nature of programme:</p> <p>Not less than five days</p> <p>Length and nature determined by education provider & practitioner.</p> <p>Midwives to discuss with lead midwife for education.</p> <p>To take into account:</p> <ul style="list-style-type: none">• registration history• previous levels of knowledge and experience• relevant experience undertaken while out of practice	
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SUMMARY OF KEY ISSUES FOR FUTURE PROGRAMME MONITORING

Evidence Base Informing Programme Approval Outcome

EVIDENCE SOURCE	DATE/REFERENCE / NO. OF STAFF MET
Prior to Approval Panel meeting:	
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NMC UK Wide Quality Assurance Framework
PROGRAMME APPROVAL REPORT: SPECIALIST COMMUNITY PUBLIC HEALTH
NURSING

Programme Provider Name: <i>(Education provider and associated practice placement providers)</i>	
NMC Provider Code:	
Date of review:	
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Part of Register programme leads to:	
Reviewer(s):	
Members of Approval Panel:	
Programme Presenters:	

OUTCOME of Approval Panel Meeting

Outcome:	<ul style="list-style-type: none"> • Approved • Approved with recommendations • Approved with conditions • Approved with conditions and recommendations • Approval withheld
Conditions and date to be met:	
Recommendations:	
Date conditions met:	
Programme start date:	

OVERALL SUMMARY

ACHIEVEMENT OF STANDARDS	LEVEL
Context of practice	
Standard 1: Length of programme	
Standard 2: Structure of programme	
Standard 3: Balance of practice and theory	
Standard 4: Defined areas of practice	
Standard 5: Academic standard of programme	
Standard 6: Content of curriculum	
Standard 7: Student support	
Standard 8: Nature of programme	
Standard 9: Knowledge underpinning practice	

Standard 10: Assessment	
Standard 11: Student status and supernumerary status	
Standards of proficiency: 4 domains <ul style="list-style-type: none">• Search for health needs• Stimulation of awareness of health needs• Influence on policies affecting health• Facilitation of health enhancing activities• Optional V100 (Community Practitioner Nurse Prescriber - to be reported separately)	

SUMMARY OF KEY ISSUES FOR FUTURE PROGRAMME MONITORING

Evidence Base Informing Programme Approval Outcome

EVIDENCE SOURCE	DATE/REFERENCE / NO. OF STAFF MET
Prior to Approval Panel meeting:	
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NMC UK Wide Quality Assurance Framework

PROGRAMME APPROVAL REPORT: Specialist Practice Qualifications

Programme Provider Name: <i>(Education provider and associated practice placement providers)</i>	
NMC Provider Code:	
Date of review:	
Provision reviewed and Academic Award:	
Part of Register programme leads to:	
Reviewer(s):	
Members of Approval Panel:	
Programme Presenters:	

OUTCOME of Approval Panel Meeting

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Conditions and date to be met:	
Recommendations:	
Date conditions met:	
Programme start date:	

OVERALL SUMMARY

ACHIEVEMENT OF STANDARDS	LEVEL
Standard 9: Entry Requirements	
<p>Standard 9.4: Length and content of programme</p> <ul style="list-style-type: none"> • No less than first degree level • No less than 32 weeks • 50% theory and 50% practice <p>key principles :</p> <ul style="list-style-type: none"> • Combination of core and specific modules – core no less than 1/3 and no more than 2/3 of total • A coherent programme of learning • Flexible modes of delivery • Linked to higher education accreditation • Credit for APL and APEL 	
<p>Standard 11: Learning Outcomes</p> <ul style="list-style-type: none"> • Clinical Nursing Practice • Care and Programme Management • Clinical Practice Leadership • Clinical Practice Development 	

Working in partnership

Standard 12: Education <ul style="list-style-type: none">• Content	
Core Standards 13: Common Core Learning Outcomes <ul style="list-style-type: none">• Clinical Nursing Practice• Care and Programme Management• Clinical Practice Leadership• Clinical Practice Development	
Programme specific standards: Entry requirements	
Programme specific standards: Specific Learning outcomes <ul style="list-style-type: none">• Clinical Nursing Practice• Care and Programme Management• Integrated V100 prescribing (Mandatory element for Community Nursing In The Home / District Nursing) to be reported separately	

SUMMARY OF KEY ISSUES FOR FUTURE PROGRAMME MONITORING

Evidence Base Informing Programme Approval Outcome

EVIDENCE SOURCE	DATE/REFERENCE / NO. OF STAFF MET
Prior to Approval Panel meeting:	
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NMC UK Wide Quality Assurance Framework
PROGRAMME APPROVAL REPORT: SUPERVISOR OF MIDWIVES

Programme Provider Name: <i>(Education provider and associated practice placement providers)</i>	
NMC Provider Code:	
Date of review:	
Provision reviewed and Academic Award :	
Part of Register programme leads to:	
Reviewer(s):	
Members of Approval Panel:	
Programme Presenters:	

OUTCOME of Approval Panel Meeting

Outcome:	Approved Approved with recommendations Approved with conditions Approved with conditions and recommendations Approval withheld
Conditions and date to be met:	
Recommendations:	
Date conditions met:	
Programme start date:	

OVERALL SUMMARY

ACHIEVEMENT OF STANDARDS	LEVEL
<p>Standard 1: Requirements</p> <ul style="list-style-type: none"> • Eligibility for preparation • Recording the qualification 	
<p>Standard 2: Eligibility for appointment as a supervisor of midwives</p> <ul style="list-style-type: none"> • Initial • Subsequent • Transitional provision • Informing the NMC 	
<p>Standard 3: Structure and nature of the programme</p> <ul style="list-style-type: none"> • Education provider • Academic Standard • Length of programme • Interruption in programme • Student support • Balance between practice based learning and theory 	
<p>Standard 4: Support for the role:</p> <ul style="list-style-type: none"> • New appointment • Continuing professional development 	
<p>Standard 5: Statutory supervision of midwives:</p> <ul style="list-style-type: none"> • Theory, roles and responsibilities • In action • Working in partnership with women • Leadership 	

SUMMARY OF KEY ISSUES FOR FUTURE PROGRAMME MONITORING

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At Approval Panel Meeting:	
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NMC UK Wide Quality Assurance Framework

Mott MacDonald Appeals procedure

Introduction

This appeal procedure applies to the quality assurance framework for programmes leading to registration or recordable qualifications with the Nursing and Midwifery Council in England, Scotland and Northern Ireland. The procedure meets the requirements of the Nursing and Midwifery Order (SI 2002 No 253).

Guidance for use of the appeal procedure

An appeal can be made in relation to the failure of Mott MacDonald, or its approved review personnel, to adhere to the Nursing and Midwifery Council quality assurance framework in relation to:

- approval being withheld from a programme/module
- withdrawal of current approval of a programme/module
- withdrawal of programmes/modules from an institution

The **ONLY** ground of an appeal is alleged failure of due process.

Approvals and Re-approvals are undertaken conjointly between Education Providers and Mott MacDonald on behalf of the NMC. Therefore, any appeal relating to general issues should be made using the Education Providers appeals procedure. A representative of Mott MacDonald, acting on behalf of the NMC, will be a member of any Education Provider appeal panel, to ensure that decisions made do not adversely effect the requirements of the regulatory body.

In the event of an appeal regarding alleged failure of due process in respect of Programme Monitoring, the appeal should be made directly to Mott MacDonald.

Appeal Procedure

The Mott MacDonald /NMC appeal procedure is designed in three stages. The first stage of *Informal Appeal* will be conducted by Mott MacDonald. If this fails to resolve the issues, then stage 2 *Formal Appeal* is invoked which involves a panel convened by the Nursing and Midwifery Council. If this also fails to resolve the issues then stage 3 *Final Appeal* is available. A detailed guide to the process is presented as follows.

APPEAL PROCESS

STAGE 1: INFORMAL APPEAL

Should a Programme Provider wish to invoke the appeal process, this should be made to Mott MacDonald in the first instance.

- 1.1 Institutions will have a period of time, which shall not be more than **21 working days**, to make observations on the decisions and matters, raised beginning with the date on which the reasons for judgments are sent to the institution.
- 1.2 Where an **institution** is dissatisfied with the Mott MacDonald process of decision making it will inform the Director of Reviews at Mott MacDonald of its intention to appeal in a letter identifying issues and reasons for such dissatisfaction within the 21 day period defined in 1.1.
- 1.3 One or two representatives of Mott MacDonald * will engage in a joint meeting with one representative of the Education Provider and one representative of a relevant service provider involved in the programme concerned. This meeting will explore the issues leading to dissatisfaction and attempt to achieve resolution. Mott MacDonald will communicate the outcome of the meeting to all involved within **5 working days**.

* Within **21 working days** of the letter, this group will review the evidence and communicate a final decision to all parties, within **5 working days** of the meeting.

STAGE 2: FORMAL APPEAL

Where informal appeal fails to resolve the causes of dissatisfaction, and internal Education Provider appeals mechanisms are not appropriate or do not exist, institutions may invoke a formal appeal to the NMC.

- 2.1 A representative of the Education Provider will inform the NMC, by letter to the Chief Executive, within **10 working days** of the joint meeting or Education Provider appeal hearing, of the continued dissatisfaction and request a formal appeal hearing.
- 2.2 The NMC will convene an appeal panel within **21 days** of receiving such a request. The Panel will comprise the Director of Standards and Registration (or delegated representative), an NMC member who will act as chair, an educational representative from an Education Provider not involved in the programme and a professional representative from a service relevant to the nature of the qualification concerned.
- 2.3 The Education Provider will be required to convene a team of the Head of Department/Faculty (or delegated representative), Chair of the approval panel, a teacher responsible for the programme concerned and a professional representative from service involved with delivery of the programme.

- 2.4 The NMC Panel will hear the evidence and the final outcome of the appeal will be communicated to all by the Chair within **5 working days**.

STAGE 3: FINAL APPEAL

Where formal appeal fails to resolve dissatisfaction, a formal course of action is available through appeal to the NMC Conduct and Competence Committee.

- 3.1 The Chair of the formal appeals panel will inform the Chair of the Conduct and Competence Committee, who will not have been previously involved in the appeals procedure, by letter within **10 working days** of the NMC appeal hearing of the continued satisfaction.

- 3.2 The Chair of the NMC Conduct and Competence Committee will convene a meeting with:

- the President or Vice President of the NMC
- the Chair of the Approval Committee from the Education Provider
- professional representative from service relevant to the programme

NMC UK Wide Quality Assurance Framework
MOTT MACDONALD Reviewer Self-Evaluation form

Please complete this proforma. The information you provide us, will help us to help you and enable us to monitor quality in order to maintain and improve the services we provide to the NMC and Programme Providers.

Name of Education Provider:	
Visit Date:	
Name of Reviewer:	

Please comment and give grades on how well you achieved the following areas, using Grade 1 to 4

Key: 1 = Outstanding, 2 = Good, 3 = Satisfactory, 4 = Further support required

If you use grade 4 at any stage, please ensure you comment as this will help us with professional development.

Gathered, analysed and interpreted relevant evidence during the approval or monitoring process	
Made judgements that were objective, fair and based securely on evidence	
Formed effective working relationships with Education Provider staff	
Communicated clearly, convincingly and succinctly, both orally and in writing	
OVERALL PERFORMANCE <i>(weigh up all aspects of performance to judge overall competence)</i>	
ANY OTHER COMMENTS <i>(please include any major strengths/weaknesses or future training needs)</i>	

Please return this form to: Operations Manager, MOTT MACDONALD, Demeter House, Station Road, Cambridge, CB1 2RS or email to nmc@mottmac.org.

Signed: _____ **Date:** _____

NMC UK Wide Quality Assurance Framework

Programme Approval / Monitoring Quality Assurance Reader's Report Form		
Education Provider Name:	Reviewer:	Reader:
Programme Title		
Date of Approval/ Monitoring:		Date of Reading:
Purpose: This form provides written feedback on the report following an approval or monitoring event.		

The purpose of the quality assurance monitoring is to ensure that:

- the work of reviewers is highly professional
- the report is fit for purpose i.e. suitable for its intended audience
- the report is of high quality

REPORT

Key Questions	Yes / No	Comment on strengths and areas for improvement as appropriate
Is the report CLEAR ?		
Is the report CONCISE ?		
Is the report COMPLIANT (please use the report template)?		
Is the report CONSISTENT ? Text and grades in the Report Form match.		
Is the report CORRECT ? Free from jargon.		
Is the report CONVINCING ?		
Is there sufficient attention to each of the relevant standards/risk indicators?		

Overall Comment:

Feedback form on Managing Reviewer

(to be completed by reviewers)

Please could you complete this proforma on the performance of the Managing Reviewer for the Monitoring Event at the named Education Provider. The information given will help build up a profile and enable us to monitor quality in order to maintain and improve on our review standards.

Name of Education Provider:	
Name of Managing Reviewer:	
Review date:	
Name of team member:	

Please comment and give grades on how well the MR achieved the following areas, using grade 1 to 4

Key: 1 = Outstanding, 2 = Good, 3 = Satisfactory, 4 = Unsatisfactory

If you use grade 4 at any stage, please comment, as this will help us with professional development.

Provides useful information and guidance relevant to the context of the Education Provider before the start of the inspection	
Gathers, analyses and interprets relevant evidence during the inspection	
Communicates clearly, convincingly and succinctly, both orally and in writing.	
Makes judgements that are objective, fair and based securely on evidence	
Forms effective working relationships with those being reviewed	
Forms effective working relationships with me and other team members	
Leads and manages my time effectively	
OVERALL PERFORMANCE	
ANY OTHER COMMENTS	

All information contained on this form will be fed back to the Managing Reviewer

**NMC UK Wide Quality Assurance Framework
MOTT MACDONALD QA Evaluation of Reviewer**

Name of Education Provider:	
Monitoring Visit/Approval Event Date:	
Name of Reviewer:	

Please comment and give grades on how well you achieved the following areas, using Grades 1 to 4

Key: 1 = Outstanding, 2 = Good, 3 = Satisfactory, 4 = Unsatisfactory

If you use grade 4 at any stage, please ensure you comment as this will help us with professional development.

Gathered, analysed and interpreted relevant evidence during the monitoring/approval process	
Made judgements that were objective, fair and based securely on evidence	
Formed effective working relationships with other team members	
Communicated clearly, convincingly and succinctly, both orally and in writing	
OVERALL PERFORMANCE <i>(weigh up all aspects of performance to judge overall competence)</i>	
ANY OTHER COMMENTS <i>(please include any major strengths/weaknesses or future training needs)</i>	

Signed:

Date:

Please return this form to: Operations Manager, MOTT MACDONALD, Demeter House, Station Road, Cambridge, CB1 2RS or email to nmc@mottmac.org.

NMC UK-wide Quality Assurance Framework
Programme Providers' evaluation of the Programme Monitoring Process

Name of Programme Provider:	
Name of Programme approved:	
Name of Managing Reviewer:	

This questionnaire invites programme providers to evaluate the quality of the Programme Monitoring process.

Communication

1. Did Mott MacDonald provide you with names of reviewer(s) within the timescales as described in the *Handbook*?
2. As the Monitoring event progressed, were you content with the quality of communication between you, Mott MacDonald and the assigned managing reviewer?
3. What, if anything, could be done to improve communication?

Monitoring Event

4. Did the managing reviewer carry out the Monitoring event according to the *Handbook*?
5. Which aspects of the Monitoring process worked particularly well?
6. Were there aspects of the process that did not work well which Mott MacDonald should note for future monitoring events?

After the Monitoring Event

7. Did you receive a draft copy of the Monitoring report from the Managing reviewer within the time frames described in the *Handbook*?
8. If factual corrections were advised, did you feel that they were acted upon appropriately?

Conclusion

9. Overall, are you content that managing reviewer and reviewer(s) undertook the programme monitoring event according to the *Handbook*?

Signed:
Name:
Date:
Designation:

NMC UK Wide Quality Assurance Framework

Programme Providers' evaluation of the contribution Mott MacDonald to the Approval Process

Name of Programme Provider:	
Name of Programme Approved:	
Date of Visit:	
Name of Reviewer:	

This questionnaire invites programme providers to evaluate the quality of the contribution of MOTT MACDONALD and its reviewers, to the approval process.

COMMUNICATION

1. Did Mott MacDonald provide you with names of reviewer(s) within the timescales as described in the *Approval Flowchart*?

2. As the approval process progressed, were you content with the quality of communication between you and Mott MacDonald and the assigned reviewer?

3. What, if anything, could be done to improve communication?

APPROVAL EVENT

4. Did the reviewer carry out the approval according to the *Approval Flowchart*?

5. Which aspects of the approval process worked particularly well?

6. Were there aspects of the process that did not work well which Mott MacDonald should note for future approval events?

AFTER THE APPROVAL EVENT

- 7. Did you receive confirmation of the report of the Approval Event from the reviewer within the time frames described in the *Approval Flowchart*?

- 8. If changes were advised, were these constructive and evidence based?

CONCLUSION

- 9. Overall, are you content that Mott MacDonald and the reviewer(s) contributed to the approval event according to the *Approval Flowchart*?

Signed:	
Name:	
Date:	
Designation:	

Please return to: Operations Manager, MOTT MACDONALD, Demeter House, Station Road, Cambridge, CB1 2RS or to nmc@mottmac.org.

NMC UK Wide Quality Assurance Framework Mott MacDonald Code of Conduct Reviewer

This Code Conduct underpins NMC and Mott MacDonald quality assurance policies and procedures, which are designed to assure quality and consistency. For that reason, we require every Reviewer to sign and return a copy of this Statement, thereby declaring their commitment to abide by it.

In your work as a NMC Reviewer it is expected that you will:

- 1 Take full responsibility for maintaining your Registration in accordance with all the requirements of the NMC.
- 2 Conform to the requirements of the NMC Code of Professional Conduct.
- 3 At all times, when acting on behalf of the NMC, behave in a way which upholds the reputation of the NMC, maintain the highest standards of professional behaviour, be and be seen to be credible by stakeholders and the NMC.
- 4 Ensure that the highest standards are maintained when representing both Mott MacDonald and the NMC. It is a requirement that all Reviewers follow the processes and procedures as laid down in the MOTT MACDONALD process guidance notes and other Mott MacDonald / NMC UK WIDE QA Framework approved documentation.
- 5 Undertake quality assurance activity with integrity, treating all those encountered with courtesy and professional respect.
- 6 Safeguard the confidentiality of any information and comply with data protection requirements.
- 7 Ensure national consistency by following the agreed procedures and processes at all times, and by completing the relevant paperwork to the required standard, and in the format required.
- 8 Facilitate the quality assurance role of Mott MacDonald and take account of professional advice given to you by their staff.
- 9 Respond to communications and return all documents within the expected timescales (generally TWO working days), notify Mott MacDonald promptly of any changes in

arrangements, and comply with all other administrative requirements.

- 10 Have regard to the requirement that Reviewers attending programme approval, re-approval and monitoring visits, do not regularly give instruction or have any significant connection with the programme provider in question, in compliance with section 16-(4) of the Nursing and Midwifery Order 2001. Where the Reviewer has doubts about conflict of interest, then these must be discussed with the Mott MacDonald management team.
- 11 Ensure that situations do not occur which would allow a neutral observer to question the impartiality of the Reviewer.
- 12 Notify the Mott MacDonald / NMC QA Framework Management Team, if offered an inducement by anyone in connection with your work as a Reviewer.
- 13 Be available to attend initial and update training / briefing at the reasonable request of Mott MacDonald
- 14 Accept that certain personal details, including equal opportunity data will be held on the Mott MacDonald database. The Data Protection Act applies to this database and the information will not be released to any organisation other than Mott MacDonald.

I accept the Statement of Conduct and terms and conditions as laid out above. I understand that Mott MacDonald reserve the right to remove me from the list of Reviewers available for deployment with further warning if at any time my work falls below the standards outlined in this Code of Conduct.

Reviewer name: _____ **Reviewer ID No:** _____
(please print name)

Signed: _____ **Date:** _____

NMC UK Wide Quality Assurance Framework

EVIDENCE FORM							
Reviewer		Education Provider and Programme		Time and date		Venue	
Key Issues Explored			List of Participants				
Findings							
Summary of Findings (in bullet points)							

Signature of Reviewer:

Date/Time:

NMC UK Wide Quality Assurance Framework

Complaints

All customer complaints will be handled according to a consistent procedure, which we will publish on our website. A formal complaint will be made in writing to the Operations Manager, who will:

- log the complaint in the correspondence log;
- write a letter of acknowledgement to the complainant within **two working days**;
- where the complaint involves the service given by a Reviewer/Managing Reviewer, refer it immediately to the Managing Reviewer or Director of Reviews;
- where the complaint involves the service given by the Operations team, refer it immediately to the Director of Reviews.

The Director of Reviews will institute an investigation, with the aim of providing a full response to the complainant within **20 working days**.

The Operations Manager and/or other relevant staff may be called upon to assist in the investigation. The investigation will involve seeking evidence from the Reviewer or staff member about whose performance the complaint has been made, and from any other relevant sources (such as quality assurance records).

It may also, where necessary and appropriate, involve contacting the complainant to discuss the issues in more detail. In the case of complaints about the conduct of a Reviewer, the Code of Conduct will be the fundamental reference point.

At the conclusion of the investigation, the investigating officer will make a decision about whether the complaint is:

- upheld;
- not upheld, or
- not proven.

This decision will be final. The investigating officer will write a report outlining the reasons for the decision. The Operations Manager will send the complainant a copy of the report, together with a covering letter, and will place a copy on file.

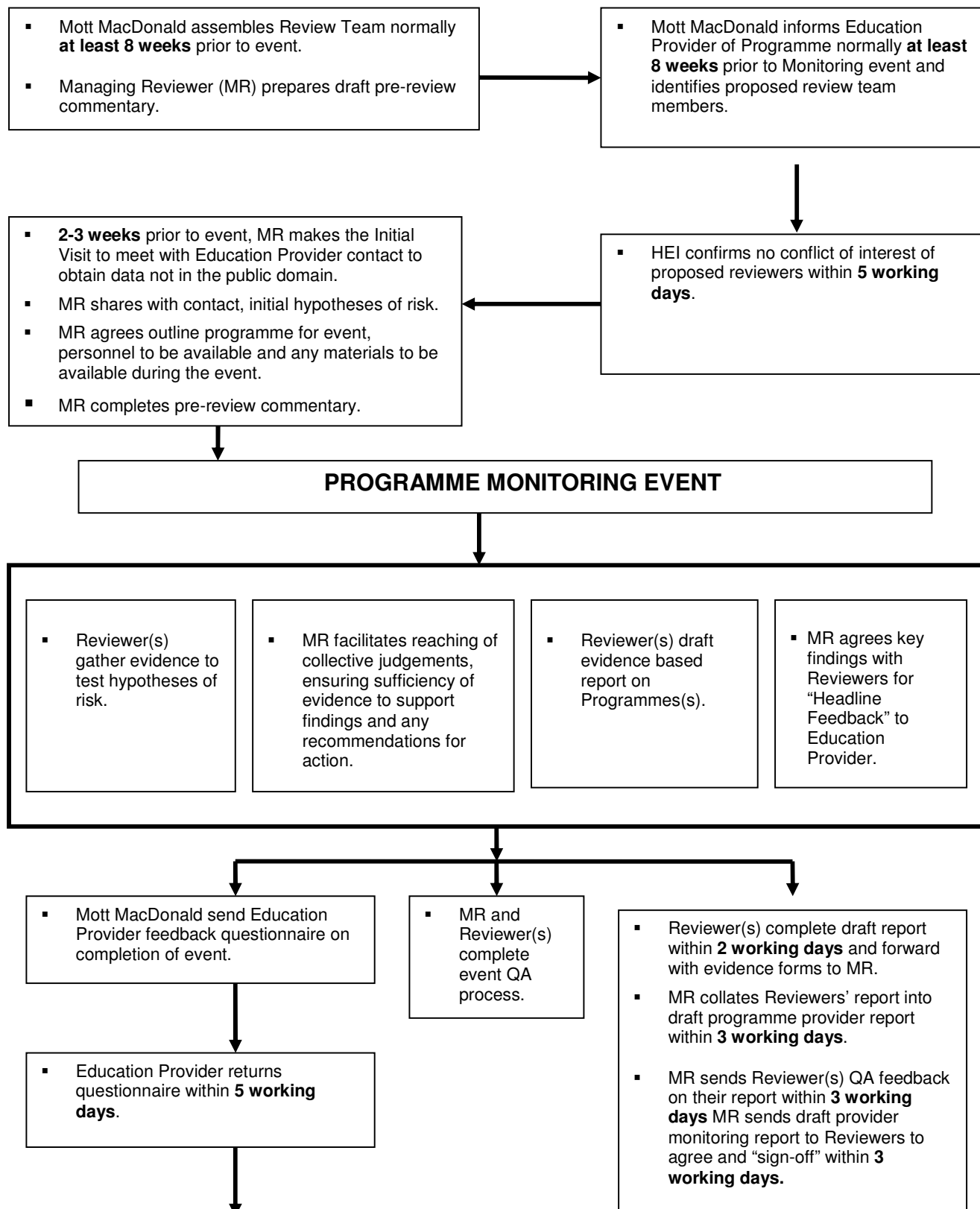
This process will normally be completed within **20 working days** of receipt of the complaint. In exceptional circumstances (for example, where the issues involved are particularly complex and/or the relevant personnel are not readily available for reasons beyond our control), it may be necessary to extend the period of the investigation. Where this proves necessary, the complainant will be kept fully informed of progress.

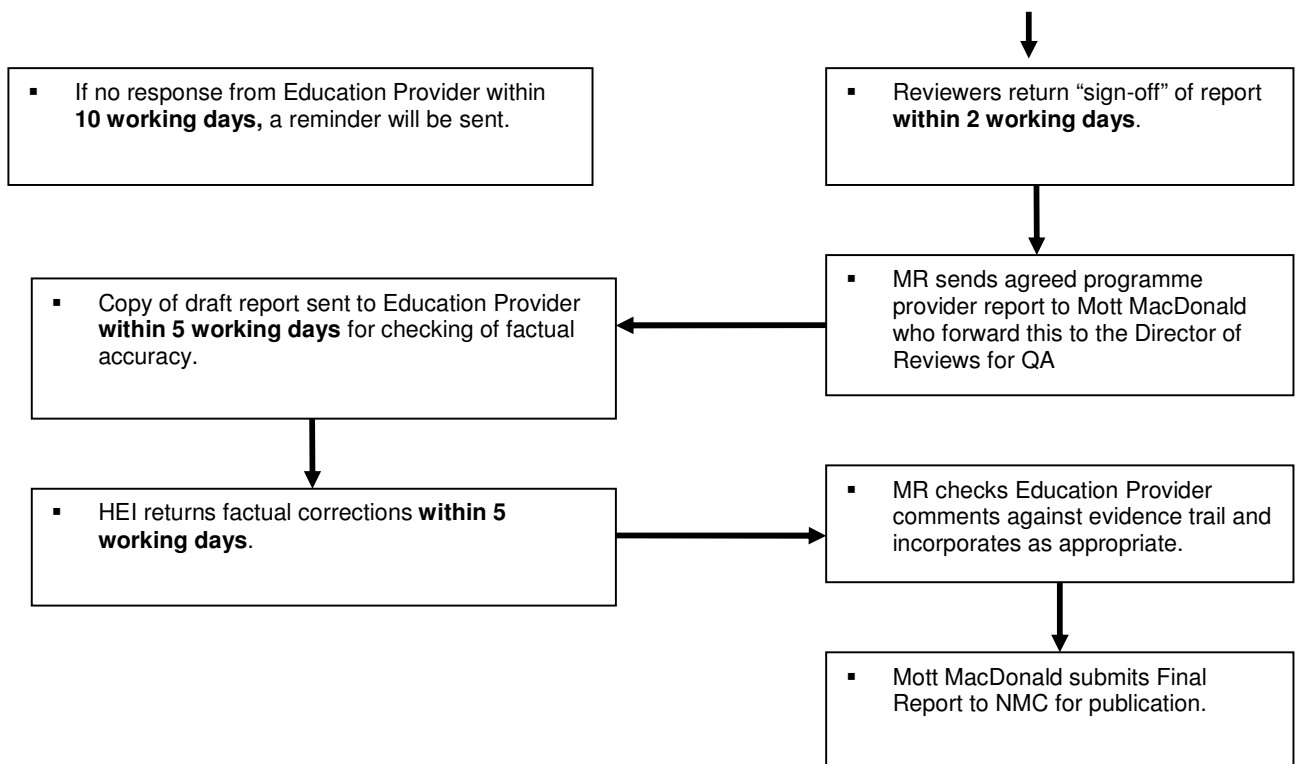
If a complaint about the service given by a Reviewer is upheld, then any unsatisfactory work will be repeated at our expense. It may be appropriate to deploy a replacement Reviewer, in which case this will be done as quickly as possible.

If a complaint is upheld, then the investigating officer will consider, in consultation as appropriate with other members of the project team, what if any corrective and/or disciplinary action should be taken in respect of an individual. For example, a Reviewer might be the subject of escalated QA monitoring or, in the case of a serious complaint, immediate removal from the pool of Reviewers available for deployment. For a not upheld or not proven complaint, the investigating officer will nonetheless consider, in consultation as appropriate with other members of the project team, whether there are minor issues for improvement that the individual should consider. These will be addressed as part of the normal quality assurance process.

NMC UK Wide QA Framework Contract

Mott MacDonald Monitoring Flow Chart





**NMC UK Wide Quality Assurance Framework
MOTT MACDONALD Pre Review Commentary
To be read in conjunction with the relevant NMC standards
BRIEF DESCRIPTION OF PROGRAMME PROVIDER**

Name of Institution	
Size and nature of provider	Programmes under review: Other NMC approved programmes:
Student numbers, recruitment, attrition	
Partnering service providers	
Relevant issues from external quality assurance reports	

EVIDENCE	REF SOURCE	ISSUES FOR EXPLORATION	HOW
<p>RESOURCES - Key Risk 1</p> <p>1.1- Programme providers have inadequate resources to deliver approved programmes to the standards required by the NMC</p> <p>1.2 - Inadequate resources available in practice settings to enable students to achieve learning outcomes</p>			
<p>Risk Indicator 1.1</p> <p>1.1.1 - Registrant teachers hold NMC recordable teaching qualifications and have experience or qualifications commensurate with role</p> <p>1.1.2 - Providers demonstrate appropriate resources to deliver programmes to NMC standards</p> <p>1.1.3 - Sufficient staff dedicated to programme delivery</p> <p>Risk Indicator 1.2</p> <p>1.2.1- Sufficient appropriately qualified mentors/practice teachers available to support numbers of students</p> <p>1.2.2 – Mentors/practice teachers are able to attend training or annual updates</p>			

EVIDENCE	REF SOURCE	ISSUES FOR EXPLORATION	HOW
ADMISSIONS & PROGRESSION – Key Risk 2			
2.1 - Inadequate safeguards are in place to monitor students' conduct throughout the programme			
<p>Risk Indicator 2.1</p> <p>2.1.1 - Programme providers take steps to gain assurance of character and health of individuals prior to acceptance on to programmes</p> <p>2.1.2 - Procedures address issues of poor conduct of students during their time on NMC approved programmes</p> <p>2.1.3 - Programme providers confirm students good character at progression points during the programme</p> <p>2.1.4 - Systems for the accreditation of prior learning and achievement are robust and supported by verifiable evidence, mapped against NMC outcomes and standards of proficiency</p>			

EVIDENCE	REF SOURCE	ISSUES FOR EXPLORATION	HOW
<p>PRACTICE LEARNING - Key Risk 3</p> <p>3.1 - Inadequate governance of practice learning</p> <p>3.2 - Programme providers fail to provide learning opportunities of suitable quality for students</p> <p>3.3 - Confirmation of achievement unreliable or invalid</p>			
<p>Risk Indicator 3.1</p> <p>3.1.1 - Evidence of effective partnerships between education and service providers, including other education institutions</p> <p>Risk Indicator 3.2</p> <p>3.2.1 - Evidence that mentors/practice teachers are properly prepared for the role</p> <p>3.2.2 - Records of mentors/practice teachers are accurate and up to date</p> <p>3.2.3 - Practitioners and service users are involved in programme development and delivery</p>			

EVIDENCE	REF SOURCE	ISSUES FOR EXPLORATION	HOW
<p>3.2.4 - Education staff have a presence in practice settings</p> <p>Risk Indicator 3.3</p> <p>3.3.1 – Mentor/practice teachers’ assessment of competence is consistent and substantiated by students’ performance</p>			
<p>FITNESS FOR PRACTICE- Key Risk 4</p> <p>4.1 Approved programmes fail to incorporate essential skills clusters or address required learning outcomes</p>			
<p>Risk Indicator 4.1</p> <p>4.1.1 - Students achieve NMC essential skills for entry to the nursing part of register</p> <p>4.1.2 - Students achieve NMC essential skills for entry to the midwifery part of register</p> <p>4.1.3 - Students achieve required proficiencies for entry to SCPHN part of the NMC register</p>			

EVIDENCE	REF SOURCE	ISSUES FOR EXPLORATION	HOW
<p>4.1.4 - Students achieve the outcomes identified for NMC approved programmes</p>			
<p>QUALITY ASSURANCE - Key Risk 5</p>			
<p>5.1 Programme providers' internal QA systems fail to provide assurance against NMC standards</p>			
<p>Risk Indicator 5.1</p> <p>5.1.1 - Programme evaluation and improvement systems address weakness and enhance delivery</p> <p>5.1.2 - External examiners engage with both theory and practice elements of approved programmes</p> <p>5.1.3 - Programme approvals are conducted well and ensure that NMC standards are covered</p> <p>5.1.4 – Internal QA processes facilitate appropriate updating of programmes in the light of changes/additions made to NMC standards</p>			

OVERALL SUMMARY OF ISSUES TO BE PURSUED AT THE MONITORING EVENT

Name of Managing Reviewer:

Date of initial entry:

Date of revised entry:

**NMC UK Wide Quality Assurance Framework
DRAFT PROGRAMME MONITORING REPORT**

Programme Provider Name: <i>(Education provider and associated practice placement providers)</i>	
NMC Provider Code:	
Programmes Monitored and clinical focus:	
Part of Register Programme/s Lead to:	
Managing Reviewer / Reviewer(s):	
Academic Year: Date of Monitoring Event:	
Date of Report:	

SUMMARY OF FINDINGS

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RESOURCES	LEVEL OF ACHIEVEMENT:
<p>Key Risk 1.1 - Programme providers have inadequate resources to deliver approved programmes to the standards required by the NMC</p> <p>Risk Indicators</p> <p>1.1.1 - Registrant teachers hold NMC recordable teaching qualifications and have experience or qualifications commensurate with role.</p> <p>1.1.2 - Providers demonstrate appropriate resources to deliver programmes to NMC standards</p> <p>1.1.3 - Sufficient staff dedicated to programme delivery</p>	
<p>Key Risk 1.2 - Inadequate resources available in practice settings to enable students to achieve learning outcomes</p> <p>Risk Indicators</p> <p>1.2.1 - Sufficient appropriately qualified mentors/practice teachers available to support numbers of students</p> <p>1.2.2 – Mentors/practice teachers are able to attend training or annual updates</p>	

ADMISSIONS & PROGRESSION	LEVEL OF ACHIEVEMENT:
<p>Key Risk 2.1 - Inadequate safeguards are in place to monitor students' conduct throughout the programme</p> <p>Risk Indicators</p> <p>2.1.1 - Programme providers take steps to gain assurance of character and health of individuals prior to acceptance on to programmes</p> <p>2.1.2 - Procedures address issues of poor conduct of students during their time on NMC approved programmes</p> <p>2.1.3 - Programme providers confirm students good character at progression points during the programme</p>	

2.1.4 - Systems for the accreditation of prior learning and achievement are robust and supported by verifiable evidence, mapped against NMC outcomes and standards of proficiency

PRACTICE LEARNING	LEVEL OF ACHIEVEMENT:
<p>Key Risk 3.1 - Inadequate governance of practice learning</p> <p>Risk Indicators</p> <p>3.1.1 - Evidence of effective partnerships between education and service providers, including other education institutions</p>	
<p>Key Risk 3.2 - Programme providers fail to provide learning opportunities of suitable quality for students</p> <p>Risk Indicators</p> <p>3.2.1 - Evidence that mentors/practice teachers are properly prepared for their role</p> <p>3.2.2 - Records of mentors/practice teachers are accurate and up to date</p> <p>3.2.3 - Practitioners and service users are involved in programme development and delivery</p> <p>3.2.4 - Education staff have a presence in practice settings</p>	
<p>Key Risk 3.3 - Confirmation of achievement unreliable or invalid</p> <p>Risk Indicators</p> <p>3.3.1 – Mentor/practice teachers’ assessment of competence is consistent and substantiated by students’ performance</p>	

FITNESS FOR PRACTICE	LEVEL OF ACHIEVEMENT:
Key Risk 4.1- Approved programmes fail to incorporate essential skills clusters or address required learning outcomes	
Risk Indicators	
4.1.1 - Students achieve NMC essential skills for entry to the nursing part of register	
4.1.2 - Students achieve NMC essential skills for entry to the midwifery part of register	
4.1.3 - Students achieve required proficiencies for entry to SCPHN part of the NMC register	
4.1.4 - Students achieve the outcomes identified for NMC approved programmes	

QUALITY ASSURANCE	LEVEL OF ACHIEVEMENT:
Key Risks 5.1 - Programme providers' internal QA systems fail to provide assurance against NMC standards	
Risk Indicators	
5.1.1 - Programme evaluation and improvement systems address weakness and enhance delivery	
5.1.2 - External examiners engage with both theory and practice elements of approved programmes	
5.1.3 - Programme approvals are conducted well and ensure that NMC standards are covered	
5.1.4 – Internal QA processes facilitate appropriate updating of programmes in the light of changes/additions made to NMC standards	

KEY ISSUES FOR FUTURE PROGRAMME MONITORING

Evidence Base Informing Programme Monitoring Outcome

EVIDENCE SOURCE/DATE /REFERENCE /STAFF MET				
PRIOR TO MONITORING EVENT				
Date of Initial Visit: Meetings Add titles of people met Documents Reviewed List title, source, month and year				
AT MONITORING EVENT				
Date of monitoring visit: Meetings Add titles of people met Documents Reviewed List title, source, month and year				
SERVICE PROVIDER VISITED & MEETINGS WITH				
Name of Placement	Meetings with	Yr1	Yr2	Yr3

Glossary

APL / APEL	Accreditation of Prior Learning / Accreditation of Prior Experiential Learning
CEF	Clinical Education Facilitator
CPF	Clinical Placement Facilitator
CRB	Criminal Records Bureau
DN	District Nursing
LME	Lead Midwifery for Education
LSAMO	Local Supervising Authority Midwifery Officer
NMC	Nursing and Midwifery Council
PPF	Practice Placement Facilitator employed by an NHS/Foundation trust to support students in placement employed by an NHS/Foundation trust to support students in placement
QA	Quality Assurance
RHV	Registered Health Visitor
RM	Registered Midwife
RNA	Registered Nurse Adult
RNC	Registered Nurse Child
RNLD	Registered Nurse Learning Disabilities
RNMH	Registered Nurse Mental Health
ROH	Registered Occupational Health Nurse
RSN	Registered School Nurse
SCLD	Specialist Practitioner – Community Learning Disabilities Nursing
SCMH	Specialist Practitioner – Community Mental Health Nursing
SCPHN	Specialist Community Public Health Nursing
SHA	Strategic Health Authority
SPAN	Specialist Practitioner – Adult Nursing
SPCC	Specialist Practitioner – Community Children’s Nursing
SPCN	Specialist Practitioner – Children’s Nursing
SPDN	Specialist Practitioner – District Nursing
SPGP	Specialist Practitioner – General Practice Nursing
SPLD	Specialist Practitioner – Learning Disability Nurse
SPMH	Specialist Practitioner – Mental Health
SPQ	Specialist Practice Qualification
Preferred Terminology in Report Writing	
Effective practice	Rather than good practice
Practitioner	Rather than clinical staff or service staff
Programme	Rather than course
Programme providers	Approved education institution and associated service provider partners recognised by the NMC to provide approved programmes
Service provider partners	NHS/Foundation trusts and the independent voluntary sectors that provide clinical placements
Practice learning environments	Areas where students are involved in care activities

**NMC UK Wide Quality Assurance Framework
DRAFT PROGRAMME MONITORING REPORT**

Programme Provider Name: <i>(Education provider and associated practice placement providers)</i>	
NMC Provider Code:	
Programmes Monitored and clinical focus:	
Part of Register Programme/s Lead to:	
Managing Reviewer / Reviewer(s):	
Academic Year: Date of Monitoring Event:	
Date of Report:	

SUMMARY OF FINDINGS

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RESOURCES	LEVEL OF ACHIEVEMENT:
<p>Key Risk 1.1 - Programme providers have inadequate resources to deliver approved programmes to the standards required by the NMC</p> <p>Risk Indicators</p> <p>1.1.1 - Registrant teachers hold NMC recordable teaching qualifications and have experience or qualifications commensurate with role.</p> <p>1.1.2 - Providers demonstrate appropriate resources to deliver programmes to NMC standards</p> <p>1.1.3 - Sufficient staff dedicated to programme delivery</p>	
<p>Key Risk 1.2 - Inadequate resources available in practice settings to enable students to achieve learning outcomes</p> <p>Risk Indicators</p> <p>1.2.1 - Sufficient appropriately qualified mentors/practice teachers available to support numbers of students</p> <p>1.2.2 – Mentors/practice teachers are able to attend training or annual updates</p>	

ADMISSIONS & PROGRESSION	LEVEL OF ACHIEVEMENT:
<p>Key Risk 2.1 - Inadequate safeguards are in place to monitor students' conduct throughout the programme</p> <p>Risk Indicators</p> <p>2.1.1 - Programme providers take steps to gain assurance of character and health of individuals prior to acceptance on to programmes</p> <p>2.1.2 - Procedures address issues of poor conduct of students during their time on NMC approved programmes</p> <p>2.1.3 - Programme providers confirm students good character at progression points during the programme</p>	

2.1.4 - Systems for the accreditation of prior learning and achievement are robust and supported by verifiable evidence, mapped against NMC outcomes and standards of proficiency

PRACTICE LEARNING	LEVEL OF ACHIEVEMENT:
<p>Key Risk 3.1 - Inadequate governance of practice learning</p> <p>Risk Indicators</p> <p>3.1.1 - Evidence of effective partnerships between education and service providers, including other education institutions</p>	
<p>Key Risk 3.2 - Programme providers fail to provide learning opportunities of suitable quality for students</p> <p>Risk Indicators</p> <p>3.2.1 - Evidence that mentors/practice teachers are properly prepared for their role</p> <p>3.2.2 - Records of mentors/practice teachers are accurate and up to date</p> <p>3.2.3 - Practitioners and service users are involved in programme development and delivery</p> <p>3.2.4 - Education staff have a presence in practice settings</p>	
<p>Key Risk 3.3 - Confirmation of achievement unreliable or invalid</p> <p>Risk Indicators</p> <p>3.3.1 – Mentor/practice teachers’ assessment of competence is consistent and substantiated by students’ performance</p>	

FITNESS FOR PRACTICE	LEVEL OF ACHIEVEMENT:
<p>Key Risk 4.1- Approved programmes fail to incorporate essential skills clusters or address required learning outcomes</p> <p>Risk Indicators</p> <p>4.1.1 - Students achieve NMC essential skills for entry to the nursing part of register</p> <p>4.1.2 - Students achieve NMC essential skills for entry to the midwifery part of register</p> <p>4.1.3 - Students achieve required proficiencies for entry to SCPHN part of the NMC register</p> <p>4.1.4 - Students achieve the outcomes identified for NMC approved programmes</p>	

QUALITY ASSURANCE	LEVEL OF ACHIEVEMENT:
<p>Key Risks 5.1 - Programme providers' internal QA systems fail to provide assurance against NMC standards</p> <p>Risk Indicators</p> <p>5.1.1 - Programme evaluation and improvement systems address weakness and enhance delivery</p> <p>5.1.2 - External examiners engage with both theory and practice elements of approved programmes</p> <p>5.1.3 - Programme approvals are conducted well and ensure that NMC standards are covered</p> <p>5.1.4 – Internal QA processes facilitate appropriate updating of programmes in the light of changes/additions made to NMC standards</p>	

KEY ISSUES FOR FUTURE PROGRAMME MONITORING

Evidence Base Informing Programme Monitoring Outcome

EVIDENCE SOURCE/DATE /REFERENCE /STAFF MET				
PRIOR TO MONITORING EVENT				
Date of Initial Visit:				
Meetings Add titles of people met				
Documents Reviewed List title, source, month and year				
AT MONITORING EVENT				
Date of monitoring visit:				
Meetings Add titles of people met				
Documents Reviewed List title, source, month and year				
SERVICE PROVIDER VISITED & MEETINGS WITH				
Name of Placement	Meetings with	Yr1	Yr2	Yr3

Glossary

APL / APEL	Accreditation of Prior Learning / Accreditation of Prior Experiential Learning
CEF	Clinical Education Facilitator
CPF	Clinical Placement Facilitator
CRB	Criminal Records Bureau
DN	District Nursing
LME	Lead Midwifery for Education
LSAMO	Local Supervising Authority Midwifery Officer
NMC	Nursing and Midwifery Council
PPF	Practice Placement Facilitator employed by an NHS/Foundation trust to support students in placement employed by an NHS/Foundation trust to support students in placement
QA	Quality Assurance
RHV	Registered Health Visitor
RM	Registered Midwife
RNA	Registered Nurse Adult
RNC	Registered Nurse Child
RNLD	Registered Nurse Learning Disabilities
RNMH	Registered Nurse Mental Health
ROH	Registered Occupational Health Nurse
RSN	Registered School Nurse
SCLD	Specialist Practitioner – Community Learning Disabilities Nursing
SCMH	Specialist Practitioner – Community Mental Health Nursing
SCPHN	Specialist Community Public Health Nursing
SHA	Strategic Health Authority
SPAN	Specialist Practitioner – Adult Nursing
SPCC	Specialist Practitioner – Community Children’s Nursing
SPCN	Specialist Practitioner – Children’s Nursing
SPDN	Specialist Practitioner – District Nursing
SPGP	Specialist Practitioner – General Practice Nursing
SPLD	Specialist Practitioner – Learning Disability Nurse
SPMH	Specialist Practitioner – Mental Health
SPQ	Specialist Practice Qualification
Preferred Terminology in Report Writing	
Effective practice	Rather than good practice
Practitioner	Rather than clinical staff or service staff
Programme	Rather than course
Programme providers	Approved education institution and associated service provider partners recognised by the NMC to provide approved programmes
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**NMC UK Wide Quality Assurance Framework
MONITORING REVIEW: ACTION PLAN**

Programme Provider Name: NMC Provider Code:		Date of Action Plan:	
Date of Monitoring Review:		Date Action Plan is to be Reviewed:	

Key Risk area (NMC QA Framework)	Risk Indicator (NMC QA Framework)	Problem identified at review event	Action planned	Achievement date	Responsibility for action	Evidence of completion

Guidance Notes

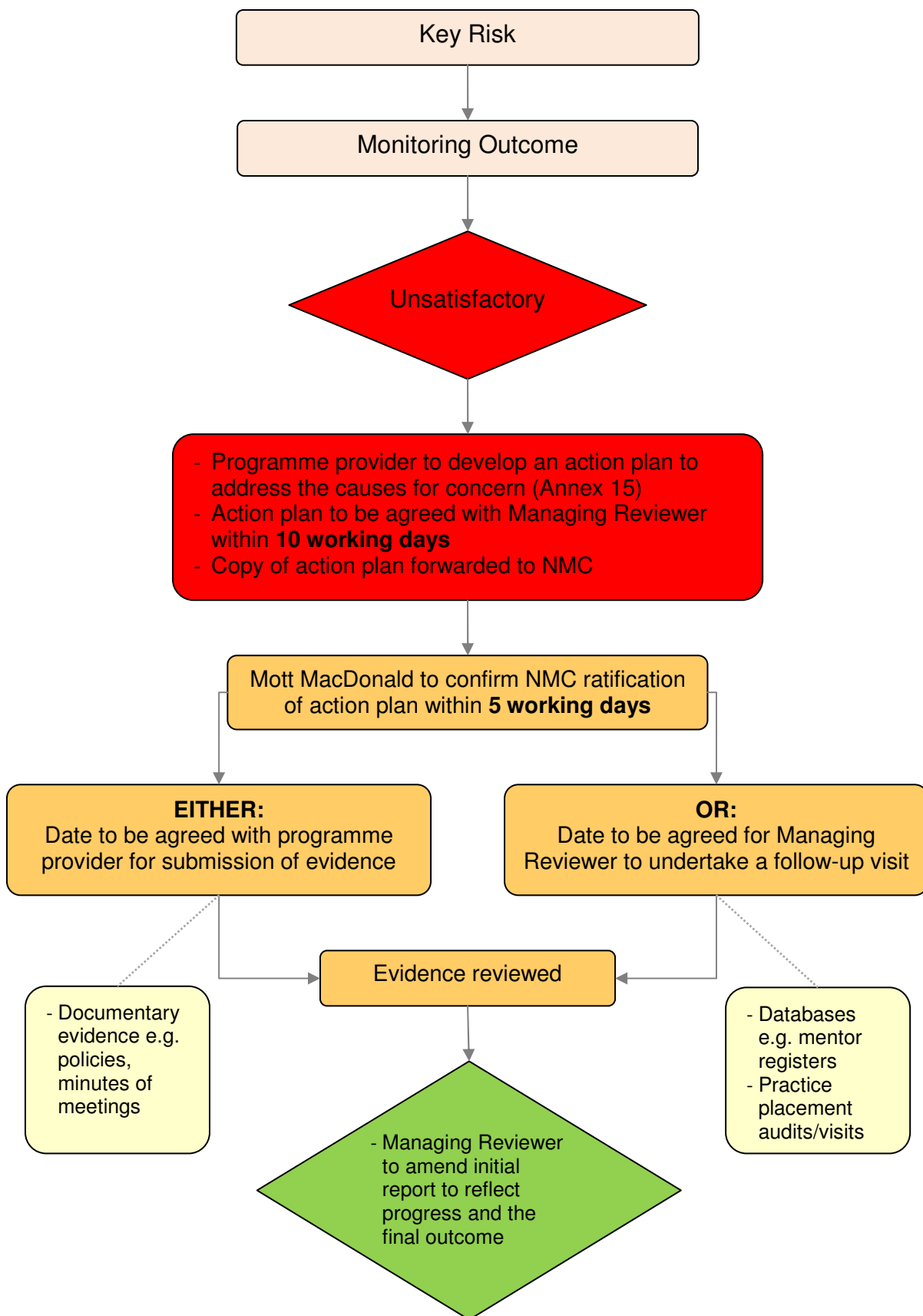
The purpose of the action plan is to ensure that weaknesses identified during the monitoring visit are addressed and the key risks controlled. The action plan will guide work in progress and it is important that it is revised frequently for it to remain current and effective.

1. Use the example below as a guide to help to develop the action plan
2. Determine a lead person who will be responsible for developing the action plan and communicating with all involved
3. Ensure that the actions relate to the appropriate risk indicator and not just the key risk category
4. List all the action steps clearly so that the **process** for addressing the identified weakness is clear
5. Identify the evidence of completion. Ensure that evidence relates to measurable **outcomes** and demonstrates progress towards or completion of the action e.g. not “minutes of audit group meeting” “(process) but “database confirms that all placements have been audited in the last two years’ (outcome)
6. Ensure that each action is achievable and set a realistic target date based on the practicalities of addressing the weakness
7. Include short and long term measures where appropriate to address the weakness with specified timelines
8. State clearly who will carry out and be responsible for the actions being completed
9. Set review dates to keep track of progress and any arising issues e.g. resources, need for alternative strategies
10. Aim to develop systems and processes which will ensure that weaknesses remain controlled

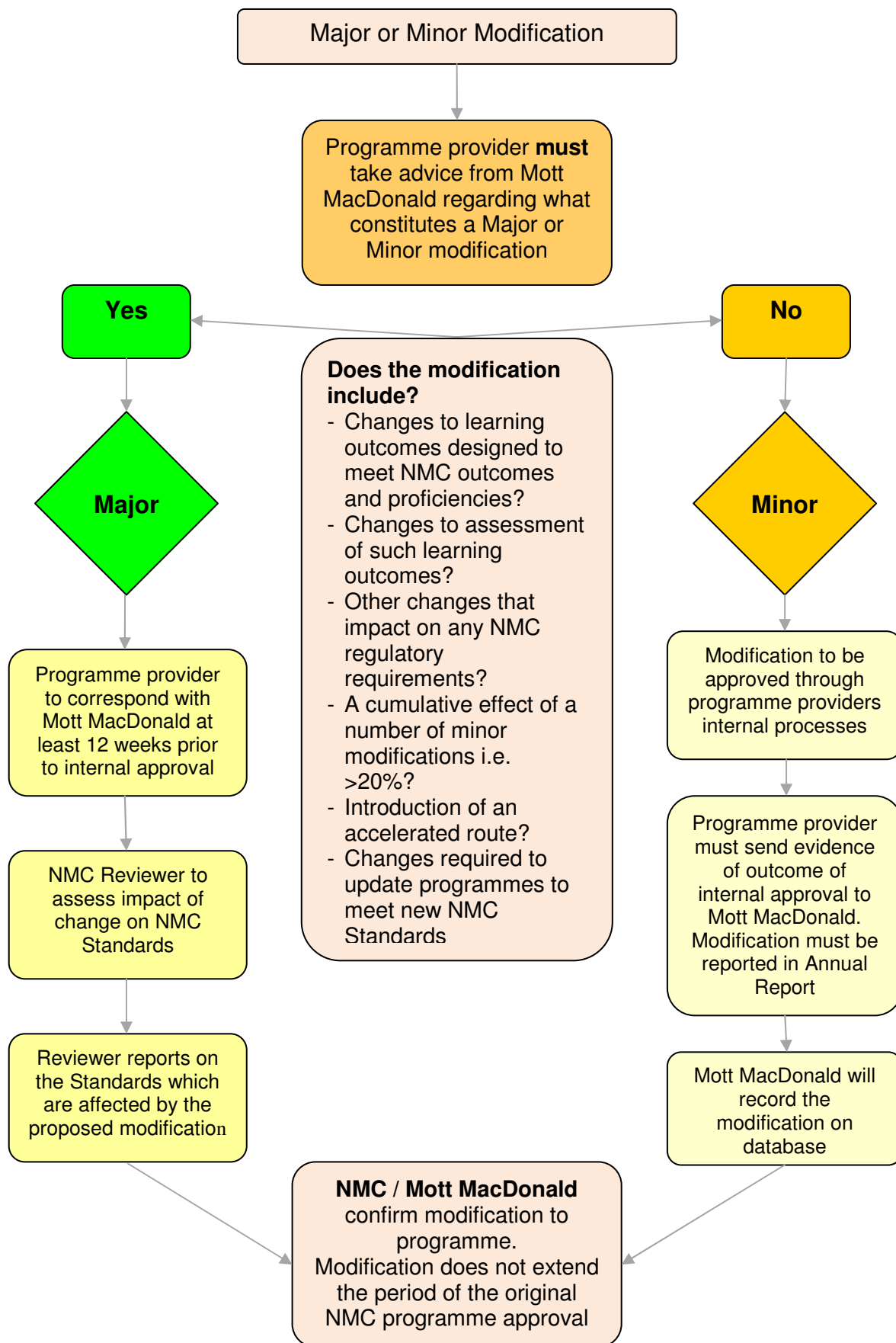
Example:

Key Risk area (NMC QA Framework)	Risk Indicator (NMC QA Framework)	Problem identified at review event	Action planned	Achievement date	Responsibility for action	Evidence of completion
Practice Learning	3.1.1 Record of mentors inaccurate or out of date	Dates of mentor updates not entered onto database.	Registers of mentor updates to be sent to Practice Placement Manager (PPM) on a monthly basis and dates entered onto database	Insert date	Named person	Database will have all mentors recorded and all fields appropriately completed
			Audit of database to be conducted quarterly to check <ul style="list-style-type: none"> - Mentor update registers received by PPM - All recorded on database 	Insert date	Named person	Audit report confirms all mentor updates have been recorded Audit report to be tabled at Programme Management Meeting

Action Plan Algorithm



Programme Modification



NMC UK Wide Quality Assurance Framework

PROGRAMME ENDORSEMENT REPORT

NMC Programmes approved in the UK to be delivered in a specific location outside the UK

Programme Provider Names: <i>(Approved NMC Education provider, commissioners and associated education and practice placement providers)</i>	
NMC Provider Code:	
Date of review:	
Provision reviewed and Academic Award:	
Existing Period of Approval <i>(Programmes may only be endorsed within the existing period of approval)</i>	
Part of Register programme leads to:	
Reviewer(s):	
Members of Endorsement Panel:	
Programme Presenters	

OUTCOME of Endorsement Panel Meeting

Outcome:	<ul style="list-style-type: none"> • Approved • Approved with recommendations • Approved with conditions • Approved with conditions and recommendations • Approval withheld
Conditions and date to be met:	

Recommendations:	
Date conditions met:	
Programme start date:	

OVERALL SUMMARY

ACHIEVEMENT OF STANDARDS	LEVEL
Outcome of monitoring of current programme <ul style="list-style-type: none"> • Internal • External 	
Locations outside the UK for intended delivery <ul style="list-style-type: none"> • Infrastructure to deliver a programme in specific country/location 	
Prospective additional commissioners/purchasers of the programme	
Partners (making major contribution to programme delivery) <ul style="list-style-type: none"> • Partnership arrangements • Academic and practice arrangements • supervision and assessment of students meets NMC standards • Teachers - NMC registrants • Mentors - appropriately prepared NMC registrants 	

Cohort size/ frequency of intakes	
Delivering within the context of UK health care <ul style="list-style-type: none">• Policy context, country/location specific requirements	
Quality assurance process	
Statement(s) of Compliance or equivalent	

SUMMARY OF KEY ISSUES FOR FUTURE PROGRAMME MONITORING

Evidence Base Informing Programme Endorsement Outcome

EVIDENCE SOURCE	DATE/REFERENCE / NO. OF STAFF MET
Prior to Endorsement Panel meeting:	
At Endorsement Panel Meeting:	
Service provider sites IF visited:	
Meetings with:	

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