Nursing & Midwifery Council

Simulated practice learning in pre-registration nursing programmes

an evaluation of the experience of universities approved to deliver up to 600 practice learning hours through simulation.

September 2024

Professor Paula J Holt MBE DL
EdD MSc(Health Psych) PgD(Ed)
BSc Hons (Psych) RNA RNMH
Senior Nursing Adviser

Table of Contents

Introduction 3

Summary 3

Background 5

Approval 5

Monitoring and support 6

AEI final evaluation report 7

Removal of recovery standards 7

Findings of SPL evaluation reports 8

AEI learning journey with SPL 8

Assurance that NMC standards for pre-registration nursing are being met 11

Where assurance was not evident 12

Simulated Practice learning design 12

Governance, quality assurance and organisation 14

Student feedback 15

Other stakeholder feedback 18

Summary of the opportunities that SPL has enabled 22

Challenges of including SPL in curricula 24

Conclusion 27

Recommendations 28

Appendix A: RN6(D) Approvals 30

Appendix B: Simulated Practice Learning content 31

Appendix C: Examples of simulation resources and approaches referenced by AEIs .. 33

Introduction

1. This report summarises the experience of 19 Nursing and Midwifery Council (NMC) approved education institutions (AEIs), all universities, who were approved to deliver up to 600 of the 2300 hours of practice learning through simulation within pre-registration nursing programmes following approval under the discretionary recovery standard RN6(D). Simulated practice cannot be included as practice learning within pre-registration midwifery programmes.

2. Evidence collated includes quarterly monitoring reports and subsequent follow-up and feedback from the NMC, a summary report from each AEI received at the end of May 2024, visits to a selection of AEIs, and participation in a UK wide community of practice set up to support collaboration between these AEIs.

3. The findings and recommendations of this report will support and inform the NMC's ongoing implementation of education standards, and in particular will contribute to the current review of practice learning. It will also support and inform AEIs, employers and practice learning partners (PLPs) and other stakeholders in their development, implementation and evaluation of simulated practice.

Summary

4. Multiple monitoring reports and a final evaluation report from the 19 AEIs that implemented the approval to deliver up to 600 of the 2300 practice learning hours required in pre-registration nursing curricula have offered a rich insight into the nature and experience of simulated practice learning (SPL).

5. Reports demonstrate that AEIs are on different stages of the journey of implementing SPL, and that student feedback has been at the heart of their development through commitment to continual improvement.

6. This report offers detailed feedback from students, people who use services and their carers (PUSCs), practice supervisors and assessors, practice learning partners (PLPs) and academic staff to assure holistic representation of the SPL experience. These different stakeholder perspectives have been triangulated and summarised to offer key themes, opportunities, challenges, conclusions and recommendations.

7. Though the impetus for increasing SPL within AEIs was primarily related to the impact of the pandemic on placement capacity and programme completion for cohorts coming towards the end of their pre-registration nursing programmes, it has developed into a valued part of the practice learning experience for students.

8. SPL offers contextualised, authentic practice learning that allows students to practise and reflect in a safe environment, enhancing competence and supporting confidence in their nursing practice. SPL is offered through a wide variety of pedagogic approaches, supported by practice supervisors and assessors - including from care providers, and authenticated by people who use services and their carers.

9. Implementation of SPL is wide-ranging, from the use of technologies such as virtual care environments and lifelike mannequins, through to peers and actors supporting student learning. SPL scenarios have become increasingly complex and realistic. Some have been developed that bridge gaps in proficiencies identified by students and PLPs, some enable practice of complex care, some the opportunity to practise sensitive and difficult situations and conversations, and some simulate learning to develop nursing leadership and management proficiencies.

10. Overwhelmingly students valued SPL for providing a safe, supportive environment in which to practise and reflect, improving their confidence. Many referenced the equitable practice learning experience it offered that meant a cohort of students had the same opportunity to practise scenarios and proficiencies which may be opportunistic in a placement learning setting. Students across all fields of nursing, but particularly the mental health, children's and learning disabilities fields, valued SPL that provided the opportunity to practice proficiencies they did not experience in their allocated placements.

11. Though student and stakeholder feedback are incredibly positive about the multiplicity of opportunities that SPL enables, a key challenge is the resource intensive nature of this provision. Financial sustainability is a concern across the higher education sector, and many AEIs are apprehensive about being able to continue to deliver and further develop SPL as part of the practice learning experience for student nurses without significant investment and ongoing funding streams being secured.

12. All but one of the AEIs included in this evaluation were from England, with one coming from Scotland. The experience of SPL across AEIs in the devolved nations, who have different funding mechanisms for nursing programmes, should be investigated.

13. Planned evaluations, research and publication of findings by AEIs should lead to a stronger evidence base for the consideration of SPL as part of a student nurses' practice learning experience.

14. Recommendations include encouragement of AEIs and other stakeholders to further evaluate the impact and effectiveness of SPL, and for AEIs to continue to collaborate widely.

15. Most AEIs featured in this report articulate the significant benefits of SPL but within the context of the financial challenge of implementing it. Though the NMC has no regulatory remit around funding of nurse education this report will be shared with system partners for their consideration.

16. It would be beneficial if this report and the opportunities and challenges of SPL were considered by AEI devolved nation groups as understanding of SPL activity from these nations is limited in this report.

17. This report will contribute to the growing evidence base within the current review of practice learning being undertaken by the NMC.

Background

18. In November 2021 Council approved the continued use of the Covid-19 recovery standards RN5 and RN5.1 permitting all AEIs to deliver up to 300 of the 2300 hours of practice learning required in pre-registration nursing curricula using the range of new and innovative practice simulation methods.

19. Council also approved in November 2021 a recovery (discretionary) standard RN6(D), permitting up to 600 hours of simulated practice learning for those AEIs who could demonstrate they have appropriate resources and infrastructure to implement this increase in SPL effectively and safely whilst still meeting the requirements of the NMC's education and training standards.

20. AEIs had to seek approval from NMC Education Quality Assurance (EQA) before implementing RN6(D), providing evidence of their capacity and capability to do so. This approval process was overseen by senior nurse education advisers and the EQA team, with final approval given by QA Board.

21. Simulated practice learning (SPL) describes practice learning that meets requirements set out in the NMC standards around practice learning, in particular the requirements contained within the Standards for pre-registration nursing programmes and the Standards for student supervision and assessment (SSSA). It is an alternative means of delivering practice learning to practice learning placements and can be included (when approved) as up to 600 of the 2300 practice learning hours required in pre-registration nursing curricula. Simulation methods, including simulation-based education, which do not meet the requirements of practice learning standards can still be used across the curriculum and be included as theoretical learning hours.

Approval

22. The approval process comprised of AEI's submitting a written application demonstrating the content of their planned SPL activities, cohort types and size, number of hours planned, how it was to be scheduled and evidence of resources to deliver this provision. Applications had to detail and confirm how relevant standards would be met, including those contained within SSSA, and detail how other stakeholders, such as PUSCs and PLPs, would contribute to development and delivery of activity. They were also required to outline how they intended to evaluate the effectiveness of SPL from the perspective of students and other stakeholders.

23. AEIs met the NMC online via Teams to talk through their applications with a senior nursing adviser for assurance that SPL activities met Standards for pre-registration nursing programmes, SSSA and Standards of proficiency for registered nurses, and were contextualised as practice learning. The meeting sought clarification that appropriate practice supervision was in place for all SPL activity, and discussed expectations of evaluation, monitoring and reporting to the NMC. Many AEIs stated their intent to formally evaluate and publish their experience of SPL.

24. The recommendation to approve (or not) RN6(D) permitting up to 600 hours of SPL was made to QA board. Those AEIs approved by the board were notified in writing and were required to report quarterly from the start date of the implementation of changes to increase simulated practice learning hours.

25. In total, 20 AEIs were approved to deliver RN6(D), with 19 increasing their simulated practice learning hours as a result. University of the West of England did not increase practice hours delivered through simulation as they were reviewing their SPL strategy as part of a wider review and redesign of nursing curricula. 19 of the approved AEIs are in England, with 1 in Scotland. Appendix A details the AEIs that were RN6(D) approved, and when that approval was notified.

26. Although RN6(D) approval permitted AEIs to implement up to 600 hours of their 2300 hours through SPL, the range of hours that were planned ranged from 300 to 600 hours, with those at the lower end planning to increase over time. The average number of SPL hours planned across the nursing programmes of the 19 AEIs was 422 hours.

Monitoring and support

27. The 19 AEIs were required to submit quarterly reports with feedback from students and stakeholders. This included PUSCs, practice supervisors and practice assessors, and any others involved in simulated practice learning activities.

28. As there were different start dates for increasing SPL hours across AEIs initial monitoring reports were not required from AEIs who had not started to implement an increase in SPL hours. However, some AEIs reported their progress with planning, design, resourcing and proposed scheduling of SPL into curricula.

29. Any quarterly reports that raised questions of whether SPL activities were meeting the requirements of education standards were followed up in an online meeting. For example, where reports described poor student feedback, potentially suboptimal simulated practice learning activities, or where practice supervision arrangements were unclear, a meeting with the AEIs faculty staff was arranged within days, with action planning and further monitoring to assure that any identified concerns had been addressed.

30. AEIs reported that they found the supportive nature of this monitoring, with an ‘open door’ approach of the NMC to queries and ideas, helpful in continually improving their development in this area and assuring them that they were meeting NMC standards.

31. The NMC held two webinars on simulated practice learning in February and May 2023, which were open to all AEIs, not just those who were RN6(D) approved, to assure consistent messaging around standards, principles and expectations of SPL that can contribute to the 2300 practice learning hours required in pre-registration nursing curricula.

32. The NMC published supporting information for Simulated practice learning in October 2023 that was compiled from engagement with AEIs and informed by monitoring, feedback and queries raised. This supporting information aimed to support consistency and enhance clarity and good practice related to SPL.

33. The NMC brought together representatives of RN6(D) approved AEIs as a ‘community of practice’ to collaborate and offer peer support to each other. After initial meetings, the group took responsibility for chairing itself as the ‘UK simulated practice learning group’ (UKSPLG). Through UKSPLG these AEIs, shared their experiences, ideas, good practice and resources, and collaborated with research. Other AEIs have subsequently joined this group.

AEI final evaluation report

34. In addition to ongoing monitoring reports, AEIs were required to submit a final evaluation by 31st May 2024. There was no template for this evaluation to enable and accommodate the diversity of approaches and stages in the simulated practice development journey AEIs were on, but they were asked to include:

    a. An insight into the learning journey of the AEI around development and delivery of simulated practice.

    b. Assurance of meeting the requirements of NMC Standards for pre-registration nursing programmes and SSSA, including detail on the approach and effectiveness of practice supervision and assessment.

    c. Feedback and evaluation from stakeholders including students, people who use health and care services and practice supervisors and assessors.

    d. The opportunities that SPL has enabled.

    e. Challenges and how these have been addressed.

    f. Future plans for simulated practice learning within pre-registration nursing curricula.

Removal of recovery standards

35. Recovery standards RN5, RN5.1 and RN6(D) were withdrawn following the approval of a new standard in January 2023 which added the following to the Standards for pre-registration nursing programmes:
    Standard 3.4: provide no less than 2300 practice learning hours, of which a maximum of 600 hours can be in simulated practice learning.

36. All AEIs were invited to apply for a major modification if they wanted to increase the number of practice learning hours delivered through simulation, up to 600 hours, from the number of hours initially approved against the 2018 version of the NMC’s Standards for pre-registration nursing programmes.

37. AEIs approved with RN6(D) were permitted to continue to deliver up to 600 hours of simulated practice learning within pre-registration nursing curricula having been through a rigorous application and approval process and subjected to continual monitoring.

Findings of SPL evaluation reports

38. As a template for reporting was not specified there was a wide variety of reporting styles and content that as a whole offered a multi-dimensional insight into the AEI experience of delivering simulated practice. Reports ranged from short summaries to lengthy evaluations, with some citing their ethically approved research or evaluations and intent to publish. Most presented qualitative narratives, with some citing quantitative data. All offered feedback and perspectives from a range of stakeholders, with a central feature of all being student feedback and the subsequent impact this had had on future development and enhancement of SPL.

39. Reporting start dates ranged from mid-2022 to mid-2023, concluding May 2024. SPL was implemented across both undergraduate and postgraduate pre-registration nursing programmes for student nurses across all 4 fields of nursing.

40. Total numbers of students on nursing programmes that experienced SPL at these AEIs for all fields of nursing during the reporting period averaged 290 per year, with a range from 60 to over 500 students, giving a total of approximately 5520 student nurses per year across the 19 AEIs experiencing SPL. This represents significant weight of evidence in terms of feedback from students who experienced SPL as part of the practice learning element of their programme, supplemented and triangulated with additional evidence from practice supervisors, assessors, PUSCs and other stakeholders that supported them.

AEI learning journey with SPL

41. Reports revealed that the 19 AEIs were at very different stages with their simulated practice learning provision. Some AEIs had existing infrastructure, resources and dedicated academic and technical teams, whereas some were just beginning to offer SPL, with minimal resources and in a small number of cases no dedicated staff, relying on academics to develop this provision on top of their usual workload.

42. Many reports cited that the initial driver for applying for RN6(D) was the requirement to deliver additional practice learning hours within curricula subsequent to the impact of the pandemic (including post-pandemic), which challenged placement capacity in terms of:

    a. Impacting on student nurses being able to experience the 2300 hours of practice required to complete their programme. SPL was therefore developed to accommodate hours deficits in order to support students to complete their programme, register on time, and be able to join the workforce.

    b. Reduced availability of practice learning placements in areas that students were required to develop proficiencies in. This led to the development of simulated practice learning to enable them to practise these proficiencies.

c. Disproportionate impact on placement capacity for student nurses in children's, mental health and learning disabilities fields and concern about not meeting proficiencies leading to development of simulated practice scenarios to meet these proficiencies.

d. An increase in student nurse numbers accepted on to pre-registration nursing programmes post-pandemic which challenged existing, and in many cases reduced, placement capacity.

43. SPL was described by most AEIs as being co-produced with PLPs, PUSCs and students. These stakeholders were cited as contributing to creating authentic nursing care scenarios that reflected contemporary practice and represented the range of health and social care settings and provision including, for example, hospital, primary, social and community care, charities, schools and prisons.

44. Themes that emerged from descriptions of simulated practice activities that were initially developed by AEIs were:

a. Primarily much of the SPL was skills based.

b. Initially student nurses coming toward the end of their programme were the focus of developments to ensure they met the practice hours and proficiencies required to complete their programme.

c. For some AEIs there was a bespoke approach to development of SPL for year 3[1] students, co-produced with them, to meet proficiencies required to complete their programme.

d. Many AEIs described SPL for students at the start of their programme being developed to support the transition from classroom to practice placement, and for those in year 3 provision to support transition from student to newly qualified nurse (NQN) prior to their final placement.

e. All articulated SPL that was designed to provide a safe, supported practice learning environment that allowed practise, repetition and reflection.

45. Some AEIs in England reported securing funding from Office for Students (OfS) and Health Education England (HEE, now NHS England Workforce, Training and Education). This funding was to support student nurses to complete programmes by providing increased placement capacity, or for bespoke projects, for example, to gather life stories and develop authentic scenarios of people who use services and their carers. Funding from HEE continued to be made available in England to support expansion of placement capacity through SPL with a number of these AEIs benefiting from this additional funding.

[1] Year 3 of an undergraduate 3 year pre-registration programme; stage 3 of post-graduate pre-registration programme.

46. A number of reports cited that the 'significant' external funding received had covered costs of infrastructure, technologies and staffing, with others citing that they relied on their university to financially support developments in simulated practice.

47. All AEIs reported a continuous improvement approach to SPL, articulated by one as an *'iterative evaluate, enhance, improve'* approach. There was robust evidence of responding to student feedback and engaging with PLPs to support the development and delivery of SPL. Many AEIs also sought additional feedback from PUSCs and others who supported or facilitated SPL activities. Most AEIs reported making changes to every subsequent iteration of SPL activities and scenarios in response to feedback.

48. Reports described a sector change over time in the view of SPL which had 'shifted' from addressing placement capacity issues to seeing SPL as enriching and complementing the practice learning experience for students.

49. Whilst some AEIs developed their simulated practice learning provision from the skills sessions based in existing curricula, which they adapted and contextualised to meet standards for practice learning, other AEIs clearly articulated the purposeful design of simulated practice into curricula to support practice learning at critical points in the students' programme.

50. Many AEIs referenced the underpinning values and philosophy of their SPL and their focus on person-centred holistic care, reflecting the intention of the standards for pre-registration nursing. They were keen to shift the perspective that SPL was a means of making up placement learning hours or accommodating lack of placement capacity. An example is an AEI that described how their SPL provision had seen a significant evolution, transitioning from a primarily skills-based approach to one that now closely mirrors authentic, contextualised and relevant practice and achievement of proficiencies.

51. As AEIs progressed on the journey of developing and delivering SPL many referred to the usefulness of the NMC webinars, NMC supporting information for simulated practice learning and peer support of other AEIs through the UKSPLG in shaping the direction of their current and future provision.

52. Most AEIs described starting with online and blended approaches to SPL. Later monitoring reports confirmed that AEIs had removed, reduced or intended to reduce online content that supported or scaffolded simulated practice in favour of on campus activities. This was primarily driven by student feedback. Online and virtual SPL activities delivered on campus were reported as having the advantage for students of appropriate technical support. On campus activities developed to include more activities involving people – including peers, actors and 'simulated patients' - with in person practice supervision. Many AEIs demonstrated or expressed intent to reduce the sizes of SPL student groups to facilitate more bespoke learning.

53. Some AEIs developed SPL that aimed purely to support practice learning for placements, others developed fully assessed placements.

54. All reports detailed facilitation of SPL activities by a nurse academic or registrant from a practice setting who had been prepared for the role of practice supervisor, and many referenced the inclusion of PUSCs as facilitators or participants.

55. Subsequent to monitoring conversations with AEIs and the publication by the NMC of supporting information for SPL, reports reflected increased adoption of practice learning language and behaviours as a means of reinforcing to students, staff and other stakeholders that SPL was first and foremost 'practice learning'. For example, initial reference to facilitators changed to practice supervisors, some timetabled sessions were referred to as 'shifts', some practice supervisors were renamed as 'charge nurse', and students / practice supervisors were required to be in uniform.

56. A progressive change seen in reports around SPL content and scenarios was an increase in emphasis around communication and interpersonal skills – described as Annexe A proficiencies in some reports. Examples include scenarios that focussed on empathy, mental health, unconscious bias, professional behaviours and values, clinical decision making, delegation and raising concerns (see Appendix B for further examples of SPL content).

Assurance that NMC standards for pre-registration nursing are being met

57. At the application stage for RN6(D), and in subsequent planning, AEIs demonstrated mapping of SPL activity to demonstrate that it met the Standards of proficiency for registered nurses and thereby delivered the required programme learning outcomes. Many articulated mapping to the seven platforms, and to Annexe A and B proficiencies. Assurance of meeting education standards, in line with NMC Standards for pre-registration nursing programmes and SSSA had to be evidenced in the application and was discussed at approval. Expectations, standards and principles that SPL had to meet were discussed further in webinars, in discussions at UKSPLG and through published supporting information.

58. All AEIs articulated how SSSA was met, including assurance that all who supervised and assessed students in their simulated practice had been appropriately prepared to be practice supervisors and assessors. Feedback from practice supervisors and assessors included in some of the reports triangulated with assurance from the AEI in that they felt prepared and supported in their roles.

59. Registrants in the role of practice supervisor or assessor included AEI faculty staff, hourly paid associate staff, registered nurses from local practice learning partners from the NHS and other care organisations. Registered nurses from health and care providers were seen as strengthening and maintaining contemporary practice within SPL delivery, and in many cases contributed to development of activities and scenarios through their feedback.

60. Practice supervision was delivered in a variety of ways across AEI SPL provision, including face to face, online in groups or forums, via a 'chat' facility online, and via email.

61. Discussions with AEIs confirmed who could be a practice supervisor / assessor, including for indirect supervision. Assurance was also sought by the NMC, and confirmed by AEIs, that roles were not being conflated, for example an academic assessor could not also act as a practice assessor for a student.

62. The publication of supporting information for simulated practice learning by the NMC in October 2023 was referenced by some reports as acting as a means of auditing their SPL provision and assuring themselves they were meeting NMC standards. Supportive webinars complemented this publication by enabling discussion and clarification with the NMC and each other.

Where assurance was not evident

63. Some of the early quarterly reports lacked detail to give assurance that simulated practice learning was meeting the requirements of NMC education standards. This included:

    a. Lack of reference to, or clarity around, practice supervision related to practice learning activities, particularly online and reflective activities.

    b. Conflation of practice supervisor and practice assessor roles.

    c. Online activities not meeting requirements of practice learning.

    d. Clinical skills sessions not contextualised to meet requirements of practice learning.

64. Where an AEI report raised concerns around meeting standards they were contacted swiftly by a senior nursing adviser. Issues were discussed and changes or an action plan put in place quickly to address concerns. This was followed through in the next quarterly report.

Simulated Practice learning design

65. AEIs described simulated practice learning content being designed to:

    a. be as realistic and authentic as possible, mapped to proficiencies, bridging theory with practice, and assuring compliance with Standards for pre-registration nursing programmes and SSSA.

    b. provide a safe, controlled and non-threatening environment, providing opportunities and time for practise, repetition and reflection

    c. enable practice of sensitive and complex scenarios that were often difficult to rehearse in practice placement settings.

66. Some AEIs referenced safeguarding and the primacy of psychological safety of students and others (including practice supervisors, PUSCs and actors) involved in delivering and supporting these SPL scenarios. In addition, patient safety was described as being at the heart of this learning.

67. Many AEIs referenced the development and delivery of simulated practice learning scenarios that met proficiencies that some students had limited opportunities to experience in the practice learning placements they were allocated. This was particularly the case in the development of SPL content and activities to meet proficiencies identified by student nurses in the mental health, children's and learning disabilities fields (see point 85.s)

68. Inclusion of nurses from PLPs and other care providers enabled development of scenarios relevant to their experiences that enhanced authenticity and currency of SPL.

69. SPL activities were designed by AEIs to encourage peer to peer and team-working, and to enhance interpersonal and communication skills. Some referenced inclusion of interprofessional scenarios and activities.

70. Some AEIs reported design of SPL content and scenarios to specifically address bespoke requirements of students, some of which were established through a proficiency and practice experience 'gap analysis' conducted with the support of students and other stakeholders.

71. Some content was designed not just to develop students' nursing practice but also digital and technical skills, including improving digital literacy to support the NHS plan for digital health and social care.

72. AEIs reported that design and implementation of SPL enabled consistency and equity of teaching and learning of skills and proficiencies across all students in a cohort. This consistency was felt to mitigate differences in student experiences on placements where practice learning can be opportunistic in terms of what and how practice is taught.

73. Where SPL activity was scheduled within curricula varied across AEIs. Some delivered SPL integrated within practice placements. Some delivered a series of SPL days or a block immediately before practice placements as preparation. Some offered SPL as a distinct placement block. Reports reflected a developing trend of AEIs timetabling SPL prior to the students first placement to build confidence in communication and fundamental care and prior to the final placement to support leadership and management of more complex scenarios. Timetabling and availability of space was often a limiting factor in where SPL could be scheduled in curricula, particularly for large cohorts of students.

Governance, quality assurance and organisation

74. AEIs described a range of organisational structures and governance around their SPL provision. All detailed a process of continual monitoring and improvement.

75. Some AEIs had strengthened governance of SPL by establishing steering groups to support quality assurance, planning and review. Steering groups included key stakeholders such as students, PLPs, and PUSCs. Other AEIs formed sub-groups of their learning and teaching or quality committees to oversee skills and simulated practice learning that reported into the AEIs deliberative structures.

76. Some AEIs formed special interest groups to bring together academic staff interested in simulation technologies and pedagogies. Some of these groups were interdisciplinary and met to collaborate and share innovation across the faculty or university.

77. Some described building a staff base or team which included academic and technical staff. A few AEIs cited having no dedicated staff for simulation, with academics with a special interest or expertise in this area leading this provision.

78. Most AEIs provided or referred to a simulation strategy, which included SPL, and as time progressed referred to updating it.

79. Some AEIs developed an audit tool to assure them that all SPL activity met the same standards and expectations of any other practice learning experience.

80. Some AEIs described enhanced safeguarding to assure psychological safety of all involved in SPL, including students, practice supervisors, PUSCs, facilitators and actors. All elements of SPL activity - pre-brief, preparation, training, delivery debrief, and refection - were considered in terms of psychological safety.

81. Recording of practice learning delivered through SPL in practice assessment documents developed over time. Many initially described separate systems of recording aspects such as attendance and practice supervision on paper or in separate systems at the AEI, with recording directly in practice learning documents being problematic. As reports progressed, most AEIs described changes to systems to ensure that SPL was included in the students practice assessment document (e.g. ePAD, MYEPAD). This included detail of attendance, SPL activities and experiences, student and practice supervisor comments and reflections, and mapping to proficiencies. This enabled all practice supervisors and assessors to see what students had achieved so it could contribute to practice assessor decision making around practice assessments, mirroring how practice experiences are documented in practice learning placements.

82. Many AEIs referenced being accredited by ASPiH (Association for simulated practice in healthcare) whose standards (2023) were used to guide development of their SPL.

Student feedback

83. All AEI quarterly and final reports made clear that student feedback had made a tangible difference in shaping and improving every iteration of SPL delivered by AEIs in a cycle of continuous improvement.

84. Student feedback was collated in a variety of ways including pre and post SPL questionnaires, individual activity and module evaluations, and focus groups. Many students also had access to daily or weekly feedback through online fora or email addresses. One AEI offered students access to real time feedback using a QR code. Some AEIs had secured ethical approval to formally evaluate and research the experience, impact and / or effectiveness of SPL.

85. Key themes from student feedback include:

    a. Students felt their AEIs valued and welcomed their feedback and acted on it to continually improve their SPL. Students reported that they could see how their feedback had made a difference.

    b. In terms of the organisation of SPL activities, some students reported this as being disorganised, others very organised. This improved over time. In most cases the level of organisation reflected the maturity of the AEI on the SPL journey and / or having adequate staffing and infrastructure in place to support SPL.

    c. Initially students were unsure what was theory and what was practice. As provision developed, and the use of ‘practice’ language and behaviours was adopted, students could make the distinction. Students fed back favourably on these changes that enhanced the authenticity of simulated practice. Examples cited include using practice language like ‘shift’ and ‘charge nurse’, wearing uniform, having handovers and being expected to uphold standards of professionalism and behaviours expected in any practice setting.

    d. There were mixed views around SPL that was delivered online, with most reports citing students not enjoying online activities, particularly those pursued alone, with a preference for activities that involved interaction with people and actual ‘practise’. A minority of reports included student preference for online content that they could complete around their other commitments. Students reported being more engaged in online SPL when it was delivered on campus, with more effective learning as a result.

    e. Some students commented on groups undertaking SPL activities on campus being ‘too big’ for them to ‘have a turn’ at practising skills. Students expressed a preference for working in smaller groups where they felt more confident to contribute.

f. Students reported being more satisfied when their SPL was incorporated more seamlessly into their practice assessment document. They were keen to make links between SPL activity and the achievement of their proficiencies, and to see their learning and reflections documented in this record. It was evident from student feedback that this took some time to achieve for some AEIs.

g. Several comments reflected students finding SPL 'too intense' and 'full on', leading to them requesting more breaks than on a traditional practice placement - but also reported learning a lot in a short space of time.

h. Most student feedback commented on how much they valued the inclusion of PUSCs in simulations. This included patient stories, patient journeys, PUSCs working with them to create scenarios, and PUSCs acting as 'patients' in scenarios. Where PUSCs were involved in the creation and delivery of simulated practice students fed back strongly the positive impact of their contribution to authenticating and 'making real' the SPL experience.

i. The word 'safe' was used frequently by students across all reports when they described their simulated practice experience. SPL activities were described as safe places to learn, practise, make mistakes and identify areas for improvement without harm to anyone.

j. Students across most AEIs valued the opportunity to experience practice scenarios that are complex, difficult, sensitive or challenging in what they described as a safe, supportive non-judgemental environment. They valued having time to discuss and reflect that is not always possible in a practice learning placement setting. Students referenced difficult and sensitive scenarios such as breaking bad news and escalating concerns, valuing time to rehearse, practise, take risks and reflect in a safe environment.

k. All AEIs had student feedback that reflected how SPL had increased their confidence and readiness for 'real-world' practice, and how it had reduced anxiety about practice: *'I am so much more confident now'.* They reported how their communication skills and self-awareness had improved too, referencing personal and professional development. Many first-year students who experienced their first simulated practice learning prior to their first placement felt more prepared for it. Students fed back that they felt more confident to care for people having practised with technologies and simulations first.

l. Student feedback from many AEIs expressed that SPL 'levelled the playing field' by offering parity of experience to all students and equitable access to learning. This, they said, was in contrast to the variation in experiences in practice placements where some students encounter a wider range of care scenarios and opportunities to practise proficiencies than others.

m. Students reflected in their feedback the focus on the whole person – what the Code refers to as 'their physical, social and psychological needs' - in the design of SPL scenarios, which enhanced their holistic approach to care.

n. Students voiced strongly their enjoyment of working with others in SPL scenarios. This included working with and learning from peers, with student nurses from different fields, and with students from other disciplines such as midwifery and allied health professions. They felt it enhanced their communication skills, teamwork, and ability to work in multi-professional teams.

o. Many AEIs included actors in their SPL scenarios. Some of these were from professional theatre companies, some were PUSCs who were trained and supported to participate. Students fed back how much they valued these scenarios, how realistic they found them, and how they learned to be empathic, to communicate more effectively and practise difficult conversations in a non-judgemental, safe space. Students also fed back how powerful the feedback from actors and PUSCs was on the way they (the students) had interacted with or cared for them. For example, students at one AEI fed back how realistically actors facilitated scenarios that addressed sensitive topics such as end of life, self-harm and disclosure of abuse, reflecting that they felt safe and supported to explore these topics.

p. Student feedback following complex scenarios based around dealing with critical incidents, raising concerns, dealing with complaints and writing statements reflected that they had learned to listen more, to develop trusting relationships with patients and would avoid making assumptions in future. Students said they had developed a greater understanding of the *'necessity of accurate documentation'* and the *'criticality of assuring continuity of care from shift to shift across the MDT'*. Other feedback included: '*it's OK to say no to performing a task that's outside my competency'* and *'I've gained confidence to speak up'.*

q. Student groups in year 3 of their programme reflected on the authenticity of scenarios in which they experienced simulated leadership and management scenarios. They had to prioritise, delegate, lead, and deal with complex care and difficult situations. Students felt these scenarios developed critical-thinking and maturity of decision making as well as advancing communication, interpersonal and team working skills.

r. Students from several AEIs fed back positively their appreciation for 'Drop ins' to allow them to practise skills. Most required booking a timeslot. They were able to practise multiple times with supervision and support.

s. Student nurses in mental health, learning disabilities and children's fields of practice fed back their satisfaction that SPL included practice of some proficiencies that many were not experiencing in their practice placement, particularly Annexe B proficiencies such as catheterisation, venepuncture and cannulation. Similarly, students in the adult field fed back how valuable it was to experience care scenarios they had not experienced in their practice placement such as caring for people with learning disabilities, autism, and complex mental health issues.

t. The design of some of the SPL experiences and scenarios, which included supporting with theoretical content, such as pathophysiology, led to students feeding back that these SPL scenarios brought theory to life.

u. The quality of practice supervision was fed back from students and included satisfaction with immediate feedback, effectiveness of debriefing, and the benefits of having someone to share reflections with who had time to engage with them. One student group described feeling inspired by the authenticity, honesty and vulnerability of their practice supervisors during discussion of scenarios which were particularly sensitive.

v. Students from one AEI fed back the positive impact of creative arts and health SPL activities in not only developing their communication skills and their understanding of social prescribing and mental health and wellbeing, but also supporting them to take care of their own mental health and wellbeing.

w. Students who had a positive experience of SPL activities felt that there should be more of this type of learning in the curriculum. They described it as learning that supports safe practice of skills and proficiencies, boosts confidence and enhances competence to practice.

Other stakeholder feedback

86. All AEIs reported feedback from practice supervisors and assessors who developed, delivered or facilitated SPL. Practice supervisors and assessors included clinical and academic staff, some of whom were permanent skills and simulation staff, some of whom were part-time, hourly paid or seconded staff from NHS trusts and other health and care providers.

87. Some AEIs also asked for feedback from PUSCs. Some sought feedback from their practice learning partners. One AEI asked for feedback from newly qualified nurses. Many reports stated their intention to seek more feedback from PUSCs and PLPs in future.

88. One AEI sought peer review of their SPL from third parties to gain a more objective view of the effectiveness of their provision. Reviewers included an SPL lead from another AEI, education leads in their NHS Trust and practice partner leads.

89. **Practice supervisors and assessors** fed back that:

    a. They felt prepared and supported to facilitate SPL as a practice supervisor / assessor

    b. The learning from scenarios they facilitated was authentic and transferable to practice settings. They described students developing increased confidence and readiness for practice

    c. Practice scenarios were described as becoming ever more realistic and authentic; as authentic as ‘real-life’.

d. SPL integrated theory and practice effectively

e. SPL bridged gaps in student knowledge and experience that had been identified by students, PLPs or the AEI.

f. They enjoyed seeing students deal with really challenging situations in a safe and supported environment, particularly complex scenarios that are experienced less frequently in practice learning placements.

g. Some students engage really well, others do not see the point.

h. It was good to see the increase in confidence, competence and self-awareness growing in students around working safely and effectively, understanding their limitations and navigating challenges.

i. SPL reduces the stress of transition from classroom to clinical placements – this is particularly valuable to first year students before their first placement as it helps familiarise them with equipment, procedures and potential care scenarios.

j. Students engaged well in scenarios involving raising concerns and dealing with complaints, developing confidence in dealing with these situations.

k. It was good having time to debrief and reflect with students, valuing and respecting their feedback and supporting their personal development.

l. Immediate feedback to students during scenarios, and debriefing on their actions, decisions and communication was really powerful, as was identifying strengths and areas for development.

m. Capturing feedback and discussing reflections with large groups of students was difficult.

90. Feedback from **Academic staff** across universities reflected that received from practice supervisors and assessors, and they additionally reported:

a. That they felt supported by the NMC, and by their community of practice (UKSPLG).

b. That they had inadequate staffing resource, meaning SPL activity was on top of their usual workload, this situation was not helped by staff turnover.

c. Resources are insufficient for the long-term success of SPL.

d. Not all students do the pre-work required to engage effectively in SPL. As well as these students being less prepared for the SPL activity this had an impact on practice learning hours that were recordable, meaning these students had to make up these hours.

91. Feedback from **people who use services and their carers (PUSCs):**

a. PUSCs who were included in the development, delivery and evaluation of SPL felt supported and prepared to participate and felt valued as part of the SPL team.

b. Many PUSCs fed back positively on their contribution to SPL. Description of their contribution included: co-production of SPL scenarios, developing stories and vignettes, filming talking heads, telling their story or ‘patient journey’, acting as simulated patients, co-facilitating SPL, interacting with students, giving feedback to students, evaluating SPL and supporting ongoing improvements.

c. Many reported watching students grow in confidence, demonstrating empathy, learning to listen and learning how to phrase questions appropriately. Many commented on the centrality of effective communication to all care, and how they saw this develop in students through SPL scenarios.

d. Comments were made on the authenticity of complex scenarios where, for example, students simulated management of multiple patients and issues.

e. PUSCs commented on SPL enhancing students’ readiness for practice placements and noted their growth and development as health care professionals.

f. Other comments reflected that SPL enabled students to practise and make mistakes in a safe environment.

g. Commenting on scenarios promoting person centredness and personalised care some PUSCs felt that students learned to see the person beyond the illness and appreciate the uniqueness of people as individuals.

h. PUSCs experienced in supporting SPL helpfully navigated questions and reflections with students, permitting them to explore awkward and difficult topics.

i. PUSCs acting as patients in scenarios felt well prepared and supported and felt part of the SPL delivery team.

j. Groups of PUSCs were trained to engage with students as patient actors to deal with sensitive topics such as end of life and self-harm. They described safeguarding that assured that they, and students, felt safe and supported.

k. Though some AEIs included PUSCs in evaluation of SPL, many PUSCs voiced wanting to be more involved in the design and development of scenarios, including co-producing scenarios with students.

l. Many reflected positively on the realism and authenticity of SPL scenarios because they were based on the lived experience of themselves as PUSCs.

m. One report reflected the positive experience of working with students in groups that included student nurses from different fields of nursing collaborating.

n. Feedback from PUSC was not presented in all reports, with some AEIs referencing this as an area requiring improvement or stating their intention to do so in future.

o. Several AEIs outlined their efforts and future plans to expand the diversity of their PUSC group to include, in particular, children and young people, ethnic diversity, people with disabilities and learning disabilities, and people from LGBTQI communities.

92. Feedback from **practice learning partners** (who were not involved in the delivery of SPL) included:

a. It was good to see the increased confidence of students when they started their practice learning placement after practising care in SPL activities.

b. Loss of tariff is a problem for us as the university is using less placements since increasing SPL ('Tariff' in this context refers to the healthcare education and training tariff, a payment made to practice placement providers by NHS England).

c. SPL offers a good opportunity for clinical staff to be practice supervisors in simulated practice activities.

d. Less time in the final placement means that as practice assessor there is less time for us to work with and assess the students' practice.

e. It would be helpful if practice supervisor training and terminology used in SPL was consistent with what we use in practice settings.

f. Integration of SPL information, reflections and feedback into the electronic practice assessment document has been seamless.

g. SPL has been good preparation of students for practice, they demonstrate appropriate knowledge and skills for their stage of the programme.

93. **Newly qualified nurses** (from one AEI) fed back that SPL had enabled them to be engaged in practice scenarios they did not see in the practice learning placements they had completed. This included, for example, undertaking Schwartz rounds, attending a coroner's court and engaging with Narcotics Anonymous. They reported SPL as a realistic and safe place to learn and practise where they could be vulnerable and learn from mistakes. They felt the learning was more intense than 'usual' practice learning.

Summary of the opportunities that SPL has enabled

94. Thematically, the most cited opportunity that SPL afforded, from the perspective of students, academics and other stakeholders, was the provision of a safe learning environment that enables students to practise, repeat and reflect. Examples of the benefits of this safe learning environment include the opportunity for student nurses to experience challenging practice situations, including complex care and difficult conversations.

95. Reports reflected that SPL across all these AEIs enabled development of scenarios that reflect the complexities and nuances of real-world nursing practice, modelling best practice and holistic, person-centred care that is mapped to annexe A and annexe B proficiencies and programme learning outcomes.

96. SPL enabled development of field specific simulated practice that supported preparation of students in all fields. This included focusing on proficiencies that were harder to achieve in some practice learning placement settings, with some conducting gap analyses to establish proficiencies to focus on within the different fields.

97. SPL can support students with different learning styles due to the variety of activities.

98. Online activities, such as Oxford simulation packages, enhanced accessibility to a wide variety of virtual experiences. These packages offered freedom for the student to customise virtual materials and scenarios, explore different virtual environments and care scenarios, have the ability to playback, repeat and learn at their own pace, and support individualised learning.

99. Co-production of simulated practice experiences with practice learning partners, PUSCs and students enables learning that truly reflects contemporary practice and the context of care.

100. SPL supports parity of learning that assures equitable practice learning experiences and opportunities for students.

101. SPL scenarios can underpin practice with theory, bridging the perceived or actual gap between the two.

102. It can improve digital literacy of students and staff involved in its creation and delivery.

103. There was use of peer coaches, where year 3 students support the simulated practice learning of first year students, at several AEIs. As well as year 1 students reporting enjoying learning supported by their peers, year 3 students gained experience of supporting learning in preparation for them becoming practice supervisors when registered.

104. A peer enhanced e-placement emerged in response to placement capacity issues manifested by the pandemic and was developed with funding support from HEE. It

was delivered at 5 AEIs and 3 mental health NHS trusts. It involved online learning supported by PUSCs, academic staff, clinicians and experts supporting student practice learning, and evaluated positively. It was an example of collaboration to produce a simulated placement that could be operated at scale and shared across AEIs and PLPs.

105. Drop ins were developed at several AEIs that permitted students to practise skills that were contextualised within care episodes, with some focussing on proficiencies harder to achieve in practice learning placements. These were facilitated by members of the simulation and skills team and staff from PLPs. They were very well attended and appreciated by students.

106. One AEI set up an outreach approach to provision of simulated practice learning and assessment known as OSCAs (outreach skills clinic for assessment) to support students to achieve proficiencies they were struggling to achieve in their practice setting. This mobile simulation environment allowed students to book time to engage in SPL with the support of a practice supervisor.

107. Development of specialised simulation education and training for AEI health faculty staff included an AEI developing a postgraduate certificate (PG cert) and an AEI developing a module for their PG cert as part of continuing professional development (CPD) for their academic staff to enhance understanding of the diversity of pedagogies underpinning learning through simulation and use of technologies. These education programmes support development of SPL that is authentic, immersive and meets professional standards, assuring staff are adept at designing, developing and facilitating high quality simulated practice learning and simulation-based education. These programmes of study also included assuring psychological safety of staff, students, PUSCs and any other facilitators of SPL.

108. Some AEIs have ethical approval to research and evaluate student experience and the effectiveness of SPL. Some have already published papers, and many presented at conference. Research collaboration for an upcoming NIHR bid is planned. Reports included reference to planned longitudinal studies to evaluate the effectiveness and impact of SPL on competence, confidence, safe practice, and patient outcomes.

109. Creation of UKSPLG has brought together simulation leads from across all AEIs that are approved to deliver RN6(D), and additional AEIs have joined. This collaborative forum supports innovation, creativity, sharing of resources, identification of common issues and a voice around this subject that can represent the health education sector. The group will be supplemented with a special interest group supported by Council of Deans of Health going forward with the aim of inclusive UK wide membership.

110. In order to support staffing of SPL an AEI operated a clinical secondee model. Registered professionals working in practice settings were seconded to support SPL. This included a range of nurses including advanced clinical practitioners, general practice nurses, research nurses and registered nurses from the 4 fields of nursing. Many AEIs described recruiting registered nurses from practice to support SPL. These staff, who were practice supervisors and assessors of the SPL,

offered currency from contemporary practice. All secondees and practitioners included in SPL were trained in how to facilitate and supervise this practice learning, some using technologies such as VR and mannequins, giving them experience of contemporary nurse education.

111. Many AEIs reported appointments of Heads, Professors and Leaders in the specialist field of Skills and Simulated Practice. In addition to this leadership AEIs cited that many of their academic staff were producing publications and engaging in master's and doctoral research in this field. We therefore expect a more robust evidence base for simulated practice and a stronger, more specialised, educator workforce going forward.

112. Several AEIs have developed their simulation provision to be centres of excellence, with some building national and international reputations for their expertise in simulated practice.

Challenges of including SPL in curricula

113. Initially students at some AEIs were saying that they did not feel simulated practice was as good as 'real practice', some felt 'hard done by' when they found practice learning placement time had been replaced by SPL. They were keen to 'practise' and did not see SPL as meeting this need. Further, AEI staff felt some students entered into the simulated practice experience with a negative attitude. As the SPL experience improved in response to student feedback this view shifted to more positive evaluation by students.

114. Initial NMC monitoring of SPL activities and plans submitted by AEIs revealed some appropriate supporting activities for practice, but some activities were identifiable as theory and / or activity that lacked adequate practice supervision, and so did not meet the requirements of education standards. This was fed back to AEIs to rectify, and this in turn contributed to improvements which aimed to ensure SPL activities did meet appropriate standards.

115. There was recognition in many reports that development of more scenarios based around out of hospital care in social, primary and community settings is required.

116. Early iterations of SPL delivered online revealed inequitable access to technologies across the student group, limiting engagement of some students in planned activities. This included issues such as poor home internet connectivity. Further, the level of digital literacy of students was variable which necessitated a lot of support and time to bring students up to a level of digital literacy that supported their engagement in online SPL activities.

117. Increasing numbers of students (52% of the cohort at one university) were identified as requiring reasonable adjustments, for example, for learning differences and neurodiversity. Implementing reasonable adjustments impacted on resources required to develop and facilitate SPL that is accessible to all.

118. The size of student cohorts means that a lot of staff are required to support and supervise SPL. The average number of students in SPL groups varied in reports from 10-25 students. Some AEI staff acting as practice supervisors reported that groups are still too large for one practice supervisor / facilitator even when this was 15 students. An optimum group size was not articulated in reports.

119. Many AEIs reported student feedback that expressed a preference for on campus / face to face SPL activities rather than online ones. Though many AEIs still offer a blended approach to SPL they are generally reporting a reduction in online learning. Where online activities continue to be part of their blended approach many AEIs now choose to deliver this on campus.

120. Initially student attendance and participation in online activities was problematic in a small number of AEIs. This has improved with closer monitoring and recording, and the delivery of more of this on campus. In contrast, some student feedback has requested more online SPL activity that they can do at home as they are struggling to afford the costs of travel on to campus. This is most evident in AEIs who have a large geographical reach where students have to travel long distances to get to campus and / or practice learning placements.

121. Some AEIs reported that though students on NMC approved programmes should be aspiring to the behaviours and conduct enshrined in the Code some did not demonstrate this when engaging in SPL. As provision matured, reinforcement of professional standards and the adoption of practice learning language and behaviours led to better student engagement and improved professionalism.

122. AEIs reported widely the need for significant investment in resources to enable SPL. This includes costs to develop and deliver, payment of actors, PUSCs and others to support and facilitate; cost of technicians; purchasing, maintaining and updating technologies; replacing consumables; and renewing software licenses. This is in the context of a sector wide concern about financial sustainability, with additional concern about a reduction in student numbers at some AEIs. Though some AEIs in England benefitted from significant grants from HEE and OfS, this has largely been in the form of one-off capital spend, not continued funding to sustain activity. Many AEIs feel sustainability of SPL is a challenge as placement tariff (England) does not cover the cost of delivering it. Tariff is also payable after the activity, so it is difficult to include it in business planning when faculties are presenting upfront costs.

123. The AEI from Scotland reported short-term funding post-pandemic as the only financial support they had, and there is not a placement tariff in Scotland. The school at this AEI absorbs all the cost of SPL they deliver.

124. Staff resource for SPL is significant. The number of SPL hours required for large cohorts is a real challenge to staffing, timetabling and infrastructure. One AEI calculated that 96 hours of SPL for their large cohort equated to 1200 hours of staff time. Academic staff involved in SPL are passionate about it, but some report this is additional activity on top of their normal workload, which may not be sustainable in the longer term. Many AEIs reported difficulty in recruiting and

retaining academic staff in the higher education sector, where staffing shortages have been identified more widely and nationally.

125. All staff involved in SPL, from academic teams to PUSCs, require preparation and training for this specialist type of practice learning to assure authentic, safe and professional provision that meets NMC standards. They also need to be familiarised with a wide range of technologies and pedagogies. This requires considerable investment and resource.

126. Practice learning partners raised concerns about loss of practice learning hours spent with them, and the impact of less contact with people we care for, as well as less opportunity for their practice assessors to work with the student.

127. Some SPL activities were found by students to be more intense and tiring as a learning experience, for example, virtual reality, causing more fatigue than 'usual' practice learning. This in turn led many AEIs to enhance pre-briefing, debriefing, and supervised reflection. It also raised questions from one AEI about the comparability of SPL to practice placement learning in terms of the hour-to-hour ratio, claiming the intensity of SPL afforded it greater 'hours' value.

128. Some NHS Trust practice learning partners in England have raised loss of tariff they receive as an issue as they have noticed a reduction in their placement tariff as funds are diverted to AEIs who are providing SPL. AEIs are keen not to undermine their relationships with PLPs.

129. Timetabling and logistics to support delivery of SPL at the most appropriate time to support the stage of student nurse learning has been a challenge for many, particularly those with large numbers of students. Similarly, aspirations to deliver multidisciplinary / interprofessional SPL have been thwarted by the difficulty timetabling and organising large numbers of students.

130. Around half of the AEIs reported that they would not be increasing SPL hours going forward, despite extolling the benefits of it to student learning, with some already intending to reduce the numbers of SPL hours in their curricula. Reasons for this included:

    a. Placement capacity is no longer an issue.

    b. The cost of SPL is not sustainable.

    c. Staffing SPL is increasingly difficult.

131. Other AEIs indicated intent to continue to offer and develop SPL as a core element of their curricula.

132. One AEI is concerned that if the NMC practice learning review eventually leads to a reduction in practice learning hours that could diminish AEI appetite to deliver SPL.

Conclusion

133. Multiple monitoring reports and a final evaluation report from 19 AEIs that were approved to deliver up to 600 of the 2300 practice learning hours required in pre-registration nursing curricula have offered a rich insight into the experience of simulated practice learning. Notable is the breadth and richness of practice learning experiences students have been able to engage with (see Appendix B) through a multiplicity of modes, pedagogies and technologies to facilitate their learning (see Appendix C).

134. Authenticity of practice learning has been supported through co-production and collaboration of AEI academic teams with PUSCs, PLPs and students. Student feedback has been used effectively to support a process of continual improvement of activities and scenarios, assuring learning reflects student needs and contemporary practice.

135. Overwhelmingly students cited SPL as offering them a safe, equitable practice learning environment in which they felt supported to learn. They could practise, make mistakes, reflect and learn within this safe, non-judgemental environment.

136. SPL enables student nurses to experience practice and care scenarios from fundamental care through to those that are more sensitive and highly complex.

137. It is helpful to see the simulated practice learning journey that these AEIs have travelled, developing infrastructure, governance, pedagogies and future plans, and putting the student voice at the heart of their developments. It is also evident that AEIs are at different stages on this journey, with some challenged in their ability to develop further due to limited resources.

138. Collaboration between AEIs, particularly through UKSPLG, is enabling them to benchmark their provision, exchange innovative and creative ideas, and share resources and plans. As a unified voice they are in a position to influence the wider health and care system and share the benefits and challenges of this mode of practice learning.

139. It is clear from reports that resourcing SPL provision is a key threat to its sustainability, continued growth and development. The costs of infrastructure, equipment, consumables, support and supervision are articulated consistently in this report, alongside the issue of the difficulty of recruiting and retaining staff into AEIs more generally. Though England can offset some of the cost with practice healthcare education and training tariff, this is not the case in the devolved nations. It is not surprising that this invitation for approval of up to 600 hours of simulated practice included just one AEI from a devolved nation.

140. Some final reports stated their intention to 'scale back' or reduce the number of simulated practice learning hours they offer within nursing curricula going forward. This is primarily driven by financial sustainability and staff resourcing, but also impacted on by a reduction in student nurse numbers at some of these AEIs, meaning they have adequate placement capacity. As these AEIs have reported the positive impact of simulated practice on student learning from multiple

perspectives it would be helpful to understand if additional resource would support continuing this provision.

141. These evaluation reports have highlighted that SPL may have started out as a means of assuring student progression when placement capacity was negatively impacted by the pandemic, but it has evolved at many AEIs into an approach to practice learning that adds significant value to the students' practice learning experience. It has demonstrated significant benefits to students that complement and enhance their practice learning competence and confidence. SPL has demonstrably supported student learning, from fundamental care to complex scenarios, and has been effective in 'bridging gaps' in proficiencies not experienced in practice learning placements, particularly evident in terms of field specific practice. SPL across these AEIs has been co-produced to reflect the experience of PUSCs and meet the realities and challenges that practice learning partners agree are necessary for safe, kind and effective nursing care.

Recommendations

142. It would be helpful to further evaluate the impact and effectiveness of SPL, with strengthened feedback from NQNs and first destination employers. Areas including confidence, competence, perceived readiness for registration, patient outcomes, reducing errors in practice and clinical decision making would be of interest when considering the enhanced confidence that students articulate as gaining from the opportunity to experience practice scenarios and 'practise' in the safety of an SPL environment. As many AEIs report staff actively researching in this area, dissemination of their findings and the subsequent increasing body of evidence around SPL will help inform its future direction.

143. Maintenance of the community of practice through UKSPLG and a special interest group supported by the Council of Deans of Health will ensure that the learning from these AEIs is shared across the sector. This report reflects some best practice examples of development, delivery and continual improvement of simulated practice with collaboration at its heart. AEIs that are considering developing SPL for the first time or increasing their provision could learn from the experience of AEIs with more mature provision.

144. This report reflects the importance and benefits of student and stakeholder inclusion in developing, delivering and evaluating nurse education to assure its authenticity. Some AEIs have stronger active participation of PUSC and PLPs than others. All AEIs should maximise the inclusion of these stakeholders in their programme planning, development, delivery and evaluation as required to meet NMC Standards framework for nursing and midwifery education (1.12).

145. It would be helpful to investigate the barriers and enablers to development of simulated practice in the devolved nations. Anecdotally it is related to affordability, but this report only includes the experience of one AEI from Scotland. Insight into the activity and appetite for SPL in the devolved nations would provide a wider UK perspective on inclusion of SPL as a contribution to practice learning.

146. The inclusion of reference to equality, diversity and inclusion was evident in some reports in terms of SPL content, its delivery, resources and facilitation, and was included in AEI SPL strategies seen at approval. Greater insight into inclusion of EDI as a central element of development and delivery of SPL, with a focus on anti-discriminatory practice, should be part of future work related to practice learning.

147. Sustainability of SPL is a key risk for most AEIs in the context of financial constraints facing many AEIs across the UK. In England practice healthcare education and training tariff can offset some of the costs, but devolved nations do not have the benefit of payments for delivering SPL. Resourcing of education and training is not within the NMC's regulatory remit, but in the spirit of support this report will be shared with NHS England, NHS Scotland, Northern Ireland Practice and Education Council for Nursing and Midwifery (NIPEC) and Health Education and Improvement Wales (HEIW) for their consideration.

148. All AEIs who include SPL in their nursing curricula need to educate and train staff in the pedagogies that support it, the technologies that they use, and considerations for implementation, including psychological safety. Some AEIs have education and training delivered as part of, or a whole, postgraduate certificate. Working together and sharing education and training resources across AEIs and PLPs would grow expertise in the education and training of staff around SPL and could support the growth and development of this specialist educator workforce.

149. This report will contribute to the evidence base within the current review of practice learning being undertaken by the NMC.

Appendix A: RN6(D) Approvals

Name of approved AEI	Date approval notified
Northumbria University	14 April 2022
University of Dundee	14 April 2022
University of West London	14 April 2022
University of Portsmouth	14 April 2022
Manchester Metropolitan University	14 April 2022
University of Bolton	10 June 2022
Buckinghamshire New University	10 June 2022
University of Greenwich	10 June 2022
University of Nottingham	7 July 2022
University of the West of England	18 July 2022
Solent University	18 July 2022
Anglia Ruskin University	10 June 2022
University of Salford	10 June 2022
Sheffield Hallam University	18 July 2022
University of Roehampton	25 October 2022
University of Chester	25 October 2022
Coventry University	25 October 2022
University of Manchester	01 February 2023
Oxford Brookes University	01 February 2023
University of Plymouth	22 February 2023

Appendix B: Simulated Practice Learning content

Most AEIs described SPL within the context of holistic care, underpinned with supporting activities, for example, pathophysiology and pharmacology. Many were designed to follow a ‘patient journey’ or reflect the experience of PUSCs. SPL activities varied from fundamentals of care through to complex scenarios that require teamwork and complex decision making.

Examples include:

1. Scenarios that featured field specific proficiencies (implemented across fields as well as to specific field):

    a. Pre-term baby in NICU, teenage parents, one of whom had a learning disability – included students from all fields of nursing and midwifery students.

    b. Communication with, and care of, people with learning disabilities – including Oliver McGowan training, reasonable adjustments, creation of hospital passports (across fields).

    c. Mental health scenarios: caring for people who have used substances, de-escalation, personality disorders, self-harm, disclosure of abuse, bereavement, eating disorders (across fields).

    d. Child / young person with bronchiolitis, having an epileptic seizure, with profound and multiple learning disability (PMLD).

    e. Creative arts and wellbeing including social prescribing.

    f. Mental health assessment (for students in adult field).

    g. Physical assessment, physical health and wellbeing (for students in mental health and learning disabilities fields).

    h. Annexe B proficiencies that have been difficult to achieve for student nurses in mental health and learning disabilities fields.

2. SPL that featured Annexe A: Communication and relationship management skills

    a. Compassionate communication, ethics, cultural awareness, advocacy, discrimination, diversity and equity, confidentiality, the Code, safeguarding.

    b. Challenging poor practice, raising and escalating concerns, difficult conversations.

3. SPL that featured Annexe B: Nursing procedures (incorporated Annexe A proficiencies)

    a. Fundamentals of care across all care settings.

    b. Theatres and surgical care.

    c. Drug administration.

    d. Care of elderly person with dementia.

    e. Care of people with long term conditions.

    f. Care of tracheotomy, stoma, airway management, auscultation (contextualised in care scenario).

    g. Care of the acutely unwell, emergency and deteriorating patient, identification of sepsis. Including how to communicate with people and their carers in these situations.

    h. Accident and emergency assessment.

4. Complex scenarios:

    a. Major incident planning and dealing with major incidents (including multidisciplinary).

    b. Sexual health, domestic violence, end of life care.

    c. Multidisciplinary scenarios developed around patient journeys including student nurses, midwives, paramedics, operating department practitioners.

5. Maternity care, including post-natal depression, postpartum psychosis.

6. Leadership and management:

    a. working as a team, prioritisation, clinical decision making.

    b. time management, delegation, handovers and Swartz rounds.
    c. Supporting the learning of others.

    d. Professional conduct and behaviours, fitness to practice, statement writing for coroner’s court, legal interactions and investigations.

    e. Stress and burnout, support and coaching.

Appendix C: Examples of simulation resources and approaches referenced by AEIs

Academic staff, staff form practice environments including specialists, student peers, actors, PUSCs, volunteers, recently graduated registered nurses.

Forum theatre, fishbowl strategy, unfolding scenarios, enquiry-based learning. Patient stories / journeys, ‘talking heads’ videos.

Gamification, escape rooms.

Mock practice environment: wards, theatre, accident and emergency department, community setting, home setting, ambulance, maternity ward, children’s ward, neonatal intensive care ward, well-child suite. Contextualised skills stations.

Immersive suites, CAVE (a 360-degree immersive experience).

Mannequins that represent genders, ethnicities, age span, disabilities and learning disabilities. Includes high fidelity, responsive and reactive mannikins through to basic props. Empathy suits, baby bellies, simulated stoma. Moulage.

Smart devices.

Oxford medical simulation software with VR scenarios (licenses to access up to 83 care scenarios). Virtual reality – software, headsets, metaverse and metahumans. Virtual town.

IRIS – co-creation software supporting students to create practice learning scenarios. These scenarios can be shared with other students.