Mott MacDonald (MM) have published this new QA handbook that informs the QA activity to ensure we support the strategic direction for the NMC’s new QA framework.

QA activity is an iterative process which will require MM to update this handbook when the NMC introduces new standards and QA approaches which impact on QA operational processes.

The Quality Assurance Handbook and subsequent versions can be downloaded from the MM website:

www.nmc.mottmac.com
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Introduction

1. This Quality Assurance (QA) handbook supports the implementation of the Nursing and Midwifery Council (NMC) new NMC QA Framework, 2018 which went live on 1 September 2018 to quality assure new NMC standards for education and training of nurses, midwives and nursing associates.

2. In the new framework the NMC states that QA of education gives them the confidence that approved education institutions (AEIs) and new education institutions are meeting their standards for education and training. This helps them to know that students who have successfully completed an approved programme are meeting the standards of proficiency that they require before they join the NMC register. It’s one of the ways the NMC fulfil their duty to protect the public.

3. The Nursing and Midwifery Order 2001 (the Order) is legislation that establishes the NMC and sets out their primary purpose of protecting the public, their functions, and activities. All QA of education and training operate within the Order. This ensures that nurses, midwives, and nursing associates are educated to consistently deliver high quality healthcare.

4. MM have published this new QA handbook that informs the QA activity to ensure we support the strategic direction for the NMC’s new QA framework. QA activity is an iterative process which will require MM to update this handbook when the NMC introduces new standards and QA approaches which impact on QA operational processes.

5. The handbook is intended mainly for those directly involved in nursing, midwifery, and nursing associate education, in particular new education institutions seeking NMC approval of a programme for the first time, and existing AEIs and their practice learning partners. Note: new education institutions seeking programme approval and AEI status will be referred to as ‘education institutions’ throughout this handbook.

6. The handbook sets out the detail of the NMC QA processes and provides guidance of the evidence that AEIs, education institutions and their practice learning partners need to demonstrate to meet NMC standards. It outlines new timelines due to the new QA framework for approval of programmes, and new ways of working.

7. It also provides information for QA visitors about the QA of education and supporting processes to make sure that AEIs and education institutions provide nursing, midwifery and nursing associate education and training to meet NMC standards. We have also added the action required if an AEI and education institution is not meeting NMC standards to ensure that compliance with NMC standards are met.

8. This handbook must be read in conjunction with the NMC QA Framework, 2018.
i. How the QA of education will be arranged and conducted

9. QA activity will be undertaken by externally appointed visitors, who will review documentation in support of the reviews they complete, conduct visits, and make recommendations to the NMC as to whether programmes meet their standards. No NMC employees may undertake QA visits but the NMC will make the ultimate decision on whether to approve a programme or not.

10. QA activity will be delivered in a manner designed to be efficient and cost effective for AEIs, education institutions and their practice learning partners, and the NMC to ensure the approach to QA activity is proportionate.

11. The primary focus of QA in 2018-19 will be the approval of new programmes against new standards. The NMC standards for education and training apply to all AEIs, education institutions and their practice learning partners that are running NMC approved programmes. The standards for education and training are in three parts:

Part 1: *Standards framework for nursing and midwifery education*
Part 2: *Standards for student supervision and assessment*
Part 3: Programme standards:
   - *Standards for pre-registration nursing programmes*
   - *Future nurse: Standards of proficiency for registered nurses*
   - *Standards for prescribing programmes*
   - *Standards of proficiency for nurse and midwife prescriber* (adoption of the Royal Pharmaceutical Society competency framework for all prescribers)
   - *Standards for pre-registration nursing associate programmes*
   - *Standards of proficiency for nursing associates*; and

12. The NMC standards for education and training will also apply to the *Standards for pre-registration nursing associate programmes* and *Standards of proficiency for nursing associates* (subject to approval by Council in September 2018); and

NMC standards which are under review:
   - *Standards for pre-registration midwifery education*
   - *Standards for competence for registered midwives*
   - *Standards for specialist community public health nursing*
   - *Standards for specialist education and practice*
   - *Standards relating to return to practice programmes*

ii. QA visitors

13. Programme scrutiny will be undertaken by QA registrant visitors who are currently, or have been, practising in nursing, midwifery and/or education in the past two years. They will be assigned to undertake QA activities for parts of the NMC register in which they hold registration and have a recorded qualification. MM requires QA visitors to declare the currency of their registration on an annual basis.
14. Under the new QA framework, the NMC increases their commitment to the involvement of people: patients, service users, carers, and the public in the QA of education. Therefore, lay visitors, who are members of the public, will actively participate in the approval of pre-registration nursing, midwifery, and nursing associate programmes with a QA registrant visitor. They are prepared to ensure that people are at the centre of the NMC’s work in education and training, that their voices are heard, and that people know how they can contribute to the QA of education processes. The QA framework emphasises the importance of education and training that’s underpinned by effective partnerships between AEIs, education institutions and their practice learning partners at all levels. One of the areas of focus for all QA visitors will be the effectiveness of these partnerships.

15. When a date for a programme approval visit has been agreed potential QA registrant visitors will be selected with due regard to the profession with which the education and training they are to report on is concerned, and at least one of the visitors shall be registered in that part of the register which relates to that profession.

16. At least one of the QA visitors who are to report on the education and training of nursing associates shall be registered on the nurses’ or the nursing associates’ parts of the register.

17. Potential QA visitors will be required to indicate their availability, agree to complete the work within the given time frames and confirm that there is no conflict of interest. Ensuring that there is no conflict of interest is a statutory safeguard for the NMC and their role in the QA of education.

18. Conflict of interest means any connection which might give cause to question a QA visitor's credibility or the objectivity of their judgment. This includes a QA visitor working in the education or practice learning provider, for example this could include as an external examiner, or where the QA visitors’ employers provide or share practice learning environments with the AEI or education institution to be approved.

19. The AEI and education institution will be informed of the details of potential QA visitors and they will also confirm that there is no conflict of interest, or otherwise.

20. QA visitors are prepared thoroughly for the review of information presented for each relevant gateway in line with the QA Framework and the NMC standards and requirements. They will analyse and interpret documentary evidence provided by the AEI, education institution and their practice learning partners, and facilitate discussions with all stakeholder groups, as appropriate.

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1 Article 16(6) The Nursing and Midwifery Order 2001 (the ‘Order’)

2 Article 18(4) of the Order
21. QA visitors will make judgements and recommendations based on reliable and substantiated evidence to provide assurance that NMC programme standards are met and the programme can be recommended for approval to the NMC. They will recognise and identify areas of good practice in the proposed programme presented for approval.

22. QA visitors will identify issues and risk factors which prevent assurance being given that NMC standards and requirements are met, and if relevant:
   - recognise and inform the director of reviews (DoR) or a deputy director of reviews (DDoR) of concerns about the readiness of an AEI or education institution to proceed through the new QA gateway process (see section 3.4) who will escalate any concern(s) to NMC standards or public protection, as soon as concerns are known.

23. QA visitors will behave with integrity and courtesy when conducting QA activities, and in accordance with the MM Code of Conduct for QA visitors (annexe 1a and 1b).

24. In turn, QA visitors will expect that AEIs and education institutions will co-operate fully with the QA activities.

iii. Support and QA of approval activities by Mott MacDonald

25. The QA framework and standards are new for all stakeholders and therefore MM will employ a range of measures to assure a high standard of QA activities are undertaken on behalf of the NMC, including:
   - clear guidance about the QA processes for QA visitors, education institutions seeking programme approval and AEI status, existing AEIs, and their practice learning partners;
   - training, development, and feedback for all QA visitors;
   - allocation of QA registrant visitors with relevant experience or due regard to the part of the register the programme under review relates;
   - substantive support for both the QA registrant and lay visitors in the first year of the implementation of the new QA model and standards;
   - observation of the performance of QA visitors at a proportion of approval events to ensure QA processes are adhered to;
   - QA of programme approval reports;
   - evaluation and appraisal of the work of QA visitors;
   - receiving, analysing, and responding to all evaluations completed by AEIs and education institutions to check they are satisfied that the QA activity has followed the procedures in this handbook, and in support of our commitment to continuous improvements;
   - set out and follow a clear complaints procedure (annexe 9);
   - the QA process is supported by a new online QA hub which is the conduit for all the new QA processes, electronic documents, mapping tools and reports;

The QA hub offers password protected support to AEIs and education institutions and provides access to relevant QA activities, the gateways, and the function to upload documentation to support the approval processes. The QA hub is made available to QA visitors to complete their work only by
arranged permissions set up by MM project officers to ensure information security.

26. The introduction of indefinite programme approval by the NMC requires robust scrutiny by QA visitors during the approval process to ensure risks are identified, mitigated, and/or escalated. It will be particularly important to ensure effective decisions are made about the AEIs’ and education institutions’ readiness to proceed through the gateways (section 3.4), and to provide advice and guidance to QA visitors on standards and QA processes when making judgements and recommendations about the proposed models to meet the *Standards for student supervision and assessment* (NMC, 2018) (section 2).

iv. A gateway approach to approval

27. The new QA approach to approval of AEIs’ and education institutions’ programmes will be achieved through a gateway process. Using a gateway model enables the NMC to take a proportionate yet robust approach to QA for organisations that want to implement their new standards. To gain programme approval, an AEI and education institution must meet the requirements set out in the standards for education and training and the relevant programme standards. This handbook details the evidence required to meet the standards for each of the gateways:

- Gateway 1 – Part 1: *Standards framework for nursing and midwifery education*
- Gateway 2 – Part 2: *Standards for student supervision and assessment*
- Gateway 3 – Part 3: Programme Standards:
  - *Standards for pre-registration nursing programmes*
  - *Future nurse: Standards of proficiency for registered nurses*
  - *Standards for prescribing programmes*
  - *Standards of proficiency for nurse and midwife prescribers (adoption of the Royal Pharmaceutical Society competency framework for all prescribers)*
  - *Standards for pre-registration nursing associate programmes*
  - *Standards of proficiency for nursing associates*
- Gateway 4 – approval visit

28. The NMC will implement the QA framework over the next two years from September 2018. During 2018-2019 the focus is on approving new programmes against their new standards.

29. The diagram below provides an overview of the approval of a programme through the gateways. It has been colour-coded and presented in sections of this handbook to support AEIs, education institutions, and QA visitors to locate the information that they require for approval of each gateway. Sections 3.3 and 5 provide QA information for programmes which are approved against *Pre-2018 Nursing* and *Pre-2018 Midwives* NMC standards.
v. Overview of the process of programme approval

Process of programme approval

Documentary analysis

Gateway 1

Part one
Mapping against standards framework for nursing and midwifery education

Gateway 2

Part two
Standards for student supervision and assessment

Gateway 3

Part three
Programme standards

Gateway 4

Approval visits

Visitor report

Formal NMC programme approval
Section 1

Gateway 1: Standards framework for nursing and midwifery education

1.1 Existing approved education institutions (AEI)

30. MM will contact existing AEIs and direct them to the mapping tool, which is a guide to ensure the *Standards framework for nursing and midwifery education* are met, and which signposts the QA visitor(s) to where the evidence is located.

What the AEI and their practice learning partners must do

31. The AEI and their practice learning partners must provide evidence to demonstrate how they will meet the *Standards framework for nursing and midwifery education*.

   - AEIs proposing to run programmes against the new standards in 2019 must submit the necessary evidence via the QA hub before 31 December 2018.
   - AEIs proposing to run programmes against the new standards in 2020 must submit the necessary evidence via the QA hub before 30 April 2019.

32. The evidence provided must include:

   - An evaluative summary against each standard and requirement to demonstrate how they will be met. The QA criteria identified against each requirement in the mapping tool should help with this process;
   - Confirmation and evidence that all suitable systems, processes, resources, and individuals are in place, including evidence of collaborative partnerships that support safe and effective practice;
   - Suitable policies and processes focusing on equality and diversity, admissions, and fitness to practise;
   - Evidence of appropriate mechanisms for members of the public, patients, service users and carers to be involved in the development and review of programmes;
   - Information and supporting evidence that students will be made aware of the support and opportunities available to them within all learning environments;
   - Documentation which demonstrates that students will be supported to take responsibility for their learning in a way that is reasonable for the student and does not compromise public safety;
   - Appropriate mechanisms are in place for concerns to be escalated about student performance and public protection;
   - Details of a range of relevant people who participate in the education of students and how they will be prepared and trained for the role. The way in which this is organised will depend on the requirements of the programme and the needs of the student.

33. The AEI will upload relevant copies of supporting documentation including policies and procedures, ensuring up to date documents are uploaded including the date for the next internal QA review of each document.
Note we do not accept URLs in the QA hub for security reasons.

34. The AEI must also identify key words from a pre-populated list to assist in identifying how submitted documentation relates to and mitigates particular risk areas. This will assist QA visitors in their review and analysis of documentation and focus their attention on relevant areas over the period of the QA process.

35. In addition, the AEI must provide details of all practice learning partners used for student placements, for all NMC approved programmes delivered (or proposed to be used) by the AEI. To assist in this process, MM will provide a schema for the AEI to complete which will then be used to populate practice learning environment data information for each individual AEI.

36. Information provided in the schema will be for any practice learning environment which is used for a student placement for a minimum of four weeks duration. Elective placements are not required to be uploaded but evaluative assurances about elective placements may be sought by the NMC as part of the annual self-assessment or thematic review processes.

37. Information providers must include:
   - Sector: e.g. Social Care
   - Name of Trust/Health Board/Group/Service: e.g. Cambridgeshire County Council
   - Hospital/Service: e.g. Children’s Social Care
   - Postcode: e.g. CB3 0AP

38. When this practice learning environment information has been populated the AEI will be able to link to the relevant practice learning partners and environments required for programme approval in Gateway 3.

39. When the necessary evidence has been completed the QA process will proceed to Gateway 2. (see section 2)

What the QA visitor will do

40. The evidence provided by the AEI will be used by QA visitors to support the completion of subsequent gateways. The evidence provided will be assessed against each standard and requirement using the QA criteria. If the QA visitor(s) deems the evidence to be insufficient this will be escalated to the AEI, and the DoR or a DDoR at MM will be informed. The evidence provided will be discussed and a resolution will be agreed which may result in the resubmission of evidence. The NMC will be informed about this situation.

1.2 Gateway approach for an education institution seeking to have programme approval and AEI status (annexe 2)

41. An education institution that’s either new to nursing and midwifery education (or is wishing to return to nursing and midwifery education) and is seeking approval must inform the NMC of their proposal in writing by email to qateam@nmc-uk.org with the following information:
• the rationale for the proposal and intended programme delivery
• confirmation of the appropriate qualification awarding power
• evidence of resources in place to support the proposal
• details of wider support (for example, partnerships with employer organisations, practice learning providers, education commissioners, employer led initiatives and senior level support such as chief nursing officer (s))
• proposed numbers of student intakes, start dates, fields of nursing (where appropriate) and a breakdown of student numbers for each programme
• a timeline for all aspects of the proposal including intended future delivery of programmes.

What the NMC will do

42. The NMC will follow the published process. Once the NMC has received assurances about the education institution’s proposal this information will be shared with MM who will commence the QA of the approval, via the gateways process.

What MM will do

43. MM will provide the education institution with access and the necessary training on the use of the QA hub. The education institution will be required to complete an event request form through the QA hub which will commence the gateway approval process. They should request approval to run a programme at least 12 months before they expect the first cohort of students.

44. When the completed event request has been submitted in the QA hub a mapping tool will be released which is a guide to ensure the Standards framework for nursing and midwifery education are met.

What the education institution and their practice learning partners must do

45. When the mapping tool is released into the QA hub, the education institution wishing to have programme approval and AEI status, together with their practice learning partners, have four weeks to provide evidence to demonstrate how they will meet the Standards framework for nursing and midwifery education. The mapping tool must clearly signpost the QA visitor(s) to where the evidence is located in the uploaded documentation in the QA hub.

46. The evidence must include:
• An evaluative summary against each standard and requirement to demonstrate how they will be met. The QA criteria identified against each requirement in the mapping tool should help with this process;
• Confirmation and evidence that all suitable systems, processes, resources, and individuals are in place, including evidence of collaborative partnerships that support safe and effective practice;
• Suitable policies and processes focusing on equality and diversity, admissions, and fitness to practise;
Evidence of appropriate mechanisms for members of the public, patients, service users and carers to be involved in the development and review of programmes;

Information and supporting evidence that students will be made aware of the support and opportunities available to them within all learning environments;

Documentation which demonstrates that students will be supported to take responsibility for their learning in a way that is reasonable for the student and does not compromise public safety;

Appropriate mechanisms are in place for concerns to be escalated about student performance and public protection;

Details of a range of relevant people who participate in the education of students and how they will be prepared and trained for the role. The way in which this is organised will depend on the requirements of the programme and the needs of the student.

47. The AEI will upload relevant copies of supporting documentation including policies and procedures, ensuring up to date documents are uploaded including the date for the next internal QA review of each document.

Note we do not accept URLs in the QA hub for security reasons.

48. The education institution must also identify key words from a pre-populated list to assist in identifying how submitted documentation relates to and mitigates particular risk areas. This will assist QA visitors in their review and analysis of documentation and focus their attention on relevant areas over the period of the QA process.

49. In addition, the education institution must provide details of all practice learning partners used for student placements for all NMC approved programmes delivered (or proposed to be used) by the education institution.

50. To assist in this process, MM will provide a schema for the education institution to complete which will then be used to populate practice learning environment data information for each individual education institution.

51. Information provided in the schema will be for any practice learning environment which is used for a student placement for a minimum of four weeks duration. Elective placements are not required to be uploaded but evaluative assurances about elective placements may be sought by the NMC as part of the annual self-assessment reporting or thematic review processes.

52. Information provided must include:
   - Sector: e.g. Social Care
   - Name of Trust/Health Board/Group/Service: e.g. Cambridgeshire County Council
   - Hospital/Service: e.g. Children’s Social Care
   - Postcode: e.g. CB3 0AP
53. When this practice learning environment information has been populated the education institution will be able to link to the relevant practice learning partners and environments required for programme approval in Gateway 3.

54. When the necessary evidence has been completed the QA process will proceed to Gateway 2.

What the QA visitor will do

55. The QA visitor(s) will have access to the mapping tool which will signpost them to where the evidence provided by the education institution and their practice learning partners is located in the QA hub.

56. The QA visitor has **two weeks** to review and record their findings. If they find the evidence provided is insufficient to meet the *Standards framework for nursing and midwifery education* this will be escalated to the education institution and the shortfalls will be identified. The DoR or a DDoR at MM will be informed. The evidence provided will be discussed and a resolution will be agreed which will normally result in the resubmission of evidence and the timeline to programme approval will recommence. The NMC will be informed about this situation.

57. If the QA visitor confirms the evidence provided ensures compliance with the *Standards framework for nursing and midwifery education*, the education institution will move to Gateway 2.

1.3 Future use of the evidence submitted by existing AEIs and new education institutions (who are seeking programme approval at the same time) to meet the *Standards framework for nursing and midwifery education*

58. The evidence in Gateway 1 will provide a benchmark for future QA activities and will be used by QA visitors to support the approval of subsequent gateways and standards.

59. The evidence provided will be restricted to QA visitors who are involved in NMC QA activities, to the NMC, to MM QA team, and to the AEI and education institution for the purposes of updating any changes. AEIs will also need to confirm annually that requirements are still met and report by exception on any changes to their ability to meet the standards (section 9.1).

1.4 Approval visits booked before 31 January 2019 (fast track timeline process for proposed requests for Spring 2019 programme start dates)

60. MM has agreed with the NMC that we will operate QA processes within a reduced time frame (eight weeks minimum and 15 weeks maximum) depending on the AEI’s proposed date for an approval visit which is planned for a programme start date in the spring term of 2019, or earlier, as identified in the recent survey sent out by the NMC. However, this ‘fast track timeline’ process under these specific circumstances **will not compromise** the QA process or the time required for the NMC to review the outcome of the QA process.
61. MM will contact AEIs who have programme approval visits planned before the end of January 2019 to advise them of the latest date by which they must submit evidence against the *Standards framework for nursing and midwifery education* (Gateway 1) to enable the QA visitor to review this evidence.

62. AEIs may submit their evidence to support the *Standards for student supervision and assessment* in Gateway 2 and the evidence to support the programme standards in Gateway 3 at the same time. MM will work closely with appointed QA visitors to support this process and reduced time frames will operate, as appropriate to the processes described in section 4.

63. The evidence provided will be assessed by QA visitor(s) against each standard and requirement using the QA criteria. **No AEI or education institution** can proceed to Gateway 4 if the *Standards for student supervision and assessment* are not met and the QA visitors are not satisfied that the AEI or education institution and their practice learning partners are on track to meet the relevant programme standards. If this happens a programme will not be recommended for approval to the NMC and therefore would not be able to commence on the planned date.

64. In the event that the AEI or education institution does not meet the relevant standards the deferral of approval process described in section 3.4 will be followed.
Section 2

Gateway 2: Standards for student supervision and assessment

65. When Gateway 1 has been completed by AEIs, education institutions and their practice learning partners they will be provided with a mapping tool in the QA hub to demonstrate how they must meet the Standards for student supervision and assessment.

2.1 Guidance for an AEI and education institution to complete Gateway 2 programme mapping tool

What the AEI, education institution and their practice learning partners must do

66. Following the release of the mapping tool the AEI or education institution and their practice learning partners have four weeks to provide evidence to demonstrate how they intend to meet the Standards for student supervision and assessment.

67. The AEI or education institution must also identify which programme standards the Standards for student supervision and assessment will apply to.

68. The mapping tool will be used to ensure that all the standards and requirements for student supervision and assessment have been addressed. It will also signpost QA visitors to where the evidence is located in the uploaded programme documentation.

69. The evidence provided must include:
- a summary against each standard and requirement to demonstrate how they will be met. The QA criteria identified against each requirement in the mapping tool should help with this process. In addition, NMC supporting information available on the NMC website will assist in this process;
- confirmation that practice learning is compliant with those standards within the Standards framework for nursing and midwifery education which relate to supervision and assessment;
- confirmation that practice learning is compliant with those standards within the specific programme requirements which relate to supervision and assessment;
- confirmation that practice learning is designed and delivered in such a way that enables the student to meet their programme proficiencies and outcomes (for each programme) which will use the Standards for student supervision and assessment;
- suitable systems, processes, resources, and individuals are in place, including evidence of collaborative partnerships that support safe and effective practice;
- information that students will be made aware of the support and opportunities available to them within all learning environments;
- documentation which demonstrates that students will be supported to take responsibility for their learning in a way that is reasonable for the student and does not compromise public safety;
• details of a range of relevant people who participate in the education of students and how they will be prepared and trained for their roles. The way in which this is organised will depend on the requirements of the programme and the needs of the student; and
• a rationale which demonstrates why a particular approach to student supervision and assessment is proportionate.

**These are examples of the type of documentation we would expect to meet the above requirements:**

- programme plan detailing student supervision and support arrangements;
- student focused information in a practice learning handbook for example on their role and responsibilities for engaging in learning, reflection, assessment, feedback, and evaluation;
- practice supervisor focused information in a practice learning handbook for example on their role and responsibilities for facilitating learning, reflection, contributing to assessment, feedback, and evaluation;
- academic assessor and practice assessor focused information in a handbook for example on their role and responsibilities for facilitating learning, reflection, assessment, feedback, and evaluation;
- supervisor and assessor preparation and training focused information detailing the content of the preparation, training, support and updating of practice supervisors, practice assessors and academic assessors; and,
- details of any programme standards specific variations to any of the above.

70. The NMC have agreed that AEIs and their practice learning partners can submit evidence as part of Gateway 2 submission which details the organisation wide approach they will take to student supervision and assessment across all NMC approved programmes.

71. If an AEI and their practice learning partners decide to take an organisation wide approach to student supervision and assessment across all NMC approved programmes the following must be taken into consideration and assurance provided against the following:

- Will the approach to student supervision and assessment be the same for all NMC programmes across all practice learning partners?
- How will the AEI and their practice learning partners ensure consistency in the approach taken?
- Does the chosen approach(s) to student supervision and assessment demonstrate a proportionate approach and meet the relevant programme standards?
- How will partnership working ensure responsibility for the management and QA of the approach(s) used?
- Who will take responsibility to co-ordinate the management and QA of the approach(s) used?
- How will partnership working ensure responsibility for the preparation of individuals for their roles?
- Will there be shared responsibility between the AEI and their practice learning partners for the development of systems and processes used to support the organisation wide approach?
• How will an organisation wide approach support consistency in the assessment of practice and theory and moderation processes at programme level?

What the QA visitor will do

72. The QA visitor has two weeks to review submitted documentation and evidence provided against each standard and requirement using the QA criteria and record if the evidence provided:
   • demonstrates partnership working between the AEI or education institution and their practice learning partners which relate to supervision and assessment in the *Standards framework for nursing and midwifery education* and *Standards for student supervision and assessment*
   • shows practice learning is compliant with those standards within the *Standards framework for nursing and midwifery education* which relate to supervision and assessment and demonstrates that the *Standards for student supervision and assessment* are met.

   OR

   • there is insufficient and/or incomplete documentation to evidence the *Standards for student supervision and assessment* are met.

73. If the QA visitor reports the evidence is insufficient and/or incomplete they will inform the AEI or education institution of the shortfalls and escalate their findings to the DoR or a DDoR at MM. The evidence required will be discussed and a resolution will be agreed which will result in the resubmission of evidence and the timeline to programme approval will recommence from Gateway 2.

74. The NMC will be informed about this situation.

75. The evidence will provide a benchmark for future QA activities and will be used by QA visitors to support the approval of subsequent gateways and standards.
Section 3

Gateway 3: Programme standards

76. Following successful completion of Gateway 1 and 2 the AEI or education institution and their practice learning partners will proceed to Gateway 3.

77. A mapping tool for the Gateway 3 programme standards for approval will be released in the QA hub for the AEI or education institution to complete.

78. During the 2018-2019 academic year we will prioritise the approval of programmes against:
   - Standards for pre-registration nursing programmes
   - Future nurse: Standards of proficiency for registered nurses
   - Standards for prescribing programmes
   - Standards of proficiency for nurse and midwife prescribers (adoption of the Royal Pharmaceutical Society competency framework for all prescribers)
   - Standards for pre-registration nursing associate programmes
   - Standards of proficiency for nursing associates

3.1 Guidance for an AEI and education institution to complete Gateway 3 programme mapping tool for pre-registration nursing, prescribing and pre-registration nursing associate programmes

79. The AEI or education institution and their practice learning partners have a maximum of **four weeks** to complete the mapping tool. This will include providing narrative and uploading documentary evidence in the QA hub to support achievement of the relevant programme standards and requirements, taking into consideration the identified QA criteria. The AEI or education institution must clearly signpost the QA visitor(s) to the uploaded documentation which supports achievement of the programme standards.

80. Effective partnership between the AEI or education institution and key stakeholders is a key principle underpinning the NMC QA Framework, including the commitment to actively engage people: patients, service users, carers and the public in programme development and the proposed programme delivery. This should be reflected in the programme documentation and approval process.

**In addition, the programme should be designed to ensure:**

- the NMC programme standards are explicit in the intended programme and relevant standards of proficiency;
- compliance with the **Standards framework for nursing and midwifery education**;
- compliance with the **Standards for student supervision and assessment**;
- arrangements are explicit at programme level to meet the **Standards for student supervision and assessment**;
- contemporary knowledge and practice is addressed;
- AEI and education institution policies and procedures are compatible with the NMC standards and requirements;
the undergraduate pre-registration nursing programme, presents explicit information about routes which may include: one or more fields of practice, part time; postgraduate; work based; and/or apprenticeship routes, if approval is requested.

**The type of documentation/evidence we would expect includes:**
- Programme document, including proposal, rationale, and consultation
- Programme specifications
- Module descriptors
- Definitive information given to students about the programme e.g. student handbook
- Curricula vitae for academic and practice learning staff who contribute significantly to each programme, including the registered nurse responsible for directing the education programme
- Practice learning documentation which details the range, and QA of practice learning environments
- Documentation detailing the preparation and provision of practice supervisors and assessors and other persons supporting practice learning
- Proposed student numbers and frequency of intakes for which programme approval is requested
- Practice assessment documentation for all years of the programme
- Ongoing record of achievement (ORA)
- Mapping document providing evidence of how the programme standards are met within the programme(s)
- Strategic plan for practice learning partnerships and use of practice learning environments
- Strategy for service user and carer involvement in programme design and delivery
- Written confirmation by the AEI, education institution and associated practice learning partners that resources are in place to support the programme intentions, including signed supernumerary agreement (pre-registration nursing programmes) and supported learning time for nursing associate programmes
- Strategic plan/business plan, if a new education institution

81. If any of the above documentation has previously been submitted as part of the evidence against the requirements of Gateway 1 or 2, explicit reference to it should be made in the mapping tool. **It need not be submitted again.** The QA visitors will have access to this information via the QA hub.

**3.2 Programme standards for pre-registration nursing associate (NA) programmes**

82. The *Standards framework for nursing and midwifery education* and the *Standards for student supervision and assessment* apply for pre-registration nursing associate programmes, in addition to, the *Standards for pre-registration nursing associate programmes* and the *Standards of proficiency for nursing associates*.

83. The NMC have proposed that anyone successfully completing a pre-registration nursing associate programme should get a foundation degree.
Therefore, education institutions applying for approval to run nursing associate programmes will have to have foundation degree-awarding powers or have access to those powers through another foundation degree-awarding institution. These arrangements must be scrutinised by QA visitors as part of the programme approval process involving all the gateways in the approval process.

84. AEIs, education institutions and their practice learning partners may wish to propose a transfer of current trainee nursing associates that are part of a Higher Education England (HEE) approved test site or a NA apprenticeship programme onto the new NMC approved NA programme. If this is the case, evidence to support this proposed transfer would need to be submitted at Gateway 3.

85. A review of the evidence will be done by QA visitors to make sure it confirms how the transfer will be achieved and how the Standards of proficiency for nursing associates and Standards for pre-registration nursing associate programmes will be met.

86. Transferring students must also be available to engage with QA visitors during Gateway 4: approval visit.

3.3 Pre-2018 standards and arrangements to transfer current students on existing approved programmes onto new programmes

3.3.1 Programme standards for pre-registration nursing education

87. AEIs and their practice learning partners may want to transfer current student nurses onto the new programme to meet the Standards for pre-registration nursing programmes (NMC, 2018). If so, evidence must be provided to support this proposed transfer as part of the mapping process at Gateway 3.

88. QA visitors will look at the evidence to make sure it confirms how all standards will be met through the transfer. Transferring students must also be available to engage with QA visitors during Gateway 4: approval visit.

3.3.2 Programme standards for prescribing programmes

89. AEIs and their practice learning partners may want to transfer current nurse and midwife prescribing students onto the new programme to meet the Standards for prescribing programmes (NMC, 2018). If so, evidence must be provided to support this proposed transfer as part of the mapping process at Gateway 3.

90. QA visitors will look at the evidence to make sure it confirms how all standards will be met through the transfer. Transferring students must also be available to engage with QA visitors during Gateway 4: approval visit.

What the QA visitors will do
91. The QA visitors will be given password-controlled access to the programme information uploaded by the AEI or education institution in the QA hub. In addition, QA visitors will receive a briefing pack from MM containing:
   - The AEI’s monitoring report from the previous two years, if applicable
   - The AEI’s annual self-assessment report from the previous two years, if applicable
   - Relevant external system regulator monitoring reports e.g. Care Quality Commission (CQC), Health Improvement Scotland (HIS), Healthcare Inspectorate Wales (HIW), Regulation and Quality Improvement Authority (RQIA in Northern Ireland)

92. The above documentation provides an overview of AEIs’ management of risk affecting existing NMC approved programmes, as well as issues which may impact on the practice learning environments.

93. The QA visitor(s) have four weeks to independently analyse the programme documentation, supporting evidence and briefing pack information. The evidence provided will be assessed against each standard and requirement using the QA criteria to make sure the evidence confirms how the NMC programme standards will be met.

94. The AEI or education institution cannot proceed to Gateway 4 if the QA visitors are not satisfied from their analysis of the documentation submitted that the AEI or education institution and their practice learning partners will meet the programme standards.

95. The QA visitors will complete an initial draft approval programme report to record their findings and identify areas which they want to discuss at the approval visit and inform the AEI or education institution if further evidence is required against the standards.

96. During week four the QA visitors (registrant and lay, as applicable) will have a telephone conversation and/or email communication to confer on their findings before releasing the initial draft approval programme report to the AEI or education institution’s nominated representative in the QA hub, at the end of week four (two weeks) before the approval visit. This initial draft approval report informs the AEI or education institution of any issues or further requested documentation.

97. The AEI or education institution’s nominated representative will receive the initial draft approval programme report two weeks before the approval visit. The AEI or education institution should respond to the questions/issues raised in the QA visitors’ initial draft approval programme report through the QA hub one week prior to the approval event. This information should be available to the chair of the approval panel and will inform the agenda for the approval panel event, which, when finalised, must be deposited in the programme folder in the QA hub.

98. AEIs and education institutions cannot expect QA visitor(s) to review documentation provided immediately prior to, or tabled at, the approval visit.
99. AEIs and education institutions can proceed to Gateway 4 if the QA visitor(s) are satisfied that there is sufficient information available to proceed to meet stakeholders, and their representatives as part of the final triangulation of the documentary analysis of the programme standards, at the approval visit.

3.4 Deferral of an approval event

100. During the scrutiny of programme documentation, a QA visitor(s) may identify that there is insufficient and/or incomplete documentation to evidence how the NMC programme standards are met and to enable the AEI and education institution to proceed to the next gateway.

101. The QA visitor(s) will complete the initial draft approval programme report, no later than two weeks before the approval visit date identifying where standards are not met and return it to the AEI or education institution through the QA hub.

102. The QA visitor(s) will escalate their findings to the DoR or a DDoR at MM within two working days of identifying the issues. The extent of the evidence required will be discussed and a resolution will be agreed which will normally result in the resubmission of evidence and the timeline to programme approval will recommence from Gateway 3.

103. The DoR or a DDoR will contact the AEI or education institution’s nominated representative to inform them the AEI or education institution is deemed not to be in a state of readiness to proceed and the approval visit will be deferred.

104. The DoR or a DDoR will inform the NMC of this decision within two working days.
Section 4

Gateway 4: Approval visit

105. The timeline from the submission of the event request by an existing AEI and their practice learning partners to the approval visit is normally **20 weeks**. This is provided the Standards framework for nursing and midwifery education and the Standards for student supervision and assessment are met and there is sufficient evidence to proceed through Gateways 1, 2, and 3.

106. The timeline from the submission of the event request by an education institution seeking programme approval and AEI status, to the approval visit is normally a minimum of **24 weeks**. This is provided the Standards framework for nursing and midwifery education and the Standards for student supervision and assessment are met to proceed through Gateways 1 and 2, and there is sufficient information available to proceed through Gateway 3 to meet stakeholders as part of the final triangulation of the documentary analysis of the programme standards at the approval visit.

107. The NMC aim to minimise the burden on all AEIs, education institutions and their practice learning partners by taking part in joint approval visits with the AEI or education institution and/or other regulators, where possible, but we do so with clarity about respective roles. QA visitors will engage with the presenting panel and representatives from the AEI, education institution, and their practice learning partners and other regulators.

108. A programme will not normally be recommended for approval by the NMC if it has been previously approved by the AEI or education institution only. The approval of both academic and professional aspects of the programme is closely linked as meeting NMC standards necessary for application to enter the register is linked to the qualification that the AEI or education institution will award and must be considered at the same time. This will also reduce additional burden or duplication of processes for AEIs and education institutions.

4.1 Structure of the approval visit

109. The QA visitor(s) will agree with the AEI or education institution the agenda/structure of the approval visit, the membership of the approval panel, the attendees required at meetings and any arrangements for visits to departments/facilities on the teaching campus or other sites. A copy of the details and e-mails confirming agreement should be forwarded by the QA visitor to MM for completion of the audit trail purposes. In addition, the AEI or education institution must upload the final agenda for the approval visit into the programme document folder in the QA hub for audit trail purposes. A sample agenda for the approval visit is provided in **annexe 3**.

110. If there is any commercially sensitive information that the AEI or education institution or their practice learning partners do not wish to have discussed openly during the day of the approval visit, this must be brought to the attention
of the QA visitor(s) in advance of the visit. A decision must be made about an appropriate time this will be discussed with the visitor(s) at the approval visit.

111. The recommended approval panel membership must include:
- A senior academic representative for the AEI/education institution who has no direct involvement in the programme (Chair)
- Administrator for teaching and quality at the AEI/education institution
- Academic member(s) at the AEI/education institution (not directly involved in the programme)
- QA visitors appointed by MM on behalf of the NMC
- External subject specialist(s)
- Service user and carer representative(s)
- Student representative(s)

112. The AEI or education institution must confirm in advance with the QA visitor(s) through e-mail and the QA hub that service user, carer and student representatives will form part of the panel membership.

113. An NMC observer may be present at approval visits as part of the overall strategic intent of the new QA framework. The observer role will be maintained unless there are issues arising from the approval visit that relate to risks to public protection, in which case the NMC staff member’s role as representative of the regulator will override their status as an observer.

114. The DoR or a DDoR from MM may be in attendance to observe and support QA visitor(s) and to ensure QA processes are followed.

4.2 Visits to practice learning environments

115. QA visitors are not normally expected to undertake visits to practice learning environments, unless, the education institution is seeking AEI approval or has not previously provided a pre-registration nursing or midwifery programme, or in instances where previous QA reviews have indicated continuing problems in practice learning environments.

116. If visits to practice learning environments are planned MM will contact the NMC for guidance at an early stage of the approval process. If these visits are to be undertaken, they will need to be arranged on dates prior to the approval panel meeting. Guidance for visits to practice learning environments is provided in annexe 4.

4.3 Attendees at the approval visit

117. Partnership is central to programme development and proposed delivery, and this should be reflected in the approval process. QA visitors and relevant members of the approval panel should meet with representatives from the AEI or education institution and their practice learning partners.

118. A representative sample from the following groups will include:
AEI /education institution: dean/ head of school/faculty; QA lead for school/faculty; senior representative from the AEI/education institution executive team (the latter relates to a new education institution/and/or new provider of pre-registration nursing, midwifery, or pre-registration nursing associate education)

Educators: those with responsibility for planning, sequencing, managing, and delivering the programme including all theory delivery and liaison with practice learning opportunities for example, programme team, lecturers, programme leads, researchers

Practice leads: those with responsibility for planning, managing, and delivering the practice learning aspects of the programme and providing support to practice supervisors and assessors, for example, placement liaison team, practice education facilitators, interdisciplinary practice leads

Practice supervisors and assessors including practice supervisors (NMC registrants and interdisciplinary) and registrant practice assessors

Service users and carers who have been involved in programme development and delivery. The programme approval will not be able to take place without service users and carers being met.

Students: from all years of the existing programme (where applicable), including those students who will transfer to the new programme.

4.4 The purpose of the approval visit

119. The purpose of the approval visit is to ensure:
   i. there is the opportunity to speak with all stakeholders to confirm there are strong and effective partnerships between the AEI or education institution and their practice learning partners, people: service users, carers; students, and all other stakeholders;
   ii. the range, and QA of practice learning environments, including arrangements for preparation and provision of academic assessors, practice supervisors and assessors and other persons supporting practice learning to support students to achieve the standards of proficiency
   iii. facilities and resources are in place to deliver safe and effective learning opportunities and practice based experiences for students to achieve their programme learning outcomes, standards of proficiency and be capable of demonstrating the professional behaviours in The Code (NMC, 2018);
   iv. curricula and assessment will enable students to achieve the outcomes required to practise safely and effectively in line with the relevant standards of proficiency;
   v. students are provided with timely and accurate information about curriculum, approaches to teaching and learning, supervision, assessment, practice placements and other information relevant to their programme;
   vi. routes within the pre-registration nursing or midwifery programme, which may include; undergraduate, postgraduate; or apprenticeship routes; and one or more fields of nursing practice (pre-registration nursing programme only) are explicit and understood by students, educators, supervisors, and assessors;
   vii. appropriately qualified and experienced external examiners consider and report on the quality of theory and practice learning; and,
viii. AEI or education institution policies and procedures are compatible with the NMC standards and requirements.

4.5 Approval panel meeting

120. The senior AEI or education institution representative who will chair the meeting of the approval panel, will discuss the issues to be explored with panel members, and agree who will lead on each issue.

121. At the start of the panel briefing meeting the QA visitor(s) must:
   - explain their role and responsibilities as a representative of the NMC and the implications of conjoint approval;
   - explain it is their responsibility to assess whether the programme meets all of the regulatory standards and requirements and unless these are met, it will not be possible to recommend the programme for approval to the NMC;
   - be explicit that any decision on a visitor(s) recommendation for approval or refusal to approve the programme lies with the NMC;
   - explain the possible outcomes of the approval event that can be recommended to the NMC that:
     o the programme is approved unconditionally as all NMC standards have been met
     o the programme may be recommended for approval at a future date subject to the successful completion of clear, unambiguous, and timely conditions that demonstrate that the NMC standards have been met
     o the programme approval is refused as not all the standards have been met
   - explain that any conditions must be agreed and stated as AEI/education institution in nature or specific to NMC standards or both;
   - state if regulatory conditions exceed five in number, including any condition subsections, then questions must be raised as to the validity of the programme meeting NMC standards, and the need for the AEI or education institution to re-submit their proposals; and
   - inform the panel that should a major issue be raised where the QA visitor(s) needs to obtain advice about a specific requirement, the Chair will adjourn the meeting for this to occur. The QA visitor will contact the DoR or a DDoRs for advice who will inform the NMC, if necessary.

4.5.1 Recommendations

122. It is customary in the higher education sector to make recommendations for the enhancement and continuing improvement of the programme, where good practice goes further than the threshold standard.

123. A QA visitor(s) may make a recommendation(s) to enhance the programme, which reflects the gathering of information related to new standards.

124. The approval panel must be advised that it is necessary to maintain a clear distinction between mandatory conditions to those recommendations for enhancement and continuing improvement of the programme.
125. The record of the recommendations in the approval programme report made by the QA visitor(s) will note if the recommendations are AEI/education institution in nature or relate to NMC standards.

126. The AEI or education institution must report the progress in closing or closure of all recommendations in their annual self-assessment report to the NMC.

127. The approval panel members will follow the agreed agenda for the visit which normally commences with a short presentation from the programme outlining the development and key areas in the student journey through the programme. This presentation must also address issues submitted to the AEI or education institution by the QA visitor(s) prior to the visit.

128. The programme development team will normally be expected to comprise both academic staff and representatives from practice learning partners, and other stakeholders, for example students, service users and carers.

129. It is essential that there is an effective balance between practice and AEI/education institution based learning to demonstrate the shared partnership development.

130. The panel members will explore arrangements for both practice and AEI/education institution based learning and student supervision and assessment. In addition, any other issues identified for exploration by panel members will be explored with the programme team and in separate meetings with key stakeholders including: students; educators; practice leads, practice supervisors/assessors; and people: service users and carers.

131. Speaking to representatives at the approval event visit enables the final triangulation of the documentary analysis of the programme standards.

132. Annexe 5 provides guidance for meetings with AEI or education institution senior staff, educators, students, practice leads, practice supervisors/assessors, and people: service users and carers.

133. The QA visitor(s) will summarise responses to the issues they have previously raised on the initial draft approval programme report, to determine whether regulatory requirements have been met, or not met.

134. It is also necessary to pursue these issues in discussion with students, educators, assessors and people: service users and carers; and, if a practice learning environment visit is made, with practice learning partners. This must inform and assist the approval panel in making an evidence-based decision regarding the outcome of the visit and gateway approval process.

**4.6 Outcome of the approval meeting**

135. Members of the approval panel will meet at the end of the approval visit to share findings and reach a collective decision regarding the outcome of the visit. The QA visitor(s) acting on behalf of the NMC can make judgements and
decisions relating to whether NMC standards have been met where one of the following outcomes will be made:

135.1 **Programme is recommended to the NMC for approval:** If the programme meets all regulatory standards and requirements, the **outcome** of the approval event will be that the programme is recommended to the NMC stating that the NMC standards necessary for programme approval are met. Under the new QA Framework, the NMC will review the recommendation and make the decision whether to give indefinite approval.

135.2 **Programme is recommended for approval subject to specific conditions:** If the findings of the approval panel identify failures of the programme to meet some aspects of regulatory standards and requirements for the protection of the public, or academic regulatory requirements then the programme will not be recommended for approval until specific conditions are met.

136. **If outcome 135.2 results, the panel must:**

- identify and state clear and unambiguous statements of the conditions to be met;
- a realistic date by which the condition(s) is to be met; and,
- persons identified as responsible for reporting the completion of the work to meet the conditions.

137. It should be noted that conditions must only relate to issues which, if not satisfactorily addressed, would prevent the programme from being approved and therefore running.

138. AEI/education institution specific conditions will be noted as distinct from those which relate to meeting a NMC standard and/or requirement.

139. QA visitors **must** advise the AEI or education institution that they may recruit to a new programme if their own academic regulations permit, subject to Approval by the NMC, but may **not** enrol students until formal notification of the NMC decision to approve is received.

140. The AEI or education institution are required to produce a response to conditions providing evidence that the conditions have been met within the agreed timeframe.

141. Another outcome is:

141.1 **Recommend to refuse** approval of the programme if the panel is not satisfied that the required standards have been met. Under the new QA Framework, the NMC will review the recommendation and make the decision to refuse to give programme approval.

142. QA visitors must discuss the recommended outcome to refuse approval of the programme with the DoR or a DDoR on the day of the approval visit. The DoR or a DDoR will inform the NMC of the decision within **two working days**.
143. In exceptional circumstances, for example further development is necessary, or due to other regulatory input being required, it may not be possible to indicate the outcome of the visit on the day.

4.7 Reporting outcomes of an approval visit

144. QA visitors must ensure they make an accurate record of the wording of conditions agreed and stated at the approval panel meeting. Where two or more QA visitors are present they must agree the outcome for each standard of the programme, with the nominated lead registrant visitor taking overall responsibility for this (annexe 6).

145. The AEI or education institution will take minutes of the approval panel visit which must be agreed between all panel members. The minutes should also reflect the names, roles and place of work of all participants and stakeholders attending the approval visit. Once agreed the AEI or education institution must deposit a copy of the minutes of the approval visit in the programme folder in the QA hub.

146. On completion of the approval event, the QA lay visitor will complete their sections of the NMC approval report within two working days and submit via the QA hub. The QA registrant visitor(s) will collate the QA lay visitor’s report and include content within a draft NMC approval report which will be agreed by the QA lay visitor. This interim NMC approval report must be submitted in the QA hub within seven working days of the approval visit for internal QA checks by MM.

147. In the approval report QA visitors will:
   i. Identify the academic award/s as well as the NMC programme(s) and routes reviewed
   ii. Decide the level of achievement for each standard on the following basis:
      • **Standards met**: The programme meets all regulatory standards and requirements and enables students to achieve stated NMC standards of proficiency and learning outcomes for theory and practice
      • **Standards not met**: Failures of the programme to meet some and/or all aspects of NMC standards and requirements necessary for the protection of the public, or academic regulatory requirements. The QA visitor(s) must provide clarity on where and why the standards are not met. Significant and urgent improvement is required to ensure that the standards are met, and public protection is assured
   iii. Provide an accurate record of the wording of all conditions and clearly identify which programme/field/pathway/route they relate to, if appropriate to the programme approval
   iv. Ensure that conditions are cited in the report against the relevant NMC standard and identify if they are NMC conditions, AEI/education institution conditions or both
   v. Provide an evaluative summary describing the evidence which supports the approval outcome recommendation that will be submitted to the NMC
   vi. Confirm the roles and numbers of stakeholders present at the meeting and programme team
vii. Students' details should include year of study, field of practice, and if transferring to the new programme.

148. Guidance notes for completing a NMC programme approval report are provided on the MM website.

149. MM will complete internal QA checks on the NMC approval report and feedback to the QA visitor(s), if necessary.

150. The draft report will be shared with the AEI or education institution, and the NMC notified. Where the AEI or education institution wishes to make observations on the report they have one calendar month to submit their observations (see section 8.3).

151. MM will submit the final approval report to the NMC via the QA hub, noting the final recommendation to approve or refuse approval being made following the final response to any conditions set.

152. If the programme is recommended for approval, MM will submit the approval report to the NMC via the QA hub.

4.8 Conditions set at approval panel meeting

153. If the programme is recommended for approval subject to specific conditions being met. The QA visitor(s) will complete the programme approval report in the QA hub as described in section 4.7 and enter the conditions and due date into the relevant sections of the approval report in the QA hub. This interim NMC approval report must be completed and submitted via the QA hub within seven working days of the approval event.

154. MM will complete internal QA checks on the approval report, and feedback to the QA visitor, if necessary.

155. The draft report will be shared with the AEI or education institution, and the NMC notified. Where the AEI or education institution wishes to make observations on the report they have one calendar month to submit their observations (see section 8.3). AEIs or education institutions should begin addressing conditions as soon as possible and not wait for the end of the observation period.

4.8.1 AEI and education institution response to conditions

156. At or before the due date for conditions to be met, the AEI or education institution will provide the QA visitor(s) with their response to conditions, providing evidence of how they have met the conditions.

157. The QA visitor will review the evidence provided against the relevant standard and requirement using the QA criteria. If the QA visitor(s) finds that the

3 Article 16(9) of the Order
evidence demonstrates that conditions have been met, they must confirm this with the AEI or education institution within five working days.

158. The QA visitor(s) must complete the NMC programme approval report evidencing that conditions are met and submit the report via the QA hub within five working days of the due date for conditions to be met.

159. Any request for an extension to the agreed date to meet conditions by the AEI or education institution must be agreed by the QA visitor who will have consulted and agreed a new date with the DoR or a DDoR.

160. The NMC will be notified if the extension exceeds five working days.

161. QA visitors must advise the AEI or education institution that they may recruit to a new programme, subject to NMC approval but must not enrol students until and unless NMC approval is granted.

4.9 Evidence does not demonstrate conditions have been met

162. If the evidence submitted by the AEI and education institution does NOT demonstrate that the conditions have been met, to the satisfaction of the whole panel, the QA visitor(s) must inform the AEI or education institution and MM within five working days. The QA visitor must also contact MM for guidance on the offering of an extension to ensure satisfactory achievement of the conditions set.

163. If the AEI or education institution fails to provide any evidence of meeting conditions within the agreed time frame, the conditions will be deemed to be NOT MET and the QA visitor must contact MM for guidance on action to be taken within two working days of the agreed time frame.

164. MM will contact the AEI or education institution 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.

165. The AEI or education institution will send the QA visitor(s) and MM further evidence of meeting the conditions set within the agreed and final extended time frame. If the evidence demonstrates that the conditions have been met, the QA visitor(s) will confirm this with the AEI or education institution and MM within five working days.

166. The approval visit is a conjoint event and therefore confirmation that all NMC and AEI/education institution conditions are met must be agreed by all approval panel members; the QA visitors are responsible for the conditions which relate to NMC standards and requirements.

167. If the further evidence submitted by the AEI or education institution STILL does NOT demonstrate to the satisfaction of the approval panel that the conditions have been met, the QA visitor(s) must inform the AEI or education institution and the DoR or a DDoR within five working days.
168. In this situation the conditions will be deemed to be NOT MET. MM will submit the report to the NMC outlining that the conditions have not been met. The NMC will then make a decision.

4.10 NMC decision

169. AEIs/education institutions and practice learning partners must meet all NMC standards to be granted approval. The NMC will assess this at each of the gateways and will make the final decision whether to approve or refuse approval.

170. On receipt of the QA visitors’ report and the recommendation regarding approval from MM, the NMC will complete their internal scrutiny checks on the narrative in the report and the conclusions reached, and take into account any other relevant information, including any observations of the institution, when deciding to approve or refuse approval for a programme 4.

4.10.1 NMC approves programme

171. If satisfied the NMC will send a decision letter to the AEI or education institution normally within 20 working days and the date from which the decision to approve the programme takes effect 5.

172. The NMC will publish the final report and, where requested, any observations made by the AEI or education institution. Requests must be made to qa@nmc-uk.org.

4.10.2 NMC refuses programme approval

173. If the NMC are not satisfied that the AEI or education institution can meet the NMC standards, the NMC will notify the AEI or education institution that they are prepared to make a decision to refuse, giving the NMC’s reasons, and the date on which a decision will take effect 6.

174. The AEI or education institution then has one calendar month to make observations following the NMC’s notification of their decision 7.

175. The NMC will consider any observations made by the AEI or education institution alongside all information considered when making the final decision to approve or refuse a programme 8.

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4 Article 18(1) of the Order  
5 Article 16(12) of the Order  
6 Article 18(4) of the Order  
7 Article 18(7) of the Order  
8 Article 18(6) of the Order
176. The NMC will then notify the AEI or education institution of their decision and the date from which the decision takes effect\(^9\).

177. Following this, the NMC will publish the final report and, where requested, any observations made by an education institution\(^{10}\). Requests must be made to qa@nmc-uk.org.

### 4.11 Information requests

178. AEIs and education institutions seeking approval of programmes must give the NMC, MM and QA visitors the information and assistance that they may reasonably need\(^{11}\). If an AEI or education institution seeking approval refuses a reasonable request for information the NMC may refuse approval\(^{12}\).

### 4.12 Gateway approach for subsequent and different programme standards approvals

179. An AEI seeking a subsequent and different programme approval following the QA gateway process will complete an event request form through the QA hub providing information about any changes proposed to Gateway 2 as a result of the proposed programme approval. This will commence the gateway approval process.

#### What the AEI and their practice learning partners must do

180. If the AEI proposes to make changes to Gateway 2, a mapping tool will be released in the QA hub. The AEI and their practice learning partners will have to demonstrate how they will continue to meet the Standards for student supervision and assessment. The mapping tool will be used to ensure that all the standards and requirements for student supervision and assessment continue to be met and also have been addressed for the proposed programme. It will also signpost QA visitor(s) to where the evidence is located in the uploaded programme documentation.

181. See section 2.1 for details about the evidence and documentation required.

#### What the QA visitor will do

182. The evidence previously provided for Gateway 2 provides a benchmark for this QA activity and therefore the approach taken by the QA visitor(s) will be proportionate.

183. The QA visitor(s) has two weeks to review the submitted documentation to determine and record if the evidence provided:

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\(^9\) Article 18(7) of the Order  
\(^{10}\) Article 16(12) of the Order  
\(^{11}\) Article 17(4) of the Order  
\(^{12}\) Article 17(5) of the Order
shows student supervision and assessment continues to be compliant and the NMC Standards for student supervision and assessment are met

OR

- there is insufficient and/or incomplete documentation to evidence how the NMC Standards for student supervision and assessment apply to the proposed programme.

184. The QA visitor will assess the evidence of the changes against the relevant standard and requirement using the QA criteria. If the QA visitor(s) reports the evidence is insufficient and/or incomplete to demonstrate how the relevant standards are met they will inform the AEI of the shortfalls and escalate their findings to the DoR or a DDoR at MM.

185. The evidence required will be discussed and a resolution will be agreed, which will normally result in the resubmission of evidence and the timeline to programme approval will recommence. The NMC will be informed about this situation.

186. Following successful completion of Gateway 2 the AEI and their practice learning partners will proceed to Gateway 3.

187. A mapping tool for the Gateway 3 programme standards for approval will be released in the QA hub for the AEI to complete.

188. The AEI and their practice learning partners and the QA visitor(s) will follow the processes detailed for Gateway 3 and Gateway 4 (sections 3 and 4).
Section 5

QA of NMC programmes approved against pre-2018 standards: variances to the approval processes

5.1 Pre-registration midwifery programmes

Pre-registration midwifery programmes planning to adopt the Standards for student supervision and assessment before 2020

189. The NMC are planning to publish the new Standards of proficiency for midwives in January 2020, at which point the NMC will be able to approve programmes against the new standards. However, AEIs and practice learning partners can move to the new Standards for student supervision and assessment before 2020.

190. Normally the evidence for this will be part of Gateway 2 submission of evidence which details the new organisation wide approach to student supervision and assessment across all their practice learning environments for all NMC approved programmes (see section 2).

191. The AEI and their practice learning partners working closely with the Lead Midwife for Education must consider the implications on the existing pre-registration midwifery programme if they choose to adopt the Standards for student supervision and assessment before 2020.

192. If the impact results in a significant change to the assessment of practice the major modification process described in section 6 will be followed and a QA visitor(s) with due regard will be appointed to undertake the QA process.

New pre-registration midwifery programmes starting from September 2018

193. Education institutions that have gained AEI status in 2018 and existing AEIs that gain approval of a pre-registration midwifery programme for the first time will be subject to enhanced scrutiny. This enhanced scrutiny will be in place from programme approval until the first group of students registers with the NMC (see section 9.3).

5.2 QA of post registration programmes

5.2.1 Prescribing programmes

194. As there are new Standards of proficiency for nurse and midwife prescribers and new Standards for prescribing programmes, all existing AEIs and practice learning partners that are approved to deliver prescribing programmes must normally seek programme approval against the new Standards before September 2020.
195. The new gateway approach described in sections 2,3,4 will apply to the approval of prescribing programmes (V100, V150 and V300) and will apply to all AEIs.

AEIs seeking to adopt the Standards for student supervision and assessment before approval of prescribing programmes

196. The evidence for this will be part of Gateway 2 submission of evidence which details the new organisation wide approach to student supervision and assessment across all their practice learning environments for all NMC approved prescribing programmes (see section 2).

197. However, the AEI needs to decide if it will be more sensible to make the changes to student supervision and assessment in Gateway 2 prior to approval of the programme Standards for prescribing in Gateway 3 as the assessment of practice proficiencies will have to change to reflect the new Standards of proficiency.

5.2.2 Specialist practice qualification (SPQ) programmes and specialist community public health nursing (SCPHN) programmes

198. An independent research organisation on behalf of the NMC is evaluating the existing SPQ and SCPHN standards. Their evaluation findings will inform the NMC’s plans for any future review of the standards. More details will be provided by the NMC in 2019.

AEIs seeking to adopt the Standards for student supervision and assessment for SPQ and/or SCPHN programmes before 2020

199. AEIs and practice learning partners who have programme approval extensions for SCPHN and SPQ programmes until 2020 can move to the new Standards for student supervision and assessment before 2020.

200. Normally the evidence for this will be part of Gateway 2 submission of evidence which details the new organisation wide approach to student supervision and assessment across all their practice learning environments for all NMC approved programmes (see section 2).

201. However, if the impact of adopting the Standards for student supervision and assessment results in a significant change to the assessment of practice the major modification process described in section 6 will be followed and a QA visitor(s) with due regard will be appointed to undertake the QA process.

5.3 Return to practice programmes

202. The NMC plan to consult on their proposed approach to return to practice programmes in autumn 2018. They expect to publish their new approach in 2019 and will provide more details early in 2019.

203. MM will follow the gateway approach to approval of return to practice programmes identified in sections 2, 3 and 4.
Section 6

Programme modification

6.1 Modification to an existing approved education programme

204. An AEI may need to request a programme modification to an approved programme. How these are managed depends on the extent of change to the programme. Significant changes might include:
   i. Changes to learning outcomes designed to meet NMC outcomes and proficiencies/competencies
   ii. Changes to assessment to meet new learning outcomes
   iii. Other changes that impact on any NMC regulatory requirements
   iv. Introduction of another field of practice
   v. Introduction of another academic route
   vi. Introduction of an apprenticeship route

6.2 Overview of the process for a major modification to an approved programme

Annexe 7 provides a flowchart of the process followed when an AEI has submitted an event request for a major modification to an approved NMC programme.

What the AEI must do

205. The AEI must submit a major modification event request through the NMC QA hub providing a rationale and summary of the proposed change(s) to the approved programme, and the impact on NMC standards and requirements. If the proposed change impacts on Gateway 2 Standards for student supervision and assessment this must be detailed in the major modification request. The AEI will provide three preferred dates for the major modification event, normally allowing 20 weeks from the event request to the proposed date for the major modification review.

206. The major modification request will be reviewed by a member of the MM professional team and a decision made as to the type of major modification event which will be followed. This will be either a major modification desktop review or a major modification visit.

207. If the major modification impacts on Gateway 2 Standards for student supervision and assessment Gateway 2 will be opened in the QA hub and the AEI will be provided with a mapping tool to demonstrate that all the standards and requirements for student supervision and assessment continue to be met as a result of the proposed major modification to the programme. The AEI will also signpost QA visitors to where the evidence is located in the uploaded programme documentation as described in section 2 para 67–68.

208. A mapping tool for the major modification for Gateway 3 programme standards will also be released in the QA hub for the AEI to complete.
209. The AEI has a maximum of **four weeks** to complete the mapping tool to demonstrate which standards and requirements are affected by the major modification. They will provide narrative and upload documentary evidence in the QA hub to demonstrate how these affected programme standards and requirements will continue to be met, taking into consideration the identified QA criteria. The AEI will clearly signpost the QA visitor(s) to the uploaded documentation which demonstrates the major change to the approved programme and supports the continuing achievement of the programme standards.

### 6.2.1 Major modification by documentary review

**What the QA visitor will do:**

210. Where modifications introduce changes to the approved programme which can be reviewed by documentary analysis the QA visitor will review the mapping tool and uploaded programme documentation provided by the AEI (Gateway 3, and where necessary Gateway 2).

211. The evidence provided against each NMC standard and requirement the major modification impacts on will be reviewed, against the original approved programme, using the QA criteria to provide assurance of continued compliance with the relevant NMC standards.

212. Contact the AEI to arrange a teleconference or equivalent with the programme leader/representative to discuss any issues which require further clarification; (Normally no other stakeholders are required).

213. Complete a draft major modification report and submit through the QA hub.

214. **Note:** If the documentary evidence indicates that the AEI is not in a state of readiness to proceed, the QA visitor(s) will inform the DoR or a DDoR and the AEI will be informed that the modification request and teleconference are deferred.

215. The AEI will be requested to resubmit the modification proposal via the QA hub when all documentation and evidence to support the standard(s) has been completed.

**What the AEI will do:**

216. The AEI will review any issues raised by the QA visitor in the draft major modification report and provide a response to the issues through the QA hub, uploading any additional documentary evidence.

217. The AEI will provide the response to the issues raised by the QA visitor at least **two weeks** before the teleconference to enable further scrutiny by the QA visitor.
218. Following the teleconference, the QA visitor will advise the programme leader/AEI representative of the outcome of the documentary review.

219. The QA visitor will submit the major modification report through the QA hub within **five working days** of the teleconference.

220. In the report the QA visitor will:

   Record the level of achievement for each standard affected by the modification on the following basis:

219.1 **Standards met**: The programme modification meets all regulatory standards and requirements and enables students to achieve stated NMC standards of proficiency and learning outcomes for theory and practice.

219.2 **Standards not met**: Failures of the programme modification to meet some and/or all aspects of NMC standards and requirements necessary for the protection of the public, or academic regulatory requirements. The QA visitor(s) must provide clarity on where and why the standards are not met. Significant and urgent improvement is required to ensure that the standards are met, and public protection is assured.

221. The processes followed in section 4 (4.7–4.8) will be followed by the QA visitor and the AEI.

6.2.2 **Major modification visit to the AEI**

222. Where modifications introduce more significant changes to the approved programme it may be necessary for the QA visitor(s) to participate in the AEI’s internal QA processes in order to provide assurance of continued compliance with the relevant NMC standards. This will be undertaken as a visit to the AEI.

223. If the major modification is to introduce a new field of practice in the approved pre-registration nursing programme it may be necessary to undertake placement visits relevant to the field of nursing practice. This decision will be made by a member of the MM professional team during the initial review of the major modification request.

224. The AEI will complete a programme specific mapping tool identifying the programme standards affected by the modification and signposting the QA visitor to relevant documentation which must be uploaded in the QA hub **eight weeks** prior to the major modification visit.

225. AEIs cannot expect QA visitor(s) to review documentation provided immediately prior to, or tabled at, the event.

**QA visitors will:**

   i. scrutinise the documentation and assess the evidence provided against each NMC standard and requirement the change impacts on using the QA criteria;
ii. complete a draft major modification report to reflect the findings;
iii. state clearly in the evaluative summary what the proposed modification is;
iv. report only on the standards which are affected by the proposed major modification;
v. identify on the draft major modification report where there is insufficient evidence which must be pursued before or during the major modification visit;
vi. agree the agenda for the modification visit with the AEI;
vii. ensure the draft major modification report is available to the nominated representative of the AEI at least two weeks before the visit through the QA hub to inform the AEI of any issues or further requested documentation.

The AEI will:

i. respond to any issues or requests raised in the QA visitor’s draft major modification report through the QA hub one week prior to the modification visit. This will inform the agenda for the major modification visit;
ii. finalise the agenda for the modification visit and deposit in the QA hub for agreement by the QA visitor.

226. The management of the modification visit will follow the AEI’s internal QA processes.

227. The panel membership will be consistent with the AEI’s QA requirements.

228. The modification event will normally be chaired by a senior member of the School/Faculty.

229. Partnership is central to programme development and proposed delivery, and this should be reflected in the major modification process. Depending on the NMC programme standards affected by the modification(s), and to triangulate documentary evidence, the QA visitor(s) should meet with representatives from the AEI and their practice learning partners.

230. A representative sample from the following groups will include:

- Educators: those with responsibility for planning, sequencing, managing, and delivering the programme including all theory delivery and liaison with practice learning opportunities for example, programme team, lecturers, programme leads, researchers
- Practice leads: those with responsibility for planning, managing, and delivering the practice learning aspects of the programme and providing support to practice supervisors and assessors, for example, placement liaison team, practice education facilitators, inter disciplinary practice leads
- Practice supervisors and assessors including practice supervisors (NMC registrants and interdisciplinary) and registrant practice assessors
- Service users and carers who have been involved in the proposed modification(s) to the approved programme. The approval of the
modification to the programme will not be able to take place without service users and carers being met.
  • Students: from all years of the existing programme (where applicable).

231. If a practice learning environment visit is made it is also necessary to pursue any issues with practice learning partners. This must inform and assist the approval panel in making an evidence-based decision regarding the outcome of the major modification approval visit and gateway approval process.

232. The recommended outcome of the major modification proposal will be communicated to the panel and programme team at the end of the event.

233. The QA visitor will submit the major modification report via the QA hub **within five working days of the visit.**

234. The QA visitor and AEI will follow processes described in section 4 (4.7–4.9).

### 6.2.3 Minor modifications

235. Under the new QA Framework AEIs **do not** have to submit information regarding a minor modification through the QA hub. However, AEIs need to have robust governance processes in place to internally agree, monitor and record these changes.

236. AEIs will manage minor modifications through their own internal QA policies, processes, and procedures. A record of minor modifications and decisions made must be kept by the AEI in case the NMC need to review the decisions made and the impact on the approval of the programme. The NMC expect AEIs to report on their minor modification decisions in the annual self-assessment report (section 9.1).
Section 7

7.1 Programme endorsement

237. An endorsement is the approval to run an NMC approved programme in another UK country or other specified location.

238. 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 direct franchising which could allow another institution to deliver the programme on behalf of the AEI.

239. 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 new programme in more than one country must be requested at the same time as the initial approval event request by the AEI; and,
   • systems must be in place to support such implementation at approval (annexe 8).

240. AEIs may choose to deliver parts of approved programmes outside the UK\(^\text{13}\). The UK-based AEI is accountable for this local delivery as part of their overall assurance to the NMC.

241. The NMC needs robust evidence of how the programme meets their standards in all non-UK settings. This must include, but is not limited to, evidence of strategic and operational partnerships with practice learning partners, resources, risks and controls.

242. QA visitors may be required to participate in the process of approval and endorsement of programmes although this process is infrequent. However, the details are presented for completeness and to ensure that all who may be involved are aware of the process.

What the AEI must do

243. Following confirmation by the NMC that the AEI can proceed with an endorsement to the programme presented for approval the AEI must provide:
   • the specific arrangements and processes relating to the intention to deliver the programme in more than one country,
   • supporting information and evidence to support the intentions in the programme submission document presented for approval (Gateway 3 and 4).

244. This includes:

\(^{13}\) Article 15(7) of the Order
i. evidence of confirmation that the programme has the support in each country where the programme is to be delivered;
ii. evidence of the commitment to actively engage people: service users and carers, in programme development and the proposed programme delivery; and,
iii. written confirmation by the AEI and associated practice learning partners that resources are in place to support the programme intentions on specified sites.

7.2 Endorsement of programmes initially approved in the UK for subsequent delivery in specified locations outside the UK

245. Where a programme has been initially approved in the UK and the AEI requests an endorsement for subsequent delivery in specified locations outside the UK, the AEI remains fully responsible for delivering the programme in all the approved locations.

The AEI seeking an endorsement will

i. submit an endorsement proposal request via the QA hub.
ii. complete the policy questions and information required by the NMC which must be completed by the AEI and submit.

246. This proposal is then directed to the NMC for their internal scrutiny to determine whether the location specified outside the UK meets the criteria to be considered for endorsement.

247. The NMC may:
   • request clarification or further information;
   • reject the request based on insufficient evidence, or the endorsement is not supported by the NMC, in which case they will liaise with the AEI, as necessary; or,
   • agree that the endorsement can proceed to gateway approval.

248. When the NMC agrees, the endorsement can proceed to approval.

249. The AEI will submit an endorsement event request form via the QA hub (annexe 8).

250. MM will co-ordinate an endorsement visit to be held in the location outside the UK where the programme is to be delivered to confirm that the necessary framework is in place to provide the programme in that location.

251. MM will co-ordinate endorsements where programmes have initially been approved in England, Northern Ireland, Scotland or Wales.
The AEI and their practice learning partners will provide documentary evidence to support the following for an endorsement:

i. Infrastructure to deliver the programme in the specific country, including academic and practice learning placement arrangements
ii. Partnership between the AEI, geographical locality where AEI based learning will take place and practice learning partner
iii. Policy context/country and cultural specific requirements
iv. QA mechanisms/processes including arrangements for educational audit and governance arrangements in accordance with Gateway 1: Standards framework for nursing and midwifery education
v. Written confirmation by the AEI and practice learning partners that resources are in place to deliver the programme which meets NMC Standards for student supervision and assessment
vi. Assurances are required that programmes are delivered by NMC nurses and midwives or other suitably qualified health and care professionals and within a context of UK healthcare, in an environment where the supervision and assessment of students in practice is undertaken by appropriately prepared NMC registrants, which meets the NMC Standards for student supervision and assessment

The process will follow Gateway 2, 3 and 4.

252. Should conditions of endorsement be applied, all conditions must be met prior to the programme being formally approved by the NMC before being offered in the relevant country.

253. Any conditions made in respect of one country must not compromise programme delivery and/or programme approval in another country or outside the UK.

254. A report of the endorsement visit will be produced by the QA visitor(s) and shared with the AEI.

255. MM will report the recommendation of the outcome of programme endorsement to the NMC.

256. The NMC will make a decision and notify the AEI of the outcome of the endorsement.

7.3 Withdrawing approval of an approved programme

257. If an AEI or its practice learning partners are not meeting (or will not meet) NMC standards or requirements for any approved programme, the NMC may seek to withdraw the programme approval14.

258. The NMC may also seek to withdraw approval after they receive a QA visitor’s report.

14 Article 17(4) of the Order
259. If an AEI or its practice learning partners are not meeting (or will not meet) NMC standards or requirements, the NMC will initially look for the AEI to put steps in place to address the concern. However, if a concern remains, the NMC will tell the AEI that they plan to withdraw their approval, specifying the extent of the withdrawal. They will explain the reasons for withdrawing approval in writing. The AEI will have a month from the day they are told to make any observations and objections\(^\text{15}\).

260. The NMC will take no further action until the deadline, or until the AEI submits any observations or objections. The NMC will acknowledge any correspondence they get within five working days.

261. If the AEI cannot assure the NMC that it’s mitigating and managing the risks, the NMC will write to the AEI, specifying the date that they are withdrawing approval.

262. If the NMC base their decision to withdraw a programme on their QA delivery partner’s activity, the AEI may choose to lodge a complaint on the grounds of a failure to follow the QA process. The NMC will not consider any other grounds. The complaints process is in the QA handbook (annexe 9).

263. Please note that this is a separate process to the NMC’s corporate complaints procedures.

264. If the NMC withdraws approval of a programme, this will not have an effect on the registration status of anyone awarded a qualification from that institution or programme prior to the point of withdrawal.

\(^{15}\) Article 17(5) of the Order
Section 8

8.1 MM QA of programme approval processes, events and reports

i. QA visitors are required to complete a self-evaluation form on completion of an approval event. This provides an opportunity for QA visitors to reflect on how they have fulfilled their role and to identify how MM may provide support with any learning and/or development needs.

ii. MM will also request the AEI or education institution to provide feedback on the contribution of its QA visitor(s) to the approval process. A reminder will be sent to the AEI or education institution if an evaluation has not been completed within six weeks after the approval visit.

iii. MM will undertake QA of a sample of approval events in 2018-2019. MM will closely monitor the findings and provide additional support to QA visitors, as required, recognising that all stakeholders are new to the NMC QA Framework and processes.

iv. An MM representative (DoR or a DDoR) will act as an observer during the approval event and provide a supportive role for the QA visitor(s). The application of the QA processes and the role of the QA visitor(s) in discharging their responsibilities will be observed. The observer role will be maintained unless there are issues arising from the approval event that pertain to public protection.

v. QA visitor(s) reports will be reviewed by the DoR and DDoRs to determine consistency in judgments that accurately reflect the evidence provided, confirm the level of achievement in meeting NMC standards, and controlling key risks. Any identified risks will be followed up considering the urgency required and reported to the NMC, as appropriate. The DoR or a DDoR will discuss and agree revisions to reports with QA visitor(s).

8.2 Complaints regarding conduct of all QA activities

265. MM take complaints about our work, staff and levels of service very seriously. If you are dissatisfied with the conduct of activity relating to the QA of education, please contact us immediately to discuss your concerns. If, following a verbal conversation, you are still dissatisfied and wish to take the matter further, please follow the process for raising a formal complaint which is outlined in annexe 9.

266. All stakeholder complaints will be handled consistently and in line with the formal complaints procedure. This procedure is also published on our website.

267. This formal complaint process is separate to NMC corporate complaints procedures.

8.3 AEIs and education institutions observations on written reports

268. Once an AEI or education institution has received a copy of the report they have one calendar month to provide any observations on the report, such as factual accuracy.

269. Any observations should be submitted in writing to the DoR or DDoRs.
270. The DoR or DDoRs will review the observations with the visitor(s) and make changes to the report where necessary. MM will note the response to the observations made and make any changes agreed. Where clarification is needed then MM and the visitor(s) will further engage with the AEI or education institution.

271. The report will include any observations along with a response from MM.

272. Any institution who does not want to make an observation can waive the one calendar month period through the QA hub. The decision to not make observations can be taken at any point during that calendar month. AEIs or education institutions will be able to go through the approval process more quickly where they do not wish to make observations.

273. After the AEI or education institution confirms they do not want to make any observations, or when MM have considered all observations and any conditions have been met then the report will be submitted to the NMC for a decision on approval.
Section 9

Programme monitoring

9.1 AEI annual self-assessment report and declaration

274. The NMC expect all AEIs to continue to submit an annual self-assessment report and confirm that they continue to meet NMC standards and requirements across all approved programmes. The declaration made by the AEI must be agreed in partnership with their practice learning partners. Any specific requirements of the self-assessment report will be provided by the NMC and included in the self-assessment report template which will be available to AEIs through the QA hub.

275. AEIs will complete the NMC self-assessment report and declaration through the QA hub. MM will advise AEIs by email of the deadline for the submission of the self-assessment report. The AEI must inform MM, as soon as possible, if they are not able to meet the submission deadline.

276. The self-assessment includes an evaluative account of how the AEI manages the NMC key risks. It also provides an opportunity for AEIs to give examples or case studies of notable or innovative practice, and to indicate any areas of provision that they are aiming to enhance.

277. AEIs are required to update on any exceptional reports previously submitted to the NMC providing specifics of problem areas against standards and requirements including ongoing action plans in their annual self-assessment.

278. The self-declaration requires the AEI to confirm that all approved programmes continue to meet the NMC’s standards framework for nursing and midwifery education; that all programme modifications have been notified to the NMC; and, that all key risks are managed.

279. MM appoint a QA visitor(s) to review the individual AEI self-assessment reports. The QA visitor(s) reports AEIs who do not provide assurance that key risks are managed to the DoR who informs the NMC.

280. The QA visitor(s) also provides a report to the NMC with the following outcomes:
  - The AEI report provides assurance that all NMC risks are managed, or are in the process of mitigation and action plans are in place; or
  - the AEI report does not provide this assurance.

281. Feedback about the content of the self-assessment report is provided to all AEIs by the DoR. Those AEIs who do not provide assurance that key risks are managed for approved NMC programmes are provided with details of the areas which require improvement, and a date is given for the AEI to re-submit the self-assessment report.
282. The self-assessment report is reviewed again following the re-submission through the QA hub to assess if assurance is provided that NMC key risks are managed. The NMC is informed of the outcome.

9.2 Thematic review reporting

283. During 2018-2019 the NMC plan to build on their current approach to thematic reviews. This will add to their assurance about the implementation of the new standards.

284. Thematic reviews will focus on specific aspects of nursing, midwifery and nursing associate education and training. MM appoint an analyst to undertake a detailed review of the findings from the thematic reviews to draw conclusions and inform NMC intelligence. This enables the NMC to gain a deeper understanding of issues and areas of good practice that can be disseminated when they engage and report on their QA activity.

9.3 Enhanced scrutiny

285. Enhanced scrutiny is a new aspect of the NMC QA Framework through which the NMC will request additional information and updates from the AEI about how the new pre-registration programmes are being delivered and how risks to the public and the student learning environment are being managed. This is in order to gain further information and assurance on new providers and/or programmes.

286. Enhanced scrutiny will normally apply to:
   286.1. Education institutions that are awarded AEI status and approval of a pre-registration nursing, midwifery, or nursing associate programme of education for the first time.
   286.2. Existing AEIs that gain approval of a pre-registration nursing, midwifery, or nursing associate programme of education for the first time.

287. Enhanced scrutiny will apply from the point of programme approval being granted as applicable under 286.1 or 286.2. It is intended to end at the point the first students of the first cohort from the programmes approved as applicable under 286.1 and 286.2 complete their programme and join the register.

288. A greater degree of scrutiny will be applied to education institutions that are awarded AEI status and approval of a pre-registration programme of education in comparison to an established AEI with a newly approved programme of education.

289. Information collated through these processes will inform the NMC’s data driven monitoring approach and move towards the NMC’s insight-based quality assurance framework as a whole.

290. When an existing AEI (who has not previously met the criteria for enhanced scrutiny) has had an extraordinary review in line with our published criteria, the NMC may decide to apply enhanced scrutiny to that AEI in addition to all
actions being taken to mitigate risks to programme delivery if either one or more of the following has been found:
   i. significant risks to public protection
   ii. a lack of assurance against our standards and/or weakness in the local management and delivery.

291. This will ensure that appropriate communication, feedback and oversight are in place for a subsequent period of time. The period of enhanced scrutiny in these cases will be determined by the actions that need to be undertaken in order to return to compliance against our standards.

What the NMC will do

292. The NMC will be directly responsible for undertaking activity and applying scrutiny as part of enhanced scrutiny for the 2018-19 academic year. This will be reviewed when a new QA partner is identified in 2019. As stated in paragraph 286, enhanced scrutiny will normally be in place for the duration of the first cohort of students’ period of education.

293. Following the submission of enhanced scrutiny reports and their formal assessment, an NMC QA officer will conduct a telephone call with a representative of the AEI and their practice learning partners. The AEI and practice learning partners will be asked detailed questions on the roll out, delivery and local management and oversight of the new programme(s).

294. The NMC will inform AEIs of the exact dates for both submission of reports and of follow-up calls to allow sufficient time to prepare for them, and will also provide the details of the responsible NMC QA officer in advance as a named contact. The specifics for this will be stated as part of the confirmation of the pre-registration programme approval.

295. In these calls the NMC QA officer will discuss any points relevant to the mitigation of risks inherent in the implementation, roll out and delivery of new programme(s). This may include:
   i. following up on exceptional reporting
   ii. themes emerging from the regular reporting
   iii. details of how the new programme is being delivered, assured and managed locally
   iv. points for clarification in regards to the standards for pre-registration education and training and proficiency standards.

296. The NMC will follow up on these updates and provide feedback as required to enable actions and improvements in programme delivery and management of risks.

297. The NMC will review any concerns about approved programme(s) and take action in line with their published processes, which may range from seeking further information, through to instructing the external provider of QA services to conduct an extraordinary review. This would be the only input from an external service provider in the conduct of enhanced scrutiny.
298. The NMC may extend the duration of enhanced scrutiny for a further period, should circumstances change within the AEI and/or practice learning partners, or if the NMC does not receive sufficient assurance of the management of risks or where delays occur to any NMC requests for additional information and updates regarding the approved programme.

299. The NMC may also decide, if they receive sufficient assurance, to shorten a period of enhanced scrutiny.

300. At the end of this period the NMC will evaluate whether enhanced scrutiny can be removed from the programme(s) in question, and the AEI will normally be notified within the final two months before the expected conclusion date of the enhanced scrutiny period.

301. The outcomes of the process as a whole will be notified to Council as part of annual reporting mechanisms and published on the NMC website.

What the AEI and their practice learning partners must do

302. Six months after the commencement of the programme the AEI will have to submit a report through the online QA Hub as requested by the NMC, and this process will normally be repeated every six months for the period of enhanced scrutiny. Those submissions will be formally assessed by the NMC and follow-up actions may be taken.

302.1. In addition to this a section for enhanced scrutiny reporting will be included within the template of the annual self-assessment report, which will be requested normally towards the end of the calendar year. This will form part of the routine annual self-assessment reporting arrangements for all AEIs. For further detail please refer to self-assessment in section 9.1.

303. The kinds of information that an AEI will have to provide will comprise both numerical data and narrative commentary, and will include:

i. Details of input by student bodies and patient and public bodies into programme implementation and continuous improvement activity.

ii. Scrutiny of the partnerships, relationships, communication channels and shared reporting between the AEI and their practice learning partners, and how they are contributing to the strength of the local management and assurance of the programme(s) as a whole.

iii. Follow-up on actions proposed to manage risks identified through exceptional reporting.

304. The above list is an indication rather than an exhaustive list. The particulars of the annual self reporting themes for enhanced scrutiny reporting may vary year on year.

305. While the information requested of AEIs will be consistent according to whether they fall under 285.1 or 285.2, different levels of scrutiny and different kinds of information will be requested of pre-existing AEIs and education
institutions that have become AEIs as part of the approval of their first approved pre-registration programme of education.

**Note:** we do not accept URLs in the QA hub for security reasons.

306. The AEI will subsequently have to make a suitable representative of the programme available to discuss their submission with an NMC QA officer and provide any further assurance required.
   a. This would most likely be a programme leader, but may be another suitable delegate and representation from practice learning partners.

307. Where a need for any further improvements are identified through the formal assessment of the enhanced scrutiny reports, the AEI will have to follow up and take actions as required, and provide details of progress against their actions at subsequent review points.

9.4 Monitoring review visits

308. During 2018-2019 the NMC will take a proportionate approach to programme monitoring and will not undertake any routine monitoring visits. They will focus on programme approval as they know that organisations and teams will be preparing for new programme approvals. The NMC will, however, respond to known or emerging risks to patient safety or compliance against their standards, which may include extraordinary monitoring review visits (see section 9.9).

9.5 Responding to concerns in nursing and midwifery education

309. To protect the public the NMC will act on a concern raised to them which could be:
   • an incident that may affect patient or service user safety
   • a notification that an AEI or practice learning partner that delivers approved nursing, midwifery and nursing associate programmes are not meeting our standards
   • whistleblowing, or
   • a complaint.

9.6 Exceptional reporting by AEIs and practice learning partners

310. The need to protect the public guides how the NMC will respond to concerns. The NMC will assess the nature of possible risks and combine this with the assurance they receive from AEIs and practice learning partners about how they manage risks when they arise. The NMC's response to concerns ensures that there are measures in place to protect the public when issues affect nursing, midwifery or nursing associate education.

311. AEIs manage the delivery of educational programmes in accordance with all NMC standards for education. When risks emerge, AEIs and their practice learning partners are expected to respond quickly to manage risks appropriately.
9.6.1 Requirements for exceptional reporting

312. When new, emerging and escalating risks occur outside of routine reporting times AEIs must respond quickly to manage risks appropriately. AEIs will report these risks in an exceptional report to the NMC. All exceptional reports should be sent to: exceptional.reporting@nmc-uk.org

313. The NMC expect to receive the following information from exceptional reporting:
- A brief description of the risk,
- immediate actions taken,
- individual and shared responsibility of the risk and planned actions, together with additional support mechanisms planned or in place.

314. The NMC will acknowledge and respond to exceptional reporting. The NMC will assess the risk. Any subsequent necessary actions will follow the published risk-based criteria process.

9.7 Whistleblowing

315. If a third party raises a concern about the safe and effective delivery of an approved programme, the NMC will tell the AEI concerned within five working days so it can manage the risk locally, where possible. The NMC will take action when these risks are not being effectively managed locally.

316. The NMC will also contact the third party to make sure they understand the risk and information correctly. They will deal with concerns and complaints fairly and consistently.

9.8 Responding to concerns and handling complaints about AEIs

317. The NMC will use the published risk-based criteria to accurately assess any risk to programme approval and public protection. Each criterion has set actions, outcomes and reporting structures against timelines:
- **Minor – working collaboratively:** The AEI and practice learning partner proactively provide the NMC with timely information and ongoing updates. This indicates that the AEI has robust internal QA processes in place and are managing the situation appropriately.
- **Moderate – further information required:** The NMC requires further information following receipt of information relating to the original adverse incident or concern and how this is being dealt with by the relevant parties. The NMC formally invite direct engagement with the AEI and key stakeholders in order to fully understand the issues and be in a position to work in partnership with the stakeholders.
- **Major – extending routine targeted monitoring reviews:** If targeted monitoring reviews are already scheduled, alternative or additional programmes, placements and focused QA monitoring activity may be required so that the NMC can specifically triangulate the information and
findings in academic and practice learning environments. This provides a mechanism for seeking additional assurance that compliance with the standards for education continue to be upheld.

- **Critical – conducting an unscheduled event**: An unplanned monitoring review visit is organised with little notice period. This measure will be necessary if there is an adverse incident that presents a risk to public protection, or if the AEI is deemed to be either unaware of the adverse incident or not to have implemented all necessary actions to control the risks emerging from the incident.

  The intended focus of the extraordinary review is conveyed to the AEI and the QA review team will have a specific review plan to direct their focus for triangulating the evidence in academic and practice learning settings.

318. Where appropriate, the NMC will redirect any concerns about systems or practice to system regulators, the NMC fitness to practise teams, or other professional regulators.

319. The NMC will investigate and, if necessary, act on concerns raised about AEIs. They will deal with concerns and complaints fairly and consistently.

320. The NMC duties around managing and acting on information provided through whistleblowing are set out in the Public Interest Disclosure Act 1998.

### 9.9 Extraordinary reviews

321. If someone raises concerns, a serious incident takes place, or NMC intelligence suggests that an AEI or a programme is no longer meeting their standards and requirements, MM may be directed by the NMC to carry out an extraordinary review. The definition of serious incident is taken from the Serious Incidents Framework (SIF) which can be found at [https://www.england.nhs.uk/patientsafety/serious-incident/](https://www.england.nhs.uk/patientsafety/serious-incident/).

322. Undertaking extraordinary review visits enables the NMC to demonstrate agility in responding to concerns, situations and events that impact on all aspects of nursing and midwifery programme delivery. The review will identify if the AEI and its practice learning partners continue to meet NMC standards.

#### 9.9.1 Undertaking extraordinary review visits

323. The NMC will instruct MM to organise and appoint QA visitors to undertake an extraordinary review visit. The scope and notice of this extraordinary visit will depend on the issue or concerns and the notice period will reflect the risk to the public. The QA review team will include QA registrant visitors with due regard for the programme(s) under review and a lay visitor. MM will provide the team with a detailed briefing before the review visit.

324. Relevant organisations will be informed about the visit together with the focus and terms of reference of the visit. A review plan will be produced and

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16 Article 15(7) and Article 16(1) of the Order
17 Article 16(6) of the Order
circulated to the QA review team and the AEI. A targeted and proportionate approach will be taken should there be a need to conduct a joint extraordinary review visit with a system regulator.

9.9.2 Reporting and outcomes

325. The review team will conclude their findings against criteria for each review in response to the risks identified, NMC standards and key risk areas. The outcomes and feedback will not be given to the AEI and practice placement partners at the conclusion of the review. The NMC will inform the AEI when the outcomes and feedback will be reported.

326. The report and recommendations of the extraordinary review visit will be sent to the AEI for observations which include factual accuracy.\(^\text{18}\) The AEI will have a period of up to one calendar month to make observations.\(^\text{19}\) During this period the NMC will not take any further action until the end of this period to make observations.\(^\text{20}\)

327. Following the observation period, the NMC will consider the QA visitors report, any observations made by the AEI and any other relevant information before making a decision on whether or not the NMC standards are met. The NMC will directly inform and liaise with the AEI giving clear instructions on any action required.

328. If the review finds concerns then the AEI and its practice learning partners must put an action plan in place to mitigate these concerns.

329. If the programme/s meets NMC standards, or will do so following completion of an action plan, the AEI will be subject to enhanced scrutiny and or/future programme monitoring.

330. If the programme/s do not meet NMC standards, approval may be withdrawn (Refer to section 9.9.3)

331. The NMC will send a decision letter to the AEI or education institution notifying them of the decision.

332. The NMC will publish the final report and, where requested, any observations made by the AEI or education institution. Requests must be made to gateam@nmc-uk.org

9.9.3 Withdrawing approval

333. If an AEI or its practice learning partners aren’t meeting (or won’t meet) the standards or requirements, the NMC may seek to withdraw programme

\(^{18}\) Article 16(9) of the Order  
\(^{19}\) Article 16(10) of the Order  
\(^{20}\) Article 16(11) of the Order
approval or AEI status. They may also seek to withdraw approval after a QA visitor’s report is submitted.21

334. If the NMC find that an AEI or its practice learning partners aren’t meeting (or won’t meet) the standards or requirements, they’ll initially look for the AEI to put steps in place to address the concern. However, if a concern remains, they’ll tell the AEI that they plan to withdraw their approval, specifying the extent of the withdrawal. They’ll explain the reasons for withdrawing approval in writing. They’ll give the AEI a month from the day they tell them of their plans to make any observations and objections.

335. They’ll take no further action until the deadline, or until the AEI submits any observations or objections. They’ll acknowledge any correspondence they get within five working days. If the AEI can’t provide assurance that it’s mitigating and managing the risks, they’ll write to the AEI, specifying the date that they’re withdrawing approval.

Section 10

Responding to concerns and handling complaints about the QA delivery partner MM

336. The NMC will investigate and, if necessary, act upon concerns which may be raised about MM. The NMC aim to ensure that concerns and complaints are dealt with in fair and consistent manner.

337. It is not within the remit of the NMC to consider complaints regarding the judgement of QA visitors undertaking QA activity.

338. The complainant will have made every attempt to resolve their complaint or concern directly with MM prior to consideration by the NMC.

339. On receipt of a formal complaint the NMC will formally acknowledge its receipt within two working days if the complainant’s name and contact details are known. The NMC will also provide feedback on how the complaint has been handled.

Section 11

How we use data

340. We may collect information about individuals if they work for an AEI or practice learning partner or take part in our education QA processes.

341. We will collect the individual’s name and contact information. If they take part in one of our QA visits we will also collect details of their professional experience.

342. During QA reviews, education institutions and practice learning partners may give the QA visitors a significant amount of supporting documentation. This documentation sometimes contains personal information like the CVs of academic staff or minutes of meetings. The only people who will read this

21 Article 18(1) of the Order
personal information are those who need to see it as part of our QA activity. We occasionally share personal information with third parties.

343. Normally, we process personal information because we have a legal obligation to do so or because it is necessary for the exercise of our statutory functions or any other functions in the public interest.

344. Education institutions are advised that any documentation submitted via the QA hub that does not have clear relevance to the programme being reviewed will be permanently deleted to ensure compliance with data protection regulations:
- Read the education and standards information handling guidance.
- Read our Privacy Policy.
Glossary

Approval: A process whereby the approved education institution and the practice learning partners present their programme for external scrutiny (or validation) which, if successful, leads to joint approval by the Nursing and Midwifery Council (NMC) and the approved education institution.

Approved education institutions (AEIs): the status awarded to an institution, part of an institution, or a combination of institutions that work in partnership with practice learning providers after the NMC have approved a programme. AEIs will have assured the NMC that they’re accountable and capable of delivering approved education programmes.

Due regard: Due regard differentiates between the nurses’, midwives’, specialist community public health nurses’ and nursing associate parts of the NMC register, as well as specific fields of practice within nursing, e.g. adult, children, mental health and learning disabilities. Due regard is a term used in NMC QA processes to denote the allocation of QA visitors working on the same part of the NMC register as the programme under review.

Education institutions: institutions seeking NMC approval of a programme.

Educators: in the context of NMC standards for education and training, educators are those who deliver, support, supervise and assess theory or practice learning.

Enhanced scrutiny: A process to allow the AEI to demonstrate how they and their programmes meet the standards and requirements. New institutions will undergo enhanced scrutiny from approval through to the first group of students completing the programme.

Endorsement: This is the process of approving the delivery of part of an already approved programme outside the UK.

Extraordinary reviews: Reviews conducted to identify if the AEI and practice placements continue to meet NMC standards, if concerns or intelligence suggest that an AEI or a programme is no longer meeting our standards and requirements.

Field of nursing practice: Some parts of the NMC register have more than one field of practice for example adult, mental health, learning disabilities and children’s nursing, or health visiting, school nursing and occupational health specialist community public health nursing.

(Good) health and character requirements: as stipulated in NMC legislation (Articles 9(2)(b) and 5(2)(b) of the Nursing and Midwifery Order 2001) ‘good health’ means that the applicant is capable of safe and effective practice either with or without reasonable adjustments. It does not mean the absence of a health condition or disability. Each applicant seeking admission to the register or to renew registration, whether or not they have been registered before, is required to declare any pending charges, convictions, police cautions and determinations made by other regulatory bodies.

Lay visitor: is a member of the public who is not registered with the NMC, has not been registered with the NMC in the past, or has a qualification enabling registration with the NMC. The lay visitor is appointed by MM, on behalf of the NMC, to undertake QA activities.

Learning environments: Includes any physical location where learning takes place as well as the system of shared values, beliefs and behaviour in these places.

Lead midwives for education (LME): LMEs are based at and employed by the educational institutions providing pre-registration midwifery education. They are experienced practising midwife teachers leading on development, delivery and management of midwifery education programmes.
LMEs are part of the NMC QA process for ensuring high standards in midwifery education programmes.

**Nurse and midwife prescribing programmes**: The programme that a registered nurse or midwife in the UK completes to acquire the proficiencies needed to meet our criteria for an annotation on our register.

**Nursing associate**: A nursing associate is a new member of the nursing team who will care for, and support people. This role is being used and regulated in England and it’s intended to address a skills gap between health and care assistants and registered nurses. Nursing associate is a standalone role in its own right and will provide a progression route into graduate level nursing.

**Nursing degree apprenticeship**: The nursing degree apprenticeship will enable people to train to become a graduate registered nurse through an apprentice route. Apprentices will be released by their employer to study part time in an AEI and will train in a range of practice learning settings. They will be expected to achieve the same standards as other student nurses.

**Practice learning partners**: organisations that provide practice learning necessary for supporting pre-registration and post-registration students in meeting proficiencies and programme outcomes.

**Pre-registration nursing programme**: The programme that a nursing student in the UK completes to acquire the proficiencies needed to meet NMC criteria for registration.

**Pre-registration nursing associates programme**: The programme that a nursing associate student in the UK completes to acquire the proficiencies needed to meet NMC criteria for registration.

**Pre-registration midwifery programme**: The programme that a midwifery student in the UK completes to acquire the proficiencies needed to meet NMC criteria for registration.

**Programme monitoring**: 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 programme approval and that NMC key risks are controlled.

**Programme standards**: The standards the NMC set for all nursing, midwifery and nursing associate programmes.

**Quality assurance (QA)**: processes for making sure all AEIs and their approved education programmes comply with NMC standards.

**Recognition of prior learning (RPL)**: a process that enables previous certificated or experiential learning to be recognised and accepted as meeting some programme outcomes, this means it includes both theory and practice achievement.

**Registrant visitor**: is an individual who has current registration on one or more parts of the NMC register and works in nursing and/or midwifery education and/or practice. The registrant visitor is appointed by MM, on behalf of the NMC, to undertake QA activities.

**Reasonable adjustments**: where a student requires reasonable adjustment related to a disability or adjustment relating to any protected characteristics as set out in the equalities and human rights legislation.

**Self-assessment report (AEI)**: A report completed annually by the AEI to confirm that there have been no changes or challenges to their NMC approved programmes and that they, and their practice learning partners are controlling key risk areas.
**Service user:** Anyone who uses the services of a nurse, midwife, nursing associate, or any other relevant health or social care service.

**Simulation:** an artificial representation of a real world practice scenario that supports student development through experiential learning with the opportunity for repetition, feedback, evaluation and reflection. Effective simulation facilitates safety by enhancing knowledge, behaviours and skills.

**Stakeholders:** Any person, group or organisation that has an interest or concern in the situation in question, and may affect or is affected by its actions, objectives or policies. In the context of NMC standards for education and training this includes students, educators, practice learning partner organisations, patients, families, carers, employers, other professionals, other regulators and education commissioners.

**Students:** any individual enrolled onto an NMC approved education programme whether full time or less than full time.

**Supernumerary:** students in practice or work placed learning must be supported to learn without being counted as part of the staffing required for safe and effective care in that setting. For apprentices, this includes practice placements within their place of employment; this does not apply when they are working in their substantive role. Placements should enable students to learn to provide safe and effective care, not merely to observe; students can and should add real value to care. The contribution students make will increase over time as they gain proficiency and they will continue to benefit from ongoing guidance and feedback. Once a student has demonstrated that they are proficient, they should be able to fulfil tasks without direct oversight. The level of supervision a student needs is based on the professional judgement of their supervisors, taking into account any associated risks and the students’ knowledge, proficiency and confidence.

**Supported learning time:** time to facilitate learning. This may include supernumerary status that enables students to be supported safely and effectively achieving proficiency. Supernumerary status applies to pre-registration students; students in practice or work placed learning must be supported to learn without being counted as part of the staffing required for safe and effective care in that setting. For apprentices, this includes practice placements within their place of employment; this does not apply when they are working in their substantive role.

**The Nursing and Midwifery Order 2001 (the Order):** Legislation that establishes the NMC and sets out their primary purpose of protecting the public, their structure, and their functions and activities.
Annexe 1a: Mott MacDonald Code of Conduct QA registrant visitor

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

In your work as a NMC QA registrant visitor 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 Code: Professional standards of practice and behaviour for nurses and midwives (NMC, 2015).
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 QA visitors follow the processes and procedures as laid down in the MM process guidance notes and other Mott MacDonald /NMC QA Framework approved documentation.
5. Undertake QA 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, processes and timelines at all times, including completing the relevant paperwork to the required standard, and in the format required, via the online portal.
8. Facilitate the QA role of Mott MacDonald and take account of professional advice given to you by your staff.
9. Respond to communications and complete 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 QA visitors attending programme approval visits, do not regularly give instruction or have any significant connection with the education institution in question, in compliance with section 16-(4) of the Nursing and Midwifery Order 2001. Where the QA visitor 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 QA visitor.
12. Notify the Mott MacDonald/NMC QA team, if offered an inducement by anyone in connection with your work as a QA visitor.
13. Be available to attend initial and update training/briefing at the reasonable request of Mott MacDonald.
14. Consent to Mott MacDonald holding personal details, including CVs, contact details and equal opportunity data will be held on the Mott MacDonald database. MM operate under GDPR regulations and this database and the information contained within it, will not be released to any organisation other than Mott MacDonald. Contact details will be used only for the purpose of contacting with visitors for QA activity.
15. Submit all invoices and expense claims within 20 days of an event.
16. All expenses exceeding £100 should be approved in advance of the event by requesting an AT
code from the operational team

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 QA visitors available for deployment with further warning if at any time my work falls below the standards outlined in this Code of Conduct.

QA Registrant Visitor name ____________________________________________

(please print name)

Signed: ____________________________ Date: ________________________
Annexe 1b: Mott MacDonald Code of Conduct QA lay visitor

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

In your work as a NMC QA lay visitor it is expected that you will:

1. 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.

2. Ensure that the highest standards are maintained when representing both Mott MacDonald and the NMC. It is a requirement that all QA visitors follow the processes and procedures as laid down in the Mott MacDonald process guidance notes and other Mott MacDonald/NMC QA Framework approved documentation.

3. Undertake QA activity with integrity, treating all those encountered with courtesy and professional respect.

4. Safeguard the confidentiality of any information and comply with data protection requirements.

5. Ensure national consistency by following the agreed procedures, processes and timelines at all times, including completing the relevant paperwork to the required standard, and in the format required, via the online portal.

6. Facilitate the QA role of Mott MacDonald and take account of professional advice given to you by their staff.

7. Respond to communications and complete 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.

8. Have regard to the requirement that QA visitors attending programme approval, do not regularly give instruction or have any significant connection with the education institution in question, in compliance with section 16-(4) of the Nursing and Midwifery Order 2001. Where the QA visitor has doubts about conflict of interest, then these must be discussed with the Mott MacDonald management team.

9. Ensure that situations do not occur which would allow a neutral observer to question the impartiality of the QA visitor.

10. Notify the Mott MacDonald/NMC QA Framework Management Team, if offered an inducement by anyone in connection with your work as a QA visitor.

11. Be available to attend initial and update training/briefing at the reasonable request of Mott MacDonald.

12. Consent to Mott MacDonald holding personal details, including CVs, contact details and equal opportunity data will be held on the Mott MacDonald database. MM operate under GDPR regulations and this database and the information contained within it, will not be released to any organisation other than Mott MacDonald. Contact details will be used only for the purpose of contacting with visitors for QA activity.

13. Submit all invoices and expense claims within 20 days of an event.

14. All expenses exceeding £100 should be approved in advance of the event by requesting an AT code from the operational team.
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 QA visitors available for deployment with further warning if at any time my work falls below the standards outlined in this Code of Conduct.

QA Lay Visitor name ________________________________________________

(please print name)

Signed: ___________________________ Date: _____________________
Annexe two: New education institution seeking programme approval and AEI status

Protecting the public through quality assurance of nursing, midwifery and nursing associate education
Annexe three: MM model agenda for conjoint NMC and AEI/education institution programme approval panel

Mott MacDonald will work together with AEIs and education institutions providing or seeking to provide nursing and midwifery education against NMC standards to ensure effective and robust QA mechanisms. This model agenda is offered for consideration and adaptation to local situations. It indicates the appropriate composition of approval panels and programme development teams, the level of input which is taken to demonstrate the AEI/education institution’s commitment to a proposed programme.

Effective partnership between the AEI or education institution and key stakeholders at all levels is a key principle underpinning the NMC QA Framework, including the commitment to actively engage people: service users, carers and the public in programme development and the proposed programme delivery.

The approval visit provides the opportunity for QA visitors to speak to representatives from practice learning partners, students, service users and carers, and other key stakeholders, as part of the final triangulation of the documentary analysis of the programme standards, and to test out the effectiveness of the partnerships.

The agenda is flexible and illustrates the areas which must be addressed.

| Approval panel: | Senior representative from the AEI/education institution (Chair) |
|                | Administrator for teaching quality, at the AEI/education institution |
|                | Lecturer at the AEI/education institution (not directly involved in the programme) |
|                | NMC QA registrant visitor (s) with due regard to programme(s) being approved, and a lay visitor |
|                | External subject specialist ** |
|                | User and carer representatives |
|                | Student representative (not studying the programme under review) |

** the AEI will determine whether the external subject specialist attends the panel meeting or provides a written evaluative report and questions which will be addressed by the programme team at the approval event.

NB the external subject specialist is not the external examiner. It is expected that external examiner comments are reviewed and addressed by the programme development team during the curriculum development process.

<table>
<thead>
<tr>
<th>Examples of personnel who may comprise the programme development team and key stakeholders to meet with QA visitors:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lead programme developer</td>
</tr>
<tr>
<td>Lead midwife for education (midwifery programmes)</td>
</tr>
<tr>
<td>Educators including programme team, lecturers, programme leads, researchers, academic assessors</td>
</tr>
<tr>
<td>Library/learning resources representative</td>
</tr>
<tr>
<td>Practice representatives e.g. practice supervisors, practice assessors</td>
</tr>
<tr>
<td>Key stakeholder groups:</td>
</tr>
<tr>
<td>Student representatives (all years of programme, students who wish to transfer to new programme)</td>
</tr>
<tr>
<td>Representatives from practice learning partners including for example: chief nurse, education lead, practice education facilitator, head of midwifery (midwifery programmes)</td>
</tr>
<tr>
<td>Representatives from employers (for nurse degree apprenticeships/ nursing associates)</td>
</tr>
<tr>
<td>Service user and carer representatives</td>
</tr>
<tr>
<td>Practice representatives e.g. practice supervisors, practice assessors</td>
</tr>
</tbody>
</table>
### Agenda:
The timescales and order of events can be adjusted as appropriate, e.g. to take account of visits to practice learning environments, if necessary

<table>
<thead>
<tr>
<th>Time</th>
<th>Event Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>30 mins</td>
<td>Panel to meet and discuss the proposed programme. Agree themes for discussion, areas to be addressed, allocate roles and responsibilities</td>
</tr>
</tbody>
</table>
| 45 mins-1 hour| Presentation by the programme development team  
To provide overview and address areas identified by panel members prior to the visit |
| 45 mins-1 hour| Questions from the panel  
To address all members of the programme development team |
| 1 hour | Lunchbreak and private panel meeting to discuss findings and clarify further requirements |
| 30-40 mins| Meeting with students (to include students transferring into the new programme)  
Discussion of academic, practice learning and practice support supervision and assessment processes. |
| 30-40 mins| Meeting with service users and carers involved in programme development and delivery  
Discussion of preparation for their role, involvement in programme development, recruitment of students, delivery and evaluation of programme, assessment of students (see guidance on NMC website) |
| 30-40 mins| Meeting with representatives from practice learning partners and employers  
Discussion of practice issues, supervision and assessment processes  
Employers support for the programme, and resources to support learning in practice |
| 30 mins | Panel meet to discuss findings and agree recommendation to the NMC and conditions if necessary. |
| 30 mins | Feedback to the programme development team  
Clear outline of findings and any conditions, agree realistic timescales for achievement of conditions |
Annexe four: MM model agenda for visits to practice learning environments during approval visit

Introduction

MM will work together with AEI, education institutions and their practice learning partners to ensure NMC principles for practice learning are upheld and are consistent with the NMC QA Framework, 2018, Standards framework for nursing and midwifery education, Standards for student supervision and assessment and relevant programme standards.

The model agenda is offered for consideration and adaptation to local situations.

Effective partnership between the AEI or education institution and key stakeholders at all levels is a key principle underpinning the NMC QA Framework, 2018, including the commitment to actively engage people: service users and carers, in programme development and the proposed programme delivery.

Visits to practice learning environments will be undertaken by QA visitor(s) and other approval panel members deemed appropriate. Meetings should be arranged with a range of personnel from the practice learning partners to determine the organisational commitment and support in providing high quality placements and practice assessors and supervisors to support student learning.

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

<table>
<thead>
<tr>
<th>Visit Agenda:</th>
<th>The timescales and order of events should be locally agreed.</th>
</tr>
</thead>
<tbody>
<tr>
<td>15 minutes</td>
<td>Discuss with senior practice learning partners/ managers relevant strategic issues and organisational commitment to the proposed programme and student placements. Explore how the practice learning partners will work with the AEI/education institution to meet the requirements in the Standards framework for nursing and midwifery education, Standards for student supervision and assessment to deliver the programme and enable effective practice learning.</td>
</tr>
<tr>
<td>15 minutes</td>
<td>Discuss with practice learning leads how the shared responsibilities for placement learning to meet the Standards framework for nursing and midwifery education, Standards for student supervision and assessment will be met, and how appropriate learning opportunities are determined and support students in achieving the required standards of proficiency.</td>
</tr>
<tr>
<td>30 - 45 minutes</td>
<td>Visit to placement area, observation of learning environment. Explore with practice supervisors and assessors their understanding of their role and responsibilities. Explore how learning opportunities lead to the required standards of proficiency. Discuss with service users and carers how students have been involved in their care and if feedback is sought.</td>
</tr>
<tr>
<td>30 minutes</td>
<td>Meet with students on similar or related programmes and discuss their experience of programme delivery, practice and educational support arrangements and any concerns they might have.</td>
</tr>
<tr>
<td>30 minutes</td>
<td>Panel members discuss findings and clarify any further requirements.</td>
</tr>
</tbody>
</table>
Annexe five: Guidance for QA visitors for meetings with key stakeholders at approval visit

The focus of these meetings with key stakeholders is for QA visitors to triangulate their findings from the documentary review of the programme presented for approval. The key areas presented as topics for discussion focus on preparation for roles, practice learning, supervision, and assessment of students, and, students meeting proficiencies.

**Note:** the topics are for guidance only for use by QA visitors and are not to be used as a tick list of questions.

**Meeting with senior staff in the AEI or an education institution, for example:** Dean, Head of School, Vice Chancellor (the latter would be for an education institution seeking AEI status).

Topics for discussion may include:
- Examples of shared outcomes achieved through partnership working with practice learning partners.
- Examples of employer’s support to the programme.
- Arrangements in place with their practice learning partners to identify, manage and mitigate any risks to student learning and student safety.
- Assurance that there are sufficient and appropriate resources in practice learning settings to support the programme/ students will gain a variety of practice experiences to meet the programme requirements.
- Deployment of academic staff resource to support learning in practice and how this resource is sustained.
- Assurance that the supernumerary status of nursing students is maintained and/or protected learning time for nursing associate students.
- Support for transitioning students to meet any shortfall in the new programme requirements.
- Arrangements for supervision and assessment in practice learning settings.
- Mechanisms in place with practice learning partners to monitor and review how the NMC standards for supervision and assessment are met.

**Meeting with students, including students transferring from the existing programme to the new programme**

Topics for discussion (appropriate to the programme being considered for approval) may include:
- Students involvement in the development of the new programme.
- Examples of how student feedback and evaluation has influenced the design and development of the new programme.
- Students practice learning experience/placements. What they have learnt about communication skills and managing relationships: with colleagues and with people they are caring for.
- Examples of nursing procedures for which students have been assessed as proficient.
- Practice learning environments proposed in the new programme including:
  - the appropriateness of the practice learning experience to enable students to meet the holistic needs of people of all ages from conception to death.
  - the practice learning experience in the students’ chosen field of practice and exposure to the other fields of nursing practice.
- Examples of any individual student’s personal circumstances that needed consideration when arranging a practice learning environment.
- Students’ experience of any reasonable adjustments which have been made in relation to a disability or an individual need.
The role of practice learning partners in supporting students who require reasonable adjustments.

- Students’ experience of supernumerary status /protected learning time
- Support, supervision, and assessment of students in practice learning environments.
- Students awareness of the new Standards for student supervision and assessment and the differences in support, supervision, learning and assessment for students in practice learning environments when the standards are implemented.
- Examples of support received when students have had a difficulty or concern during practice learning.
- Examples of support students receive from academic staff.
- Discuss students experience of receiving feedback and the impact on their learning and progress on the programme.
- Service users and carers involvement in the programme and whether they provide feedback to students on their nursing skills and contribution to care.
- Students experience of how they are able to meet the standards of proficiency/new standards of proficiency for their field of practice and support available if they have concerns about achieving proficiencies for their field of nursing practice.
- Programmes in Wales: support in using the Welsh language.

Students (pre-registration nursing and nursing associate) transferring from existing programme to new programme

- Students understanding of the key differences between their current programme and the new programme.
- Implications for students in transferring to the new programme.

Meeting with educators those who deliver, support, supervise and assess theory or practice learning for example: programme team, lecturers, programme leads, academic assessors, researchers.

Topics for discussion (appropriate to the programme being considered for approval) may include:

- Examples of partnership working with practice learning providers to deliver and monitor the programme.
- Ensuring the support, supervision, learning and assessment of students complies with the NMC Standards framework for nursing and midwifery education.
- Ensuring and monitoring students deliver safe and effective care, and measures in place if safe care is put at risk.
- Arrangements in place with placement learning partners to identify and mitigate any risks to student learning and student safety.
- How learning opportunities are addressed across the four fields of practice in the programme design and delivery.
- How the programme provides practice learning opportunities to allow students to develop and meet the holistic needs of people of all ages from conception to death.
- The process to ensure practice learning environments provide students with opportunities to learn communication and relationship management skills and nursing procedures, as set out in the Standards of proficiency for registered nurses, within their chosen fields of nursing practice.
- The assessment of proficiency in communication and relationship management skills and nursing procedures.
- How students’ individual needs are taken into account in allocating practice learning experiences.
• Processes for determining and making reasonable adjustments for students, including the involvement and support by practice learning partners.
• Examples of how the programme meets the NMC standards for supervision and assessment.
• Arrangements for the supervision and assessment of students in practice.
• Arrangements for identifying, preparing and supporting other registered health and social care professionals, including nursing associates to supervise and contribute to the assessment and progression of nursing students.
• Approaches used to give students constructive feedback throughout the programme to support their development.
• Preparation and support provided for practice supervisors and assessors regarding supernumerary status and direct and indirect supervision.
• Arrangements for academic assessors to receive feedback about students from practice supervisors and practice assessors and make decisions about student progression.
• Processes and responsibility of individuals to monitor the student's progress towards meeting proficiencies for their chosen field of practice.
• Process which is followed if the assessment of the student does not confirm proficiency for professional practice.
• Support arrangements for students transferring to the new programme.

Meeting with practice leads - those with responsibility for planning managing and delivering the practice learning aspects of the programme and support to practice supervisors and assessors. For example: placement liaison team, practice education facilitators, inter disciplinary clinical leads.

Topics for discussion (appropriate to the programme being considered for approval) may include:
• Examples of shared outcomes that they have achieved through partnership working with the AEI/education institution related to ensuring safe and effective practice learning.
• How they ensure students deliver safe and effective care, and the processes which are in place if safe care is put at risk.
• Arrangements with the AEI/education institution to identify, manage and mitigate any risks to student learning and student safety.
• How they ensure that there are sufficient and appropriate resources in practice learning settings to support the programme.
• How they ensure, with the AEI / education institution that the support, supervision, learning and assessment of students complies with the NMC Standards framework for nursing and midwifery education.
• How they ensure that the support, supervision, learning and assessment of students in practice complies with the NMC Standards for student supervision and assessment.
• Arrangements for the supervision and assessment of students in practice.
• Preparation and support provided to practice supervisors and assessors to enable them to support students to achieve their required proficiencies.
• Arrangements for identifying, preparing and supporting other registered health and social care professionals, including nursing associates to supervise and contribute to the assessment and progression of nursing students.
• Preparation and support provided for practice supervisors and assessors regarding supernumerary status and direct and indirect supervision of students.
• Partnership arrangements and support provided to students and practice supervisors and assessors if any concerns are raised in the practice learning environment.
• Arrangements for practice supervisors and practice assessors to provide feedback to academic assessors about student achievement and make decisions about student progression.
• Provision of learning opportunities across the four fields of practice. Provision of practice learning opportunities in the programme to enable students to develop and meet the holistic needs of people of all ages from conception to death.
• Opportunities for students to learn the communication and relationship management skills and nursing procedures, as set out in Standards of proficiency for registered nurses, within their selected fields of nursing practice.
• Ensuring students’ individual needs are taken account of during practice learning.
• The role of and support for practice supervisors and assessors when supporting students who need reasonable adjustments in practice learning environments.

Meeting with practice supervisors/assessors
Topics for discussion (appropriate to the programme being considered for approval) may include:
• Preparation for the practice supervisor/assessor role to ensure that the support, supervision, learning and assessment they provide to students complies with the NMC Standards framework for nursing and midwifery education and Standards for student supervision and assessment
• How they ensure their work as a practice supervisor/assessor in supporting students complies with the Standards for student supervision and assessment
• How they ensure students deliver safe and effective care, and the measures in place if safe care is put at risk.
• How they are made aware of a student’s individual needs and any requirements for reasonable adjustments and how they support these students.
• How they ensure the supernumerary status of students.
• How they determine when to allow students to undertake skills and procedures without direct supervision.
• How supervisors support students’ learning and enable them to work as part of the team and become proficient.
• How they ensure that students gain a variety of practice experiences to meet the holistic needs of people of all ages from conception to death.
• How they provide support to students and provide learning opportunities across the four fields of nursing practice.
• Their role in ensuring that students meet the Standards of proficiency for registered nurses and programme outcomes for the fields of nursing practice.
• How they facilitate students to meet the communication and relationship management skills and nursing procedures, as set out in Standards of proficiency for registered nurses, within the selected field of nursing practice.
• How they assess if the student is proficient in these skills and procedures.
• How they provide students with constructive feedback to support their development.
• How practice assessors get feedback on a student’s achievement from practice supervisors, and other people in the learning environment.
• Arrangements for practice supervisors and practice assessors to provide feedback to academic assessors about a student’s achievement and make decisions about student progression.
• The responsibility for ensuring the assessment of students to confirm proficiency in preparation for professional practice as a registered nurse, including who is responsible and where and when the decision is made.
• The process to follow if the assessment of the student does not confirm proficiency for professional practice.
• Responsibility for recording proficiencies in the ORA/PAD.
• Supporting students in ensuring all proficiencies are recorded in an ORA to demonstrate the achievement of proficiencies and skills set out in Standards of proficiency for
registered nurses.

Meeting with service users and carers

Involvement of patients, service users and carers is an important part of the education and training of student nurses/ nursing associates from programme design, student selection, learning, teaching, assessing, feedback evaluation and the student experience in practice placement.

Topics for discussion (appropriate to the programme being considered for approval) may include:

- Preparation for their role. Participation in any specific training for specific aspects of the role.
- Examples of any aspects of the programme they/or other service users were involved in developing.
- Examples of any specific aspects of the programme delivery they have /will be involved in.
- The support provided by the AEI for their role. Feedback received on their contribution to the programme.
- Their confidence that the programme provider ensures that students selected to join and progress through the programme to completion are suitable people to become registered nurses/nursing associates.
- Person centred care is an essential part of nursing - how they/other service user carers ensure that this is a key feature of the programme.
- How they assist the programme providers in balancing the need for students to learn and become proficient in nursing care and ensuring the safety of the public.
- The involvement of service users/carers in the assessment of students.
- Their involvement in designing and implementing practice learning opportunities that allow students to develop the communication and relationship management skills required for registered nurses/nursing associates.
- Their involvement in designing and implementing practice learning opportunities that allow students to become proficient in nursing procedures, within their selected fields of nursing: adult, mental health, learning disabilities and children’s nursing.
- Plans for their future involvement in the delivery and evaluation of the programme.
Annexe 6: Reporting outcomes of an approval visit

Protecting the public through quality assurance of nursing, midwifery and nursing associate education
Annexe 7: Flowchart to illustrate the process for a major modification to an approved programme

1. AEI submits MODIFICATION EVENT REQUEST
   - Select 3 preferred dates

2. MM reviews

3. If it is a MINOR MODIFICATION, return to AEI.

4. If a MAJOR MODIFICATION (VISIT) is required:
   - AEI permission to amend Gateway 2 (if applicable to modification)
   - AEI amends Gateway 3 (Programme Standards)
   - RV reviews Gateway 2 (where applicable) & completes full review of Gateway 3

5. If a MAJOR MODIFICATION (DESKTOP) is required:
   - AEI submits Major Modification Visit of AEI
   - Desktop Review

6. GATEWAY 4
Annexe 8: Endorsement event request process
Annexe 9: Complaints regarding quality of all QA activities

Complaints
We take complaints about work, staff and levels of service very seriously. If you are dissatisfied with any aspect of our work, please contact us immediately to discuss your concerns on: 01223 463913. If, following a verbal conversation, you are still dissatisfied and wish to take the matter further, please follow the process for raising a formal complaint.

Formal complaints
All stakeholder complaints will be handled consistently and in line with the formal complaints procedure. This procedure is also published on our website.

How to make a formal complaint
All formal complaints must be made in writing. Complaints may be sent by post or by email.

Write to: NMC Operations Manager
Mott MacDonald
22 Station Road
Cambridge
CB1 2JD
Email: michelle.mcdaid@mottmac.com

To enable us to commence an investigation, please provide us with:

- a clear, detailed description of what the complaint is about, including personnel involved and providing dates and times (where relevant)
- copies of any correspondence relating to the complaint

What happens next?
The complaints manager will:

- log the complaint in the correspondence log;
- write a letter/send an email of acknowledgement to the complainant within two working days;
- investigate the complaint

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

The complaints manager may refer the complaint to the project director or the director of reviews who may seek further assistance from other relevant staff to assist in the investigation. The investigation will involve seeking evidence from the QA visitor(s) or staff member about whose performance the complaint has been made, and from any other relevant sources; such as quality assurance (QA) 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 QA visitor, the code of conduct will be the fundamental reference point.

The 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 provided with a progress report within **20 working days**.

At the conclusion of the investigation, the investigating officer will conclude 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 complaints manager will send a copy of the report, together with a covering letter, to the complainant and all other stakeholders involved. A copy will also be placed on file.

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 QA visitor might be subjected to enhanced QA strategies including observations and additional monitoring or, in the case of a serious complaint, immediate removal from the pool of QA visitors 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 lessons to be learned and actioned. These will be addressed as part of the normal QA process. All feedback received either positive or negative will be used to inform our continuous cycle of improvement.

If the complaint is about Mott MacDonald as the QA contractor this should be made directly to the NMC.