



NURSING: Review of Minimum Education and Training Standards in Nursing and Midwifery

Council of Deans of Health written submission – April 2021

The Council of Deans of Health is grateful for the opportunity to contribute to this consultation. The Council represents 100 UK university faculties engaged in education and research for nursing, midwifery and the allied health professions.

a) Entry into pre-registration nursing programmes

A1) Do you think the NMC should continue to require people applying for pre-registration nursing programmes to have met one of the requirements?

- A. Completion of general education of 12 years
Continue to require – status quo option.

- B. Completion of general education of at least 10 years
Continue to require – status quo option.

A2) N/A.

A3) N/A.

b) Recognition of prior learning (RPL) for entry into pre-registration nursing programmes

B1) Do you think that previous learning should continue to be taken into consideration when apply to a pre-registration nursing programme?

Yes.

B2) If no in B1) Please explain your answer.

N/A.

c) Knowledge and skills for nursing

C1) Do you think the knowledge and skills specified within the EU Directive (and set out above) are necessary for safe and effective nursing care?

Yes.

It may be useful for the Nursing and Midwifery Council (NMC) to continue to have regard to the knowledge and skills listed in the Directive. However, we note that the NMC's standards of proficiency are more expansive and detailed than the knowledge and skills specified in the Directive.

C2) If no in C1: Please explain your answer.

N/A.

d) Use of simulation in pre-registration nursing programmes

D1) Which types of simulation-based learning can help someone to practise safely and effectively as a registered nurse?

- Simulated situation involving real people using nursing services
- Simulation using mannequins or models
- Simulation that involves role-play using real people which could include colleagues, students or actors
- Simulation that involves using digital programmes to educate and assess knowledge and decision-making
- Simulation that involved using virtual or augmented reality systems to replicate real-life situations

All of the above.

D2) Do you think simulation should count towards practice learning and theory on pre-registration nursing programmes?

Practice learning – Yes

Theory – Yes

D3) Do you think there should be any limitation set by the NMC about when simulation can/cannot occur in a programme? (e.g. in/not in a final placement)

No.

D4) Should there be a maximum amount of practice learning that can be taught through simulation?

Yes.

If yes in D4: What should the maximum amount of practice learning taught through simulation be for safe and effective autonomous nursing practice at the point of registration?

The Council believes any changes to the Directive should increase the use of simulation and digital technology for both theory and practice hours. However, simulation must not fully replace clinical placements and should only be used where it is appropriate and beneficial to the student experience.

D5) Do you think that simulation should be used to assess any nursing skills and procedures or should it be limited to certain skills and procedures?

Yes – any skill and procedure.

D6) If no in D5: Are there any skills or procedures that could be appropriately assessed through a simulated situation, if so please list them

N/A.

D7) If no in D5: Should any of the following types of simulation be used to assess nursing/midwifery skills and procedures?

N/A.

D8) All respondents: Please explain your answers about the use of simulation in pre-registration nursing programmes. In particular, the NMC are interested to know whether your views are based on your own experiences, any research you have undertaken, or any other sources of information:

The Council of Deans of Health represents 100 UK university faculties engaged in education and research for nursing, midwifery and the allied health professions. Answers provided are based on our members' views and their experiences in delivering nursing programmes adhering to the Directive.

Education programmes benefit from a variety of teaching and learning methodologies. Simulation and virtual placements are critically important to nursing and midwifery education. They provide opportunities for learners to develop, rehearse and build confidence in skills and behaviours.

The new future nurse standards do not specify a total number of hours permitted for simulated practice. However, the quality assurance of education programmes has meant that the development of new education and proficiency standards has not fully enabled a truly flexible approach to the use of simulation. It is also seen as primarily used for theory hours rather than practice hours. We welcome the recent recovery standard, implemented in February 2021, to allow students to undertake up to an additional 300 hours of simulated learning in practice hours.

Simulation should be permanently permitted more widely across both theory and practice hours where there is underpinning evidence regarding its pedagogical value. We also need a more flexible understanding of simulation including digital and virtual technologies. Virtual placements, which have increased during the pandemic, have been shown to be an effective alternative to traditional practice placements. Access to healthcare will increasingly be undertaken remotely and in a digitally enhanced way. Universities have already begun to embrace the opportunities for virtual and online placements. New technologies also provide prospects for further digital innovation in practice placements, including in artificial intelligence. NMC regulation on simulation in education must remain agile for the future.

Clearly, simulation must not fully replace clinical practice placements and should be used only where it is appropriate and beneficial to the student experience. However, practice is changing, and regulation must not be a barrier to students being educated to deliver contemporary healthcare at the point of registration.

e) Length and number of hours in pre-registration nursing programmes

E1) Currently education and training must consist of at least three years made up of 4,600 hours (of which at least a third is theoretical study and at least half is clinical study). Is this the minimum necessary for someone to practise safely and effectively as a registered nurse at the point of registration?

No.

E2) If no in E1: What do you consider is the appropriate length of time to achieve proficiency for safe and effective nursing practice at the point of registration?

Regulation should be risk-based and outcome-focused. A competency-based approach in nursing education, which is not based solely on a quantitative measurement of hours undertaken, should be adopted. The Council believes nursing programmes should continue to be delivered at degree level over a three-year period, to achieve proficiency for safe and effective nursing practice. This should be the minimum requirement rather than a set number of hours.

If the NMC decides to continue to require a minimum number of hours this should be reduced from 4,600. Any reduction in the number of practice hours should not simply be replaced by an increase in the theory hours allocation.

In Scotland, some nursing programmes are four years in length. Some students are likely to want to continue undertaking four-year programmes irrespective of any regulatory change. Scottish universities are committed to ensuring students benefit from innovative and advanced level education and a positive student experience across both three- and four-year programmes.

E3) Do you think the NMC should continue to specify a minimum length and/or hours for pre-registration nursing programmes?

Minimum programme length – Yes

Number of hours – No.

E4) In line with the NMC's outcome focused standards, should the time required to achieve the standards of proficiency be based on competency and outcomes rather than on number of hours?

Yes

E5) Please explain your answers to E3 and E4. In particular, the NMC are interested to know whether your views are based on your own experiences, any research you have undertaken, or any other sources of information:

The Council of Deans of Health represents 100 UK university faculties engaged in education and research for nursing, midwifery and the allied health professions. Answers provided are based on our members' views and their experiences in delivering nursing programmes adhering to the Directive.

Any change to the Directive must ensure public protection from both a regulatory and educational perspective. Universities are committed to delivering high quality education which ensures professional competency and public protection.

Regulation should be risk-based and outcome-focused. A competency-based approach in nursing education, which is not based solely on a quantitative measurement of hours undertaken, should be adopted. The Council believes nursing programmes should continue to be delivered at degree level over a three-year period, to achieve proficiency for safe and effective nursing practice. This is critically important in light of the advanced knowledge, skills and behaviours necessary to gain proficiency in this discipline. This degree level should be the minimum requirement rather than a set number of hours.

If the NMC decides to continue to require a minimum number of hours this should be reduced from 4,600. Any reduction in the number of practice hours should not simply be replaced by an increase in the theory hours allocation.

f) Potential impacts of the NMC changing their requirements from the EU Directive on nursing

F1) Do you think there will be any impacts from the NMC changing their requirements from the EU Directive on nursing in any of the four countries of the UK?

England – Yes- positive impact

Scotland – Yes, positive impact

Wales – Yes, positive impact

Northern Ireland – Yes, positive impact

Please use this space to briefly explain your answers:

Any changes to the Directive should be undertaken on a UK-wide basis. The Council respects the devolution of health and education. However, the NMC is a UK-wide regulator and changes to the application of the Directive would be fundamental to the future of nursing and midwifery education. To ensure the portability of qualifications and the mobility of the workforce within the UK, any changes should be implemented in all four nations.

Amendments to the Directive, such as an increased use of simulation to contribute to theory and practice hours, would positively impact nursing education across the UK. New technologies could provide opportunities to enable practice placement innovation such as via digital technologies and artificial intelligence. This would also be particularly important in the context of student number growth to meet workforce need and constrained placement capacity. The NMC must ensure that regulation is not a barrier to students being educated to deliver contemporary healthcare services at the point of registration.

F2) And finally, what are your views about the overall impact (positive and negative) of any potential move away from alignment with the EU Directive, specifically with respect to the following:

People who share a protected characteristic - N/A.

Public protection and safety – Any change to the Directive must ensure public protection from both a regulatory and educational perspective. Universities are committed to delivering high quality education which ensures professional competency and public protection.

Effectiveness and quality of care for people who use services – Any change to the Directive must ensure public protection from both a regulatory and educational perspective. Universities are committed to delivering high quality education which ensures professional competency and public protection.

Experience and perceptions of nurses, midwives, nursing associates and students – Changes to the Directive could improve the experience and perceptions of students. Increased flexibility in simulation and digital technology, to contribute to both theory and practice learning, would mean students can experience a wider range of placements and increased engagement with contemporary digital technologies.

Numbers and supply of nurses, midwives and nursing associates entering education and training and entering the register - Amendments to the Directive may help increase education capacity and the supply of nurses entering education and joining the NMC register. Changes to the minimum hours requirement and simulation regulations could enable an increased number and range of practice placements. Regulation should be outcome-focused, and all students must continue to meet competencies on graduation.

Effectiveness, availability and quality of education programmes – Education programmes are currently robustly approved and validated in accordance with the EU Directive. We expect this to continue under any new arrangements. The sector believes that changes to the Directive will have a positive impact on educational delivery. Ongoing delivery of nursing programmes at degree level over a minimum three-year period will ensure continued educational effectiveness and quality.

Any difference in terms of impacts for nursing and midwifery – The Directive specifies certain regulations for midwifery education which do not apply to nursing education, including in relation to recognition of prior learning. The two professions are separate, and we will set out our responses to the future of the minimum education standards for midwifery in the other part of this survey. However, the Council believes that increased flexibility for both nursing and midwifery programmes will reduce unnecessary differences in the programme standards for both professions.

F3) Is there anything else you would like to add?

The NMC should continue to work collaboratively with education providers to enable flexibility and innovation in education and training. This will enable student choice, enhance career pathways, allow individuals to meet the requirements of professional registration and uphold patient safety.

Theory and practice hours are equally important for the holistic education of students and the future healthcare workforce. Any change in the number of practice hours should not simply be replaced by an increase in the theory hours allocation.

Individual institutions should be allowed to continue to operate in alignment with the Directive if they wish. Similarly, graduates who wish to work in the EU should have a route to do so.

Any regulatory changes should apply to both university-based programmes in the UK and apprenticeship programmes in England.

Any changes to nursing programmes will have implications for nursing associate programmes. Nursing associate programme standards must be reviewed considering any future changes to nursing programme standards.

The NMC introduced a range of emergency and recovery standards in the light of the Covid-19 pandemic. Any learning by the NMC from these standards should be shared widely and where relevant inform the review of future minimum education standards. Continued flexibility will be needed as we come out of the pandemic, including for blended learning, simulation, and standards of student supervision and assessment.

For more information contact:

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