

Royal College of Nursing Response September 2022

Nursing and Midwifery Council (NMC) Pre-Registration Programme Standards

With a membership of close to half a million registered nurses, midwives, health visitors, nursing students, nursing support workers and cadets, the Royal College of Nursing (RCN) is the voice of nursing across the UK and the largest professional union of nursing staff in the world. RCN members work in a variety of hospital and community settings in the NHS and the independent sector. The RCN promotes patient and nursing interests on a wide range of issues by working closely with the Government, the UK parliaments and other national and international political institutions, trade unions, professional bodies, and voluntary organisations.

1. RCN Member Engagement:

- 1.1. UK wide RCN members were invited to one of two virtual consultation events facilitating opportunity for detailed discussion around each of the four areas of proposed change to the standard.
- 1.2. RCN members were also invited to complete an online questionnaire on each of the four areas of the NMC questions. There were 144 responses. 60 from students, 44 from nurse educators and 40 from 'other' category.
- 1.3. Deep dive discussions were undertaken with the RCN Professional Nursing Committee and the RCN Students Committee.
- 1.4. The responses below encompass nursing, midwifery and nursing associate education and training, where it is not individually commented on.

2. Selection and admission for nursing and midwifery programmes

- 2.1. The RCN agrees to the suggested changes to reduce the 12-year education requirement for entry into nursing or midwifery programmes. The RCN acknowledges that this will widen participation to those who cannot provide evidence of 12 years education and be more inclusive of applicants from different societal, international and educational systems.

- 2.2. The RCN is committed to the current academic entry requirements for pre-registration nursing and midwifery programmes, as set by the Approved Education Institutions and would not support any dilution of standards.
- 2.3. The RCN expects the NMC to provide assurances that appropriate safeguards for students under 18 years are reflected in their standards, particularly in relation to clinical placements. We expect the NMC to consider the full legal ramifications of placing a student under 18 years, who is legally considered a child as per the Children Act 1989, in a clinical setting with patients.
- 2.4. The RCN expects the NMC to acknowledge the impact on emotional wellbeing, intellectual maturity and limited life experiences for those under 18 years of age experiencing practice placements. These concerns may result in a restricted range of placement options and thus learning opportunities. The financial cost to organisations in providing effective safeguarding practice is also significant.
- 2.5. The RCN agrees that these changes could also be made to the nursing associate education standards.

3. Knowledge and Skills

- 3.1. The RCN agrees that reference to the EU directive around knowledge and skills can be safely removed. We are confident that current NMC standards of proficiency for nurses and midwives surpass the knowledge and skills mandated by the EU directive and so can be removed without compromising current standards.
- 3.2. We agree that the proposed language on the NMC standards better reflects contemporary nursing practice and will be more inclusive of the four fields of nursing.
- 3.3. The education standards should ensure the delivery of knowledge, skills, and competence in all four fields of nursing practice (adult, children's, learning disabilities and mental health). Field specific and often specialised proficiencies are required if nurses are to provide the best care, in the right place and at the right time. However, core knowledge of all fields of practice is essential. For example, with the growing demand of mental health needs amongst all patient groups, it is vital that all non-mental health nurses can assess and support people's holistic needs at the point of first contact.
- 3.4. The RCN agree with the retention of the specified learning experiences for midwives and that these are integrated into the draft education programme standards.

4. Standards on placement settings

- 4.1. The RCN agrees that the EU directive around standards for placement settings can be safely removed, as the current NMC Standards surpass that required of the EU directive. This provides the opportunity for the NMC standards of proficiency for nurses and midwives to assure high quality and diversity of experience. This can be monitored via the NMC quality assurance framework and can therefore be evaluated.
- 4.2. The RCN agrees that a new standard should be included for midwifery education to ensure student experience is achieved from differing maternity providers to expand the achievement of diverse knowledge and skills, experience different models of care, leadership, and culture.
- 4.3. The RCN states there must be an innovative and diverse approach in student nurse placements which offers an appropriate spread of experience relevant to the, or midwifery. The RCN would not wish to see AEs interpret the removal of the EU list of placement settings as permission to restrict placement options to a limited number of providers.
- 4.4. The RCN expects the NMC to provide clarity for AEs during the implementation of their standards that clinical placements should be offered based on student needs and reflect the diversity of the profession that they will join as registered nurses, nursing associates and midwives.
- 4.5. The RCN advocate for quality standards for placement settings that reflect support for students and practice supervisors and assessors. There must be an assured way that students are able to raise concerns if they believe these standards are not being met.

5. Simulation

- 5.1. The RCN supports the NMC proposal for simulation to count to a maximum of 600 hours of the 2,300-practice learning experience required for nursing students. The delivery of simulated learning must be supported by an approved quality standard that can be tested within the NMC quality assurance framework.
- 5.2. The RCN recognises that simulation is a broad and growing field covering many different modalities. It is expanding into new areas with immersive technologies which have the potential to change healthcare education positively. For example, students can gain experience of multi-disciplinary work environments that are continually being shaped by technology-enabled healthcare services and gain further skills and knowledge of digital health care provision.

- 5.3. The RCN agrees to the proposed new standard to “ensure technology and simulation opportunities are used effectively and proportionately across the curriculum to support supervision, learning and assessment” and that the NMC will “ensure where simulation is used, it does not exceed 600 hours of the 2,300 hours practice learning experience.” We agree that these standards are clear and will encourage greater use of simulation to be used within the practice component of the nursing programme. We agree the delivery of a maximum of 600 hours simulated learning, which is quality assured and delivered safely and proportionately.
- 5.4. The RCN would like assurance from the NMC on how the simulation-based learning will be quality assured. We recommend the accreditation of the different modalities and a quality assurance framework to underpin the development and implementation of simulation-based learning in nursing across the U.K. to ensure safety, effectiveness, and consistency.
- 5.5. The RCN asks that the NMC sets the standard for staffing and resources to be supported to facilitate the delivery of simulation. Delivery must be supported with education and training provision for academic and practice supervisors supporting student attainment. Therefore, the standards for supervision and assessment must be the same for simulated practice learning, as they are for conventional practice learning.
- 5.6. The RCN expects there to be an assessment undertaken by AElS to ensure simulation is appropriate for all the students concerned.
- 5.7. The RCN calls for students to have the most suitable equipment and training to ensure confidence in the method, reduce technology related skills deficits, and to understand the limits of technology. Students should receive support from their AElS to ensure access to safe simulated learning environments, supervision, and assessment. It is also vital that monitoring of inclusivity, equality and psychological safety, takes place when students are in a simulated environment. This should include recognition of neurodiversity.
- 5.8. The RCN agrees with the proposed NMC definition of simulation as “an educational method which uses a variety of modalities to support student in developing their knowledge, behaviours and skills, with the opportunity for repetition, feedback, evaluation and reflection to achieve their programme outcomes and be confirmed as capable of safe

and effective practice”. We agree that this definition is future focused, allow sufficient scope for innovation by AEI’s and offers a clear definition.

6. Additional comments

- 6.1. The RCN would like to take the opportunity to comment as invited for any other concerns or comments regarding the pre-registration programme standards.
- 6.2. The RCN welcome the changes proposed and feel that they provide an opportunity to promote equality, diversity, and inclusion, enhance safe, kind and effective practice and improve the outcomes for users of nursing and midwifery services.
- 6.3. The RCN assert that NMC guidance around simulation should be quality and equality focused.
- 6.4. Robust recommendations around the professional development of assessors & supervisors, including freeing up time to support students, would also be recommended.
- 6.5. As the UK is no longer bound by the regulation of the European Union the RCN believes that this is an opportunity to strengthen student experience and learning opportunities across all the four fields of nursing practice and midwifery. We would urge the NMC to consider this further in future revision of pre-registration standards.

Additional reading

- NMC Consultation: <https://www.nmc.org.uk/news/news-and-updates/nmc-launches-consultation-on-education-programme-standards/>
- RCN Position on Simulation: [https://www.rcn.org.uk/about-us/our-influencing-work/position-statements/rcn-position-on-use-of-simulation-based-learning-in-pre-and-post-registration-education#:~:text=or%20Google%20Chrome-,RCN%20position%20on%20the%20use%20of%20simulation%2Dbased%20learning,pre%20and%20post%20registration%20education&text=The%20NMC%20has%20introduced%20a,19%20pandemic%20\(NMC%202021\).](https://www.rcn.org.uk/about-us/our-influencing-work/position-statements/rcn-position-on-use-of-simulation-based-learning-in-pre-and-post-registration-education#:~:text=or%20Google%20Chrome-,RCN%20position%20on%20the%20use%20of%20simulation%2Dbased%20learning,pre%20and%20post%20registration%20education&text=The%20NMC%20has%20introduced%20a,19%20pandemic%20(NMC%202021).)