

Future Programme Standards for Nursing and Midwifery (FPSNM) Review: Equality Impact Assessment (EQIA)

Executive Summary

Overview

Our programme standards set out how nursing and midwifery courses should be delivered to ensure that programmes leading to registration are fit for purpose. Public safety is central to our standards. Students will be in contact with people throughout their education and training and it's important that they learn in safe, effective and inclusive ways.

Leaving the European Union (EU) has given us the flexibility to change some of the requirements within our education programme standards. For further information please see: [Why we reviewed our pre-registration programme requirements - The Nursing and Midwifery Council \(nmc.org.uk\)](https://www.nmc.org.uk/why-we-reviewed-our-pre-registration-programme-requirements).

This EQIA aims to better understand the potential effects of the programme standard changes on people with protected characteristics (PCs), other characteristics such as socio-economic status and caring responsibilities and any actions that might need to be taken as a result.

We have worked with stakeholders from a wide range of communities to co-create this assessment and reflect the lived experiences of stakeholders representing nursing and midwifery from all four countries. For further information please see: [Subject matter expert groups - The Nursing and Midwifery Council \(nmc.org.uk\)](https://www.nmc.org.uk/subject-matter-expert-groups)

Context

In the **first** phase of the project, we commissioned independent qualitative and desk-based research:

- to help understand the impact of the EU standards, and our stakeholders' views
- to test whether there would be any benefit to changing our standards and
- to help understand the degree of consensus about making any changes

During the **second** phase of the project, building on the overall findings from the independent research, new governance structures (see subject matter expert groups link above) were set up to co-produce new and or amend standards.

The NMC council agreed that we can review:

- the EU requirements for student selection and entry for both **nursing and midwifery**
- the knowledge and skills requirements within the EU Directive for **nursing and midwifery**, where these are now incorporated into our NMC standards of proficiency

- increasing the flexibility regarding the use of simulation, with the potential to explore increasing simulated practice learning using a range of modalities, up to 600 hours. **For nursing only**
- where standards on required placement settings could be retained, modernised or removed for **nursing and midwifery**
- Further work: exploring specific areas where there is an appetite for more radical change, where there are currently evidence gaps and a lack of consensus. We want to explore the context of programmes in other countries which are delivered using fewer practice learning hours.

In doing this, we want to ensure education programmes continue to support students to develop the knowledge and skills they need to provide safe, kind and effective care.

Equality impacts

In line with the Equality Act (2010), this EQIA template sets out each PC separately to consider ways in which any proposed changes might impact on individuals and groups with these characteristics. It is worth noting that individuals often have more than one characteristic that may be subject to disadvantage, prejudice and discrimination. This means that people have simultaneous membership of multiple interconnected social categories and may therefore experience multiple barriers.

Age: One of the proposed changes is to remove the need for *evidence* of the 10-12 years general education length currently required for student selection to pre-registration programmes. This will support widening participation while maintaining the need for qualifications for entry to be more outcome focused for both **nursing and midwifery**.

Concerns were raised about potential unintended negative consequences of this change. It has been proposed that students below the age of 18 on admission to their intended pre-registration programme will require safeguarding measures and programme adjustments to be put in place to support them and the people in their care.

A further proposed change is for, Approved Education Institutions (AEIs) to ensure that **midwifery** students gain experience of different maternity providers. This will provide learning opportunities for students to recognise different leadership, management and approaches to team working. This may lead to some students having to travel greater distances, which may have negative consequences for (often mature) students with caring responsibilities, for example. One way of mitigating this has been to propose the removal of the requirement for midwifery programmes to be full-time.

Disability: A report from UCAS¹ notes that in the UK, approximately 19% of working-age adults identify as disabled, yet people with disabilities are almost half as likely to have an undergraduate degree than non-disabled people. In 2021, 83,220 students with disabilities applied to HE, a record high, with 80% of these applicants

¹ [Next Steps What is the experience of disabled students in education](#) accessed 29.09.22

gaining a place at university or college. The 105% increase in applicants sharing an impairment or condition in the UCAS application over the last decade means students with disabilities now represent 14% of all HE applicants in the UK, compared to just 7% in 2012.

AEIs, with their Practice Learning partners (PLPs), are responsible for ensuring they are inclusive, they take positive actions to address underrepresentation and take steps to improve relationships. They are responsible for making supportive reasonable adjustments for students with health conditions, disabilities and or impairments.

Sex: Our latest [Registration data reports](#) identified that in March 2022 89% of registrants are female, this is a higher proportion of females than males than within the general population and within the student population as a whole.

Nursing and, in particular, midwifery are amongst the highest gender segregated roles within the UK². We have anecdotal evidence which suggests men do not see themselves portrayed in information about nursing and midwifery and this is reflected in our proportions on the register.

Ensuring that students experience a variety of practice learning experiences, may require further travel, which may have a negative impact on those students (most likely to be female³) with caring responsibilities.

Sexual orientation & Gender reassignment: Research taken from [LGBT in Britain: University](#) (2018) and [Next Steps: What is the experience of LGBT+ students in education?](#) (2021) found that students tend to be more open about their sexual orientation and gender identity in HE, with overall levels of openness increasing from 64% at school to an expected 82% at university or college.

After extensive stakeholder consultation and to maintain consistency: the words woman and women have been used throughout the [Standards for pre-registration midwifery programmes](#). This term includes girls, it also incorporates individuals whose gender identity does not correspond with their birth sex or who may have a non-binary identity.

Personal identity is central to how people view themselves, their sense of well-being and how they 'fit' with certain groups and cultures⁴. Our [Code](#). states that 'we must treat all people with kindness, respect and compassion' (1.1). In addition, all professionals are required to 'listen to people and respond to their preferences and concerns' (2).

Marriage or civil partnership: The NMC does not record data for this PC. Some external data has been found, for example, a study (2018)⁵ has found links between marital status and emotional exhaustion (burnout). AEIs and their PLPs might want

² https://www.who.int/docs/default-source/health-workforce/ghwn-geh-policy-brief-for-consultation.pdf?sfvrsn=ff48aa7b_4 accessed 28.07.22

³ <https://keysafe.co.uk/all-news/post/FemaleCarers2020> accessed 28.11.22

⁴ <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7020249/> accessed 28.11.22

⁵ <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6209972/#B30-ijerph-15-02102> accessed 27.09.22

to consider that male nurses who are single or divorced and who do not have children may be more prone to burnout and may require preventative interventions.

Pregnancy and maternity: Students who are pregnant, those who are new to parenthood and those with childcare responsibilities can face some particular challenges in their studies. Each year the Office for Independent Adjudication (OIA) receive a small number of complaints arising from this. Positively, the OIA are seeing more providers with pregnancy, maternity and adoption policies in place, and students seem to be seeking support.

AEIs must manage all absences as a part of their wider parental leave policies. Risk assessments need to be carried out by AEIs and or PLPs around safety, for example, moving and handling and for practice learning experiences which may pose further risks (e.g., radiography, exposure to Entonox in a delivery suite and or some mental health settings).

Race and ethnicity: Of the 758,303 professionals on our register, 71.9 percent are White. 12.5 percent are Asian and 10 percent are Black. 1.1 percent are mixed race. 1 percent are other, 2.5 percent preferred not to say, and 0.9 percent didn't declare. Only a very small fraction of our permanent register are Arab - this category was introduced in 2020–2021 and we will need more time to be fully representative.

The recent NMC [Ambitious for change](#) (A4C) (2021) research shows a number of disparities of people with different PCs, for example, lower acceptance rates onto NMC-approved nursing and midwifery courses for Black and Asian students. We aim to collaborate with our partners, including other regulators and EDI experts, to understand the impact of the proposed changes and consider any future research. See our 2022-2025 [EDI plan](#)

While considering the use of simulation within **nursing** a non-systematic review of simulation technology (available in 2018) with respect to skin tone, age and sex, found limited diversity, suggesting limitations to represent the full array of patients, conditions, and scenarios encountered in nursing, midwifery and training.⁶

Embedding racial and skin tone diversity into pre-registration nursing education, for example, would enable AEIs and their PLPs to foster good relationships, potentially reduce stereotypes, provide better care for people and reduce health inequalities.

We do however anticipate a positive impact as simulation can be seen as a way to protect people from harm and offence by giving students opportunities to apply their learning, rehearse and gain confidence and competence in specific skills and experiences. Evidence from the stakeholder research indicates a strong appetite for greater use of simulation, particularly by younger and BAME respondents.

A key concern for stakeholders is around the transferability of skills learned in simulation into 'real-life' practice, which is also a key gap in the evidence base. Another theme from both strands of research is the variation in how simulation is used in learning and assessment.

⁶ <https://pubmed.ncbi.nlm.nih.gov/32044854/> accessed 29.09.22

Religion or belief: 58% of the those on our permanent register identify as Christian; 30% identified as having no religion, 2% are Muslim; 1% identifies as Hindu; 1% are Jewish and 6% preferred not to say.

[Conscientious objection](#) vary within countries of practice and are also referred to in the [Code](#).

We are not clear what the impact of our proposed changes might be for people with this characteristic. However, we will continue to work with AElS to collect evidence and information on the equality impacts of our proposed changes.

Socio-economic factors & caring responsibilities: There have been multiple studies which shows that socio-economic issues are one of the significant concerns relating to attrition rates in nursing⁷ and midwifery⁸ courses. Many students have part-time jobs alongside their studies which can contribute to stress and burnout. Lack of bursaries (in England) may have influenced choice and acceptance rates particularly for mature students who may have dependents.

Carers needs also require consideration, for example, AElS and their PLPs need to ensure that sufficient time is given regarding practice learning allocation, this can enable care provision to be obtained. Work/life balance is another contributing factor to attrition rates.

Welsh language: We have engaged with Welsh speakers as part of the consultation to reflect on any potential impacts. We already have a [Welsh language scheme](#) but this is being replaced in November 2023 by new [Welsh Language Standards Regulations](#). The main difference between the two is rather than waiting to be asked to provide documents in Welsh, we will need to proactively offer that as an option, and we need to ensure that Welsh isn't treated any less favourably than English.

Next Steps

We will continue to work with AElS to collect evidence and information on the equality impacts of our proposed changes.

We will review and update the full EQIA in six months after we begin implementation of any changes and continue to monitor annually the equality impacts of the changes made.

We are exploring specific areas where there are currently evidence gaps and a lack of consensus.

⁷ <https://www.health.org.uk/news-and-comment/news/a-quarter-of-all-nursing-students-are-dropping-out-of-their-degrees> accessed 29.09.22

⁸ <https://www.rcm.org.uk/news-views/rcm-opinion/blown-off-course/> accessed 29.09.22