Nursing & Midwifery Council

Quality assurance handbook

Published May 2023

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Section 1: Introduction

1. Quality Assurance (QA) is the process the NMC follows to ensure that education and training of nursing, midwifery and nursing associate students enable them to develop the proficiencies to join our register.

2. The QA Framework explains our approach to quality assurance and the roles stakeholders play in its delivery. The QA Handbook provides the detail of our processes and the evidence that approved education institutions (AEIs) and education institutions and their practice learning and/or employer partners (in the case of apprenticeships) must provide in order to meet our standards.

3. The Nursing and Midwifery Order 2001 (the Order) establishes us and sets out our primary purpose of protecting the public, our functions, and activities. The Order sets out our powers in relation to QA. This ensures that nurses, midwives, and nursing associates are educated to consistently deliver high quality care.

4. We update this handbook when we introduce new standards or make changes to our QA framework 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 education institutions seeking our approval of a programme for the first time, and existing approved education institutions (AEIs) and their practice learning/employer partners. Practice learning/employer partners are organisations that provide practice placements for students, for example Trusts, Health Boards, GP surgeries, care homes etc.

   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 our QA processes and details the evidence that AEIs, education institutions and their practice learning/employer partners must demonstrate to meet our standards, and the timelines to do so.

7. QA visitors are appointed by our QA delivery partner, Mott MacDonald, to carry out QA activities on our behalf. QA visitors are appointed either as registrant visitors with experience in the relevant field of practice, or as lay visitors to obtain assurance as a member of the public.

8. This handbook also provides information for QA visitors about the QA of education and supporting processes to make sure that AEIs and education institutions provide the relevant education and training to meet our standards.

9. This handbook must be read in conjunction with the NMC QA framework.

1.1 Our role in education

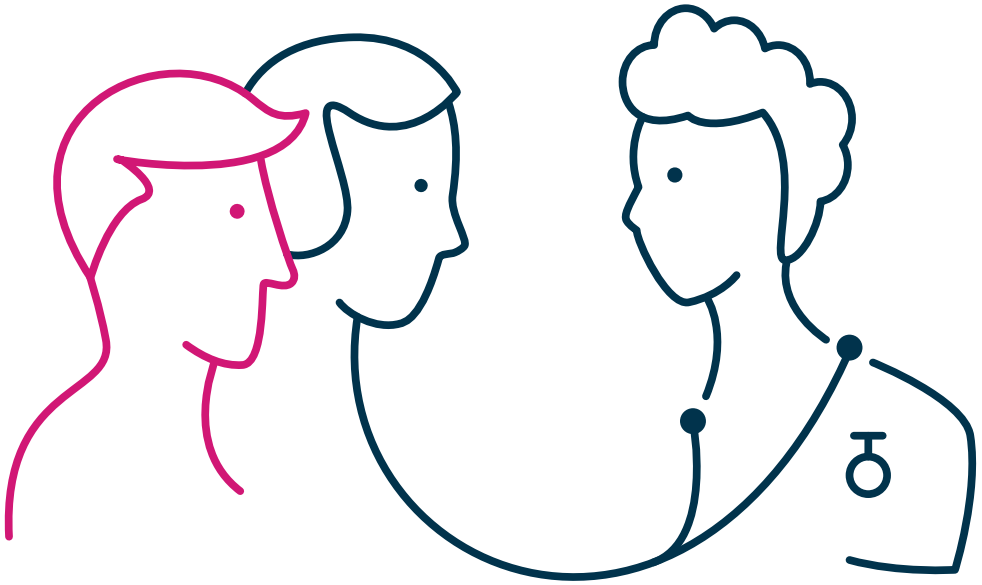
10. We want to make sure that nurses, midwives and nursing associates are consistently educated to a high standard, so that they are able to deliver safe and effective care at the point of entry to the register and throughout their careers. We also want to make sure that patients, people who use services and carers and the public have a clear understanding of what nurses, midwives and nursing associates know and are competent to do.

11. What we do

- We set education standards, which shape the content and design of programmes and the standards of proficiency for nurses, midwives and nursing associates seeking to join the register.
- We approve education institutions and programmes and maintain a database of approved programmes (courses).
- We carry out approvals against our standards.
- We deliver quality assurance of our approved programmes.
- We register nurses, midwives and nursing associates when they have successfully completed their courses.
- We assess and ensure the quality of practice placements for students.
- We carry out monitoring activities and investigate concerns about education programmes.
- We take regulatory interventions, when necessary.

12. What we don't do

- We don't educate or select students. This is done by the AEIs and practice/employer partners in line with our standards.
- We don't set curricula. This is done by the AEIs and practice/employer partners in line with our standards.
- We don't regulate students. If there are concerns about a student, this is dealt with by the AEI.
- We don't assess the quality of care in hospitals or the community. This is the responsibility of other regulators: the Care Quality Commission in England, Healthcare Improvement Scotland, Healthcare Inspectorate Wales and Northern Ireland's Regulation and Quality Improvement Authority.



1.2 How the QA of education will be arranged and conducted

13. To ensure that the activities listed above can be carried out, we work closely with our QA delivery partner, Mott MacDonald. Further to this, Mott MacDonald's appointed QA visitors will also be called upon to ensure that conjoint approval events can be undertaken, and that appropriate discussions are taking place to ensure assurance against our standards.

14. QA visitors will review documentation submitted through gateways, conduct visits and make recommendations to us as to whether programmes meet our standards. QA visitors are independent of the NMC and are not allowed to be employees from the NMC. From time to time NMC employees and/or members of the professional team at Mott MacDonald may attend visits as observers. Whilst the visits are managed by Mott MacDonald and recommendations made for approval by QA visitors, the NMC remains responsible for determining whether to approve a programme or not.

15. Activities that will be undertaken by us include new programme monitoring, enhanced scrutiny of programmes, where necessary, managing concerns around education and training, and maintaining data sources to feed into our data driven approach.

16. Our standards for education and training apply to all AEIs, education institutions and their practice learning/employer partners that are running NMC approved programmes. The standards for education and training are in three parts:

- Part one: Standards framework for nursing and midwifery education
- Part two: Standards for student supervision and assessment
- Part three: Programme standards:
  - Standards for pre-registration nursing programmes
  - Future nurse: Standards of proficiency for registered nurses
  - Standards for pre-registration midwifery programmes
  - Future Midwife: Standards of proficiency for midwives
  - Standards for prescribing programmes
  - Standards of proficiency for nurse and midwife prescriber
  - Standards for pre-registration nursing associate programmes
  - Standards of proficiency for nursing associates
  - Standards for return to practice programmes

17. Newly published NMC standards:

- Standards of proficiency for specialist community public health nurses
- Standards of proficiency for community nursing specialist practice qualifications
- Standards for post-registration standards.

Section 2: Information for new AEIs and EIs seeking approval

2.1 Information requests

18. AEIs and education institutions seeking approval of programmes must give us, Mott MacDonald and QA visitors the information and assistance that they may reasonably need[1]. If an AEI or education institution seeking approval refuses a reasonable request for information, then we may refuse approval[2].

2.2 A Gateway approach to approval

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

- Gateway 1 – Part one: 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 visit

[1] Article 17(4) of the Order
[2] Article 17(5) of the Order

20. The diagram below provides an overview of the approval of a programme through the gateways.

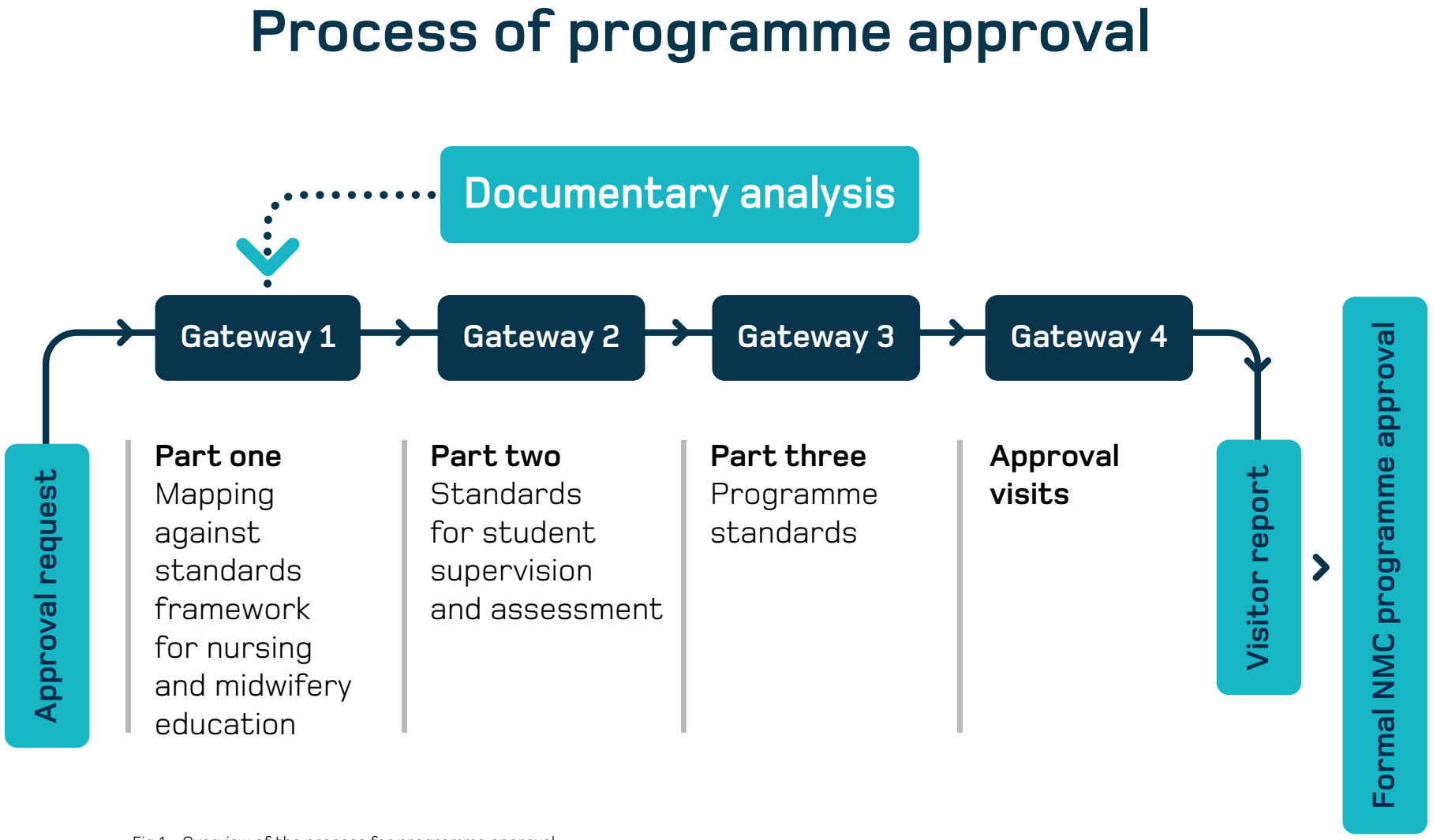
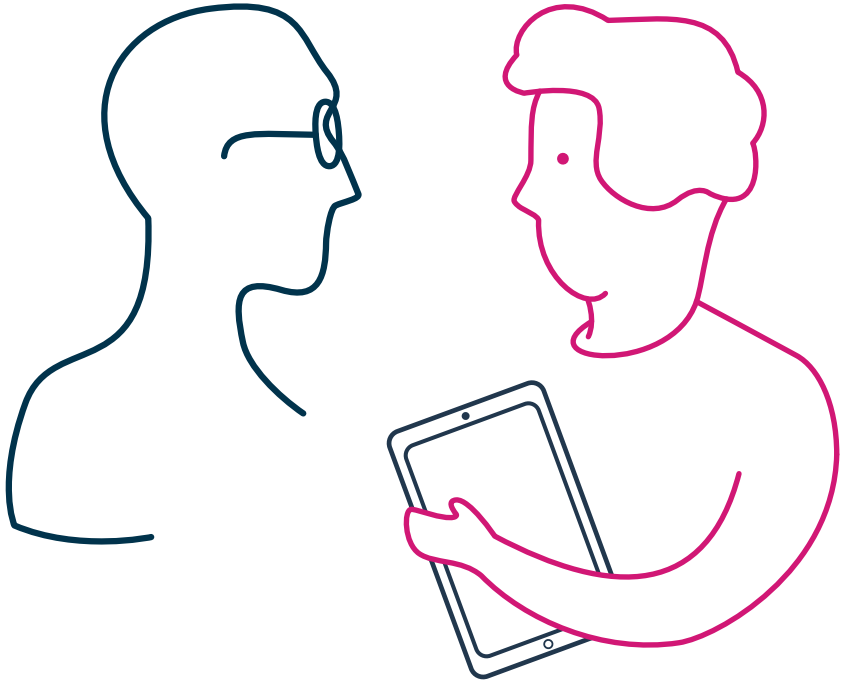


Fig 1 – Overview of the process for programme approval

2.3 Conjoint approval

21. We undertake conjoint approval with education institutions for education programmes. The approval of both academic and professional aspects of programmes is closely linked and in order to meet our standards and requirements, AEIs and education institutions will have to approve their qualification award at the prerequisite level. Having a conjoint approval event will allow for the consideration of qualification of the award to take place at the same time as NMC approval. AEIs cannot present a programme that has previously been approved by the university. Conjoint approval will require the EI/AEI to appoint a Chair and key information can be found in Annexe 7.5. A programme will not be recommended for approval by a QA visitor if it has been previously approved by the AEI or education institution **only**.



22. This will also reduce additional burden or duplication of processes for AEIs and education institutions.
Please note: even if the approval request was raised by an already established AEI, we still require a conjoint approval event to take place.

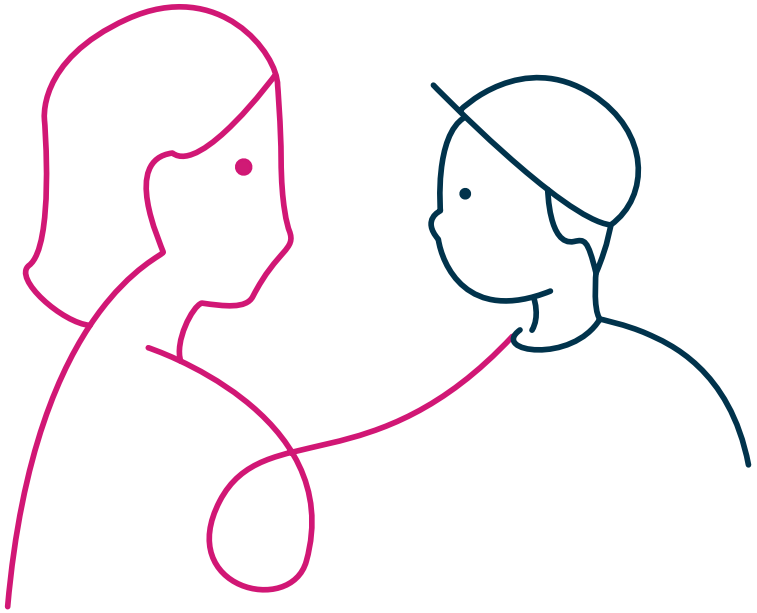
2.4 Gateway 1 – Standards framework for nursing and midwifery education

Gateway approach for an education institution seeking to have programme approval and AEI status

23. An education institution that's either new to nursing, midwifery or nursing associate education (or is wishing to return to providing nursing, midwifery or nursing associate education) and is seeking approval must inform us of their proposal via the QA Link. The proposal should include 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; and
- a timeline for all aspects of the proposal including intended future delivery of programmes.

24. You should request approval to run a programme at least 12 months before you expect your first cohort of students.



25. ***What we will do***

26. We will follow the published process.

Once we've received your proposal, we'll carry out some preliminary checks and then share the information with Mott MacDonald. This can take **up to 20 working days**, but we'll let you know when we've done this. Mott MacDonald will then commence the QA of the approval, via the gateways process.

27. We will provide you with access and the necessary guidance and training on the use of the QA Link. You will be required to complete an event request form through the QA Link which will commence the gateway approval process. When the completed event request has been submitted in the QA Link, a mapping tool will be released which is a guide to ensure the Standards framework for nursing and midwifery education are met.

28. ***What an education institution and their practice learning/ employer partners must do***

29. When an education institution requests an approval, they will be asked to provide some preferred dates on which the gateway 4 approval visit could take place. When an AEI submits an event request, they are declaring that they will be prepared for the visit to go ahead on those dates. These dates will only be able to be changed in exceptional circumstances.

30. Following receipt of the AEI/education institution's event request, the Mott MacDonald team will contact registrant visitors with due regard to the relevant profession with which they are to report on. If appropriate, lay visitors will also be contacted to request their availability on the AEI/education institution's preferred visit dates, and to seek their opinion on any apparent conflict of interest.

31. In order to meet the approval deadline, the mapping tool for gateway 1 will be open for **four weeks**. During these four weeks, the education institution, in partnership with their practice learning/employer partners, will be required to provide evidence to demonstrate how they will meet our standards 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 Link. The education institution must meet the gateway deadlines as outlined in the QA process and by Mott McDonald. Where deadlines aren't met this may result in the visit date being postponed.

32. The evidence must include:

- An evaluative summary against each standard and requirement to demonstrate how they will be met.
- 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;
- Appropriate policies and processes focusing on equality and diversity, admissions, and fitness to practise;
- Evidence of appropriate mechanisms for members of the public, patients, people who use services 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 doesn't 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 education institution 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.
Please note: URLs are not accepted in the QA Link.

34. In addition, the education institution must provide details of all practice learning/employer partners used for student placements for all NMC approved programmes being delivered (or proposed to be used) by the education institution.
To assist in this process, information will be pre-populated and can be selected via a drop-down list. However, the education institution will be able to input data manually if the information required isn't available within the drop-down list provided.

35. Information provided should relate to any practice learning environment which is used for a student placement, or employment of apprentices, for a minimum of **four weeks** duration and forms part of the programme. Please note, elective placements are not required to be uploaded but assurances around the implementation of the Standards for student supervision and assessment in relation to elective placements may be sought at the point of approval/major modification.

36. Information provided can be selected using a drop-down list but must include:

- Correct name of Trust/Health Board/Group/Service: e.g. Cambridgeshire County Council
  - **Please note:** The name should mirror what is shown on the CQC (England), Healthcare Inspectorate (Wales), Care Inspectorate (Scotland) Regulation and Quality Improvement Authority (Northern Ireland) databases.
- First line of address.
- Postcode: e.g. CB3 0AP

37. When this practice learning environment information has been populated the education institution will be able to link to the relevant practice learning/employer partners and environments required for programme approval in gateway 3.

38. ***What the QA visitor will do***

39. The QA visitor(s) will have access to the gateway 1 mapping tool which will signpost them to where the evidence provided by the education institution and their practice learning/ employer partners is located in the QA Link.

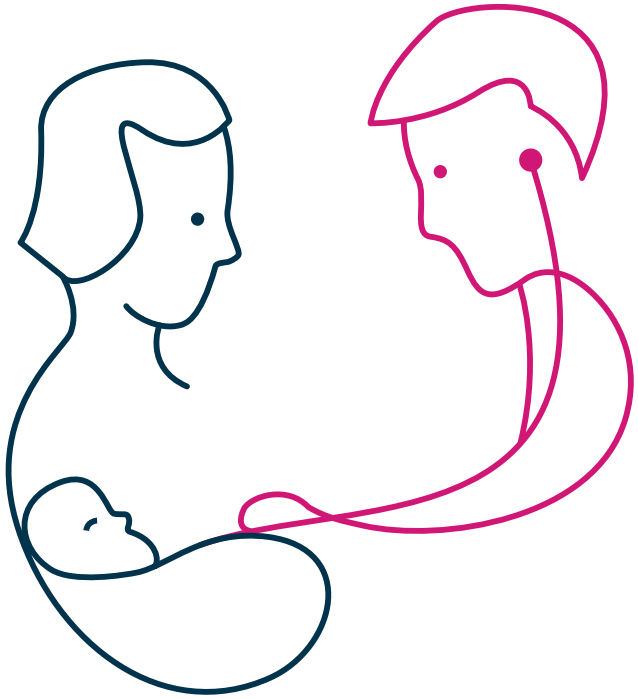
40. The QA visitor has **two weeks** to review and record their findings. If they find the evidence provided is insufficient to meet the Standards framework for nursing and midwifery education this will be escalated to the quality assurance director (QAD) or a quality assurance deputy director (QADD) at Mott MacDonald and the education institution informed of the additional information required. 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 be amended accordingly. We will be informed about this situation.

41. 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.

2.5 Future use of the evidence submitted by existing AEIs and new education institutions to meet the Standards framework for nursing and midwifery education

42. The evidence provided 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.

43. The evidence provided will be available to QA visitors who are involved in our QA activities, to us, to the Mott MacDonald QA team, and to the AEI or education institution for the purposes of updating any changes. As part of their annual self-report, AEIs will also need to confirm that gateway 1 requirements are still met and report by exception on any changes to their ability to meet the standards.



2.6 QA visitors

44. Programme scrutiny will be undertaken by QA visitors, both registrant and lay. Lay visitors may attend any approval/ modification or monitoring event.

45. Registrant visitors include those who are currently, or have been, practising in nursing, midwifery, nursing associate and/or education in the past three years. They must not be current employees of the NMC. They will be assigned to undertake QA activities for parts of our register in which they hold registration and have a recorded qualification. Mott MacDonald requires QA visitors to declare the currency of their registration on an annual basis.

46. Lay visitors include those that do not hold registration with the NMC and are seeking assurance as a member of the public, patient, people who use services and/or carer. Lay visitors will actively participate in the approval of pre-registration nursing, midwifery, nursing associate, specialist community public health and specialist practice, alongside a QA registrant visitor. They are prepared to ensure that people are at the centre of our work in education and training, and their role is to represent the interest of the public.

47. The QA framework emphasises the importance of education and training that's underpinned by effective partnerships between AEIs, education institutions and their practice learning/employer partners at all levels. One of the areas of focus for all QA visitors will be the effectiveness of these partnerships.

48. When a date for a programme approval visit has been agreed with Mott MacDonald, potential QA lay and 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 will be registered on the part of the register which relates to that profession[3]. 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.

49. Potential QA visitors will be required to indicate their availability, agree to complete the work within the given time frames and confirm that there's no conflict of interest. Ensuring that there's no conflict of interest is a statutory safeguard for us and the visitor's role in the QA of education[4].

50. Conflict of interest means any connection which might give cause to question a QA visitor's credibility or the objectivity of their judgement. This includes a QA visitor working in the education or practice learning/employer partner, 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. The AEI or education institution will be informed of the details of potential QA visitors and they will also confirm that there's no conflict of interest, or otherwise.

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

[3] Article 17(4) of the Order
[4] Article 17(5) of the Order

52. QA visitors will make judgements and recommendations based on reliable and substantiated evidence to provide assurance our programme standards are met and the programme can be recommended for approval to us.

53. QA visitors will behave with integrity and courtesy when conducting QA activities, and in accordance with the Mott MacDonald Code of Conduct for QA visitors (annexe 7.2 and 7.3). In turn, QA visitors will expect that AEIs and education institutions work in collaboration with the QA activities. Two of our values are 'fair' and 'kind', and we expect QA visitors to both abide by our values but also be treated the same way.

2.7 Support and QA of approval activities by Mott MacDonald

54. Mott MacDonald will employ a range of measures to assure a high standard of QA activities are undertaken on behalf of us, including:

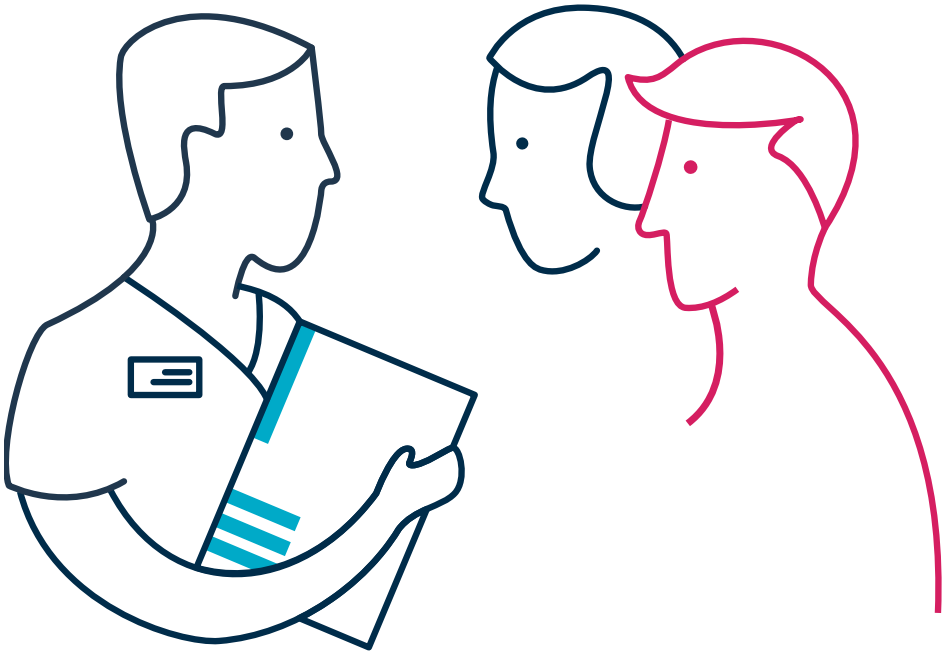
- clear guidance about the QA processes for QA visitors, education institutions seeking programme approval and AEI status, existing AEIs, and their practice learning/employer partners;
- training, development, and feedback for all QA visitors;
- allocation of QA registrant visitors with due regard to the part of the register the programme under review relates;
- Appropriate support for both the QA registrant and lay visitors in their conduct of visits;
- observation of the performance of QA visitors at a proportion of approval visits to ensure QA processes are adhered to;
- QA of programme approval reports;
- evaluation 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 7.8);
- the QA process is supported by the NMC QA Link which is the centre for all QA processes, electronic documents, gateways and reports. The QA Link 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 Link is made available to QA visitors to complete their work only by arranged permissions set up by NMC QA officers, ensuring information security.

55. The introduction of indefinite programme approval requires robust scrutiny by QA visitors during the approval process to ensure risks are identified, mitigated, and/or escalated. It is particularly important to ensure effective decisions are made about the AEIs and education institutions readiness to proceed through the gateways, 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 our standards as appropriate.

Section 3: Information for new and existing AEIs

3.1 Gateway 2 – Standards for student supervision and assessment

56. When Gateway 1 has been completed by AEIs and their practice learning/employer partners they will be provided with a mapping tool in the QA Link to demonstrate how they must meet the Standards for student supervision and assessment.



3.2 Guidance for an AEI to complete Gateway 2

57. ***What the AEI and their practice learning/employer partners must do***

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

59. The AEI must also identify which programme standards the Standards for student supervision and assessment will apply to.

60. 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.

61. 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, supporting information available on our 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.

62. Examples of the type of documentation that we would expect to meet the above requirements are:

- 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.

63. AEIs and their practice learning/employer 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 approved programmes.

64. If an AEI and their practice learning/employer 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 our programmes across all practice learning/employer partners?
- How will the AEI and their practice learning/employer 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/employer 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?

65. ***What the QA visitor will do***

66. 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/employer partners which relate to supervision and assessment in the Standards framework for nursing and midwifery education and Standards for student supervision and assessment; and
- 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.

67. If the QA visitor reports the evidence is insufficient and/or incomplete they will inform Mott MacDonald's QAD or QADD of the shortfalls and escalate their findings to the AEI or education institution. The evidence required will be discussed and a resolution will be agreed which will result in the resubmission of evidence.

68. We will be informed about this situation. Also, 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.

3.3 Gateway 3 – Programme standards

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

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

3.4 Guidance for an AEI and education institution to complete Gateway 3 for pre-registration nursing, pre-registration midwifery, return to practice, prescribing, pre-registration nursing associate, SCPHN and SPQ programmes

71. The AEI or education institution and their practice learning/employer partners have a maximum of **four weeks** to complete the gateway. This will include providing narrative and uploading documentary evidence in the QA Link to support achievement of the relevant programme standards and requirements. The AEI or education institution must clearly signpost the QA visitor(s) to the uploaded documentation which supports achievement of the programme standards.

72. Effective partnership between the AEI or education institution and key stakeholders is a key principle underpinning our QA Framework, including the commitment to actively engage people such as patients, people who use services and carers and the public in programme development and the proposed programme delivery. This should be reflected in the programme documentation and approval process.

73. In addition, the programme should be designed to ensure:

- our programme standards are explicit in the intended programme and relevant standards of proficiency
- compliance with the Standards framework for nursing and midwifery education
- arrangements are explicit at programme level to meet 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 our standards and requirements
- pre-registration nursing and midwifery programmes are presented with explicit information around fields of practice and routes, if approval is requested
- nursing associate programmes are presented with explicit information around the routes available i.e. direct entry or apprenticeship route.

74. Documentation that is provided to QA visitors and the approval panel must be same. We expect that all documentation provided at gateway 3 is provided to the approval panel so that the information being analysed is consistent and a conjoint approval can be ensured. 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 (for programmes that have not yet adopted the Standards for student supervision and assessment);
- 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 partnerships and use of practice learning environments;
- Strategy for people who use services 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 a sample of signed supernumerary agreements from practice learning partners and protected learning time for nursing associate programmes;
- Signed statements of commitment from all employer partners demonstrating their commitment to our standards; and
- Strategic plan/business plan, if a new education institution.

75. For approval of apprenticeship routes, the AEI must also clearly identify the employer partners they are working with, and those they intend to work with in future in the delivery of their programme. This information must be submitted along with the other Gateway 3 information for the QA visitors to review. Those employer partners must be prepared and available to attend the Gateway 4 visit, and the QA visitor will select which ones will be expected to attend closer to the date, but with sufficient notice to allow the employer partners to make suitable arrangements.

76. As part of the collaborative nature of programmes, the commitment and collaboration between AEIs and their practice learning/employer partners is fundamental. In the instance of apprenticeships the employer partner must demonstrate their commitment to our standards in order to approve the apprenticeship route. In order to be approved, written evidence of a commitment statement signed by the intended apprentice employer partner needs to be provided

at Gateway 3. In the instance whereby an AEI is involved in a procurement exercise and engagement with an apprentice employer partner therefore isn't possible to understand their commitment, a condition will be set to gain written evidence of their commitment to working with the AEI and complying with the NMC standards once the procurement process is complete.

77. 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 Gateway 3 mapping tool. This documentation does not need to be submitted again. The QA visitors will have access to this information via the QA Link.

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

78. ***Programme standards for pre-registration nursing, midwifery, prescribing and return to practice programmes***

79. AEIs and their practice learning/employer partners may wish to transfer current students onto the new programme to meet the Standards for pre-registration nursing programmes (NMC, 2018), Standards for pre-registration midwifery programmes (NMC, 2020), Standards for prescribing programmes (NMC, 2018) and Return to practice standards (NMC, 2019) respectively. If so, evidence must be provided to support this proposed transfer as part of the mapping process at Gateway 3 and students who would potentially transfer must also be available to engage with QA visitors during the approval visit within Gateway 4.

80. ***What the QA visitors will do***

81. The QA visitors will be given password-controlled access to the programme information uploaded by the AEI or education institution in the QA Link. In addition, QA visitors will receive a briefing pack from Mott MacDonald containing:

- The AEI's latest annual self-assessment report, 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).
- Details of apprentice employer partners, if applicable.
- Transfer to the Standards for student supervision and assessment major modification reports, if applicable.
- Approval letter from the NMC (major modification pack only – see section four).
- Previous programme approval report and subsequent reports (major modification pack only – see section four).

82. The above documentation provides an overview of an AEI's management of risk affecting existing NMC approved programmes, as well as issues which may impact on the practice learning environments.

83. 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 to make sure the evidence confirms how our programme standards will be met.

84. 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/employer partners will meet the programme standards.

85. The QA visitors will complete an initial draft programme approval 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.

86. 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 programme approval report to the AEI or education institution's nominated representative in the QA Link, at the end of week four (**two weeks**) before the approval visit. This initial draft programme approval report informs the AEI or education institution of any issues or further requested documentation. The AEI or education institution should respond to the questions/issues raised in the QA visitors' initial draft programme approval report through the QA Link **one week prior** to the approval visit. This information should be available to the chair of the approval panel and will inform the agenda for the approval panel visit, which, when finalised, must be deposited in the Ad-hoc Evidence Request area in the QA Link.

87. AEIs and education institutions cannot expect QA visitor(s) to review documentation provided immediately prior to, or tabled at, the approval visit.

88. 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.

3.6 Deferral of an approval visit

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

90. The QA visitor(s) will complete the initial draft programme approval report, no later than **two weeks** before the approval visit date identifying where standards are not met.

91. The QA visitor(s) will escalate their findings to the QAD or QADD at Mott MacDonald 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.

92. The QAD or QADD 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.

93. The initial draft programme approval report will then be released to the AEI or education institution via the QA Link.

94. The QAD or QADD will inform us of this decision within **two working days**.

95. In exceptional circumstances, an approval visit may be deferred on the day of the visit for example if further development is necessary, or due to other regulatory input being required. In these circumstances, it may not be possible to indicate the outcome of the visit on the day.

3.7 Withdrawal of a programme route

96. An AEI will not be able to withdraw programme routes once the panel meeting has started. If an AEI wishes to withdraw a route this must be done prior to the visit commencing.

3.8 Gateway 4 – Approval visit

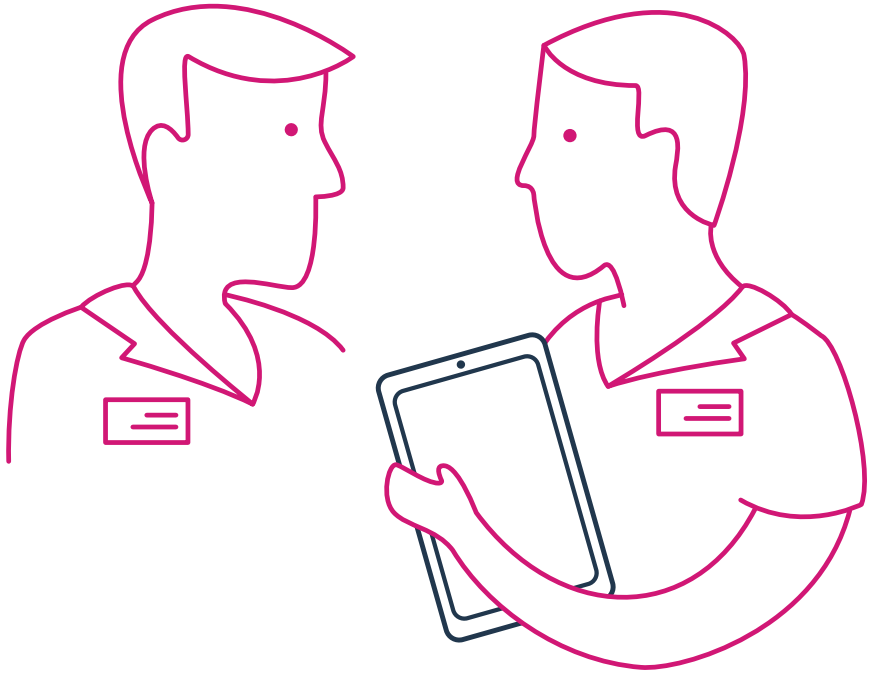
97. The timeline from the submission of the event request by an existing AEI and their practice learning/employer partners to the approval visit is normally **20 weeks**. This is provided the Standards framework for nursing and midwifery education and the Standards for student supervision and assessment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

98. 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.

99. We aim to minimise the burden on all AEIs, education institutions and their practice learning /employer 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/employer partners and other regulators.

100. We undertake conjoint approval with education institutions for education programmes. The approval of both academic and professional aspects of programmes is closely linked and in order to meet our standards and requirements, AEIs and education institutions will have to approve their qualification award at the prerequisite level. Having a conjoint approval event will allow for the consideration of qualification of the award to take place at the same time as NMC approval.
A programme will not be recommended for approval by a QA visitor if it has been previously approved by the AEI or education institution **only**.

101. This will also reduce additional burden or duplication of processes for AEIs and education institutions.
Please note: even if the approval request was raised by an already established AEI, we still require conjoint approval event to take place.



3.9 Structure of the approval visit

102. Approval visits will be undertaken by Mott MacDonald according to our hybrid approach. This approach provides flexibility where some visits may be undertaken remotely.

103. Visits which must be undertaken face to face are:

- Education institutions seeking approval for the first time to become an AEI
- The approval of a new programme at an existing AEI (or combined with education institution to AEI approval)
- Endorsement of a programme or the addition of a satellite site

104. All Visits which require a visit to educational facilities or a practice learning/employer partner must be undertaken face to face.

105. Where there may be exceptions, AEIs must discuss these with Mott MacDonald at the earliest opportunity.

106. The QA visitor(s) will agree with the AEI or education institution the agenda and 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 where required. A copy of the details and e-mails confirming agreement should be forwarded by the QA visitor to Mott MacDonald (nmc@mottmac.com) 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 Ad-hoc Evidence request area in the QA Link for audit trail purposes. A sample agenda for the conjoint approval visit is provided in annexe 7.4. **Please note:** it is important that the agreed agenda is followed at the visit, withstanding any unforeseen delays where possible.

107. If there is any commercially sensitive information that the AEI or education institution or their practice learning/employer 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 that this will be discussed with the visitor(s) at the approval visit.

108. The minimum approval event conjoint panel membership should normally 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 Mott MacDonald on behalf of us;
- External subject specialist(s) Please note: this person(s) should not be from a partner AEI;
- People who use services and carer representative(s); and
- Student representative(s).

109. The AEI or education institution should confirm in advance with the QA visitor(s) through e-mail and the QA Link whether people who use services, carers and student representatives will form part of the panel membership. In line with best practice, we would encourage that representation from people who use services, carer and student groups are present within panel membership. However, we wouldn't stop an approval event from going ahead if this could not be achieved.

110. An NMC observer may be present at approval visits. 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 our staff member's role as representative of the regulator will override their status as an observer. The QAD or QADD from Mott Macdonald may be in attendance to observe and support QA visitor(s) and to ensure QA processes are followed.

111. The approval panel members will follow the agreed agenda for the visit which normally commences with a short presentation from the programme team 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.

112. The programme development team will normally be expected to comprise both academic staff and representatives from practice learning/employer partners, and other stakeholders, for example this could include students, people who use services and carers who have been involved in the co-production.

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

114. QA visitors 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, but not limited to: students; educators; practice leads, strategic level PLP colleagues, practice supervisors/assessors; and people who use services and carers. If students, practice learning/employer partners and people who use services and carers were present at the presentation with the programme development team, then it is expected that a different group is met during these meetings.

115. AEIs/education institutions must provide access to relevant stakeholders groups at the visit, otherwise the programme cannot be recommended for approval.

116. Speaking to stakeholders at the approval visit enables the final triangulation of the documentary analysis of the programme standards. It is also necessary to pursue these issues in discussion with students, educators, employers, assessors and people who use services and carers; and, if a practice learning environment visit is required as part of the programme approval, with practice learning/employer 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.

117. Annexe 7.7 provides guidance for meetings with AEI or education institution senior staff, educators, students, practice leads, practice supervisors/assessors, employers and people who use services and carers.

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

3.10 Visits to practice learning environments

119. QA visitors are not normally expected to undertake visits to practice learning environments. This may happen if the education institution is seeking AEI approval status or has not previously provided a pre-registration nursing (or new field of practice), midwifery or nursing associate programme. Also, this may happen in instances where previous QA reviews have indicated continuing problems in practice learning environments. QA visitors are also not normally expected to undertake visits for new post-registration programmes.

120. If visits to practice learning environments are planned they will need to be arranged on dates prior to the approval visit. Guidance for visits to practice learning environments is provided in annexe 7.6.

3.11 Attendees at the approval visit

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

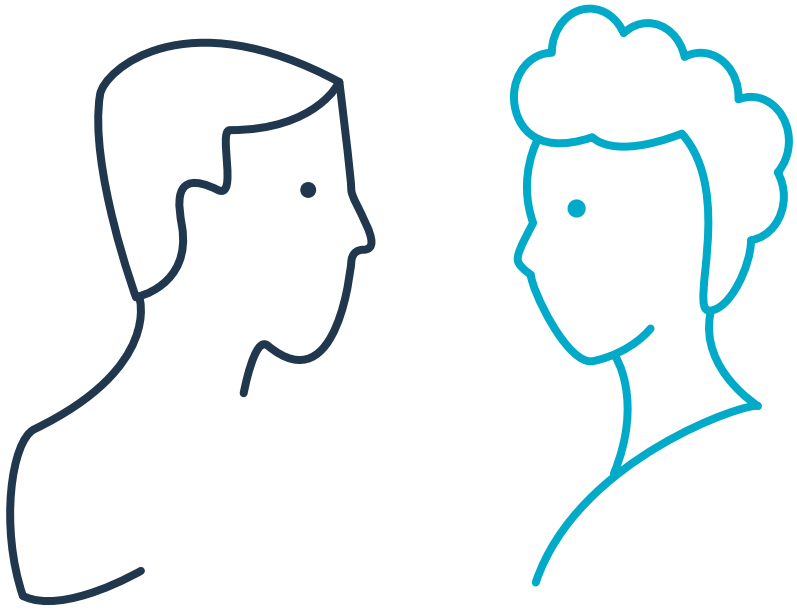
122. A representative sample of colleagues that QA visitors could expect to meet include:

- 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 practice assessors, for example, placement liaison team, practice education facilitators, interdisciplinary practice leads. For approvals of apprenticeship routes, senior members of staff from a selection of apprenticeship employer partners such as Directors of Nursing are expected to attend the approval event, or arrangements made for them to be contactable. The QA visitor will select the employer partners they wish to attend in advance of the visit;
- Practice supervisors and practice assessors including practice supervisors (NMC registrants and interdisciplinary registrants) and NMC registrant practice assessors;
- People who use services and carers who have been involved in programme development and delivery. The programme approval will not be able to take place without people who use services and carers being met; and
- Students: from all years of the existing programme (where applicable), including those students who will transfer to the new programme. If more than one field of nursing is being explored, then each field should be represented.

3.12 Purpose of the approval visit

123. The purpose of the approval visit is to ensure:

- 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/employer partners, people who use services and carers; students, and all other stakeholders;
- the range, and QA of practice learning environments, including arrangements for preparation and provision of academic assessors, practice supervisors and practice assessors and other persons supporting practice learning to support students to achieve the standards of proficiency;
- 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);
- curricula and assessment will enable students to achieve the outcomes required to practise safely and effectively in line with the relevant standards of proficiency;
- 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;
- routes within the pre-registration nursing, midwifery, nursing associate or return to practice programmes, 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;
- appropriately qualified and experienced external examiners consider and report on the quality of theory and practice learning; and
- AEI or education institution policies and procedures applied to the programme are compatible with our standards and requirements.

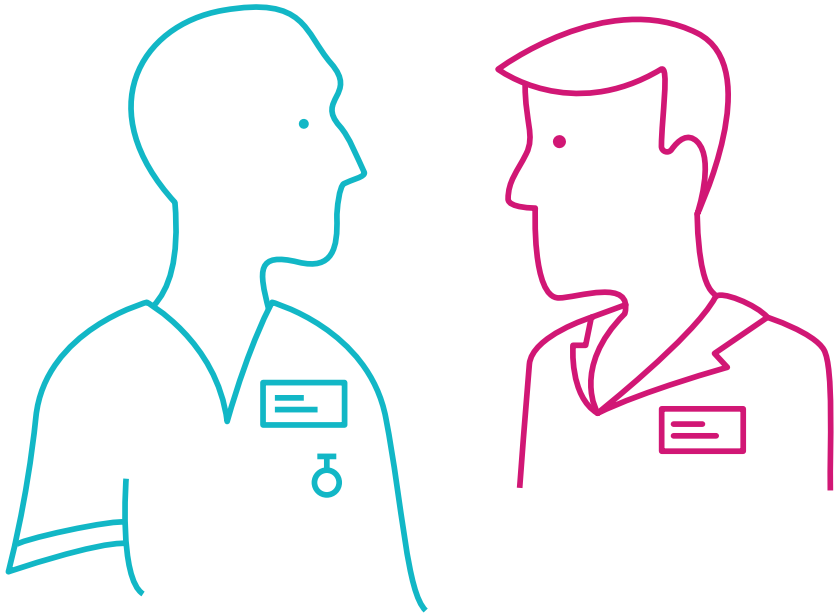


3.13 Approval briefing meeting

124. 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.

125. At the start of the briefing meeting the QA visitor(s) must:

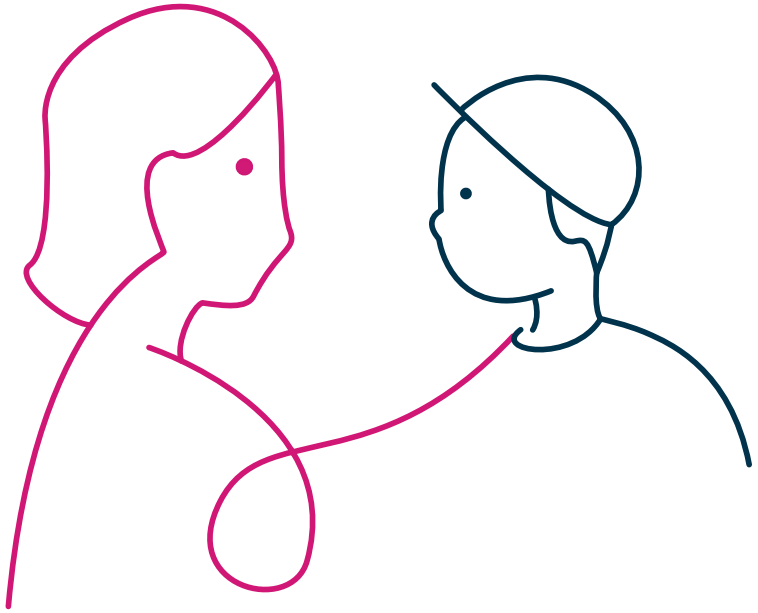
- explain their role and responsibilities as a representative of the NMC and the implications of conjoint approval;
- explain it is their responsibility to assess whether the programme meets all of the regulatory standards and requirements and unless these are met, it will not be possible to recommend the programme for approval to us;
- explain the possible outcomes of the approval event that can be recommended to us include that:
  - the programme is approved unconditionally as all of our standards have been met;
  - 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 our standards have been met; and
  - the programme approval is refused as not all the standards have been met.
- be explicit that any decision on a QA visitor's recommendation for approval or refusal to approve the programme lies with us;
- explain that any conditions must be agreed and stated as AEI/education institution in nature or specific to our standards or both;
- state if regulatory (NMC) conditions exceed five in number, including any condition subsections, then questions must be raised as to the validity of the programme meeting our 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 QAD or QADD for advice who will inform us, if necessary.



3.14 Outcome of the approval visit

126. 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 us can make judgements and recommendations relating to whether our standards have been met, however, the final decision is made by us. In this meeting, one of the following outcomes will be made by the QA visitors:

1. ***Programme is recommended to the NMC for approval*:** If the programme meets all (NMC) regulatory standards and requirements, the outcome of the approval visit will be that the programme is recommended to us stating that our standards necessary for programme approval are met. We will review the recommendation and make the decision whether to give indefinite approval.



2. ***Programme is recommended for approval after conditions are met***: 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.

   A. If outcome 2 results, the panel must:

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

3. ***Programme is recommended for refusal:*** If the panel is not satisfied that the required standards have been met, if our visitors disagree with the internal panel, where there are significant concerns that public safety may be compromised, or more than five conditions have been attached. We will review the recommendation and may make the decision to refuse to give programme approval.

   A. QA visitors must discuss the recommended outcome to refuse approval of the programme with the QAD or QADD at Mott MacDonald on the day of the approval visit. The QAD or QADD will inform us of the decision **within two working days**.

127. It should be noted that conditions must only relate to where standards are not being met. If not satisfactorily addressed, these issues would prevent the programme from being approved and therefore running.

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

129. AEIs/education institutions must provide evidence that any joint or university conditions are signed off by the university by the date set at the approval/modification visit.

130. QA visitors must advise the AEI or education institution that they may recruit to a new programme if their own academic regulations permit but may not enrol students until formal notification of our decision to approve is received. As the visitor's decision is subject to approval by us, the decision to recruit is at the institutions risk. It is important to note that the programme is not approved until final confirmation is received from us.

131. 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.

3.15 Recommendations

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

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

134. 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.

135. The record of the recommendations in the programme approval report made by the QA visitor(s) will note if the recommendations are AEI/education institution in nature or relate to our standards.

3.16 Reporting outcomes of an approval visit

136. 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.

137. The AEI or education institution will take notes or minutes of the approval visit which must be agreed between all panel members. The notes or minutes should also reflect the 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 Ad-hoc Evidence Request area in the QA Link. Once deposited, the registrant visitor should have sight and agree that the minutes are an accurate representation of the discussions had during the visit.

138. For approvals where a QA lay visitor is present, on completion of the approval visit the QA lay visitor will complete their sections of the NMC programme approval report **within two working days** and submit via the QA Link. The QA registrant visitor(s) will collate the QA lay visitor's report and include content within a draft NMC programme approval report which will be agreed by the QA lay visitor. This draft NMC programme approval report must be submitted in the QA Link **within seven working days** of the approval visit for internal QA checks by Mott MacDonald.

139. The programme approval report will:

- identify the academic award(s) as well as the NMC programme(s) and routes reviewed;
- 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; or
  - **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. Urgent improvement may be required to ensure that the standards are met, and public protection is assured.
- 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;
- ensure that conditions are cited in the report against the relevant NMC standard and identify if they are our conditions, AEI/education institution conditions or both;
- provide an evaluative summary describing the evidence which supports the approval outcome recommendation that will be submitted to us;
- confirm which stakeholder groups were present at the meeting and the programme team:
- the number, cohort year and programme of study of any students;
- and confirm whether the programme contains a fall-back award.

140. Guidance notes for completing an NMC programme approval report are provided on the Mott MacDonald **website**.

141. Mott MacDonald will complete internal QA checks on the NMC programme approval report and feedback to the QA visitor(s).

142. Mott MacDonald will share the draft final programme approval report with the AEI or education institution, and we will be notified. Where the AEI or education institution wishes to make observations on the report they have one calendar month to submit their observations.

143. Observations can be used to ensure factual accuracy where there might be an error. This should include ensuring that all programme title(s) and academic level(s) that lead to eligibility to apply for NMC registration are correct.

144. If an AEI does not respond within the observation period of one calendar month, it will be inferred that the AEI agrees with the report and that it's factually correct.

145. Mott MacDonald will submit the final programme approval report to us via the QA Link, noting the final recommendation to approve or refuse approval being made following the final response to any conditions set.

146. If an AEI wishes to provide feedback about any aspect of the approvals process then this should be via the evaluation template that is provided post the gateway 4 event.

3.17 Conditions set at approval meeting

147. If the programme is recommended for approval after conditions are met, the QA visitor(s) will complete the programme approval report and enter the conditions and due date into the relevant sections of the report before submitting to the QA Link. This draft NMC programme approval report must be completed and submitted via the QA Link within seven working days of the approval visit.

148. Mott MacDonald will complete internal QA checks on the approval report, and feedback to the QA visitor, if necessary.

149. The draft report will be shared with the AEI or education institution, and we will be notified. Where the AEI or education institution wishes to make observations on the report they have one calendar month to submit their observations[5].

[5] Article 16(9) of the Order

150. *AEI and education institution response to conditions*

151. 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 via the QA Link, providing evidence of how they have met the conditions, including confirmation that any joint or university conditions have been signed off by the university.

152. The QA visitor(s) will review the evidence provided against the relevant programme standard and requirement. If the QA visitor(s) finds that the evidence demonstrates that all of the conditions have been met, they must confirm this with the AEI or education institution within **five working days**.

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

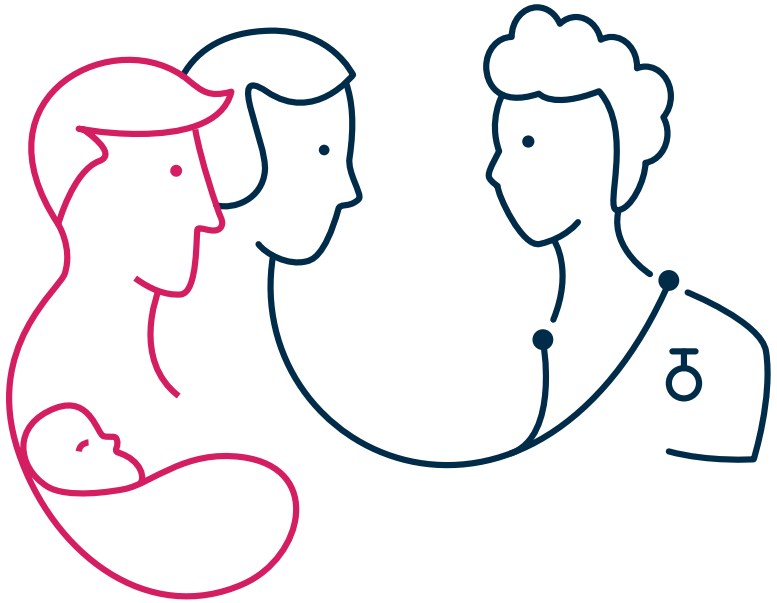
154. Any request for an extension to the agreed date to meet conditions by the AEI or education institution must be agreed by the QA visitor who will have consulted and agreed a new date with Mott MacDonald's QAD or QADD. We will be consulted if the extension exceeds **five working days**.

155. QA visitors must advise the AEI or education institution that they may recruit to a new programme, subject to our approval but **must not** enrol students until and unless our approval is granted. The AEI or education institution should also be advised that the decision to recruit is at their own risk.

156. *Evidence does not demonstrate conditions have been met*

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

158. If the AEI or education institution fails to provide evidence of meeting conditions within the agreed time frame, the conditions will be deemed to be **not met** and the QA visitor must contact Mott Macdonald for guidance on action to be taken **within two working days** of the agreed time frame.



159. Mott Macdonald 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 no more than **five working days**.

160. The AEI or education institution will send the QA visitor(s) and Mott MacDonald 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 Mott MacDonald **within five working days**.

161. 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 our standards and requirements.

162. 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 QAD or QADD **within five working days**.

163. In this situation the conditions will be deemed to be **not met**. Mott MacDonald will submit the report to us outlining that the conditions have not been met and that the programme is therefore not recommended for approval.

3.18 NMC decision

164. AEIs/education institutions and practice learning/employer partners must meet all of our standards to be granted approval.

165. Following the receipt of the AEI/education institution's observations and confirmation by the registrant visitor that the conditions are met, Mott MacDonald will carry out their quality assurance checks on the report before sending submitting the report to our QA team.

166. On receipt of the QA visitors' report and the recommendation regarding approval from Mott MacDonald, we will complete our internal scrutiny checks on the narrative in the report and the conclusions reached, and take into account any other relevant information, including any observations by the institution, when deciding to approve or refuse approval for a programme[6]. This process should take **no longer than 10 working da**ys.

167. ***NMC approves programme***

168. If satisfied, we will send a decision letter to the AEI or education institution normally within 20 working days from the date of which the decision to approve the programme takes effect[7]. We will publish the final report and any observations made by the AEI or education institution.

[6] Article 18(1) of the Order, [7] Article 16(12) of the Order,

169. *NMC refuses programme approval*

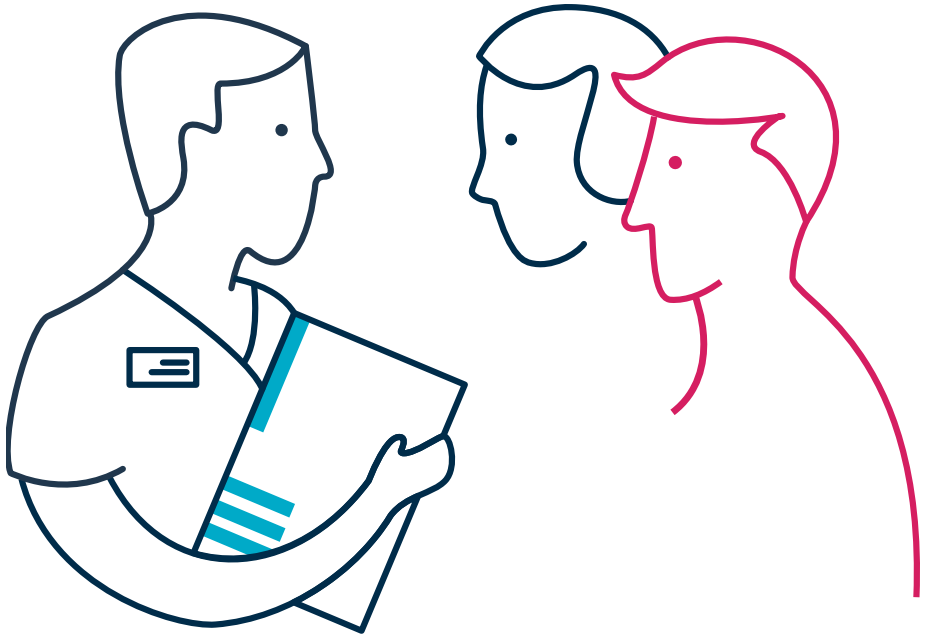
170. If we are not satisfied that the AEI or education institution can meet our standards, we will notify the AEI or education institution that we are minded to refuse approval, giving our reason[8].

171. The AEI or education institution then has **one calendar month** to make observations following our notification[9].

172. We 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[10].

173. We will then notify the AEI or education institution of the decision and the date from which the decision takes effect[11].

174. Following this, we will publish the final report which includes any education institution observations[12].



[8] Article 18(4) of the Order, [9] Article 18(7) of the Order,
[10] Article 18(6) of the Order [11] Article 18(7) of the Order, [12] Article 16(12) of the Order

Section 4: Programme modifications

4.1 Modification to an existing approved education programme

175. 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. If unsure, it's best to check with Mott MacDonald at nmc@mottmac.com Significant changes which would require a major modification might include:

- Changes to learning outcomes designed to meet our outcomes and proficiencies/competencies;
- Changes to assessment to meet new learning outcomes;
- Other changes that impact on any of our regulatory requirements;
- Introduction of another field of practice;
- Introduction of another academic route;
- Introduction of an apprenticeship route;
- Adding a new employer partner to an apprenticeship route; and
- Adding a satellite site or additional campuses.

4.2 Minor modifications

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

177. 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 we need to review the decisions made and the impact on the approval of the programme. We expect AEIs to report on their minor modification decisions in the annual self-assessment report.

4.3 Major Modifications

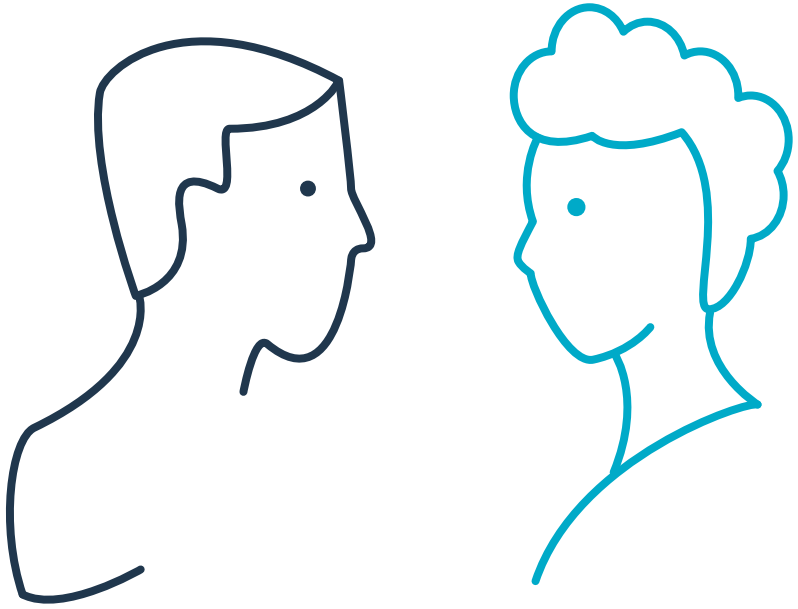
178. ***What the AEI must do***

179. The AEI must submit a major modification event request through the QA Link providing a rationale and summary of the proposed change(s) to the approved programme, and the impact on our 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 including indicating within the request form that Gateway 2 isn't up to date and needs unlocking. 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. When an AEI submits an event request, they are declaring that they will be prepared for the visit to go ahead on those dates. These dates will only be able to be changed in exceptional circumstances.

180. If the major modification impacts on the Standards for student supervision and assessment, Gateway 2 will be unlocked in the QA Link 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. Updates to gateway 2 should only be those directly related to the proposed modification. The AEI will also signpost QA visitors to where the evidence is located in the uploaded programme documentation.

181. A mapping tool for the major modification for Gateway 3 programme standards will also be released in the QA Link for the AEI to complete.

182. 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 Link to demonstrate how these affected programme standards and requirements will continue to be met. 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.



4.4 Types of visits for major modifications

183. The major modification request will be reviewed by a member of the Mott MacDonald 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.

184. Major modification by documentary (or desktop) review

185. ***What the QA visitor will do***

186. 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).

187. The evidence provided against each of our standards and requirements the major modification impacts on will be reviewed, against the original approved programme, to provide assurance of continued compliance with the relevant NMC standards.

188. If necessary, the QA visitor will 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).

189. Complete an initial draft major modification report and submit via the QA Link. This draft report should be submitted **two weeks prior** to the arranged teleconference.

190. 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 QAD or QADD and the AEI will be informed that the modification request and teleconference are deferred. The AEI will be requested to resubmit the modification proposal via the QA Link when all documentation and evidence to support the standard(s) has been completed.

191. ***What the AEI will do***

192. 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 Link, uploading any additional documentary evidence.

193. The AEI will provide the response to the issues raised by the QA visitor at least **one week prior** the teleconference to enable further scrutiny by the QA visitor.

194. Following the teleconference, the QA visitor will advise the programme leader/AEI representative of the outcome of the documentary review.

195. The QA visitor will submit the major modification report through the QA Link within **seven working days** of the teleconference.

196. In the report the QA visitor will:

- Record the level of achievement for each standard affected by the modification on the following basis:
  - **Standards met:** The programme modification meets all regulatory standards and requirements and enables students to achieve our stated standards of proficiency and learning outcomes for theory and practice.
  - **Standards not met:** Failures of the programme modification to meet some or all aspects of our 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.

197. Major modification by visit to the AEI

198. 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.

199. If the major modification is to introduce a new field of practice in the approved pre-registration nursing programme, or to propose a satellite site or partnership for delivery of a 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 Mott MacDonald professional team during the initial review of the major modification request.

200. 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 Link **eight weeks** prior to the major modification visit.

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

202. ***What the QA visitors will do***

- scrutinise the documentation and assess the evidence provided against each of our standards and requirements that the change impacts on using the QA criteria;
- complete a draft major modification report to reflect the findings;
- state clearly in the evaluative summary what the proposed modification is;
- report only on the standards which are affected by the proposed major modification;
- identify on the draft major modification report where there is insufficient evidence which must be pursued before or during the major modification visit;
- agree the agenda for the modification visit with the AEI;
- 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 Link to inform the AEI of any issues or further requested documentation; and
- ensure that they notify the AEI which employer partners are selected to attend the Gateway 4 visit for apprenticeship route major modifications, at **least three weeks** before the visit

203. ***What the AEI will do***

- respond to any issues or requests raised in the QA visitor's draft major modification report through the QA Link **one week** prior to the modification visit. This will inform the agenda for the major modification visit;
- finalise the agenda for the modification visit and deposit in the QA Link for agreement by the QA visitor;
- inform the employers partners who are selected to attend the Gateway 4 visit for apprenticeship route major modifications at least **three weeks** before the visit.

204. The management of the modification visit will follow the AEI's internal QA processes. The panel membership will be consistent with the AEI's QA requirements. The modification event will normally be chaired by a senior member of the School/Faculty.

205. Partnership between an AEI and its PLP's 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/employer partners.

206. 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, interprofessional practice leads;
- Practice supervisors and assessors including practice supervisors (our registrants and other professions) and NMC registrant practice assessors;
- People who use services 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 people who use services and carers being met; and
- Students: from all years of the existing programme (where applicable).
- For major modifications to add apprenticeship routes: senior members of staff from a selection of apprenticeship employer partners are expected to attend the major modification visit, or arrangements made for them to be contactable. The QA visitor will select the employer partners they wish to attend in advance of the visit.

207. If a practice learning environment visit is made, it is also necessary to pursue any issues with practice learning/ employer 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.

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

209. The QA visitor will submit the major modification report via the QA Link **within seven working days of the visit**.

4.5 Introduction of a new apprenticeship employer partner to an approved apprenticeship route

210. Information about adding a new employer partner to an approved apprenticeship programme can be found on our website.

211. If an AEI approved to deliver an apprenticeship route wants to add a new employer partner so that they can start apprentices on the programme, they'll need to submit an apprenticeship modification form to us **at least six weeks** prior to the student starting their programme. This is also required where an approved employer partner wants to add students to another apprenticeship programme at the same AEI.

212. We don't retrospectively agree changes to an approved programme. Therefore, AEIs and new employer partners can't start apprentices on the apprenticeship programme until this process has been completed.

213. The AEI and their new employer partner will need to complete an apprenticeship modification form and email it to qateam@nmc-uk.org. Both the AEI and employer partner will need to sign this form to affirm that they'll meet our standards. We'll review the declaration and decide if the employer partner represents a potential risk to our standards and requirements. We'll base this decision primarily on known, publically available information, such as reported adverse outcomes of national system regulator reviews, independent investigative panel reports, and police investigations.

214. If the standards will continue to be met, then no further action will be required. In some cases we may need further information to evidence that the standards and requirements continue to be met. In this instance we'll ask Mott MacDonald to undertake a major modification. This will require the AEI to submit a major modification request via the QA Link. AEI's will need to take into consideration that the major modification process can take **20 weeks** to complete. QA visitors will seek to gather further information from the new apprenticeship employer partner and the AEI through a phone call or a visit, as required.

215. As part of our ongoing monitoring of approved programmes, we'll also assess the working relationship between AEIs and their apprenticeship employer partners during new programme monitoring and annual self-reporting.

4.6 Satellite sites or partnerships approval

216. Some education institutions will operate over multiple campuses to run the same programme. Others may wish to work in partnership with other organisations such as colleges or NHS Trusts to deliver the theoretical components of their programmes at different sites. This is typically where the same programme will be run in parallel at different geographical locations.

217. Where an AEI wants to add a new campus or satellite site, or new partner organisation for an approved programme a major modification visit must be undertaken. A major modification request should also be submitted where an AEI wishes to add a new programme/route for delivery at an approved campus, satellite site or partner organisation.

218. A satellite site or partnership must always be based in the United Kingdom, For a site in the Channel Islands or the Isle of Man, please see the section on endorsements.

219. Alongside ensuring our standards are being met, and that there are appropriate governance and oversight processes in place, the NMC also expect that the fundamental premise of satellite site or partnership approval is that the student experience is equivalent/has parity across all sites of delivery.

220. If the new site is due to a new partnership then the AEI who confers the degree is responsible for ensuring that the appropriate systems are in place for managing multiple sites and any associated risks, and that processes such as exceptional reporting are appropriately followed.

221. Approval of a new site or new partnership will normally be undertaken as a major modification visit, so that QA visitor(s) can tour the educational facilities as part of their review of the infrastructure to deliver the intended programme and explore issues around capacity and student numbers.

222. As part of the modification visit, meetings should be arranged with a range of personnel from the practice learning/employer partners to determine the organisational commitment and support in providing high quality practice learning experiences and practice assessors and practice supervisors to support student learning.

4.7 Programme endorsement

223. An endorsement is the approval to run an NMC approved programme in another UK country or other specified location outside the UK such as the Channel Islands and the Isle of Man. Information on the endorsement process can be found on our website.

224. The process of endorsement does not allow a programme to be approved in the UK for sole delivery outside the UK. It is intended to apply to a programme being delivered in the UK, which may also be delivered outside the UK using comparable programme arrangements.

225. AEIs must be responsible for the delivery of the endorsed programme and cannot nominate another institution to deliver it on its behalf.

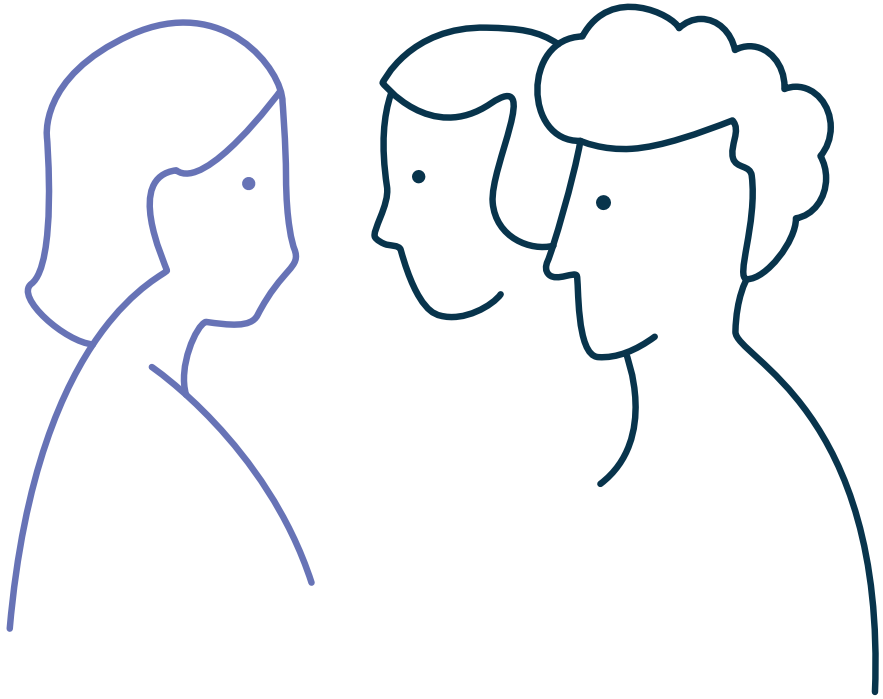
226. In principle, a programme presented for approval in one UK country may be approved to be delivered in any of the other UK countries without further action, subject to the following arrangements:

- 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;
- a new delivery site or campus in another UK country must be processed via a major modification and,
- systems must be in place to support such implementation at approval.

227. AEIs may choose to deliver parts of approved programmes outside the UK[13]. The UK-based AEI is accountable for this local delivery as part of their overall assurance to us.

228. We will need robust evidence of how the programme meets our 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.

229. 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.



[13] Article 15(7) of the Order

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

231. 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.

232. ***The AEI seeking an endorsement will***

- submit an endorsement proposal request via the QA Link; and
- complete the policy questions and information required by us which must be completed by the AEI and submit.

233. This proposal is then directed to us for our internal scrutiny to determine whether the location specified outside the UK meets the criteria to be considered for endorsement.

234. We may:

- request clarification or further information;
- reject the request based on insufficient evidence, or the endorsement is not supported by us, in which case we will liaise with the AEI, as necessary; or,
- agree that the endorsement can proceed to gateway approval.

235. When we agree, the endorsement can proceed to approval.

236. The AEI will submit an endorsement event request form via the QA Link.

237. Mott MacDonald 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.

238. The AEI and their practice learning partners will provide documentary evidence to support the following for an endorsement:

- Infrastructure to deliver the programme in the specific country, including academic and practice learning placement arrangements
- Partnership between the AEI, geographical locality where AEI based learning will take place and practice learning partner
- Policy context/country and cultural specific requirements
- QA mechanisms/processes including arrangements for educational audit and governance arrangements in accordance with Gateway 1: Standards framework for nursing and midwifery education
- Written confirmation by the AEI and practice learning partners that resources are in place to deliver the programme which meets our Standards for student supervision and assessment
- Assurances are required that programmes are delivered by NMC registered 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 our Standards for student supervision and assessment

239. The process will follow Gateway 2, 3 and 4.

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

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

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

243. Mott MacDonald will report the recommendation of the outcome of programme endorsement to us. We will make a decision and notify the AEI of the outcome of the endorsement.

244. ***What the AEI must do***

245. Following confirmation by us 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; and
- supporting information and evidence to support the intentions in the programme submission document presented for approval (Gateway 3 and 4).

246. This includes:

1. evidence of confirmation that the programme has the support in each country where the programme is to be delivered;
2. evidence of the commitment to actively engage people who use services and carers, in programme development and the proposed programme delivery; and,
3. written confirmation by the AEI and associated practice learning/employer partners that resources are in place to support the programme intentions on specified sites.

4.8 Programme discontinuation

247. AEIs must inform us in writing if they are no longer running a programme and want to discontinue it.

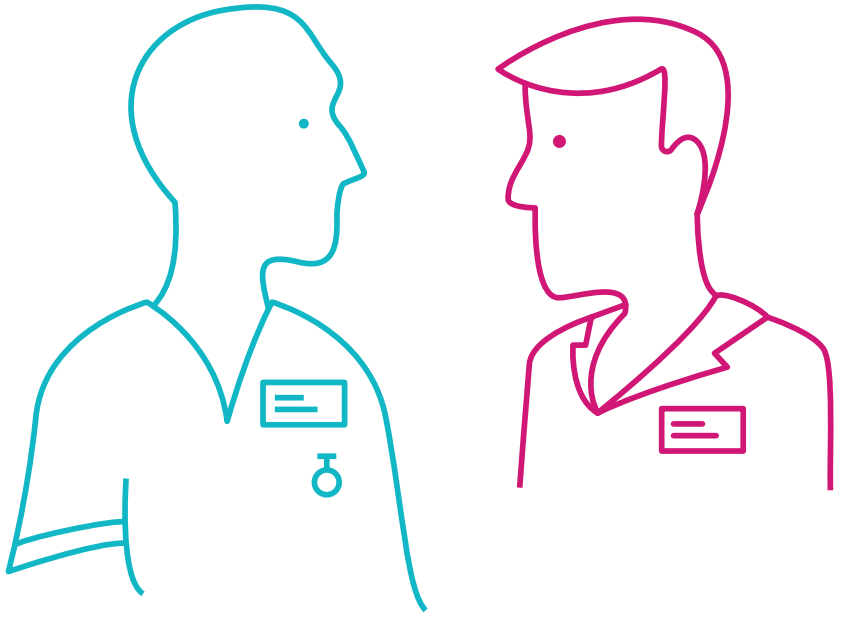
248. We should be informed by email from the AEI (qateam@nmc-uk.org) and discontinuations should also be notified through annual self-reporting.

249. If an AEI wishes to start the programme again they will need to go through a full approval process before they can admit students to the programme.

250. The programme discontinuation request will initially be reviewed by the QA team and a decision will be made to approve the request.

251. NMC Council will be made aware of discontinuation of programmes through our annual reporting process.

252. The QA team will notify the AEI in writing of the approval of discontinuation.



Section 5: Monitoring

253. Once programmes are approved, we undertake monitoring of institutions and their programmes to ensure our standards continue to be met. This includes activities such as exceptional reporting, annual self-reporting, new programme monitoring, enhanced scrutiny, listening events, monitoring visits and extraordinary reviews.

5.1 Exceptional reporting

254. We expect AEIs to tell us any concerns about an approved programme, in particular issues which might affect the student learning environment or where there may be a patient safety concern. If there's the potential that our standards are not being met then this should be raised with us via our exceptional reporting form.

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

256. AEIs manage the delivery of educational programmes in accordance with all of our standards for education. When risks emerge, AEIs and their practice learning/employer partners are expected to respond quickly to manage risks appropriately.

257. ***When to make a report***

258. 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 to us via an exceptional reporting form. All exceptional reports should be sent to exceptional.reporting@nmc-uk.org.

259. You should make an exceptional report if:

- there's an immediate or impending risk to the safety of students, members of the public or patients
- an unexpected or unexplained death has occurred
- a major incident has occurred
- a practice learning partner or apprenticeship employer partner has been rated as "inadequate" by the Care Quality Commission (CQC), Health Inspectorate Wales, Healthcare Improvement Scotland or Regulation and Quality Improvement Authority - you do not need to do this if they have been rated by the CQC as "requires improvement"
- significant concerns have been raised by a member of the public
- students have raised any complaints leading to an internal investigation
- there's significant public interest in the incident.

260. We expect to receive the following information from exceptional reporting:

- a brief description of the risk
- immediate actions taken
- individual and shared responsibility between the AEI and practice learning/employer partner of the risk and planned actions, together with additional support mechanisms planned or in place.

261. We will acknowledge and respond to exceptional reporting and we will assess the risks presented. Any subsequent necessary actions will follow the risk-based criteria process.

262. ***What we will do***

263. We need to assess whether the AEI is addressing any risks and that the AEI and programme(s) continue to meet our standards and requirements. To help us with this assessment we may need to ask you for more information. We can request this information in a number of ways, such as by meeting - either online or face to face, a listening event, a monitoring visit, enhanced scrutiny or an extraordinary review, depending on the nature and severity of the concern. These interventions allow the AEI to demonstrate how they have addressed the issues raised with them and how their programme and the AEI continue to meet our standards and requirements.

264. If we ask for more information, you need to send this to us within **seven working days**. If you're not able to provide the information in this time, then you need to let us know why[14].

265. We may also need to speak to other relevant NMC departments to make sure that any concerns that could impact them are dealt with. If a concern impacts on another AEI, we'll also tell them about the identified risk. However, we won't share any sensitive or personal information.

266. ***Actions we can take***

267. If we decide that an AEI has not appropriately dealt with a concern, we can consider whether it's proportionate to withdraw approval of the AEI and/or the programme(s). However, if we determine that there's no longer a risk to the student learning environment or to patient safety and our standards are being met, we'll take the necessary steps to close your concern. We'll aim to update you **within two weeks** of receiving your exceptional report form. If we're still dealing with your concern after that period, we'll let you know why and what further information we need.

5.2 Responding to concerns and handling complaints about AEIs

268. Where concerns are identified with us which could be through exceptional reporting, whistleblowing, or through system regulator and media reports we use a risk-based criteria to accurately assess any risk to programme approval and public protection. Concerns are categorised as minor, major and critical:

- **Minor**: issue that has **minimal impact** on and causes **minimal disruption** to student learning and safety and/ or public safety and protection; minimal impact in NMC confidence (eg. minor issue raised at system partner meeting)
- **Major**: issue has **potential moderate impact** on and causes **moderate disruption** to student learning and safety and/ or public safety and protection; potential impact in NMC confidence (eg. concern raised through NMC media scanning, which has potential to impact student safety)
- **Critical**: issue has **potential significant serious impact** on and cause **significant serious disruption** to student learning and safety and/ or public safety and protection; national press coverage (eg. public inquiry, concerns raised from other regulators); potential serious impact in NMC confidence. Please see **Annexe 7.9** for further information on concerns grading.

[14] Article 17 of the Order

269. We will investigate and, if necessary, act on concerns raised about AEIs. We will deal with concerns and complaints fairly and consistently. Our duties around managing and acting on information provided through whistleblowing are set out in the Public Interest Disclosure Act 1998.

270. ***What we will do***

271. Where we have concerns, we need to assess whether the AEI is addressing any risks and that the AEI and programme(s) continue to meet our standards and requirements. To help us with this assessment we may need to ask you for more information. We can request this information in a number of ways, such as by meeting - either online or face to face, a listening event, monitoring visit, enhanced scrutiny or an extraordinary review, depending on the nature and severity of the concern. These interventions allow the AEI to demonstrate how they have addressed the issues raised with them and how their programme and the AEI continue to meet our standards and requirements.

272. If we ask for more information, you need to send this to us within **seven working days**. If you're not able to provide the information in this time, then you need to let us know why[15].

273. Where further information is received, we will assess this using our ratings assurance process to assess whether the information provides us with assurance that the AEI is managing the concern.

274. We may also need to speak to other relevant NMC departments to make sure that any concerns that could impact them are dealt with. If a concern impacts on another AEI, we'll also tell them about the identified risk. However, we won't share any sensitive or personal information.

275. Where appropriate, we will redirect any concerns about systems or practice to system regulators, our fitness to practise teams, or other professional regulators.

276. ***What we will do***

277. We may ask an AEI to provide us with an action plan identifying how concerns are being addressed. We may also ask for regular updates on action or improvement plans and will contact an AEI for more information if required. If we decide that an AEI has not appropriately dealt with a concern, we can consider whether it's proportionate to withdraw approval of the AEI and/or the programme(s). However, if we determine that there's no longer a risk to the student learning environment or to patient safety and our standards are being met, we'll take the necessary steps to close your concern. We will let you know within **two weeks** of closing your concern.

[15] Article 17 of the Order

5.3 Interventions and evidence for concerns

278. This Table provides grading categories for quality concerns, suggested QA team interventions and potential evidence which may be provided by AEIs to assure us that concerns are being managed appropriately.

Grading Category	Normal QA Intervention	AEI potential evidence/actions
Minor	• Email request for clarification/ assurance • Call from QA Officer	• Provide evidence of numbers of students affected by programme and practice learning area • Provide evidence of mitigation/monitoring, if requested • Student evaluations/feedback (may be at the time concern raised, but may also be more generally, or requested at further time points)
Major	As for minor plus • Call from Education QA Manager • Call or face to face meeting with Head of Education and QA • Action plans/ intervention monitoring • Listening event • Monitoring visit • Enhanced scrutiny	As above, plus • Evidence of immediate actions taken • Evidence of support mechanisms in place- students are safe and their wellbeing protected • Evidence of action plans, mitigations and AEI and practice learning partner working to mitigate concerns (eg. Working groups, new or developed safety committees, cross-regulatory groups) • Provide regular updates on actions/intervention/monitoring and mitigations as requested • Student feedback around concerns, including support given and action taken (these may be requested at regular intervals) • Timely response to requests for further information • Educational re-audit when requested
Critical	As for major plus • Extraordinary review • Withdrawal of approval	As above, plus • Evidence of thresholds for removal of students from area • Contingency plan for student replacement to area • Regular updates with Head of education and QA until satisfactory mitigations have resulted in risk reduction • Evidence of student engagement to address concerns

5.4 Assurance Ratings for Concerns

279. Assurance will be rated for each concern, along with risk to education standards, providing evidence of improvement or deterioration.

280. The QA Team will rate our assurance according to the evidence provided by an AEI based on the following:

281. Strong Assurance

- Evidence presented provides assurance that our standards have been or continue to be met;
- There are no identified areas of weakness;
- Action plans/mitigations are appropriate to manage risk;
- The information provided meets or exceeds our expectations;
- Evidence presented assures of relevant stakeholder engagement;
- Evidence of consideration of students safety and wellbeing in action plans;
- Relevant oversight of the concern and/or action plans, with responsibilities and actions against named job titles.

282. Good Assurance

- Evidence presented provides some assurance that our standards have been or continue to be met, but there remains a lack of clarity;
- The action plan lacks operational detail but clearly demonstrates the approach being adopted;
- Detail can be rectified swiftly(e.g. minor immediate actions to make adjustments to existing plans);
- Information provided is sufficient for the moment in time, but will require further follow up;
- Evidence of some engagement with relevant stakeholders, but further may be required;
- Student support is mentioned in the plans for monitoring the concern, but without operational detail;
- Evidence of relevant oversight of the concern and/or action plans.

283. Weak Assurance

- Evidence presented does not provide assurance that our standards are being met;
- The action plan provides little evidence of addressing concerns and mitigations are unclear (eg. Major work required to provide appropriate action plan to address concerns);
- The AEI does not meet NMC request deadlines;
- Lack of evidence of engagement with relevant stakeholders to address concerns
- Lack of evidence of student engagement;
- Lack of evidence of appropriate oversight of the concern or action plans.

5.5 Critical Concerns

284. Where a critical concern is identified we will do the following:

- Set up an initial meeting (usually via virtual/remote means) between the AEI and the Head of education and/or QA or education and QA manager. This meeting may also include the relevant PLP/EP and/or education body.
- This initial meeting will outline the reason that the concern has been categorised as **critical** and outline the process for managing critical concerns. This process will include:
    - The AEI will receive a written summary of the initial meeting, outlining actions and next steps, including the approach to further QA activities/interventions should they be required;
    - The AEI will be required to develop and share an action plan which includes: the perceived level of risk, number of students affected, student and service user feedback, education audit data, partnership working between AEI/PLP or EP, alternative placement plans (should these be required);
    - Regular meetings will follow between the AEI and PLP/EP/education body and the Head of education and QA or the education and QA manager to discuss the action plan implementation and evidence of how it is being monitored and evaluated.

285. AEIs will be made aware of escalation/de-escalation and any planned QA activities/interventions.

286. This information will be used to provide updates, assurance and recommendations to QA Board.

287. AEIs will remain on our critical concerns register until we are assured that there is no longer a risk to student learning, public safety and our standards being met.

288. Where we do not receive the assurance that a concern is being appropriately managed we may undertake a listening event, monitoring visit or extraordinary review, and can withdraw the approval of a programme and/or AEI.

289. Where we determine that there's no longer a risk to the student learning environment or to patient safety and our standards are being met, we'll take the necessary steps to close your concern. We will let you know **within two weeks** of closing your concern.

5.6 Data driven approach to concerns and risk

290. We are data driven in our approach to the management of concerns and risks. This includes looking at data on AEIs, their programmes and their practice learning/employer partners. The data we receive will help inform any regulatory interventions we take ensuring we are robust, targeted, and proportionate.

5.7 Annual self reporting

291. We expect all AEIs to submit an annual self-assessment report and confirm that they continue to meet our standards and requirements across all approved programmes. The declaration made by the AEI must be agreed in partnership with their practice learning/employer partners. Any specific requirements of the self-assessment report will be provided by us and included in the self-report template which will be shared with AEIs annually in November.

292. We will advise AEIs by email of the deadline for the submission of the self- assessment report. If you're not able to provide the information in this time, then you need to let us know why.

[15] Article 16 of the Order

293. The self-assessment includes an evaluative account of how the AEI manages its key risks. It also provides an opportunity for AEIs to give examples or case studies of positive or innovative practice, and to indicate any areas of provision that they are aiming to enhance. Questions are also included on specific themes of interest that may have arisen through monitoring mechanisms.

294. We will provide AEIs with National Student Survey scores (where appropriate) and AEIs are required to provide narrative related to red scores and actions taken to address these.

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

296. AEIs must submit their annual self-report by the NMC confirmed deadline. Extensions will only be given in exceptional circumstances.

297. Mott MacDonald will review the individual AEI self-assessment reports. Mott MacDonald will inform us of any AEIs who do not provide assurance that key risks are managed.

298. Where an AEI does not provide assurance that key risks are being managed they will be asked to resubmit their self-assessment report.

299. The self-assessment report is reviewed again following re-submission to assess if assurance is provided that our key risks are managed. We are then informed of the outcome

300. An analysis is undertaken of all annual self-reports and shared with our quality assurance board and Council.

301. We also share a webinar of the analysis, key themes, good or innovative practice with AEIs. As well as a webinar to share the upcoming annual self-report and answer any questions.

5.8 New programme monitoring

302. New programme monitoring applies to any new AEI or new pre-registration programme, through which we will request additional information and updates about how the new programmes are being delivered. New programme monitoring provides the opportunity for us to support new AEIs and/or programme teams, develop key contacts and relationships, as well as identify any risks or concerns and support AEIs to manage these.

303. AEIs will be required to complete a report to provide information and this will be followed up with a meeting with our QA Team to discuss the information provided.

304. New programme monitoring will apply from the point of programme approval being granted. It is intended to end at the point the first students of the first cohort, from newly approved programme(s), complete their programme and join the register. Decisions to remove programmes from new programme monitoring will be made by our QA Board.

305. Information collated through these processes will inform our data driven monitoring approach and move towards our insight-based quality assurance framework as a whole.

306. ***What the AEI and their practice learning/employer partners must do***

307. Institutions undergoing new programme monitoring will need to submit new programme monitoring reports twice annually. One of these reports will be included within the template of the annual self-assessment report. Those submissions will be assessed by us and follow-up actions may be taken.

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

- details of input by student bodies and people who use health and care services and carers into programme implementation and continuous improvement activity;
- scrutiny of the partnerships, relationships, communication channels and shared reporting between the AEI and their practice learning/employer partners, and how they are contributing to the strength of the local management and assurance of the programme(s) as a whole; and
- follow-up on actions proposed to manage risks identified through exceptional reporting.

309. The above list is an indication rather than an exhaustive list. The particulars of the annual self reporting themes for new programme monitoring reporting may vary year on year but will always link back to our standards for nursing and midwifery education standards.

310. The AEI will be required to meet with a member of the QA Team. This meeting may take place online or face to face. AEIs are required to ensure that student, practice learning partner/employer partner and people who use health and care services representatives are present at this meeting. There should be no more than **10 people** at the meeting.

311. Where a need for any further improvements are identified through the formal assessment of the new programme monitoring 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.

312. ***What we will do***

313. We will be directly responsible for undertaking activity and applying scrutiny as part of new programme monitoring.

314. Following the submission of new programme monitoring reports, AEIs will be required to meet with a member of the QA Team. This meeting should include stakeholder representatives as outlined in 310 and may take place online or face to face.' At this meeting key points from the report will be discussed including roll out, delivery, local management and oversight of the new programme/s.

315. We will inform AEIs of the exact dates for both submission of reports and of follow-up meetings to allow sufficient time to prepare for them, and will also provide the details of the responsible NMC QA Team member in advance of the meeting in advance as a named contact. The specifics for this will be stated as part of our confirmation of the programme approval.

316. In these calls our QA Team member 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:

- following up on exceptional reporting;
- themes emerging from the regular reporting;
- details of how the new programme is being delivered, assured and managed locally;
- points for clarification in regards to the standards for pre-registration education and training and proficiency standards;
- experience and involvement of people who use health and care services within the programme;
- student experience of the programme, how they are supported in the university and practice leaning environment, how concerns are raised and managed;
- the governance in place to support collaborative working between the AEI and practice learning/employer partners and the experience of the practice learning/employer partners.

317. We will follow up on these updates and provide feedback as required to enable actions and improvements in programme delivery and management of risks. We 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 Mott MacDonald to conduct a monitoring visit or extraordinary review. This would be the only input from Mott MacDonald in the conduct of new programme monitoring.

318. We may extend the duration of new programme monitoring for a further period, should circumstances change within the AEI and/or practice learning/employer partners, or if we do not receive sufficient assurance of the management of risks or where delays occur to any of our requests for additional information and updates regarding the approved programme.

319. At the end of this period, we will evaluate whether new programme monitoring 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 new programme monitoring period.

320. The outcomes of the process as a whole will be notified to Council as part of annual reporting mechanisms.

5.9 Enhanced scrutiny

321. Programmes may be placed on enhanced scrutiny as part of our concerns process and data driven approach to quality assurance.

322. Enhanced scrutiny means we will request additional information and updates from the AEI about how their programme/s 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 providers and/or programmes. An appropriate schedule of meetings will be agreed, to enable adequate scrutiny to be applied and to allow the AEI to be removed from ES in a timely manner, once assurance has been gained.

323. Where a programme is placed on enhanced scrutiny, we will write to the AEI outlining the rationale. An appropriate schedule of meetings will be agreed, to enable adequate scrutiny to be applied and to allow the AEI to be removed from enhanced scrutiny in a timely manner, once assurance has been gained.

324. 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, we may decide to apply enhanced scrutiny to that AEI in addition to all actions being taken to mitigate risks to programme delivery.

325. Information collated through these processes will inform our data driven monitoring approach and move towards our insight-based quality assurance framework as a whole.

326. ***What the AEI and their practice learning/employer partners must do***

327. Institutions undergoing enhanced scrutiny will need to submit programme monitoring reports twice annually. One of these reports will be included within the template of the annual self-assessment report. Those submissions will be assessed by us and follow-up actions may be taken proportionate to the level of concern we have.

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

- details of input by student bodies and people who use health and care services and public bodies into programme implementation and continuous improvement activity;
- scrutiny of the partnerships, relationships, communication channels and shared reporting between the AEI and their practice learning/employer partners, and how they are contributing to the strength of the local management and assurance of the programme(s) as a whole; and
- follow-up on actions proposed to manage risks identified through exceptional reporting.

329. 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. But will always link back to our standards for nursing and midwifery education standards.

330. The AEI will be required to meet with a member of the QA Team. This meeting may take place online or face to face. AEIs may be required to include student, practice learning partner/ employer partner and people who use health and care services representatives are present at this meeting.

331. 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.

332. ***What the NMC will do***

333. We will be directly responsible for undertaking activity and applying scrutiny as part of enhanced scrutiny.

334. Following the submission of enhanced scrutiny reports, AEIs will be required to meet with a member of the QA Team. This meeting may include stakeholder representatives and take place online or face to face.' At this meeting key points from the report will be discussed and clarification sought where required

335. We will inform AEIs of the exact dates for both submission of reports and of follow-up meetings to allow sufficient time to prepare for them.

336. In these calls our QA Team member will discuss any points relevant to the mitigation of risks inherent in the implementation, roll out and delivery of programme(s). This may include:

- following up on exceptional reporting
- themes emerging from the regular reporting
- details of how the programme is being delivered, assured and managed locally
- how the risks are being managed, including actions, monitoring and evaluation
- discussion of impact on student learning and progression
- points for clarification in regards to the standards for pre-registration education and training and proficiency standards.

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

338. We 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 Mott Macdonald to conduct a listening event, monitoring visit or an extraordinary review. This would be the only input from Mott MacDonald in the conduct of enhanced scrutiny.

339. The duration of enhanced scrutiny will be dependent on the seriousness of the risk and the actions taken by the AEI to mitigate and manage these risks and the engagement of the AEI with us throughout this process. We will work to ensure that AEIs can be removed from enhanced scrutiny as soon as possible, where assurance has been given.

340. We will provide updates to QA Board about programmes on enhanced scrutiny and QA Board will make the decision as to whether a programme can be removed form enhanced scrutiny.

5.10 Listening events

341. Undertaking listening events

342. A Listening Event can be undertaken as part of NMC legislation: Article 16 of the Nursing and Midwifery Order (2001) which allows the NMC to appoint visitors to carry out a visit to education institutions where a relevant course of education or training is given.

343. If we have concerns, or intelligence suggests our standards aren't being met we may direct Mott MacDonald to carry out a listening event. The level of concern will help to determine the appropriate and proportionate intervention. A listening event will generally be undertaken where we feel we need additional information on the scale of a concern/s and/or where we feel that we need more information on the student experience of their education and training.

344. A listening event enable us to gather intelligence about an approved programme directly from students and practice learning/employer partners. This intelligence gathering includes information about students' experience of their education and training, how they are being supported in both the university and practice learning environments and practice learning governance and partnership working to support student learning and progression. This intelligence is an important consideration as to whether an approved programme is being delivered in line with our education standards.

345. A listening event will always take place with students but may include practice representatives or a combination of both groups. A listening event will normally involve a physical visit to the AEI and include meetings with students in different cohorts/year groups.

346. Prior to the listening event

347. A decision to conduct a listening event will be made by our QA Board. We will instruct Mott MacDonald to organise and appoint QA visitors to undertake listening events. A listening event will be undertaken by QA Visitor/s with appropriate regard for the programme under review and will always include a lay visitor/s.

348. A listening event will have a defined scope in response to a specific concern or number of concerns and this will be shared with the QA visit team and the AEI ahead of the listening event. We will also notify the relevant commissioning/ government education body in the relevant country.

349. Article 17 (3) of the Nursing and Midwifery Order (2001) requires AEIs to provide us with information in relation to the monitoring of education and training programmes. We will contact students directly and invite them to attend a listening event. We will draft a letter to be sent to all students by the AEI, where students will have the opportunity to 'opt out' of being contacted directly by us. We will then email students providing a link to sign up to a listening event session with a QA Visitor/s. The AEI will provide details of the times and locations to the students for the listening event sessions. We will comply with all GDPR regulations throughout and will delete student email addresses once the QA Board has considered the listening event report.

350. During the listening event

351. AEIs will be required to provide an appropriate environment for the listening event and meeting with relevant individuals. AEIs should provide appropriate support and wellbeing for students during and after the event, in case this is required.

352. At a listening event the QA visitors will not make or record any outcome or judgment about whether our Standards are met by the programme. The purpose of a listening event is to gather intelligence which will be discussed at QA Board and triangulated with other sources of evidence in order to make a decision on future QA activities and/or interventions and/or outcomes.

353. The visit team will conclude their findings under the agreed scope of the visit, in response to the risks identified against NMC education standards. At the end of the visit, Mott MacDonald will inform the AEI that they will hear back in writing within 14 working days. High level feedback will be provided to the AEI at the conclusion of the visit. This will include next steps and timelines but will not provide an opportunity for questions from the AEI to the visit team.

354. Reporting and next steps

355. The report of the listening event will be sent to the AEI by Mott MacDonald **within 14 working** days of the listening event. We will be notified of the report being sent to the AEI at this point. The AEI then has a period of **one calendar month** to make observations. These observations must be submitted on the NMC dedicated AEI visit SharePoint site and may be submitted at any point during the **one calendar month** observation period. On submission, AEIs must state that all observations have been provided, which means that the observation period closes.

356. We will take no further regulatory action until the observation period closes, as outlined in 355.

357. Following closure of the observation period, our QA Board will consider the report, any observations made by the AEI and any other relevant information, before deciding on whether further monitoring activities, such as a monitoring visit, follow up meetings and/or interventions are required. We may also use draw on the intelligence provided through the listening event at any time. This meeting will be held as soon as is practically possible for QA Board to do so after the observation period closes.

358. Once our QA Board has completed its review, we will write to you with any decisions and next steps. The letter will ask the AEI to confirm whether they want us to publish their observations alongside the report, on our website. Following communication with the AEI, the report will be published on our website.

5.11 Monitoring visits

359. Undertaking monitoring visits

360. If concerns are raised, or our intelligence suggests potential non-compliance with our standards and requirements, in particular as part of our data driven approach, we may direct Mott MacDonald to carry out a monitoring visit[16]. The level of concern will help to determine the appropriate and proportionate intervention.

361. Monitoring visits may also take place where there are no specific concerns, in order for us to gain assurance over the overall population of approved programmes. Through this approach we are able to test whether data driven monitoring is providing appropriate information and assurance.

[16] Article 16 of the Order

362. A monitoring visit may have a defined scope in response to a specific concern, or in some cases will involve a more general review of compliance against our standards. It will always include a physical visit to an AEI and/or practice learning / employer partner.

363. If a monitoring visit identifies or confirms concerns then we will expect the AEI and its practice learning/employer partners to put an action plan in place to mitigate these concerns.

364. A decision to conduct a monitoring visit will be made by our QA Board. We will instruct Mott MacDonald to organise and appoint QA visitors to undertake monitoring visits.

365. The organisation(s) subject to the monitoring visit will be informed about the visit together with the terms of reference for the visit. A review plan will be produced and circulated to the review team and the AEI. The QA visit team will include a registrant QA visitor/s as well as a lay visitor/s.

366. The review team will conclude their findings under a specifically agreed scope in response to the risks identified against NMC standards, if applicable. At the end of the visit, Mott MacDonald will inform the AEI that they will hear back in writing **within 15 working days**. High level outcomes will be given to the AEI at the completion of the monitoring visit.

367. Reporting and outcomes

368. The report and recommendations of the monitoring visit will be sent to the AEI by Mott MacDonald. We will be notified at this point. If an action plan is required, Mott MacDonald will be responsible for agreeing this action plan and the AEI will be required to submit this action plan to the Lead QA visitor **20 working days** after the monitoring visit. The action plan will be submitted to the NMC **25 working days** after the monitoring visit.

369. The AEI then has a period of **one calendar month** to make observations. These may be submitted to Mott MacDonald at any point during the **one calendar month** observation period. On submission, AEIs are able to state that all observations have been provided, which means that the observation period closes. During the observation period we will take no further action.

370. Within **13 working days** of the observation period closing, Mott MacDonald will provide us with the final report and any observations made by the AEI. Where an AEI has an action plan in place, as part of our critical concerns monitoring, any new actions will be incorporated and monitored as part of this process.

371. Our QA Board will meet to consider the report, any observations made by the AEI and any other relevant information, before making a decision on whether or not our standards of education are being met.

372. Once our QA Board has completed its review and considered input where appropriate from Legal, a letter from the Director of Professional Practice should be sent will be sent to the AEI confirming the outcome of the visit and next steps. The letter will ask the AEI to confirm whether they want us to publish their observations alongside the report, on our website. Immediately following communication with the AEI, the report will be published on our website.

373. If the monitoring visit identifies concerns then the AEI and its practice learning/employer partners will require an action plan to mitigate these concerns. We may undertake further QA activities and/or interventions and this may include further listening events, enhanced scrutiny, a further monitoring visit and/or follow up meetings.

[17] Article 15(7) and Article 16(1) of the Order

374. If appropriate, an extraordinary review may be undertaken and we have the right to withdraw approval of the programme or AEI status.

5.12 Extraordinary reviews

375. If someone raises concerns, a serious incident takes place, or our intelligence suggests that an AEI or a programme is no longer meeting our standards and requirements, we may direct Mott MacDonald to carry out an extraordinary review[17].

376. Undertaking extraordinary review visits enables us to identify if there are serious risks to student learning and our standards of education and training being met, which may result in students being unable to achieve the standards of proficiency to be admitted to the register. The review will identify if the AEI and its practice learning/employer partners continue to meet our standards.

377. Further to this, we will also consider the AEIs agility in responding to concerns, situations and events that impact on all aspects of nursing, midwifery and nursing associate programme delivery.

378. A decision to conduct an extraordinary review will be made by our QA Board. We will instruct Mott MacDonald to organise and appoint QA visitors to undertake the extraordinary review.

[18] Article 16(6) of the Order
[19] Article 16(9) of the Order

379. Undertaking extraordinary review visits

380. We will instruct Mott MacDonald 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 at least one lay visitor[18]. Mott MacDonald will provide the team with a detailed briefing before the review visit.

381. 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 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.

382. Reporting and outcomes

383. The review team will conclude their findings against criteria for each review in response to the risks identified, our standards and key risk areas. At the end of the visit, Mott MacDonald will inform the AEI that they will hear back in writing **within 15 working days**. High level feedback will be given to the AEI on completion of the extraordinary review.

384. The report and recommendations of the extraordinary review visit will be sent to the AEI for observations which include factual accuracy[19]. If an action plan is required, Mott MacDonald will be responsible for agreeing this action plan and the AEI will be required to submit this action plan to the Lead QA visitor **20 working days** after the monitoring visit. The action plan will be submitted to the NMC **25 working days** after the monitoring visit

385. **Within 13 working days** of the observation period closing, Mott MacDonald will provide us with the final report and any observations made by the AEI. Where an AEI has an action plan in place, as part of our critical concerns monitoring, any new actions will be incorporated and monitored as part of this process.

386. Following the observation period, we 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 our standards are met. We will directly inform and liaise with the AEI giving clear instructions on any action required.

387. If the programme(s) meets our standards, or will do so following completion of an action plan, the AEI may be subject to enhanced scrutiny and/or future programme monitoring. If the programme(s) do not meet our standards, approval may be withdrawn.

388. Once our QA Board has completed its review and considered input where appropriate from Legal colleagues, a letter from the Director of Professional Practice will be sent to the AEI informing them of the outcome of the review and next steps. Next steps may include further monitoring acclivities and/or interventions. The letter will ask the AEI to confirm whether they want us to publish their observations alongside the report, on our website. Immediately following communication with the AEI, the report will be published on our website.

[22] Article 17(4) of the Order
[23] Article 17(5) of the Order

5.13 Whistleblowing

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

390. We will also contact the third party to make sure they understand the risk and information correctly. We will deal with concerns and complaints fairly and consistently.

5.14 Withdrawing approval of an approved programme

391. If an AEI or its practice learning/employer partners are not meeting (or will not meet) our standards or requirements for any approved programme, we may seek to withdraw the programme approval[22]. We may also seek to withdraw approval after we receive a QA visitor's report.

392. Where appropriate we will initially look for the AEI to put steps in place to address the concern. However, if a concern remains, we will tell the AEI that we plan to withdraw approval, specifying the extent of the withdrawal. We will explain the reasons for withdrawing approval in writing. The AEI will have **one month** from the day they are told to make any observations and objections[23].

393. We will take no further action until the deadline, or until the AEI submits any observations or objections to us. We will acknowledge any correspondence they get within **five working days**.

394. If the AEI cannot assure us that they are mitigating and managing the risks, we will write to the AEI, specifying the date that we are withdrawing approval.

395. If we withdraw 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.

396. We will work collaboratively with education bodies to ensure that the impact on students is managed appropriately.

Section 6: Complaints and data protection

6.1 Concerns and complaints about the QA delivery partner Mott MacDonald

397. We will investigate and, if necessary, act upon concerns which may be raised about Mott MacDonald. We will aim to ensure that concerns and complaints are dealt with in fair and consistent manner.

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

399. We would ask that the complainant should make every attempt to resolve their complaint or concern directly with Mott MacDonald prior to consideration by us. You can visit the Mott MacDonald website for information or contact their team at nmc@mottmac.com.

400. If you feel that your complaint needs to be escalated to us after you've raised this with Mott MacDonald in the first instance, then please contact us using our corporate complaints process. If you choose to make an anonymous complaint, we may not be able to take any further action as we cannot ask for more information.

401. On receipt of a formal complaint, we will formally acknowledge its receipt within **two working days** if the complainant's name and contact details are known. We will also provide feedback on how the complaint has been handled.

6.2 How we use data

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

403. 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.

404. During QA reviews, AEIs, education institutions and practice learning/employer 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 personal information are those who need to see it as part of our QA activity. We occasionally share personal information with third parties.

405. 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.

406. AEIs and education institutions are advised that any documentation submitted via the QA Link that does not have clear relevance to the programme being reviewed will be permanently deleted to ensure compliance with general data protection regulations (GDPR).

Section 7: Annexes

7.1 Glossary

Annual Self-assessment Report (ASR): 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/employer partners are controlling key risk areas.

Approval: A process whereby the approved education institution and the practice learning/employer partners present their programme for external scrutiny (or validation) which, if successful, leads to conjoint 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 is a term relates to the requirement under Article 16(6) of the Nursing and Midwifery Order 2001 and is 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.

Employer partner: organisations that employ apprentices as part of apprenticeship routes. A selection of these will have to be present at approval of apprenticeship routes. Addition of any further employer partners requires an apprenticeship modification.

Enhanced scrutiny: This is the process through which the NMC will request additional information and updates from the AEI about how their programme(s) 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 providers and/or programmes. Programmes may be placed on enhanced scrutiny as part of the NMC's concerns processes and data driven approach to quality assurance.

Endorsement: This is the process of approving the delivery 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 Mott MacDonald, 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.

New programme monitoring: New programme monitoring is an 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 programme(s) 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.

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 member of the nursing team who will care for, and support people. 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.

Official correspondent (OC): The named contact at an AEI at which our correspondence will be sent to.

People who use services and carers: Anyone who uses the services of a nurse, midwife, nursing associate, or any other relevant health or social care service.

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.

Protected learning time: time to facilitate learning. This may include supernumerary status that enables students to be supported safely and effectively in achieving proficiency. Supernumerary status applies to Nursing Associate 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.

QA Link: The online portal that AEIs will access to submit documentation i.e. during the approval gateway process.

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

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 and/or nursing associate 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.

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.

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.

7.2 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, updated October 2018).
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 QA Link.
8. Facilitate the QA role of Mott MacDonald and take account of professional advice given to you by their 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 Article16(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 without 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:

7.3 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 QA Link.
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 Article 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 without 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:

7.4 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 who use services and 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/employer partners, students, people who use services 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(s) – Please note: not from a partner AEI
- People who use services and carer representatives
- Student representative (not studying the programme under review)

Examples of personnel who may comprise the programme development team and key stakeholders to meet with QA visitors:

- Lead programme developer
- Lead midwife for education (midwifery programmes)
- Educators including programme team, lecturers, programme leads, researchers, academic assessors
- Library/learning resources representative
- Practice representatives e.g. practice supervisors, practice assessors,

Key stakeholder groups:

- Student representatives (all years of programme, students who wish to transfer to new programme)
- Representatives from practice learning/employer partners including for example: chief nurse, education lead, practice education facilitator, head of midwifery (midwifery programmes)
- Representatives from employers (for nurse degree apprenticeships, nursing associates, midwives, SCPHN and SPQ DN apprenticeships).

Although encouraged, if the following groups are unable to attend, and they or another suitable replacement cannot be contacted on the day, the visit may still go ahead:

- People who use services and carer representatives
- Student representatives
- Practice representatives e.g. practice supervisors, practice assessors

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

30 mins

- Panel to meet and discuss the proposed programme.
- Agree themes for discussion, areas to be addressed, allocate roles and responsibilities

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 people who use services 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 (look to separate strategic and operational practice representative if possible to encourage speaking freely).
- 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

7.5 Key information for the chair of a conjoint approval/ major modification visit

The chair must be a senior academic representative for the AEI/education institution who has no direct involvement in the programme.

The chair must be informed that the NMC require all approval/major modification visits to be a conjoint process (see section 2.3).

The chair must be informed that QA visitor(s) are representing the NMC at the visit and will be making a recommendation to the NMC regarding whether the programme should be approved (subject to any conditions being met).

Specific aspects of the role of chair:

- The chair must ensure that the QA visitor(s) can outline key information at the start of the visit.
- The chair must ensure that the visit is conjoint, and that the university reaches an outcome regarding whether to approve the programme on the day of the visit.
- In the spirit of a conjoint visit, the chair must encourage university panel members to seek responses to their lines of enquiry and not leave all questions to the QA visitor(s). At the start of the visit the chair must discuss the issues to be explored with panel members and agree who will lead on each issue.
- The chair must ensure that QA visitor(s) have the time to seek assurance related to all their lines of enquiry even if this means extending the time allocated to a stakeholder group meeting.
- Should the QA visitor(s) need to seek guidance during the visit from a member of the Mott MacDonald professional team, the chair must adjourn the meeting to enable this to happen.
- The chair must agree the wording of any university conditions and/or recommendations (to include any that are joint with the NMC) at the end of the visit and ensure a date is set for the programme team to provide a response to the conditions.
- The chair must ensure that the programme team do not attempt to challenge the outcome of the visit. The QA visitor(s) decision on any conditions and recommendations is final.
- Post visit, the chair must sign off any university conditions and provide evidence of their approval on the date set at the visit. This may require the programme team to provide a response to any university conditions before the date set at the visit.

7.6 Model agenda for visits to practice learning environments during approval visit

Mott MacDonald will work together with AEI, education institutions and their practice learning/employer partners to ensure NMC principles for practice learning are upheld and are consistent with the NMC QA Framework, 2020, 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, 2020, including the commitment to actively engage people who use services 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/employer 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. All visitors will be accompanied whilst conducting visits to practice learning environments.

Visit Agenda:

The timescales and order of events should be locally agreed.

15 minutes

- 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 the deliver the programme and enable effective practice learning.

15 minutes

- 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.

30 – 45 minutes

- 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 people who use services and carers how students have been involved in their care and if feedback is sought.

30 minutes

- 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.

30 minutes

- Panel members discuss findings and clarify any further requirements.

7.7 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, or nominated senior representative (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/employer partners.
- Examples of employer's support to the programme.
- Arrangements in place with their practice learning/employer 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 students is maintained and/or protected learning time for nursing associate students.
- Support for transferring 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/employer 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 clinical 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 clinical practice.

- Examples of any individual student's personal circumstances that needed consideration when arranging a practice learning opportunity.
- Students' experience of any reasonable adjustments which have been made in relation to a disability or an individual need.
- The role of practice learning/employer 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 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.
- People who use services 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 clinical practice.
- Programmes in Wales: support in using the Welsh language.

Students 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 (pre-registration nursing programmes) 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 clinical 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/employer partners.
- Examples of how the programme meets the NMC Standards for student 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 practice 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/employer 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 (pre-registration nursing). 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 clinical 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 chosen 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 people who use services and carers

Involvement of patients, people who use services 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 people who use services 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 NMC registrants
- Person centred care is an essential part of care delivery - how they/other people who use services and 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 delivering care and ensuring the safety of the public.
- The involvement of people who use services/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 NMC registrants.
- Their involvement in designing and implementing practice learning opportunities that allow students to become proficient in nursing, midwifery and nursing associate procedures.
- Plans for their future involvement in the delivery and evaluation of the programme.

7.8 Complaints regarding quality of all QA activities – Mott MacDonald

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 463441. 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 Complaints Manager
Mott MacDonald
22 Station Road
Cambridge
CB1 2JD

Email:
nmc@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 QA 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.

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

7.9 Concerns grading

Grading	Risk	Additional considerations
Minor	• **The risk or potential risk to the student learning environment and/or a breach of the education standards is low. For example:** – The AEI and practice learning partner / employer partner are proactively providing the NMC with timely information and ongoing updates (indicating that the AEI has robust internal QA processes in place and is managing the situation appropriately). – The incident is isolated or a one off and risks have been managed; suggesting that the issue is unlikely to be recurring. – The concerns are recent and have been addressed / managed already (but we continue to monitor)	• Risks with a higher grading may be lowered to 'Minor' after enquiries have been sufficiently addressed, for example: • Another regulator/ system partner reports/highlights concerns, but the AEI can demonstrate action/ intervention and ongoing mitigation • Consideration should be given to whether information needs to be shared with system partners (HEE, GMC, CQC, NHSE/I) according to governance processes. • Where further information emerges that increases the risks associated, the concern may be upgraded to 'Major'.

Grading	Risk	Additional considerations
Major	• **The risk or potential risk to the student learning environment and/or a breach of the education standards is medium.** • **There is a risk or potential risk to student and/ or public safety and wellbeing. For example:** – Previous reports relating to this matter or a similar past incident, indicate an ongoing issue. – The AEI is managing the risks but further monitoring and information is required before we can consider the risks mitigated. – Action plans may not be delivering sustainable improvement at the pace required or an action plan is outstanding. – There is a lack of engagement from AEI which is impacting progress. – Public/media interest – exposure of an incident in the press indicates a serious concern and requirement for the NMC to take action as soon as possible- ie contact the AEIs giving them the opportunity to explain how they are mitigating any risks. – Other AEIs may be at risk as a result of the issue. – The concern may have attracted public/media interest. – Actions required to address an identified risk have not been taken/an action plan is outstanding. – There may be an inquiry/investigation in progress (investigation by another regulator/authority and re-opening of cases suggests there may be more emerging information relating to the incident or issues that might affect the learning environment.	• 'Major' applies where an incident occurs or concerns are raised, appropriate action may be being taken, but further assurance is required whilst actions are ongoing. • 'Major' risks are appropriate where incomplete reporting has been provided and more information is required in order to fully assess the risk. • Where AEIs provide sufficient information regarding steps taken to mitigate risks, the concern may be downgraded to 'Minor' or may be closed. • Where further information emerges that increases the risks associated, the concern may be upgraded to 'Critical'. • Consideration should be given to whether information needs to be shared with system partners (HEE, GMC, CQC, NHSE/I) according to governance processes.

Critical	• **The risk or potential risk to the student learning environment and/or a breach of the education standards is high and likely.** • **There is a current or potential serious risk to student and/ or public safety and wellbeing. For example:** – Education standards have or appear to have been breached – Student learning and/or progression has been impacted by significant changes in the learning environment (serious incident involving qualified staff). – There is a need for the NMC to take action urgently in order to mitigate any risks. – There may have been avoidable deaths / injuries (potentially several incidents suggesting a pattern). – There is public interest or the matter is likely to be of significant public interest if more widely known. – There is or likely to be a public inquiry/ investigation related to the concerns – 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.	• Critical concerns should be brought to the attention of the Head of Education and Quality Assurance as soon as possible. • Classification and oversight of 'Critical' risks is the responsibility of the Head of Education and QA, reporting to the Assistant Director, Professional Practice (Operations) • Further information that emerges (from system partners and/or other regulators, the media), should be acted upon swiftly. • All critical concerns and updates will be discussed at QA Board. • Critical concerns should be shared with system partners (HEE, GMC, CQC, NHSE/I) according to governance processes.