

## Council

### Education Quality Assurance Annual Report 2019-2020

**Action:** For discussion.

**Issue:** To update Council on the education quality assurance (QA) activity for the 2019–2020 academic year.

**Core regulatory function:** Professional Practice.

**Strategic priority:** Strategic aim 1: Improvement and innovation  
Strategic aim 2: Proactive support for our professions  
Strategic aim 5: Insight and influence

**Decision required:** None.

**Annexes:** The following annexe is attached to this paper:

- Annexe 1: QA Activity Data.

**Further information:** If you require clarification about any point in the paper or would like further information please contact the author or the director named below.

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- Context:**
- 1 Our legislation defines our role in the education and training of nurses, midwives and nursing associates. This includes approving education institutions (AEIs) and programmes, and then continuing to monitor them against our standards going forward through annual self-reporting, exceptional reporting (where AEIs notify us of any event which may have impacted on our standards and the mitigations they have taken), and our education concerns process.
  - 2 We set out our strategic approach to the QA of nursing, midwifery and nursing associate education in our QA Framework which was updated in 2020. An external contractor, Mott MacDonald, delivers the operational function of our QA activity, with final approval decisions resting with the NMC.
  - 3 The Executive Board receives routine reports on QA activity, and reporting is provided quarterly to the Council in the Executive's performance report. In addition to the regular routine reporting, we also produce an annual update to the Council on the key themes that have emerged from our QA activity of education for the previous academic year which includes analysis of approvals, annual self-reporting and concerns.
- Four country factors:**
- 4 The annual update includes the findings of our QA activity across all four countries of the UK over the last year.
- Discussion:**
- 5 This paper covers the period 1 September 2019 to 31 August 2020.
- Programme approval**
- 6 Following the introduction of the new pre-registration nursing and pre-registration midwifery standards alongside new return to practice and prescribing standards, the focus of our education QA activity has been on re-approving AEIs to run programmes in line with the new standards.
  - 7 Our approval activity is undertaken by an external registrant visitor and lay visitor who review programme documentation through our gateways process. The final gateway is a visit to the AEI to meet with senior leaders, the programme team, practice learning partners, students, and patients/users of services to ensure our standards are being met. This work is undertaken through our QA service provider Mott MacDonald. We therefore receive an independent report on which to make an approval or refusal decision.
  - 8 During this period the number of AEIs delivering our programmes increased by two to 88.

- 9 We approved 641 programmes in this period. In Table one (**Annexe 1**), we have summarised the total number of approved programmes which is currently 2,074.

*Conditions*

- 10 Where visitors identify that our standards are not met, they can either set conditions, or where significant concerns are raised recommend refusal of the programme. The institution must meet these conditions, which are approved by the visitor before we will approve the programme.

- 11 Conditions are categorised against five key risk themes. In order of the most frequently occurring conditions the risk themes were:

11.1 Selection, admission and progression

For example – the AEI must provide a clear programme admissions process, including processes for recognising prior learning.

11.2 Effective partnership working: collaboration, culture, communication and resources

For example - the programme team must provide assurance that communication and collaboration between practice assessors and academic assessors is scheduled for relevant points in the programme.

11.3 Practice learning

For example - The programme team must provide an action plan to provide assurance that new practice learning staff will be adequately prepared for the standards for student supervision and assessment.

11.4 Assessment, fitness for practice and award

For example - The AEI must provide a revised programme structure and programme documents to demonstrate there is an equal balance of theory and practice.

11.5 Education governance: management and quality assurance

For example – the AEI must provide clarity and transparency of the theory and practice programme hours across the programme documentation.

- 12 In Table two (**Annexe 1**), we have summarised all conditions assigned to AEIs following approval events within the 2019-2020 academic year.

### *Refusals*

- 13 Visitors recommended two programmes for refusal – one prescribing, and one nursing programme. Where we receive a recommendation to refuse a programme, the institution can make observations on the report before we receive it. The QA Board then reviews the evidence to make a decision. Where we are minded to refuse the programme, the institution then has a further calendar month to make any additional observations before we make a final decision. In both of these cases, the above processes were followed and the programmes were subsequently refused by the QA Board.
- 14 Should concerns be raised at an approval visit that may have implications for current students, we would liaise closely with the AEI to ensure appropriate measures have been put in place to address concerns and manage risks.

### **Monitoring**

#### *Annual self-reporting*

- 15 AEIs are required to undertake and submit an annual self-assessment, including a self-declaration that their current NMC approved programme(s) meet our standards that all programme modifications have been notified to the NMC; and that all key risks are controlled. The self-assessment also provides an opportunity for AEIs and their practice learning partners to give examples or case studies of notable or innovative practice, and enables them to indicate any areas of provision that they are aiming to enhance.
- 16 The AEI annual self-reports are reviewed and we may require AEIs to resubmit their report and provide further detailed evaluative information if the evidence provided cannot assure us that all criteria have been met.
- 17 All 87 AEIs approved at the time and were required to undertake annual self-reporting submitted their self-assessment reports for the 2019-2020 reporting year. In this reporting period 66 out of 87 (76 percent) of AEIs provide assurance that all key risks are controlled or are mitigated against with actions plans in place. This shows an increase of two percent compared to 2018-2019 reporting year. The principle reasons were the failure to report details on action(s) taken to address the recommendation(s) from programme approval/modification events, and not providing updates on open concerns.
- 18 The 21 AEIs resubmitted their self-assessment reports, which have been reviewed and assurance is now provided that NMC key risks are controlled or mitigated in 2019-2020.

### *New programme monitoring*

- 19 As we move towards a data driven approach to QA we have introduced a period of new programme monitoring for all new AElS, or existing AElS running a new pre-registration programme for the first time. New programme monitoring lasts until the first students from the programme join our register. This gives us the opportunity to work more closely with new programmes and institutions who we have not worked with before, and therefore have less information on to inform our data driven approach. As part of new programme monitoring, programmes must submit self-reports to us twice a year for those programmes, both of which are followed up by a telephone call by a member of the QA team. In 2019-2020, 38 institutions were placed under new programme monitoring covering 32 nursing associate programmes, three nursing programmes, two new AElS running a pre-registration programme and one AEl running a nursing associate programme.

### *Concerns*

- 20 We continue to monitor AElS and their practice learning partners to ensure compliance with our standards. When risks emerge AElS and their practice learning partners must respond swiftly to manage and control risks appropriately. AElS should email exceptional reports to us and we take action when these risks are not being effectively managed and controlled locally. We also gather intelligence directly from system regulators, media scanning and whistleblowing, as well as through our Regulatory Intelligence Unit (RIU).
- 21 Once we receive a concern through any of those methods they are then graded as either minor, moderate, major or critical concerns depending on the impact and risk to our standards being met.
- 22 During 2019-2020 we received a total of 122 concerns, with 83 being categorised as minor, 31 as moderate, three as major and five as critical. Of the five critical concerns, four relate to maternity services. A full summary of concerns can be found in Table three (**Annexe 1**). In the table we note where the concern has first been raised with us, and whilst a large proportion are initially from our RIU, we routinely subsequently also receive an exceptional report from the AEl to highlight the same concerns and their actions as we would expect. Where we do not hear from the AElS involved we follow this up with them and remind them of our expectations. In the future, institutions failing to exceptionally report areas of identified concern will be monitored as part of our data driven approach to QA, and could be placed under enhanced scrutiny. Enhanced scrutiny involves submitting two additional reports on progress each year in addition to the normal annual self-reporting process. These reports are then followed up by a call by a QA Officer to the programme team and their practice learning partners.

- 23 Similarly to previous years, most of the exceptional reports continue to relate to issues in practice environments, including adverse system regulator reports and their impact on student learning, supervision and assessment and escalation of student concerns, and what actions have been undertaken locally to manage those concerns.
- 24 Once a concern has been categorised there are a number of different regulatory interventions we can take to ensure the programmes continue to meet our standards ranging from no further action where we have sufficient assurance from the institution, through to carrying out an extraordinary review, which can lead to us withdrawing approval of a programme. A summary of regulatory interventions can be found in Table three.
- 25 Where we identify serious adverse incidents and concerns regarding an AEI or practice placement and local risk measures are limited, we may decide to conduct an unscheduled extraordinary review. This measure may be necessary if there are concerns that present a risk to public protection, and if it is deemed that the AEI is either unaware or unable to put adequate measure in place to control the risk. We carried out one extraordinary review during the 2019–2020 academic year at the University of Staffordshire in relation to the ongoing concerns at Shrewsbury and Telford NHS Trust. The review identified that our standards were not being met. Subsequently an action plan has been implemented by the University, and we continue to closely monitor their updates against the plan.
- 26 For the other critical items currently open, all have had regular calls from the senior team including with other regulators and government bodies to secure ongoing assurance. This ongoing assurance has also involved requesting appropriate action plans, and contingency plans for removing students, as well as identifying additional steps the AEI and their practice learning are taking to support students. We have further developed additional guidance and templates for AEIs where we have critical concerns, outlining our expectations in their reporting and liaising with them where this has not been received. The critical items were reviewed monthly at our internal QA Board.
- 27 We proactively share our intelligence internally with our Regulatory Intelligence Unit and Professional Regulation colleagues as well as externally where appropriate with other professional and system regulators.

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## Covid-19

- 28 Inevitably the Covid-19 pandemic has had implications on our QA activity. With lockdown measures and social distancing as of March 2020 all of our approval 'visits' were done remotely. This has enabled approval activity to continue whilst working to robustly ensure our standards are met. Remote visits have been well received and our QA Board will review how these might be incorporated more systematically, where appropriate, into our routine QA activity.
- 29 Due to the need to focus on the pandemic a number of AEIs in partnership with their practice learning partners deferred their approval visits. The Council agreed to extend the implementation deadline of the Future Nurse and Future Midwife standards by one year.

### *Emergency standards*

- 30 In response to the pandemic and working closely with the four Chief Nursing Officers, Chief Midwifery Officers, Council of Deans of Health, Royal Colleges and representative bodies we introduced a set of emergency standards. These standards enabled second and final year students to undertake extended clinical placement to support the workforce, as well as enabled first years to complete their year in theoretical study.
- 31 These standards provided flexibility to AEIs and their practice learning partners, and enabled them to make changes at pace to adapt to the emergency situation without having to go through a major modification. However, AEIs were required to submit a dedicated form outlining the changes they had made, and how our standards continued to be met.
- 32 Of the 87 AEIs, 65 (75 percent) who implemented one or more of the emergency standards provided assurance of appropriate student support, supervision and assessment during this period. The primary reason for not providing sufficient assurance from the other 22 AEIs related to insufficient information in how they had robustly implemented the standard which exceptionally, allowed the practice supervisor and assessor to be the same person. These AEIs were therefore required to resubmit additional evidence as to how they were meeting this standard. The re-submissions were then re-reviewed to ensure appropriate assurance was provided.

### **Midwifery implications:**

- 33 The QA of midwifery programmes is reported separately in this paper.



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<b>Public protection implications:</b>	34	There are no public protection implications arising directly from the production of this report. The report sets out the contribution our QA activity makes towards protecting the public in ensuring that newly qualified nurses, midwives and nursing associates meet our proficiency standards and are safe and competent to join our register.	3.
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<b>Resource implications:</b>	35	None. Resources to carry out our education QA activity form part of the normal operational budget of the Professional Practice directorate.	5.
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<b>Equality diversity and inclusion implications:</b>	36	We are committed to ensuring that our approved nursing and midwifery programmes comply with all equality and diversity legislation. Our standards outline the commitment to Equality, Diversity and Inclusion (EDI) which we expect from AEIs. In accordance with our QA framework, AEIs must provide evidence of an equality and diversity policy, recruitment, selection and admissions policy, and evidence of providing support to students that promotes equality and diversity, alongside the individual EDI requirements in the programme standards.	7.
			8.
	37	To gain further insight into how EDI is being appropriately addressed within learning and teaching our Annual-Self Reporting template for the 2020-2021 academic year asks specific focused questions. These will be reviewed to ensure our standards continue to be met, and that good practice is shared within the sector. Our new data driven approach to QA will also look at EDI factors as part of the ongoing assessment we make about AEIs and their programmes.	9.
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	38	We continue to work closely with Mott MacDonald to continue to improve the diversity of their visitor pool. This is an area we actively continue to monitor to ensure that our registrant and lay visitors reflect the wider characteristics of the population.	11.
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<b>Stakeholder engagement:</b>	39	As part of our ongoing QA activity we work closely with AEIs and respond to their feedback. We also work closely with other health and care bodies to ensure key information, in particular related to concerns is shared where appropriate.	13
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	40	With the Covid-19 pandemic we worked closely with the four Chief Nursing Officers, Chief Midwifery Officers, Council of Deans of Health, Royal Colleges and representative bodies to identify appropriate changes which would still allow for safe and effective care and learning.	15
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**Risk implications:**

- 41 Failure by AEs to comply with our education standards could impact upon public protection, by newly qualified nurses, midwives and nursing associates not meeting our proficiency standards.
- 42 In our new QA Framework we have developed a robust programme approval process, as well as developing our data driven approach to QA. We have also implemented a period of new programme monitoring for new providers or providers running pre-registration programmes for the first time to reduce the risks, in particular, during transition to new standards.

**Legal implications:**

- 43 None.

## QA Activity Data

**Table 1: Summary of total number of programmes in approval**

The programme numbers include multiple programme routes which include different degree awards and forms of study (such as apprenticeship). For example an AEI may run a pre-registration nursing (adult) programme as a BSc, MSc and PGDip. The BSc could also be run as both a 'traditional' taught programme, or through an apprenticeship. In this example four programmes would be recorded. Post-2018 standards outline where the programmes have been approved against the new nursing, midwifery, return to practice and prescribing standards.

Programme name	Pre-2018 standards	Post-2018 standards	Total
Pre-registration nursing	229	606	835
Pre-registration midwifery	110	13	123
Prescribing	153	150	303
Return to practice	66	28	94
Pre-registration nursing associate	N/A	77	77
SPQ	192	N/A	192
SCPHN	256	N/A	256
Aptitude Test - Nursing	3	N/A	3
Aptitude Test - Midwifery	1	N/A	1
EU Nurse Adaptation	8	N/A	8
EU Midwives Adaptation	1	N/A	1
Mentorship	102	N/A	102
Practice Teacher	38	N/A	38
Teacher Programme	41	N/A	41
<b>Total</b>	<b>1,223</b>	<b>874</b>	<b>2,074</b>

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**Table 2:**

(A) – Summary of programme approvals and major modifications with conditions

	Total	NA	RN	Prescribing	RM	RtP	SCPHN	SPQ
Programmes recommended for approval without conditions	65	7	21	10	10	6	3	8
Programmes recommended for approval after conditions were met	140	31	50	28	14	10	3	4
Programme recommended for refusal	2	0	1	1	0	0	0	0

(B) – Total number of conditions at approval events against key risk themes

	Total
1. Effective partnership working: collaboration, culture, communication & resources	67
2. Selection, admission and progression	81
3. Practice learning	70
4. Assessment, fitness for practice and award	50
5. Education governance: management and quality assurance	67

Table 3:

(A) – Total number of concerns opened by source of concern and grading

	<b>Exceptional Reporting</b>	<b>System Regulator</b>	<b>Media scanning</b>	<b>Whistleblowing</b>	<b>Regulatory Intelligence Unit</b>	<b>Total</b>
<b>Minor</b>	28	2	14	11	28	<b>83</b>
<b>Moderate</b>	14	3	7	0	7	<b>31</b>
<b>Major</b>	0	0	3	0	0	<b>3</b>
<b>Critical</b>	0	0	3	0	2	<b>5</b>
						<b>122</b>

(B) – Regulatory interventions taken for concerns by grading

	<b>Closed with no further action</b>	<b>Email for clarification</b>	<b>Call from QA officer</b>	<b>Action plan requested</b>	<b>Call from Senior Team</b>	<b>Face to face meeting</b>	<b>Extraordinary Review</b>	<b>Total</b>
<b>Minor</b>	38	45	0	0	0	0	0	<b>83</b>
<b>Moderate</b>	0	30	1	0	0	0	0	<b>31</b>
<b>Major</b>	0	2	0	0	1	0	0	<b>3</b>
<b>Critical</b>	0	0	0	4	0	0	1	<b>5</b>
								<b>122</b>