

## Council

### Education Quality Assurance Annual Report 2020-2021

**Action:** For discussion.

**Issue:** To provide a report to Council on the education quality assurance (QA) activity for the 2020-2021 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 annexes are attached to this paper:

- Annexe 1: QA Activity Data
- Annexe 2: Enabling student development of skills to relate to and work in culturally diverse situations

**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.

Author: Paula McLaren  
[Paula.McLaren@nmc-uk.org](mailto:Paula.McLaren@nmc-uk.org)

Director: Prof. Geraldine Walters CBE  
[Geraldine.Walters@nmc-uk.org](mailto:Geraldine.Walters@nmc-uk.org)

**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 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), monitoring visits, and our education concerns process.
- 2 We set out our strategic approach to the Quality Assurance (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 report 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, monitoring, and the outcomes of annual self-reporting and concerns.
- 4 The QA Board, chaired by Professor Geraldine Walters, Executive Director of Professional Practice has responsibility for overseeing all QA activities including the management of education concerns and management of the external contract with our QA service delivery partner, Mott MacDonald.

**Four country factors:**

- 5 The annual update includes the findings of our QA activity across all four countries of the UK over the last academic year.

**Discussion:**

- 6 This paper covers the period 1 September 2020 to 31 August 2021.

1.
2.
3.
4.
5.
6.
7.
8.
9.
10
11.
12
13
14
15

## Programme approval

- 7 The focus of our QA activity during this reporting period has remained on the approval of AEIs to run programmes in line with our new standards. The ongoing Covid-19 pandemic has impacted original timelines and approvals have continued for pre-registration nursing, pre-registration midwifery, return to practice and prescribing programmes. By 31 August 2021, AEIs were required to have re-approved all pre-registration nursing, return to practice and prescribing programmes under the new standards published in 2018. Midwifery programmes will need to be approved against the new midwifery standards by September 2022. A minority of AEIs have not requested approval against the new standards for pre-registration nursing, return to practice and prescribing programmes and these programmes will continue to be 'taught out' until students on those programmes graduate.
- 8 Our approval activity is undertaken by a team of external registrant visitors and lay visitors who review programme documentation through a series of gateways, aligned with the Parts of our standards.
- 9 Each gateway must be successfully approved before an organisation can move to the next stage of the process. The final gateway is a visit to the AEI to meet with senior leaders, the programme team, practice learning partners, students, and patients/people using services to ensure our standards are being met.
- 10 This work is operationally managed by our QA service provider, Mott MacDonald. We receive an independent report on which to make an approval or refusal decision.
- 11 During this reporting period, all approval visit activity was undertaken remotely, recognising the pressure on the wider workforce during the Covid-19 pandemic, as well as adhering to government restrictions. A review of the remote visit process has been undertaken, including learning lessons for the future. Based on this, from August 2021, the QA Board approved a new permanent process that will allow some visits to be undertaken remotely if certain risk based criteria are met. If not met, then visits will continue to be held on a face-to-face basis.
- 12 During this period the number of AEIs delivering our programmes increased by three to 91.
- 13 We approved 168 programmes in this period. The total number of approved programmes is currently 1,936 (see Table one, Annexe 1).

- 14 Of note was the approval of South Devon College as a new AEI, the first further education college to be directly approved as an education institution to deliver a nursing associate programme.

### Conditions

- 15 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 then approved by the visitors before we will approve the programme.

- 16 Conditions are categorised against five key risk themes. In the previous reporting period (2019-2020) the most common condition related to selection, admission and progression, whereas for the 2020-2021 reporting period, the most common condition related to effective partnership working.

- 17 Our work on standards implementation continues to prioritise this aspect, which was one of the most significant changes in our new standards. In order of the most frequently occurring conditions the risk themes were:

- 17.1 Effective partnership working: collaboration, culture, communication and resources

For example – ensuring people using services and carers, practice placement partners and students are involved in the co-production of the ongoing design, development, delivery and evaluation of programmes.

- 17.2 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.

- 17.3 Practice learning

For example – The programme team ensuring that the standards for student supervision and assessment are implemented, including roles and responsibilities are understood and individuals are prepared for their role/s.

17.4 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.

17.5 Selection, admission and progression

For example – the AEI must provide clear mapping of how assessment will allow students to meet proficiencies and how the programme structure meets our standards.

- 18 In Table two (Annexe 1), we have summarised all conditions assigned to AEIs following approval events within the 2020-2021 academic year.

**Refusals**

- 19 There were no recommendations by visitors for refusal of programme approval during this reporting period.

**Monitoring**

- 20 Following the introduction of our new education standards in 2018 and indefinite approval for programmes, we continue to monitor approved programmes to ensure they continue to meet our standards. Monitoring is undertaken through annual self-reporting, new programme monitoring, enhanced scrutiny, exceptional reporting, monitoring visits and extraordinary reviews.

**Annual self-reporting**

- 21 AEIs are required to undertake and submit an annual self-report, including a self-declaration that their approved programme(s) continue to meet our standards, that all programme modifications have been notified to the NMC; and that all key risks are controlled. The self-report also provides an opportunity for AEIs and their practice learning partners to give examples or case studies of notable or innovative practice.
- 22 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.

- 23 The annual self-report is normally undertaken in November but was delayed in 2020 due to the Covid-19 pandemic until March 2021. As the AElS are reporting on the previous academic year, the findings presented in this report relate to academic year 2019-2020.
- 24 All 88 AElS approved at the time of the request were required to submit their annual self-report. In this reporting period 65 out of 88 (74 percent) of AElS provided assurance that all key risks were controlled or mitigated with actions plans in place. The principle reasons for not providing assurance were failure to adequately address identified risks and failure to address risks related to practice placements.
- 25 The remaining 23 AElS resubmitted their annual self-reports, including the additional evidence requested, which have been reviewed and assurance is now provided that key risks were controlled or mitigated.
- 26 As part of annual self-reporting, AElS are asked for information on specific themes. The themes in the 2019-2020 annual self-report were how programme curricula enable students to develop skills to relate to and work effectively in culturally diverse situations, and how AElS ensure protected learning in the absence of supernumerary status for nursing associate students.
- 26.1 AElS provided assurance that they are embedding strategies and content into their curricula that will enable students to develop the skills to work effectively in culturally diverse situations through a number of examples. See Annexe 2 for further detail.
- 26.2 These included development of institutional curriculum frameworks (67 percent of AElS), collaborative working with users of services groups and external agencies to develop cultural diversity skills (42 percent AElS), development of culturally diverse learning and teaching resources (31 percent AElS), including theoretical content in curricula (60 percent AElS) and the use of interactive strategies for reflection and sharing (53 percent).
- 26.3 46 AElS run nursing associate programmes across England. 59 percent of AElS provided assurance that nursing associate students on approved programmes are receiving protected learning time in accordance with our standards.

- |     |
|-----|
| 1.  |
| 2.  |
| 3.  |
| 4.  |
| 5.  |
| 6.  |
| 7.  |
| 8.  |
| 9.  |
| 10  |
| 11. |
| 12  |
| 13  |
| 14  |
| 15  |
- 26.4 41 percent of AElS identified situations where students were not receiving protected learning time. This was identified through monitoring such as: personal tutor conversations, through formal evaluations, through Practice Assessment Documents (PAD). Often information from a number of sources was triangulated.
- 26.5 AElS provided examples of appropriate mechanisms on how they engaged with practice learning partners to ensure this was rectified. Where concerns were identified, AElS addressed this directly with employer partners and had mechanisms to mitigate and retrieve lost protected learning time. AElS tailored solutions in collaboration with employer partners and continue to monitor that these remain effective.
- 27 Further questions were asked through the annual self-report around the implementation of the emergency standards. Council reviewed the findings of these in the annual report presented in May 2021 (the 2019-2020 annual report was delayed due to the Covid-19 pandemic), however these findings are included as they were part of this reporting period and presented from paragraph 49.
- 28 A series of webinars were delivered by the education quality assurance team and the nursing and midwifery advisers to education institutions to share the findings from the annual self-reports. These were well received by stakeholders and further webinars are planned to share good practice and innovation.

**New programme monitoring**

- 29 We previously introduced a period of new programme monitoring for all new AElS, or existing AElS running a new pre-registration programme for the first time.
- 30 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 about to inform our data driven approach to QA.
- 31 As part of new programme monitoring, programmes must submit 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.

- |     |
|-----|
| 1.  |
| 2.  |
| 3.  |
| 4.  |
| 5.  |
| 6.  |
| 7.  |
| 8.  |
| 9.  |
| 10  |
| 11. |
| 12  |
| 13  |
| 14  |
| 15  |
- 32 In 2020-2021, seven existing AElS were involved in new programme monitoring, two were newly approved to deliver a nursing associate programme, five newly approved to deliver pre-registration nursing, and three to deliver midwifery programmes. Three new AElS were also included in new programme monitoring, covering two pre-registration nursing programmes and one AEl running a nursing associate programme.
- 33 Assurance was provided through new programme monitoring that programmes continued to meet our education standards. AElS have reported that they felt the process was supportive in managing new provision.

### Concerns

- 34 We continue to monitor risks and concerns raised in relation to 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 submit 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).
- 35 A review of our concerns process was undertaken during the reporting period and a new process was approved by QA Board. This included the number of concerns categories being reduced from four (minor, moderate, major, critical) to three (minor, major or critical).
- 35.1 Minor: issue that has minimal impact on and causes minimal disruption to student learning and safety and/ or public safety and protection;
- 35.2 Major: issue has potential moderate impact on and causes moderate disruption to student learning and safety and/ or public safety and protection;
- 35.3 Critical: issue has potential significant serious impact on and cause significant serious disruption to student learning and safety and/ or public safety and protection.
- 36 During 2020-2021 we received a total of 120 concerns. 80 were categorised as minor, 35 as major and five as critical. Of the five critical concerns, four relate to maternity services. A summary of concerns can be found in Table three (Annexe 1).



- 37 In the table we note the concern was first raised with us, through exceptional reporting by approved education institutions, through media scanning and through our RIU. Where concerns are raised by the AEI via our exceptional reporting process, the report will highlight the concern and actions being taken to mitigate it. Concerns raised through media scanning or our Regulatory Intelligence Unit are followed up with AEIs to ensure they are aware of the issue and are mitigating the concerns in line with our expectations.
- 38 Enhanced scrutiny involves the AEI 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.
- 39 In 2020-2021, one pre-registration nursing programme remained on enhanced scrutiny where we had previously conducted an extraordinary review and identified concerns.
- 40 Similar to previous years, most of the exception reports continue to relate to issues in practice environments, often generated by adverse system regulator reports or escalation of student concerns, and concerns about the associated impact on student learning, supervision and assessment.
- 41 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 (Annexe1).
- 42 Where we identify serious concerns regarding an AEI or practice placement and local risk measures are limited, we may decide to conduct an extraordinary review. This measure may be necessary if there are concerns that present a risk to public protection or student safety, and if it is deemed that the AEI is either unaware or unable to put adequate measure in place to control the risk. No extraordinary reviews were conducted during this reporting period.
- 43 For the critical concerns currently open, all have had regular calls from the senior team and we have liaised with other regulators and government bodies to secure and share alternative sources of ongoing assurance.

1.
2.
3.
4.
5.
6.
7.
8.
9.
10
11.
12
13
14
15

- |     |
|-----|
| 1.  |
| 2.  |
| 3.  |
| 4.  |
| 5.  |
| 6.  |
| 7.  |
| 8.  |
| 9.  |
| 10  |
| 11. |
| 12  |
| 13  |
| 14  |
| 15  |
- 44 We also request appropriate action plans, and contingency plans for removing students, and information about any additional steps the AEI and their practice learning partners are taking to support students.
- 45 We have further developed additional guidance and templates for AEIs where we have critical concerns, outlining our expectations in their reporting, we then proactively contact if this is not received. The critical items have been reviewed six weekly at our QA Board and decisions made about further interventions.
- 46 We proactively share our intelligence internally with our RIU and Professional Regulation colleagues as well as externally where appropriate with other professional and system regulators.

**Covid-19**

- 47 The Covid-19 pandemic has continued to impact AEIs and their practice learning partners and we have continued to respond through the implementation of emergency and recovery standards.
- 48 We have requested that AEIs provide information on their utilization and impact of these through self-annual reporting and through a dedicated Covid-19 exceptional reporting process.

**Emergency and recovery standards**

- 49 In response to the pandemic and working closely with the four Chief Nursing Officers, four Chief Midwifery Officers, Council of Deans of Health, Royal Colleges and representative bodies we introduced a set of emergency standards in March 2020. These standards enabled second and final year students to undertake extended clinical placement to support the workforce (EN1), as well as enabled first years to complete their year in theoretical study (EN3).
- 50 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.
- 51 The emergency standards were reviewed in October 2020 and further in January 2021 and a refreshed set of emergency and recovery standards agreed by the Council and implemented in February 2021.

- 52 AEs were required to submit a dedicated exceptional report outlining the changes they had made, and how our standards continued to be met through the emergency and recovery standards.
- 53 All 88 AEs completed the report and analysis identified adoption of the standards according to individual requirements.
- 54 Where the emergency and recovery standards had been adopted, AEs provided assurance that these were being implemented appropriately and that our standards continued to be met.
- 55 66 AEs (75 percent) adopted standard E5.1, where exceptionally the same person could fulfil the role of the practice supervisor and practice assessor. 57 AEs (65 percent) adopted standards R5 and R5.1 utilising up to 300 hours of virtual or simulated learning and ensuring adequate student supervision and support when this was adopted.
- 56 Key risks identified by AEs were a reduction in placement capacity caused by the pandemic, exacerbated by an increased number of students, equivalence of learning when using virtual or simulated practice compared to live practice learning and the impact on progression particularly for those clinically vulnerable students who were required to shield.
- 57 A number of students have required an extension to the total length of their programme in order to fulfill required learning outcomes.
- 58 The full impact of the pandemic on student learning is not yet fully understood or researched and we will continue to work with stakeholders to assess the impact.

**Public protection implications:**

- 59 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 our standards continue to be met.

**Resource implications:**

- 60 None. Resources to carry out our education QA activity form part of the normal operational budget of the Professional Practice directorate.

**Equality diversity and inclusion implications:**

- 61 We are committed to ensuring that our approved nursing and midwifery programmes comply with all equality and diversity legislation.

1.
2.
3.
4.
5.
6.
7.
8.
9.
10
11.
12
13
14
15

1.
2.
3.
4.
5.
6.
7.
8.
9.
10
11.
12
13
14
15

- 62 Our standards outline the commitment to Equality, Diversity and Inclusion (EDI) which we expect from AEIs. In accordance with our standards and 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.
- 63 To gain further insight into how EDI is being appropriately addressed within education and training our annual self-report focussed on specific thematic EDI questions. These were reviewed to ensure our standards continue to be met, and that good practice was 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.
- 64 Mott MacDonald have developed a proposal to actively increase diversity through review of their visitor recruitment processes and we continue to work closely with them to ensure that visibility is given to EDI through QA activities. This is an area we actively continue to monitor to ensure that our registrant and lay visitors reflect the wider characteristics of the population.

**Stakeholder engagement:**

- 65 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.
- 66 With the Covid-19 pandemic we worked closely with the four Chief Nursing Officers, four 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.

**Risk implications:**

- 67 Failure by AEIs to comply with our education standards could impact upon public protection, students not being appropriately supported, and that newly qualified nurses, midwives and nursing associates not meeting our proficiency standards.
- 68 The Covid-19 pandemic continues to add additional risk to QA processes. These risks have been mitigated through monitoring the implementation of the emergency and recovery standards and adapting QA activities such as the move to remote visits. We continue to utilise monitoring processes to ensure that AEIs continue to meet our standards.

**Legal implications:**

69 The quality assurance activities that we have outlined in this paper are carried out in line with Articles 15-19 of the Nursing and Midwifery Order 2001('the Order'). Articles 15-19 of the Order provide the statutory framework upon which we have developed our quality assurance activities.

1.
2.
3.
4.
5.
6.
7.
8.
9.
10
11.
12
13
14
15

## Annexe 1

### 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 approved education institution (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	0	796	796
Pre-registration midwifery	35	73	108
Prescribing	13	232	245
Return to practice	16	98	114
Pre-registration nursing associate	N/A	89	89
SPQ	241	N/A	241
SCPHN	280	N/A	280
Aptitude Test - Nursing	3	N/A	3
Aptitude Test - Midwifery	1	N/A	1
EU Nurse Adaptation	8	N/A	8
EU Midwives Adaptation	0	N/A	0
Mentorship	33	N/A	33
Practice Teacher	8	N/A	8
Teacher Programme	10	N/A	10
<b>Total</b>	<b>648</b>	<b>1288</b>	<b>1936</b>

1.  
2.  
3.  
4.  
5.  
6.  
7.  
8.  
9.  
10  
11.  
12  
13  
14  
15

**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	50	4	18	10	6	7	2	3
Programmes recommended for approval after conditions were met	118	8	32	22	26	13	6	11
Programme recommended for refusal	0	0	0	0	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	60
2. Selection, admission and progression	31
3. Practice learning	35
4. Assessment, fitness for practice and award	33
5. Education governance: management and quality assurance	54

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>	51	0	20	4	5	80
<b>Major</b>	14	0	11	0	10	35
<b>Critical</b>	0	0	4	0	1	5
						120

(B) Highest level of regulatory intervention by concern 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>	17	63	0	0	0	0	0	80
<b>Major</b>	0	22	0	10	3	0	0	35
<b>Critical</b>	0	0	0	0	5	0	0	5
								120



## **Annexe 2: Enabling student development of skills to relate to and work in culturally diverse situations**

### **Institutional curriculum frameworks**

- Equality Diversity and Inclusion (EDI) policies and requirements to drive inclusive curricula
- Approved education institutions (AEIs) discuss how organisational policy and frameworks provide the legal and policy infrastructure underpinning diversity and inclusivity in curriculum
- Curriculum frameworks and tools used to underpin curriculum development and review to support learning for diverse cultures, for example a framework to develop students' global citizenship and skills
- Institutional process of decolonising the curriculum to make this more reflective of the diversity of the student group and the society in which the AEI is situated
- Good practice forums for sharing diversity curriculum work

### **Working with groups of people using services and external agencies to develop skills for diverse cultures**

- Importance of working with groups of people using services and carers groups, diverse students populations and external organisations to support curriculum, including focus days and workshops, real world scenarios included in curricula
- Programmes informed by experts by experience, participating in regular themed activities

### **Learning and teaching strategies**

- Decolonisation of the curriculum including development of diverse teaching and learning resources
- recognition of including users of services and carers to develop learning and teaching resources
- Inclusive role modelling in the classroom
- Diversity questions in student evaluations
- Language guides for inclusive terminology
- Students developing learning packages alongside NHS colleagues
- Enabling students to engage in reflective activities and storytelling to share experiences, mostly through interactive mediums
- Enquiry based learning approaches to local diverse populations
- Interactive virtual communities of practice

### **Theoretical content in the curriculum**

- Inclusion of module outcomes to demonstrate how students develop skills in cultural diversity
- Spiral curricula which increase in complexity as students' progress
- Person centre curricula
- Within midwifery curricula developing a staged approach to working with vulnerable and marginalised women

1.
2.
3.
4.
5.
6.
7.
8.
9.
10
11.
12
13
14
15