Standards for pre-registration nursing education

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Section 1: Introduction

The term 'pre-registration nursing education' describes the programme that a nursing student in the United Kingdom undertakes in order to acquire the competencies needed to meet the criteria for registration with the Nursing and Midwifery Council (NMC). The standards set out below apply to the approval of all new pre-registration nursing programmes from September 2011.

This introduction aims to assist approved education institutions (AEIs) and their partner organisations understand the standards and how to meet them. It reviews briefly the background and context, and the location, design and delivery of programmes. You might find it helpful to begin by reading the *Pre-registration nursing education: Explanation of terms.* Throughout, you can access additional information by clicking on the blue hyperlinks.

Background and context

As the regulator of nurses and midwives in the UK, the mission of the NMC is to protect the public, as required by the Nursing and Midwifery Order 2001. We achieve this in various ways, primarily by:

- maintaining a register of nurses and midwives

- setting and maintaining standards of education, training and conduct

- ensuring that nurses and midwives keep their skills and knowledge up to date, and uphold the standards of their professional code

- ensuring that midwives are safe to practise by setting rules for their practice and supervision

- providing mandatory guidance and additional advice to people designing and developing education programmes.

Nursing education across the UK is responding to changing needs, developments, priorities and expectations in health and healthcare. Nurses who acquire the knowledge, skills and behaviors that meet our standards will be equipped to meet these present and future challenges, improve health and wellbeing and drive up standards and quality, working in a range of roles including practitioner, educator, leader and researcher. As autonomous practitioners, nurses will provide essential care to a very high standard and provide complex care using the best available evidence and technology where appropriate.

Our standards aim to enable nurses to give and support high quality care in rapidly changing environments. They reflect how future services are likely to be delivered, acknowledge future public health priorities and address the challenges of long-term conditions, an ageing population, and providing more care outside hospitals. Nurses must be equipped to lead, delegate, supervise and challenge other nurses and healthcare professionals. They must be able to develop practice, and promote and sustain change. As graduates they must be able to think analytically, use problem-

solving approaches and evidence in decision-making, keep up with technical advances and meet future expectations.

Professional values must underpin education as well as practice. All nurses and midwives are required to comply with *The Code: Professional standards of practice and behaviour for nurses and midwives* (NMC 2015).

The Code is central to all education programmes, and educators must enable students to understand, commit to and uphold it.

The public can be confident that all new nurses will:

- deliver high quality essential care to all

- deliver complex care to service users in their field of practice

- act to safeguard the public, and be responsible and accountable for safe, person-centred, evidence-based nursing practice

- act with professionalism and integrity, and work within agreed professional, ethical and legal frameworks and processes to maintain and improve standards

- practise in a compassionate, respectful way, maintaining dignity and wellbeing and communicating effectively

- act on their understanding of how people's lifestyles, environments and the location of care delivery influence their health and wellbeing

- seek out every opportunity to promote health and prevent illness

- work in partnership with other health and social care professionals and agencies, service users, carers and families ensuring that decisions about care are shared

- use leadership skills to supervise and manage others and contribute to planning, designing, delivering and improving future services.

Nurses must be able to meet all NMC requirements when they qualify and then maintain their knowledge and skills. Newly qualified nurses cannot be expected to have extensive clinical experience, specialist expertise, or highly developed supervision and leadership skills. Opportunities will be needed to develop these through preceptorship and ongoing professional development.

We are fully committed to promoting equality and diversity and this is reflected in the standards. Programme providers are reminded of the need to consider the learning needs of students with disabilities in both academic and practice settings.

Standards and requirements

We are required under the Nursing and Midwifery Order 2001 (the order) to establish **standards** – minimum requirements by which programme providers determine programme content, learning outcomes and assessment criteria. Our standards are

underpinned by **requirements**; a standard will be fully met only when all the requirements have been demonstrated**.** All AEIs and their partner practice learning providers are required to comply fully with these standards and requirements in all UK pre-registration nursing programmes.

The order also requires us to give and publish guidance on what we believe is best practice. Box 1 shows NMC descriptions of its standards and guidance. You will find it helpful to read the requirements and guidance in section 3 in conjunction with *Advice and supporting information for implementing NMC standards for pre-registration nursing education.*

Box 1: NMC standards and guidance

Standards	**The Nursing and Midwifery Council is required to establish standards.** **Requirements underpin the standards**. **Standards must be met and requirements must be demonstrated.**	A standard will be fully met only when all the requirements have been demonstrated.
Guidance	**The order requires the Nursing and Midwifery Council to give guidance and publish that guidance.** **Guidance reflects what the Nursing and Midwifery Council believes is best practice and should be followed.**	There is some flexibility in how guidance is applied to education programmes. Where it is not followed precisely, programme providers will need to account for this and explain how an alternative approach will produce a similar outcome.

These standards for pre-registration nursing education replace our 2004 *Standards of proficiency for pre-registration nursing education.*[1] Many are based on previous rules, standards and guidance. Others have been introduced after extensive consultation with stakeholders, in accordance with article 3(14) of the order incorporating the findings of our review *Nursing: Towards 2015 (NMC 2007),* and key policies from the four UK government health departments including *Modernising nursing careers (DH, 2006).*

Where appropriate, the standards are aligned with European Union Directive 2005/36/EC Recognition of professional qualifications (see annexe 1). Article 31 sets out the requirements for training nurses responsible for general care and establishes the baseline for general nursing in the EU. It includes specific requirements on programme length, content, and ratio of theory to practice, and the nature of practice learning and range of experience.

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[1] The *Standards of proficiency for pre-registration nursing education* (NMC 2004) will continue to apply to programmes approved under those standards.

In the UK students qualify in a specific field of nursing practice and may apply to enter the NMC register as a nurse in one or more of four fields: adult, mental health, learning disabilities and children's nursing. Those in the adult field must meet EU requirements for training in general care, including the definition of practice (annexe 1), which must include direct contact with service users across a range of client groups and clinical specialities. For consistency, we have also applied the EU requirements for minimum programme length and ratio of theory to practice to all four fields. New nurses will be expected to meet the essential mental and physical health needs of people of all ages and conditions, as well as in their own field of practice.

Our standards are normally reviewed every five years, but we will also continue to seek ongoing feedback from nurses, the public and other stakeholders to ensure that they remain fit for purpose. As ever, we will work closely with the four UK government health departments, and with those who commission education and provide health services, to ensure that our standards are, and remain, sound and meet expectations.

The standards for competence and standards for education are set out below. The standards for competence address what nursing students must do and achieve during their programme, while the standards for education concern the framework within which programmes must be delivered.

Standards for competence

The standards for competence in section 2 identify the knowledge, skills and attitudes the student must acquire by the end of the programme, as set out in the degree-level competency framework. This framework comprises four sets of competencies, one for each field of practice: adult, mental health, learning disabilities and children's nursing. Each set comprises both generic competencies and field-specific competencies. The competencies are organised in four domains:

- professional values

- communication and interpersonal skills

- nursing practice and decision making

- leadership, management and team working.

The context in which the competencies are acquired in relation to the field of nursing defines the scope of professional practice at the point of registration.

Standards for education

The standards for education in section 3 comprise 10 standards for programme approval and delivery. They provide the framework within which programmes are delivered, and specify the requirements that all programmes must meet, including those relating to the teaching, learning and assessment of nursing students (see also *Standards to support learning and assessment in practice* (NMC 2008).

Nursing degrees

Our required minimum outcome award for a pre-registration nursing education programme is a degree in nursing. Degree-level registration underpins the level of practice needed for the future, and enables new nurses to work more closely and effectively with other professionals. The intellectual, professional, academic and practical competencies that nursing graduates must acquire are informed by the European Tuning project (2009, 3.2). The programme must also provide the programme hours specified in Directive 2005/36/EC and be at least equal to a first cycle (end of cycle) qualification of the European Higher Education Area (EHEA).

The institution that offers the programme makes the award and determines the title of the degree. It also decides whether to offer programmes at a higher academic level.

Length of programme

The programme can be no less than three years and must consist of at least 4,600 hours. There is no maximum time limit within which the programme must be completed. Responsibility for the management of course completion timescales rests with the AEI. The absence of maximum time limits does not have any impact on the level of proficiency required to complete a programme and be admitted to the register. Entry to the register is still subject to the individual meeting all of the proficiencies within the relevant education standards and the completion of their education programme. The AEI will still be responsible for confirming that the individual is fit and proper for admission to the register.

Some students may have previous relevant learning, including formal certificated learning such as an access course or another degree, or practice-based learning that was part of another course or gained through paid or voluntary work. Evidence of this learning may contribute to meeting some programme requirements, assessed through the AEI's own accreditation of prior learning (APL) process. Up to a maximum of 50 percent of the programme can be accredited in this way.

Location of programmes

Programmes are offered by AEIs across the UK. Sufficient learning opportunities must be provided to achieve the expected programme outcomes. Learning may take place in diverse environments in different, often widely spread locations, in a range of settings in the National Health Service (NHS) and elsewhere in the public, independent and voluntary sectors. Some aspects of the programme might be undertaken outside the UK for up to six months (or 17.5 percent) of the programme.

Approaches to learning

Programmes should offer a flexible, blended approach to learning, and draw on the full range of modern learning methods and modes of delivery in both academic and practice settings. There are learning opportunities wherever nurses practise. Learning should be shared with other nursing students, and also with students from other disciplines to improve teamwork and service integration. Students should become increasingly self-directed and independent, and able to make use of a variety of resources.

Overall the programme requires 50 percent theory (2300 hours) and 50 percent practice (2300 hours), with some flexibility in each part of the programme. AEIs determine the nature of theoretical learning, which may include independent study. As outlined above, learning in theory and practice for students intending to enter the adult field must comply with EU directives.

We set no specific requirements for the nature or range of practice learning, other than that it must enable the competencies to be acquired. Our standards require students to learn in a range of settings, with links to the service user's journey reflecting the future configuration of services. Most practice learning is required to be undertaken in direct care of clients, although under certain criteria up to 300 hours of practice learning may be undertaken through simulation, allowing the student to learn or practise skills in a safe situation that imitates reality.

Assessment of learning

There must be two progression points normally separating the programme into three equal parts. Progress in acquiring the competencies is mapped through the use of minimum progression criteria, based on safety and values (annexe 2), which the student must meet to progress from one part of the programme to the next. We set out minimum periods of practice learning towards the end of each progression point. The first progression point is normally at the end of year one. To pass the second progression point, normally at the end of year two, the student will need to demonstrate that they can be more independent and take more responsibility for their own learning and practice (annexe 2).

A nurse mentor who has completed specific preparation in assessing students is normally responsible for ongoing supervision and assessment in practice settings and in simulation. Other registered professionals who have been suitably prepared can supervise and contribute towards the assessment of nursing students. During a period of at least 12 weeks practice learning towards the end of the programme, a sign-off mentor (a nurse mentor who has met additional criteria), who is registered in the field of practice that the student intends to enter, makes a final judgement of competence (see *Standards to support learning and assessment in practice* (NMC 2008)). The evidence must show that the student is safe and effective in practice at the end of the programme.

We encourage innovative ways of achieving practice learning outcomes and enable flexibility in who can support and assess nursing students in practice settings, while maintaining continuity through the use of the nurse mentor system.

Direct links should be made between what is assessed in practice and academic settings, with the processes overseen by external examiners to ensure that theory and practice remain integrated. The assessment of theory and practice learning is given equal weighting. AEIs will use a range of assessment methods to meet the programme's academic requirements, including projects, essays, portfolios, assignments, formal tests and examinations.

Every student who steps off the programme before completion will receive a transcript of training giving details of learning achievements in theory and practice. This may lead directly to an alternative academic or vocational award, or it may contribute to a future award. The transcript may also be helpful to students transferring from one AEI to another, rejoining a programme after a break, when starting afresh, or be used to access employment opportunities.

Approval and monitoring of AEIs

AEIs and their partner practice learning providers are required to meet these standards and requirements in all UK pre-registration nursing programmes. Their performance in programme development and delivery will be measured against the standards through our quality assurance processes.

We ensure that programmes meet our standards through a robust procedure known as approval. Programmes are normally approved for up to five years. We check compliance before allowing the programme to run, following which it is subject to NMC monitoring.

Section 2: Standards for competence

Context

Competence is a requirement for entry to the NMC register. It is a holistic concept that may be defined as "the combination of skills, knowledge and attitudes, values and technical abilities that underpin safe and effective nursing practice and interventions" (adapted from Queensland Nursing Council 2009).

The standards in this section relate to the competence required of all nursing students at the end of their pre-registration nursing programme, when they are at the point of registration. The standards have been informed by the Royal College of Nursing definition of nursing as "the use of clinical judgement in the provision of care to enable people to improve, maintain or recover health, to cope with health problems, and to achieve the best possible quality of life, whatever their disease or disability until death" (Royal College of Nursing 2003).

The standards have also been informed by the European Tuning project (Tuning 2009), which adopted this definition of the nurse in 2003: "A professional person achieving a competent standard of practice at first cycle level following successful completion of an approved academic and practical course. The nurse is a safe, caring, and competent decision maker willing to accept personal and professional accountability for his/her actions and continuous learning. The nurse practises within a statutory framework and code of ethics delivering nursing practice (care) that is appropriately based on research, evidence and critical thinking that effectively responds to the needs of individual clients (patients) and diverse populations."

The competency framework

The competency framework sets out the standards for competence and the related competencies that every nursing student must acquire before applying to be registered at first level on the nurses' part of the register.

There are separate sets of competency requirements for each of the four fields of adult nursing, mental health nursing, learning disabilities nursing or children's nursing. Each set is laid out under the following four domains:

1   professional values

2   communication and interpersonal skills

3   nursing practice and decision-making

4   leadership, management and team working.

Each domain is comprised of a generic standard for competence and a field standard for competence. It also includes the generic competencies that all nurses must achieve and the field competencies to be achieved in each specific field. The number of field competencies varies in number in each domain and between nursing fields of practice.

Before they can apply to be registered, nursing students must have acquired all the generic and field competency requirements within the context of their field at a minimum of degree level.

Included within the nursing practice and decision making domain for each field we have identified the wider range of people who may come into the nurses' care and the level at which we expect that care to be delivered.

Specific knowledge and skills

All nurses must apply knowledge and skills based on the best available evidence indicative of safe nursing practice. The knowledge and skills required have been integrated into the competencies throughout. Some are generic and some field-specific. Additional requirements and guidance are as follows:

- Knowledge and related aspects of practice are set out as programme content in section 3, standard 5 – structure, design and delivery of programmes.

- Theoretical and clinical instruction for general care, required for students undertaking the adult nursing field, is set out in EU Directive 2005/36/EC Annex V.2 (5.2.1). This can be found in annexe 1.

- Criteria for safety and professional values that must be achieved at the first progression point are set out in annexe 2.

- Essential skills clusters (ESCs) that should be reflected in learning outcomes at different points in the programme include skills for care, compassion and communication; organisational aspects of care; infection prevention and control; nutrition and fluid management; and medicines management (annexe 3).

Competencies for entry to the register: Adult nursing

Domain 1: Professional values

Generic standard for competence

All nurses must act first and foremost to care for and safeguard the public. They must practise autonomously and be responsible and accountable for safe, compassionate, person-centred, evidence-based nursing that respects and maintains dignity and human rights. They must show professionalism and integrity and work within recognised professional, ethical and legal frameworks. They must work in partnership with other health and social care professionals and agencies, service users, their carers and families in all settings, including the community, ensuring that decisions about care are shared.

Field standard for competence

Adult nurses must also be able at all times to promote the rights, choices and wishes of all adults and, where appropriate, children and young people, paying particular attention to equality, diversity and the needs of an ageing population. They must be able to work in partnership to address people's needs in all healthcare settings.

Competencies

1   All nurses must practise with confidence according to *The Code: Professional standards of practice and behaviour for nurses and midwives* (NMC 2015), and within other recognised ethical and legal frameworks. They must be able to recognise and address ethical challenges relating to people's choices and decision-making about their care, and act within the law to help them and their families and carers find acceptable solutions.

    1.1   **Adult nurses** must understand and apply current legislation to all service users, paying special attention to the protection of vulnerable people, including those with complex needs arising from ageing, cognitive impairment, long-term conditions and those approaching the end of life.

2   All nurses must practise in a holistic, non-judgmental, caring and sensitive manner that avoids assumptions, supports social inclusion; recognises and respects individual choice; and acknowledges diversity. Where necessary, they must challenge inequality, discrimination and exclusion from access to care.

3   All nurses must support and promote the health, wellbeing, rights and dignity of people, groups, communities and populations. These include people whose lives are affected by ill health, disability, ageing, death and dying. Nurses must understand how these activities influence public health.

4   All nurses must work in partnership with service users, carers, families, groups, communities and organisations. They must manage risk, and promote health and wellbeing while aiming to empower choices that promote self-care and safety.

5   All nurses must fully understand the nurse's various roles, responsibilities and functions, and adapt their practice to meet the changing needs of people, groups, communities and populations.

6   All nurses must understand the roles and responsibilities of other health and social care professionals, and seek to work with them collaboratively for the benefit of all who need care.

7   All nurses must be responsible and accountable for keeping their knowledge and skills up to date through continuing professional development. They must aim to improve their performance and enhance the safety and quality of care through evaluation, supervision and appraisal.

8   All nurses must practise independently, recognising the limits of their competence and knowledge. They must reflect on these limits and seek advice from, or refer to, other professionals where necessary.

9   All nurses must appreciate the value of evidence in practice, be able to understand and appraise research, apply relevant theory and research findings to their work, and identify areas for further investigation.

Domain 2: Communication and interpersonal skills

Generic standard for competence

All nurses must use excellent communication and interpersonal skills. Their communications must always be safe, effective, compassionate and respectful. They must communicate effectively using a wide range of strategies and interventions including the effective use of communication technologies. Where people have a disability, nurses must be able to work with service users and others to obtain the information needed to make reasonable adjustments that promote optimum health and enable equal access to services.

Field standard for competence

Adult nurses must demonstrate the ability to listen with empathy. They must be able to respond warmly and positively to people of all ages who may be anxious, distressed, or facing problems with their health and wellbeing.

Competencies

1   All nurses must build partnerships and therapeutic relationships through safe, effective and non-discriminatory communication. They must take account of individual differences, capabilities and needs.

2   All nurses must use a range of communication skills and technologies to support person-centred care and enhance quality and safety. They must ensure people receive all the information they need in a language and manner that allows them to make informed choices and share decision making. They must recognise when language interpretation or other communication support is needed and know how to obtain it.

3   All nurses must use the full range of communication methods, including verbal, non-verbal and written, to acquire, interpret and record their knowledge and understanding of people's needs. They must be aware of their own values and beliefs and the impact this may have on their communication with others. They must take account of the many different ways in which people communicate and how these may be influenced by ill health, disability and other factors, and be able to recognise and respond effectively when a person finds it hard to communicate.

   3.1   **Adult nurses** must promote the concept, knowledge and practice of self-care with people with acute and long-term conditions, using a range of communication skills and strategies.

4   All nurses must recognise when people are anxious or in distress and respond effectively, using therapeutic principles, to promote their wellbeing, manage personal safety and resolve conflict. They must use effective communication strategies and negotiation techniques to achieve best outcomes, respecting the dignity and human rights of all concerned. They must know when to consult a third party and how to make referrals for advocacy, mediation or arbitration.

5   All nurses must use therapeutic principles to engage, maintain and, where appropriate, disengage from professional caring relationships, and must always respect professional boundaries.

6   All nurses must take every opportunity to encourage health-promoting behaviour through education, role modelling and effective communication.

7   All nurses must maintain accurate, clear and complete records, including the use of electronic formats, using appropriate and plain language.

8   All nurses must respect individual rights to confidentiality and keep information secure and confidential in accordance with the law and relevant ethical and regulatory frameworks, taking account of local protocols. They must also actively share personal information with others when the interests of safety and protection override the need for confidentiality.

Domain 3: Nursing practice and decision-making

Generic standard for competence

All nurses must practise autonomously, compassionately, skilfully and safely, and must maintain dignity and promote health and wellbeing. They must assess and meet the full range of essential physical and mental health needs of people of all ages who come into their care. Where necessary they must be able to provide safe and effective immediate care to all people prior to accessing or referring to specialist services irrespective of their field of practice. All nurses must also meet more complex and coexisting needs for people in their own nursing field of practice, in any setting including hospital, community and at home. All practice should be informed by the best available evidence and comply with local and national guidelines. Decision-making must be shared with service users, carers and families and informed by critical analysis of a full range of possible interventions, including the use of up-to-date technology. All nurses must also understand how behaviour, culture, socioeconomic and other factors, in the care environment and its location, can affect health, illness, health outcomes and public health priorities and take this into account in planning and delivering care.

Field standard for competence

Adult nurses must be able to carry out accurate assessment of people of all ages using appropriate diagnostic and decision-making skills. They must be able to provide effective care for service users and others in all settings. They must have in-depth understanding of and competence in medical and surgical nursing to respond to adults' full range of health and dependency needs. They must be able to deliver care to meet essential and complex physical and mental health needs.

Competencies

1   All nurses must use up-to-date knowledge and evidence to assess, plan, deliver and evaluate care, communicate findings, influence change and promote health and best practice. They must make person-centred, evidence-based judgments and decisions, in partnership with others involved in the care process, to ensure high quality care. They must be able to recognise when the complexity of clinical decisions requires specialist knowledge and expertise, and consult or refer accordingly.

    1.1   **Adult nurses** must be able to recognise and respond to the needs of all people who come into their care including babies, children and young people, pregnant and postnatal women, people with mental health problems, people with physical disabilities, people with learning disabilities, older people, and people with long term problems such as cognitive impairment.

2   All nurses must possess a broad knowledge of the structure and functions of the human body, and other relevant knowledge from the life, behavioural and social sciences as applied to health, ill health, disability, ageing and death. They must have an in-depth knowledge of common physical and mental health problems and treatments in their own field of practice, including co-morbidity and physiological and psychological vulnerability.

3   All nurses must carry out comprehensive, systematic nursing assessments that take account of relevant physical, social, cultural, psychological, spiritual, genetic and environmental factors, in partnership with service users and others through interaction, observation and measurement.

   3.1   **Adult nurses** must safely use a range of diagnostic skills, employing appropriate technology, to assess the needs of service users.

4   All nurses must ascertain and respond to the physical, social and psychological needs of people, groups and communities. They must then plan, deliver and evaluate safe, competent, person-centred care in partnership with them, paying special attention to changing health needs during different life stages, including progressive illness and death, loss and bereavement.

   4.1   **Adult nurses** must safely use invasive and non-invasive procedures, medical devices, and current technological and pharmacological interventions, where relevant, in medical and surgical nursing practice, providing information and taking account of individual needs and preferences.

   4.2   **Adult nurses** must recognise and respond to the changing needs of adults, families and carers during terminal illness. They must be aware of how treatment goals and service users' choices may change at different stages of progressive illness, loss and bereavement.

5   All nurses must understand public health principles, priorities and practice in order to recognise and respond to the major causes and social determinants of health, illness and health inequalities. They must use a range of information and data to assess the needs of people, groups, communities and populations, and work to improve health, wellbeing and experiences of healthcare; secure equal access to health screening, health promotion and healthcare; and promote social inclusion.

6   All nurses must practise safely by being aware of the correct use, limitations and hazards of common interventions, including nursing activities, treatments, and the use of medical devices and equipment. The nurse must be able to evaluate their use, report any concerns promptly through appropriate channels and modify care where necessary to maintain safety. They must contribute to the collection of local and national data and formulation of policy on risks, hazards and adverse outcomes.

7   All nurses must be able to recognise and interpret signs of normal and deteriorating mental and physical health and respond promptly to maintain or improve the health and comfort of the service user, acting to keep them and others safe.

   7.1   **Adult nurses** must recognise the early signs of illness in people of all ages. They must make accurate assessments and start appropriate and timely management of those who are acutely ill, at risk of clinical deterioration, or require emergency care.

7.2 **Adult nurses** must understand the normal physiological and psychological processes of pregnancy and childbirth. They must work with the midwife and other professionals and agencies to provide basic nursing care to pregnant women and families during pregnancy and after childbirth. They must be able to respond safely and effectively in an emergency to safeguard the health of mother and baby.

8 All nurses must provide educational support, facilitation skills and therapeutic nursing interventions to optimise health and wellbeing. They must promote self-care and management whenever possible, helping people to make choices about their healthcare needs, involving families and carers where appropriate, to maximise their ability to care for themselves.

8.1 **Adult nurses** must work in partnership with people who have long-term conditions that require medical or surgical nursing, and their families and carers, to provide therapeutic nursing interventions, optimise health and wellbeing, facilitate choice and maximise self-care and self-management.

9 All nurses must be able to recognise when a person is at risk and in need of extra support and protection and take reasonable steps to protect them from abuse.

10 All nurses must evaluate their care to improve clinical decision-making, quality and outcomes, using a range of methods, amending the plan of care, where necessary, and communicating changes to others.

Domain 4: Leadership, management and team working

Generic standard for competence

All nurses must be professionally accountable and use clinical governance processes to maintain and improve nursing practice and standards of healthcare. They must be able to respond autonomously and confidently to planned and uncertain situations, managing themselves and others effectively. They must create and maximise opportunities to improve services. They must also demonstrate the potential to develop further management and leadership skills during their period of preceptorship and beyond.

Field standard for competence

Adult nurses must be able to provide leadership in managing adult nursing care, understand and coordinate interprofessional care when needed, and liaise with specialist teams. They must be adaptable and flexible, and able to take the lead in responding to the needs of people of all ages in a variety of circumstances, including situations where immediate or urgent care is needed. They must recognise their leadership role in disaster management, major incidents and public health emergencies, and respond appropriately according to their levels of competence.

Competencies

1 All nurses must act as change agents and provide leadership through quality improvement and service development to enhance people's wellbeing and experiences of healthcare.

2 All nurses must systematically evaluate care and ensure that they and others use the findings to help improve people's experience and care outcomes and to shape future services.

3 All nurses must be able to identify priorities and manage time and resources effectively to ensure the quality of care is maintained or enhanced.

4 All nurses must be self-aware and recognise how their own values, principles and assumptions may affect their practice. They must maintain their own personal and professional development, learning from experience, through supervision, feedback, reflection and evaluation.

5 All nurses must facilitate nursing students and others to develop their competence, using a range of professional and personal development skills.

6 All nurses must work independently as well as in teams. They must be able to take the lead in coordinating, delegating and supervising care safely, managing risk and remaining accountable for the care given.

7   All nurses must work effectively across professional and agency boundaries, actively involving and respecting others' contributions to integrated person-centred care. They must know when and how to communicate with and refer to other professionals and agencies in order to respect the choices of service users and others, promoting shared decision making, to deliver positive outcomes and to coordinate smooth, effective transition within and between services and agencies.

Competencies for entry to the register: Mental health nursing

Domain 1: Professional values

Generic standard for competence

All nurses must act first and foremost to care for and safeguard the public. They must practise autonomously and be responsible and accountable for safe, compassionate, person-centred, evidence-based nursing that respects and maintains dignity and human rights. They must show professionalism and integrity and work within recognised professional, ethical and legal frameworks. They must work in partnership with other health and social care professionals and agencies, service users, their carers and families in all settings, including the community, ensuring that decisions about care are shared.

Field standard for competence

Mental health nurses must work with people of all ages using values-based mental health frameworks. They must use different methods of engaging people, and work in a way that promotes positive relationships focused on social inclusion, human rights and recovery, that is, a person's ability to live a self-directed life, with or without symptoms, that they believe is meaningful and satisfying.

Competencies

1   All nurses must practise with confidence according to *The Code: Professional standards of practice and behaviour for nurses and midwives* (NMC 2015), and within other recognised ethical and legal frameworks. They must be able to recognise and address ethical challenges relating to people's choices and decision-making about their care, and act within the law to help them and their families and carers find acceptable solutions.

    1.1   **Mental health nurses** must understand and apply current legislation to all service users, paying special attention to the protection of vulnerable people, including those with complex needs arising from ageing, cognitive impairment, long-term conditions and those approaching the end of life.

2   All nurses must practise in a holistic, non-judgmental, caring and sensitive manner that avoids assumptions, supports social inclusion; recognises and respects individual choice; and acknowledges diversity. Where necessary, they must challenge inequality, discrimination and exclusion from access to care.

    2.1   **Mental health nurses** must practise in a way that addresses the potential power imbalances between professionals and people experiencing mental health problems, including situations when compulsory measures are used, by helping people exercise their rights, upholding safeguards and ensuring minimal restrictions on their lives. They must have an in depth understanding of mental health legislation and how it relates to care and treatment of people with mental health problems.

3   All nurses must support and promote the health, wellbeing, rights and dignity of people, groups, communities and populations. These include people whose lives are affected by ill health, disability, inability to engage, ageing or death. Nurses must act on their understanding of how these conditions influence public health.

   3.1   **Mental health nurses** must promote mental health and wellbeing, while challenging the inequalities and discrimination that may arise from or contribute to mental health problems.

4   All nurses must work in partnership with service users, carers, groups, communities and organisations. They must manage risk, and promote health and wellbeing while aiming to empower choices that promote self-care and safety.

   4.1   **Mental health nurses** must work with people in a way that values, respects and explores the meaning of their individual lived experiences of mental health problems, to provide person-centred and recovery-focused practice.

5   All nurses must fully understand the nurse's various roles, responsibilities and functions, and adapt their practice to meet the changing needs of people, groups, communities and populations.

6   All nurses must understand the roles and responsibilities of other health and social care professionals, and seek to work with them collaboratively for the benefit of all who need care.

7   All nurses must be responsible and accountable for keeping their knowledge and skills up to date through continuing professional development. They must aim to improve their performance and enhance the safety and quality of care through evaluation, supervision and appraisal.

8   All nurses must practise independently, recognising the limits of their competence and knowledge. They must reflect on these limits and seek advice from, or refer to, other professionals where necessary.

   8.1   **Mental health nurses** must have and value an awareness of their own mental health and wellbeing. They must also engage in reflection and supervision to explore the emotional impact on self of working in mental health; how personal values, beliefs and emotions impact on practice, and how their own practice aligns with mental health legislation, policy and values-based frameworks.

9   All nurses must appreciate the value of evidence in practice, be able to understand and appraise research, apply relevant theory and research findings to their work, and identify areas for further investigation.

Domain 2: Communication and interpersonal skills

Generic standard for competence

All nurses must use excellent communication and interpersonal skills. Their communications must always be safe, effective, compassionate and respectful. They must communicate effectively using a wide range of strategies and interventions including the effective use of communication technologies. Where people have a disability, nurses must be able to work with service users and others to obtain the information needed to make reasonable adjustments that promote optimum health and enable equal access to services,

Field standard for competence

Mental health nurses must practise in a way that focuses on the therapeutic use of self. They must draw on a range of methods of engaging with people of all ages experiencing mental health problems, and those important to them, to develop and maintain therapeutic relationships. They must work alongside people, using a range of interpersonal approaches and skills to help them explore and make sense of their experiences in a way that promotes recovery.

Competencies

1   All nurses must build partnerships and therapeutic relationships through safe, effective and non-discriminatory communication. They must take account of individual differences, capabilities and needs.

   1.1   **Mental health nurses** must use skills of relationship-building and communication to engage with and support people distressed by hearing voices, experiencing distressing thoughts or experiencing other perceptual problems.

   1.2   **Mental health nurses** must use skills and knowledge to facilitate therapeutic groups with people experiencing mental health problems and their families and carers.

2   All nurses must use a range of communication skills and technologies to support person-centred care and enhance quality and safety. They must ensure people receive all the information they need in a language and manner that allows them to make informed choices and share decision making. They must recognise when language interpretation or other communication support is needed and know how to obtain it.

3   All nurses must use the full range of communication methods, including verbal, non-verbal and written, to acquire, interpret and record their knowledge and understanding of people's needs. They must be aware of their own values and beliefs and the impact this may have on their communication with others. They must take account of the many different ways in which people communicate and how these may be influenced by ill health, disability and other factors, and be able to recognise and respond effectively when a person finds it hard to communicate.

4   All nurses must recognise when people are anxious or in distress and respond effectively, using therapeutic principles, to promote their wellbeing, manage personal safety and resolve conflict. They must use effective communication strategies and negotiation techniques to achieve best outcomes, respecting the dignity and human rights of all concerned. They must know when to consult a third party and how to make referrals for advocacy, mediation or arbitration.

4.1   **Mental health nurses** must be sensitive to, and take account of, the impact of abuse and trauma on people's wellbeing and the development of mental health problems. They must use interpersonal skills and make interventions that help people disclose and discuss their experiences as part of their recovery.

5   All nurses must use therapeutic principles to engage, maintain and, where appropriate, disengage from professional caring relationships, and must always respect professional boundaries.

5.1   **Mental health nurses** must use their personal qualities, experiences and interpersonal skills to develop and maintain therapeutic, recovery-focused relationships with people and therapeutic groups. They must be aware of their own mental health, and know when to share aspects of their own life to inspire hope while maintaining professional boundaries.

6   All nurses must take every opportunity to encourage health-promoting behaviour through education, role modelling and effective communication.

6.1   **Mental health nurses** must foster helpful and enabling relationships with families, carers and other people important to the person experiencing mental health problems. They must use communication skills that enable psychosocial education, problem-solving and other interventions to help people cope and to safeguard those who are vulnerable.

7   All nurses must maintain accurate, clear and complete records, including the use of electronic formats, using appropriate and plain language.

8   All nurses must respect individual rights to confidentiality and keep information secure and confidential in accordance with the law and relevant ethical and regulatory frameworks, taking account of local protocols. They must also actively share personal information with others when the interests of safety and protection override the need for confidentiality.

Domain 3: Nursing practice and decision-making

Generic standard for competence

All nurses must practise autonomously, compassionately, skilfully and safely, and must maintain dignity and promote health and wellbeing. They must assess and meet the full range of essential physical and mental health needs of people of all ages who come into their care. Where necessary they must be able to provide safe and effective immediate care to all people prior to accessing or referring to specialist services irrespective of their field of practice. All nurses must also meet more complex and coexisting needs for people in their own nursing field of practice, in any setting including hospital, community and at home. All practice should be informed by the best available evidence and comply with local and national guidelines. Decision-making must be shared with service users, carers and families and informed by critical analysis of a full range of possible interventions, including the use of up-to-date technology. All nurses must also understand how behaviour, culture, socioeconomic and other factors, in the care environment and its location, can affect health, illness, health outcomes and public health priorities and take this into account in planning and delivering care.

Field standard for competence

Mental health nurses must draw on a range of evidence-based psychological, psychosocial and other complex therapeutic skills and interventions to provide person-centred support and care across all ages, in a way that supports self-determination and aids recovery. They must also promote improvements in physical and mental health and wellbeing and provide direct care to meet both the essential and complex physical and mental health needs of people with mental health problems.

Competencies

1   All nurses must use up-to-date knowledge and evidence to assess, plan, deliver and evaluate care, communicate findings, influence change and promote health and best practice. They must make person-centred, evidence-based judgments and decisions, in partnership with others involved in the care process, to ensure high quality care. They must be able to recognise when the complexity of clinical decisions requires specialist knowledge and expertise, and consult or refer accordingly.

   1.1   **Mental health nurses** must be able to recognise and respond to the needs of all people who come into their care including babies, children and young people, pregnant and postnatal women, people with physical health problems, people with physical disabilities, people with learning disabilities, older people, and people with long term problems such as cognitive impairment.

2   All nurses must possess a broad knowledge of the structure and functions of the human body, and other relevant knowledge from the life, behavioral and social sciences as applied to health, ill health, disability, ageing and death. They must have an in-depth knowledge of common physical and mental health problems and treatments in their own field of practice, including co-morbidity and physiological and psychological vulnerability.

3   All nurses must carry out comprehensive, systematic nursing assessments that take account of relevant physical, social, cultural, psychological, spiritual, genetic and environmental factors, in partnership with service users and others through interaction, observation and measurement.

    3.1   **Mental health nurses** must be able to apply their knowledge and skills in a range of evidence-based individual and group psychological and psychosocial interventions, to carry out systematic needs assessments, develop case formulations and negotiate goals.

4   All nurses must ascertain and respond to the physical, social and psychological needs of people, groups and communities. They must then plan, deliver and evaluate safe, competent, person-centred care in partnership with them, paying special attention to changing health needs during different life stages, including progressive illness and death, loss and bereavement.

    4.1   **Mental health nurses** must be able to apply their knowledge and skills in a range of evidence-based psychological and psychosocial individual and group interventions to develop and implement care plans and evaluate outcomes, in partnership with service users and others.

5   All nurses must understand public health principles, priorities and practice in order to recognise and respond to the major causes and social determinants of health, illness and health inequalities. They must use a range of information and data to assess the needs of people, groups, communities and populations, and work to improve health, wellbeing and experiences of healthcare; secure equal access to health screening, health promotion and healthcare; and promote social inclusion.

    5.1   **Mental health nurses** must work to promote mental health, help prevent mental health problems in at-risk groups, and enhance the health and wellbeing of people with mental health problems.

6   All nurses must practise safely by being aware of the correct use, limitations and hazards of common interventions, including nursing activities, treatments, and the use of medical devices and equipment. The nurse must be able to evaluate their use, report any concerns promptly through appropriate channels and modify care where necessary to maintain safety. They must contribute to the collection of local and national data and formulation of policy on risks, hazards and adverse outcomes.

    6.1   **Mental health nurses** must help people experiencing mental health problems to make informed choices about pharmacological and physical treatments, by providing education and information on the benefits and unwanted effects, choices and alternatives. They must support people to identify actions that promote health and help to balance benefits and unwanted effects.

7   All nurses must be able to recognise and interpret signs of normal and deteriorating mental and physical health and respond promptly to maintain or improve the health and comfort of the service user, acting to keep them and others safe.

7.1 **Mental health nurses** must provide support and therapeutic interventions for people experiencing critical and acute mental health problems. They must recognise the health and social factors that can contribute to crisis and relapse and use skills in early intervention, crisis resolution and relapse management in a way that ensures safety and security and promotes recovery.

7.2 **Mental health nurses** must work positively and proactively with people who are at risk of suicide or self-harm, and use evidence-based models of suicide prevention, intervention and harm reduction to minimise risk.

8 All nurses must provide educational support, facilitation skills and therapeutic nursing interventions to optimise health and wellbeing. They must promote self-care and management whenever possible, helping people to make choices about their healthcare needs, involving families and carers where appropriate, to maximise their ability to care for themselves.

8.1 **Mental health nurses** must practise in a way that promotes the self-determination and expertise of people with mental health problems, using a range of approaches and tools that aid wellness and recovery and enable self-care and self-management.

9 All nurses must be able to recognise when a person is at risk and in need of extra support and protection and take reasonable steps to protect them from abuse.

9.1 **Mental health nurses** must use recovery-focused approaches to care in situations that are potentially challenging, such as times of acute distress; when compulsory measures are used; and in forensic mental health settings. They must seek to maximise service user involvement and therapeutic engagement, using interventions that balance the need for safety with positive risk-taking.

10 All nurses must evaluate their care to improve clinical decision-making, quality and outcomes, using a range of methods, amending the plan of care, where necessary, and communicating changes to others.

Domain 4: Leadership, management and team working

Generic standard for competence

All nurses must be professionally accountable and use clinical governance processes to maintain and improve nursing practice and standards of healthcare. They must be able to respond autonomously and confidently to planned and uncertain situations, managing themselves and others effectively. They must create and maximise opportunities to improve services. They must also demonstrate the potential to develop further management and leadership skills during their period of preceptorship and beyond.

Field standard for competence

Mental health nurses must contribute to the leadership, management and design of mental health services. They must work with service users, carers, other professionals and agencies to shape future services, aid recovery and challenge discrimination and inequality.

Competencies

1   All nurses must act as change agents and provide leadership through quality improvement and service development to enhance people's wellbeing and experiences of healthcare.

2   All nurses must systematically evaluate care and ensure that they and others use the findings to help improve people's experience and care outcomes and to shape future services.

3   All nurses must be able to identify priorities and manage time and resources effectively to ensure the quality of care is maintained or enhanced.

4   All nurses must be self-aware and recognise how their own values, principles and assumptions may affect their practice. They must maintain their own personal and professional development, learning from experience, through supervision, feedback, reflection and evaluation.

   4.1   **Mental health nurses** must actively promote and participate in clinical supervision and reflection, within a values-based mental health framework, to explore how their values, beliefs and emotions affect their leadership, management and practice.

5   All nurses must facilitate nursing students and others to develop their competence, using a range of professional and personal development skills.

   5.1   **Mental health nurses** must help raise awareness of mental health, and provide advice and support in best practice in mental health care and treatment to members of the multiprofessional team and others working in health, social care and other services and settings.

6   All nurses must work independently as well as in teams. They must be able to take the lead in coordinating, delegating and supervising care safely, managing risk and remaining accountable for the care given.

   6.1   **Mental health nurses** must contribute to the management of mental health care environments by giving priority to actions that enhance people's safety, psychological security and therapeutic outcomes, and by ensuring effective communication, positive risk management and continuity of care across service boundaries.

7   All nurses must work effectively across professional and agency boundaries, actively involving and respecting others' contributions to integrated person-centred care. They must know when and how to communicate with and refer to other professionals and agencies in order to respect the choices of service users and others, promoting shared decision making, to deliver positive outcomes and to coordinate smooth, effective transition within and between services and agencies.

Competencies for entry to the register: Learning disabilities nursing

Domain 1: Professional values

Generic standard for competence

All nurses must act first and foremost to care for and safeguard the public. They must practise autonomously and be responsible and accountable for safe, compassionate, person-centred, evidence-based nursing that respects and maintains dignity and human rights. They must show professionalism and integrity and work within recognised professional, ethical and legal frameworks. They must work in partnership with other health and social care professionals and agencies, service users, their carers and families in all settings, including the community, ensuring that decisions about care are shared.

Field standard for competence

Learning disabilities nurses must promote the individuality, independence, rights, choice and social inclusion of people with learning disabilities and highlight their strengths and abilities at all times while encouraging others do the same. They must facilitate the active participation of families and carers.

Competencies

1   All nurses must practise with confidence according to *V@ÁÁÔ[å^ÁKÁÚ¦[-^••ã[}æ|•œæ}åæåå•Á-Á|æ&cæ&^Áæ}åå•^@eçã[¦¦Á|Á¦Áˇ•^•Áæ}åÁ æ¸ æ ̧ç^•* (NMC 2015), and within other recognised ethical and legal frameworks. They must be able to recognise and address ethical challenges relating to people's choices and decision-making about their care, and act within the law to help them and their families and carers find acceptable solutions.

   1.1   **Learning disabilities nurses** must understand and apply current legislation to all service users, paying special attention to the protection of vulnerable people, including those with complex needs arising from ageing, cognitive impairment, long-term conditions and those approaching the end of life.

2   All nurses must practise in a holistic, non-judgmental, caring and sensitive manner that avoids assumptions, supports social inclusion; recognises and respects individual choice; and acknowledges diversity. Where necessary, they must challenge inequality, discrimination and exclusion from access to care.

   2.1   **Learning disabilities nurses** must always promote the autonomy, rights and choices of people with learning disabilities and support and involve their families and carers, ensuring that each person's rights are upheld according to policy and the law.

3   All nurses must support and promote the health, wellbeing, rights and dignity of people, groups, communities and populations. These include people whose lives are affected by ill health, disability, inability to engage, ageing or death. Nurses must act on their understanding of how these conditions influence public health.

3.1 **Learning disabilities nurses** must use their knowledge and skills to exercise professional advocacy, and recognise when it is appropriate to refer to independent advocacy services to safeguard dignity and human rights.

4 All nurses must work in partnership with service users, carers, groups, communities and organisations. They must manage risk, and promote health and wellbeing while aiming to empower choices that promote self-care and safety.

4.1 **Learning disabilities nurses** must recognise that people with learning disabilities are full and equal citizens, and must promote their health and wellbeing by focusing on and developing their strengths and abilities.

5 All nurses must fully understand the nurse's various roles, responsibilities and functions, and adapt their practice to meet the changing needs of people, groups, communities and populations.

6 All nurses must understand the roles and responsibilities of other health and social care professionals, and seek to work with them collaboratively for the benefit of all who need care.

7 All nurses must be responsible and accountable for keeping their knowledge and skills up to date through continuing professional development. They must aim to improve their performance and enhance the safety and quality of care through evaluation, supervision and appraisal.

8 All nurses must practise independently, recognising the limits of their competence and knowledge. They must reflect on these limits and seek advice from, or refer to, other professionals where necessary.

9 All nurses must appreciate the value of evidence in practice, be able to understand and appraise research, apply relevant theory and research findings to their work, and identify areas for further investigation.

Domain 2: Communication and interpersonal skills

Generic standard for competence

All nurses must use excellent communication and interpersonal skills. Their communications must always be safe, effective, compassionate and respectful. They must communicate effectively using a wide range of strategies and interventions including the effective use of communication technologies. Where people have a disability, nurses must be able to work with service users and others to obtain the information needed to make reasonable adjustments that promote optimum health and enable equal access to services,

Field standard for competence

Learning disabilities nurses must use complex communication and interpersonal skills and strategies to work with people of all ages who have learning disabilities and help them to express themselves. They must also be able to communicate and negotiate effectively with other professionals, services and agencies, and ensure that people with learning disabilities, their families and carers, are fully involved in decision-making.

Competencies

1   All nurses must build partnerships and therapeutic relationships through safe, effective and non-discriminatory communication. They must take account of individual differences, capabilities and needs.

   1.1   **Learning disabilities nurses** must use the full range of person-centred alternative and augmentative communication strategies and skills to build partnerships and therapeutic relationships with people with learning disabilities.

2   All nurses must use a range of communication skills and technologies to support person-centred care and enhance quality and safety. They must ensure people receive all the information they need in a language and manner that allows them to make informed choices and share decision making. They must recognise when language interpretation or other communication support is needed and know how to obtain it.

   2.1   **Learning disabilities nurses** must be able to make all relevant information accessible to and understandable by people with learning disabilities, including adaptation of format, presentation and delivery.

3   All nurses must use the full range of communication methods, including verbal, non-verbal and written, to acquire, interpret and record their knowledge and understanding of people's needs. They must be aware of their own values and beliefs and the impact this may have on their communication with others. They must take account of the many different ways in which people communicate and how these may be influenced by ill health, disability and other factors, and be able to recognise and respond effectively when a person finds it hard to communicate.

3.1 **Learning disabilities nurses** must use a structured approach to assess, communicate with, interpret and respond therapeutically to people with learning disabilities who have complex physical and psychological health needs or those in behavioural distress.

4 All nurses must recognise when people are anxious or in distress and respond effectively, using therapeutic principles, to promote their wellbeing, manage personal safety and resolve conflict. They must use effective communication strategies and negotiation techniques to achieve best outcomes, respecting the dignity and human rights of all concerned. They must know when to consult a third party and how to make referrals for advocacy, mediation or arbitration.

4.1 **Learning disabilities nurses** must recognise and respond therapeutically to the complex behaviour that people with learning disabilities may use as a means of communication.

5 All nurses must use therapeutic principles to engage, maintain and, where appropriate, disengage from professional caring relationships, and must always respect professional boundaries.

6 All nurses must take every opportunity to encourage health-promoting behaviour through education, role modelling and effective communication.

7 All nurses must maintain accurate, clear and complete records, including the use of electronic formats, using appropriate and plain language.

8 All nurses must respect individual rights to confidentiality and keep information secure and confidential in accordance with the law and relevant ethical and regulatory frameworks, taking account of local protocols. They must also actively share personal information with others when the interests of safety and protection override the need for confidentiality.

Domain 3: Nursing practice and decision-making

Generic standard for competence

All nurses must practise autonomously, compassionately, skilfully and safely, and must maintain dignity and promote health and wellbeing. They must assess and meet the full range of essential physical and mental health needs of people of all ages who come into their care. Where necessary they must be able to provide safe and effective immediate care to all people prior to accessing or referring to specialist services irrespective of their field of practice. All nurses must also meet more complex and coexisting needs for people in their own nursing field of practice, in any setting including hospital, community and at home. All practice should be informed by the best available evidence and comply with local and national guidelines. Decision-making must be shared with service users, carers and families and informed by critical analysis of a full range of possible interventions, including the use of up-to-date technology. All nurses must also understand how behaviour, culture, socioeconomic and other factors, in the care environment and its location, can affect health, illness, health outcomes and public health priorities and take this into account in planning and delivering care.

Field standard for competence

Learning disabilities nurses must have an enhanced knowledge of the health and developmental needs of all people with learning disabilities, and the factors that might influence them. They must aim to improve and maintain their health and independence through skilled direct and indirect nursing care. They must also be able to provide direct care to meet the essential and complex physical and mental health needs of people with learning disabilities.

Competencies

1   All nurses must use up-to-date knowledge and evidence to assess, plan, deliver and evaluate care, communicate findings, influence change and promote health and best practice. They must make person-centred, evidence-based judgments and decisions, in partnership with others involved in the care process, to ensure high quality care. They must be able to recognise when the complexity of clinical decisions requires specialist knowledge and expertise, and consult or refer accordingly.

   1.1   **Learning disabilities nurses** must be able to recognise and respond to the needs of all people who come into their care including babies, children and young people, pregnant and postnatal women, people with mental health problems, people with physical health problems and disabilities, older people, and people with long term problems such as cognitive impairment.

2   All nurses must possess a broad knowledge of the structure and functions of the human body, and other relevant knowledge from the life, behavioural and social sciences as applied to health, ill health, disability, ageing and death. They must have an in-depth knowledge of common physical and mental health problems and treatments in their own field of practice, including co-morbidity and physiological and psychological vulnerability.

3   All nurses must carry out comprehensive, systematic nursing assessments that take account of relevant physical, social, cultural, psychological, spiritual, genetic and environmental factors, in partnership with service users and others through interaction, observation and measurement.

    3.1   **Learning disabilities nurses** must use a structured, person-centred approach to assess, interpret and respond therapeutically to people with learning disabilities, and their often complex, pre-existing physical and psychological health needs. They must work in partnership with service users, carers and other professionals, services and agencies to agree and implement individual care plans and ensure continuity of care.

4   All nurses must ascertain and respond to the physical, social and psychological needs of people, groups and communities. They must then plan, deliver and evaluate safe, competent, person-centred care in partnership with them, paying special attention to changing health needs during different life stages, including progressive illness and death, loss and bereavement.

5   All nurses must understand public health principles, priorities and practice in order to recognise and respond to the major causes and social determinants of health, illness and health inequalities. They must use a range of information and data to assess the needs of people, groups, communities and populations, and work to improve health, wellbeing and experiences of healthcare; secure equal access to health screening, health promotion and healthcare; and promote social inclusion.

    5.1   **Learning disabilities nurses** must lead the development, implementation and review of individual plans for all people with learning disabilities, to promote their optimum health and wellbeing and facilitate their equal access to all health, social care and specialist services.

6   All nurses must practise safely by being aware of the correct use, limitations and hazards of common interventions, including nursing activities, treatments, and the use of medical devices and equipment. The nurse must be able to evaluate their use, report any concerns promptly through appropriate channels and modify care where necessary to maintain safety. They must contribute to the collection of local and national data and formulation of policy on risks, hazards and adverse outcomes.

7   All nurses must be able to recognise and interpret signs of normal and deteriorating mental and physical health and respond promptly to maintain or improve the health and comfort of the service user, acting to keep them and others safe.

8   All nurses must provide educational support, facilitation skills and therapeutic nursing interventions to optimise health and wellbeing. They must promote self-care and management whenever possible, helping people to make choices about their healthcare needs, involving families and carers where appropriate, to maximise their ability to care for themselves.

    8.1   **Learning disabilities nurses** must work in partnership with people with learning disabilities and their families and carers to facilitate choice and

maximise self-care and self-management and co-ordinate the transition between different services and agencies.

9   All nurses must be able to recognise when a person is at risk and in need of extra support and protection and take reasonable steps to protect them from abuse.

10   All nurses must evaluate their care to improve clinical decision-making, quality and outcomes, using a range of methods, amending the plan of care, where necessary, and communicating changes to others.

Domain 4: Leadership, management and team working

Generic standard for competence

All nurses must be professionally accountable and use clinical governance processes to maintain and improve nursing practice and standards of healthcare. They must be able to respond autonomously and confidently to planned and uncertain situations, managing themselves and others effectively. They must create and maximise opportunities to improve services. They must also demonstrate the potential to develop further management and leadership skills during their period of preceptorship and beyond.

Field standard for competence

Learning disabilities nurses must exercise collaborative management, delegation and supervision skills to create, manage and support therapeutic environments for people with learning disabilities.

Competencies

1   All nurses must act as change agents and provide leadership through quality improvement and service development to enhance people's wellbeing and experiences of healthcare.

   1.1   **Learning disabilities nurses** must take the lead in ensuring that people with learning disabilities receive support that creatively addresses their physical, social, economic, psychological, spiritual and other needs, when assessing, planning and delivering care.

   1.2   **Learning disabilities nurses** must provide direction through leadership and education to ensure that their unique contribution is recognised in service design and provision.

2   All nurses must systematically evaluate care and ensure that they and others use the findings to help improve people's experience and care outcomes and to shape future services.

   2.1   **Learning disabilities nurses** must use data and research findings on the health of people with learning disabilities to help improve people's experiences and care outcomes, and shape of future services.

3   All nurses must be able to identify priorities and manage time and resources effectively to ensure the quality of care is maintained or enhanced.

4   All nurses must be self-aware and recognise how their own values, principles and assumptions may affect their practice. They must maintain their own personal and professional development, learning from experience, through supervision, feedback, reflection and evaluation.

5   All nurses must facilitate nursing students and others to develop their competence, using a range of professional and personal development skills.

6   All nurses must work independently as well as in teams. They must be able to take the lead in coordinating, delegating and supervising care safely, managing risk and remaining accountable for the care given.

    6.1   **Learning disabilities nurses** must use leadership, influencing and decision-making skills to engage effectively with a range of agencies and professionals. They must also be able, when needed, to represent the health needs and protect the rights of people with learning disabilities and challenge negative stereotypes.

    6.2   **Learning disabilities nurses** must work closely with stakeholders to enable people with learning disabilities to exercise choice and challenge discrimination.

7   All nurses must work effectively across professional and agency boundaries, actively involving and respecting others' contributions to integrated person-centred care. They must know when and how to communicate with and refer to other professionals and agencies in order to respect the choices of service users and others, promoting shared decision making, to deliver positive outcomes and to coordinate smooth, effective transition within and between services and agencies.

Competencies for entry to the register: Children's nursing

Domain 1: Professional values

Generic standard for competence

All nurses must act first and foremost to care for and safeguard the public. They must practise autonomously and be responsible and accountable for safe, compassionate, person-centred, evidence-based nursing that respects and maintains dignity and human rights. They must show professionalism and integrity and work within recognised professional, ethical and legal frameworks. They must work in partnership with other health and social care professionals and agencies, service users, their carers and families in all settings, including the community, ensuring that decisions about care are shared.

Field standard for competence

Children's nurses must understand their role as an advocate for children, young people and their families, and work in partnership with them. They must deliver child and family-centred care; empower children and young people to express their views and preferences; and maintain and recognise their rights and best interests.

Competencies

1   All nurses must practise with confidence according to *The Code: Professional standards of practice and behaviour for nurses and midwives* (NMC 2015), and within other recognised ethical and legal frameworks. They must be able to recognise and address ethical challenges relating to people's choices and decision-making about their care, and act within the law to help them and their families and carers find acceptable solutions.

   1.1   **Children's nurses** must understand the laws relating to child and parental consent, including giving and refusing consent, withdrawal of treatment and legal capacity.

2   All nurses must practise in a holistic, non-judgmental, caring and sensitive manner that avoids assumptions, supports social inclusion; recognises and respects individual choice; and acknowledges diversity. Where necessary, they must challenge inequality, discrimination and exclusion from access to care.

   2.1   **Children's nurses** must recognise that all children and young people have the right to be safe, enjoy life and reach their potential. They must practise in a way that recognises, respects and responds to the individuality of every child and young person.

3   All nurses must support and promote the health, wellbeing, rights and dignity of people, groups, communities and populations. These include people whose lives are affected by ill health, disability, inability to engage, ageing or death. Nurses must act on their understanding of how these conditions influence public health.

3.1 **Children's nurses** must act as advocates for the right of all children and young people to lead full and independent lives.

4 All nurses must work in partnership with service users, carers, groups, communities and organisations. They must manage risk, and promote health and wellbeing while aiming to empower choices that promote self-care and safety.

4.1 **Children's nurses** must work in partnership with children, young people and their families to negotiate, plan and deliver child and family-centred care, education and support. They must recognise the parent's or carer's primary role in achieving and maintaining the child's or young person's health and wellbeing, and offer advice and support on parenting in health and illness.

5 All nurses must fully understand the nurse's various roles, responsibilities and functions, and adapt their practice to meet the changing needs of people, groups, communities and populations.

6 All nurses must understand the roles and responsibilities of other health and social care professionals, and seek to work with them collaboratively for the benefit of all who need care.

7 All nurses must be responsible and accountable for keeping their knowledge and skills up to date through continuing professional development. They must aim to improve their performance and enhance the safety and quality of care through evaluation, supervision and appraisal.

8 All nurses must practise independently, recognising the limits of their competence and knowledge. They must reflect on these limits and seek advice from, or refer to, other professionals where necessary.

9 All nurses must appreciate the value of evidence in practice, be able to understand and appraise research, apply relevant theory and research findings to their work, and identify areas for further investigation.

Domain 2: Communication and interpersonal skills

Generic standard for competence

All nurses must use excellent communication and interpersonal skills. Their communications must always be safe, effective, compassionate and respectful. They must communicate effectively using a wide range of strategies and interventions including the effective use of communication technologies. Where people have a disability, nurses must be able to work with service users and others to obtain the information needed to make reasonable adjustments that promote optimum health and enable equal access to services.

Field standard for competence

Children's nurses must take account of each child and young person's individuality, including their stage of development, ability to understand, culture, learning or communication difficulties and health status. They must communicate effectively with them and with parents and carers.

Competencies

1 All nurses must build partnerships and therapeutic relationships through safe, effective and non-discriminatory communication. They must take account of individual differences, capabilities and needs.

    1.1 **Children's nurses** must work with the child, young person and others to ensure that they are actively involved in decision-making, in order to maintain their independence and take account of their ongoing intellectual, physical and emotional needs.

2 All nurses must use a range of communication skills and technologies to support person-centred care and enhance quality and safety. They must ensure people receive all the information they need in a language and manner that allows them to make informed choices and share decision making. They must recognise when language interpretation or other communication support is needed and know how to obtain it.

    2.1 **Children's nurses** must understand all aspects of development from infancy to young adulthood, and identify each child or young person's developmental stage, in order to communicate effectively with them. They must use play, distraction and communication tools appropriate to the child's or young person's stage of development, including for those with sensory or cognitive impairment.

3 All nurses must use the full range of communication methods, including verbal, non-verbal and written, to acquire, interpret and record their knowledge and understanding of people's needs. They must be aware of their own values and beliefs and the impact this may have on their communication with others. They must take account of the many different ways in which people communicate and how these may be influenced by ill health, disability and other factors, and be able to recognise and respond effectively when a person finds it hard to communicate.

3.1 Children's nurses must ensure that, where possible, children and young people understand their healthcare needs and can make or contribute to informed choices about all aspects of their care.

4 All nurses must recognise when people are anxious or in distress and respond effectively, using therapeutic principles, to promote their wellbeing, manage personal safety and resolve conflict. They must use effective communication strategies and negotiation techniques to achieve best outcomes, respecting the dignity and human rights of all concerned. They must know when to consult a third party and how to make referrals for advocacy, mediation or arbitration.

5 All nurses must use therapeutic principles to engage, maintain and, where appropriate, disengage from professional caring relationships, and must always respect professional boundaries.

6 All nurses must take every opportunity to encourage health-promoting behaviour through education, role modelling and effective communication.

7 All nurses must maintain accurate, clear and complete records, including the use of electronic formats, using appropriate and plain language.

8 All nurses must respect individual rights to confidentiality and keep information secure and confidential in accordance with the law and relevant ethical and regulatory frameworks, taking account of local protocols. They must also actively share personal information with others when the interests of safety and protection override the need for confidentiality.

Domain 3: Nursing practice and decision-making

Generic standard for competence

All nurses must practise autonomously, compassionately, skilfully and safely, and must maintain dignity and promote health and wellbeing. They must assess and meet the full range of essential physical and mental health needs of people of all ages who come into their care. Where necessary they must be able to provide safe and effective immediate care to all people prior to accessing or referring to specialist services irrespective of their field of practice. All nurses must also meet more complex and coexisting needs for people in their own nursing field of practice, in any setting including hospital, community and at home. All practice should be informed by the best available evidence and comply with local and national guidelines. Decision-making must be shared with service users, carers and families and informed by critical analysis of a full range of possible interventions, including the use of up-to-date technology. All nurses must also understand how behaviour, culture, socioeconomic and other factors, in the care environment and its location, can affect health, illness, health outcomes and public health priorities and take this into account in planning and delivering care.

Field standard for competence

Children's nurses must be able to care safely and effectively for children and young people in all settings, and recognise their responsibility for safeguarding them. They must be able to deliver care to meet essential and complex physical and mental health needs informed by deep understanding of biological, psychological and social factors throughout infancy, childhood and adolescence.

Competencies

1   All nurses must use up-to-date knowledge and evidence to assess, plan, deliver and evaluate care, communicate findings, influence change and promote health and best practice. They must make person-centred, evidence-based judgments and decisions, in partnership with others involved in the care process, to ensure high quality care. They must be able to recognise when the complexity of clinical decisions requires specialist knowledge and expertise, and consult or refer accordingly.

   1.1   **Children's nurses** must be able to recognise and respond to the essential needs of all people who come into their care including babies, pregnant and postnatal women, adults, people with mental health problems, people with physical disabilities, people with learning disabilities, and people with long term problems such as cognitive impairment.

   1.2   **Children's nurses** must use recognised, evidence-based, child-centred frameworks to assess, plan, implement, evaluate and record care, and to underpin clinical judgments and decision-making. Care planning and delivery must be informed by knowledge of pharmacology, anatomy and physiology, pathology, psychology and sociology, from infancy to young adulthood.

2   All nurses must possess a broad knowledge of the structure and functions of the human body, and other relevant knowledge from the life, behavioural and social sciences as applied to health, ill health, disability, ageing and death. They must have an in-depth knowledge of common physical and mental health problems and treatments in their own field of practice, including co-morbidity and physiological and psychological vulnerability.

3   All nurses must carry out comprehensive, systematic nursing assessments that take account of relevant physical, social, cultural, psychological, spiritual, genetic and environmental factors, in partnership with service users and others through interaction, observation and measurement.

   3.1   **Children's nurses** must carry out comprehensive nursing assessments of children and young people, recognising the particular vulnerability of infants and young children to rapid physiological deterioration.

4   All nurses must ascertain and respond to the physical, social and psychological needs of people, groups and communities. They must then plan, deliver and evaluate safe, competent, person-centred care in partnership with them, paying special attention to changing health needs during different life stages, including progressive illness and death, loss and bereavement.

5   All nurses must understand public health principles, priorities and practice in order to recognise and respond to the major causes and social determinants of health, illness and health inequalities. They must use a range of information and data to assess the needs of people, groups, communities and populations, and work to improve health, wellbeing and experiences of healthcare; secure equal access to health screening, health promotion and healthcare; and promote social inclusion.

   5.1   **Children's nurses** must include health promotion, and illness and injury prevention, in their nursing practice. They must promote early intervention to address the links between early life adversity and adult ill health, and the risks to the current and future physical, mental, emotional and sexual health of children and young people.

6   All nurses must practise safely by being aware of the correct use, limitations and hazards of common interventions, including nursing activities, treatments, the calculation and administration of medicines, and the use of medical devices and equipment. The nurse must be able to evaluate their use, report any concerns promptly through appropriate channels and modify care where necessary to maintain safety. They must contribute to the collection of local and national data and formulation of policy on risks, hazards and adverse outcomes.

   6.1   **Children's nurses** must have numeracy skills for medicines management, assessment, measuring, monitoring and recording which recognise the particular vulnerability of infants and young children in relation accurate medicines calculation.

7   All nurses must be able to recognise and interpret signs of normal and deteriorating mental and physical health and respond promptly to maintain or improve the health and comfort of the service user, acting to keep them and others safe.

8   All nurses must provide educational support, facilitation skills and therapeutic nursing interventions to optimise health and wellbeing. They must promote self-care and management whenever possible, helping people to make choices about their healthcare needs, involving families and carers where appropriate, to maximise their ability to care for themselves.

     8.1   **Children's nurses** must use negotiation skills to ensure the best interests of children and young people in all decisions, including the continuation or withdrawal of care. Negotiation must include the child or young person, their family and members of the multidisciplinary and interagency team where appropriate.

9   All nurses must be able to recognise when a person is at risk and in need of extra support and protection and take reasonable steps to safeguard them against abuse.

     9.1   **Children's nurses** must understand their central role in preventing maltreatment, and safeguarding children and young people. They must work closely with relevant agencies and professionals, and know when and how to identify and refer those at risk or experiencing harm.

10   All nurses must evaluate their care to improve clinical decision-making, quality and outcomes, using a range of methods, amending the plan of care, where necessary, and communicating changes to others.

Domain 4: Leadership, management and team working

Generic standard for competence

All nurses must be professionally accountable and use clinical governance processes to maintain and improve nursing practice and standards of healthcare. They must be able to respond autonomously and confidently to planned and uncertain situations, managing themselves and others effectively. They must create and maximise opportunities to improve services. They must also demonstrate the potential to develop further management and leadership skills during their period of preceptorship and beyond.

Field standard for competence

Children's nurses must listen and respond to the wishes of children and young people. They must influence the delivery of health and social care services to optimise the care of children and young people. They must work closely with other agencies and services to ensure seamless and well-supported transition to adult services.

Competencies

1   All nurses must act as change agents and provide leadership through quality improvement and service development to enhance people's wellbeing and experiences of healthcare.

    1.1   **Children's nurses** must understand health and social care policies relating to the health and wellbeing of children and young people. They must, where possible, empower and enable children, young people, parents and carers to influence the quality of care and develop future policies and strategies.

    1.2   **Children's nurses** must ensure that, wherever possible, care is delivered in the child or young person's home, or in another environment that suits their age, needs and preferences.

2   All nurses must systematically evaluate care and ensure that they and others use the findings to help improve people's experience and care outcomes and to shape future services.

3   All nurses must be able to identify priorities and manage time and resources effectively to ensure the quality of care is maintained or enhanced.

4   All nurses must be self-aware and recognise how their own values, principles and assumptions may affect their practice. They must maintain their own personal and professional development, learning from experience, through supervision, feedback, reflection and evaluation.

5   All nurses must facilitate nursing students and others to develop their competence, using a range of professional and personal development skills.

6   All nurses must work independently as well as in teams. They must be able to take the lead in coordinating, delegating and supervising care safely, managing risk and remaining accountable for the care given.

6.1 **Children's nurses** must use effective clinical decision-making skills when managing complex and unpredictable situations, especially where the views of children or young people and their parents and carers differ. They must recognise when to seek extra help or advice to manage the situation safely.

7 All nurses must work effectively across professional and agency boundaries, actively involving and respecting others' contributions to integrated person-centred care. They must know when and how to communicate with and refer to other professionals and agencies in order to respect the choices of service users and others, promoting shared decision making, to deliver positive outcomes and to coordinate smooth, effective transition within and between services and agencies.

7.1 **Children's nurses** must work effectively with young people who have continuing health needs, their families, the multidisciplinary team and other agencies to manage smooth and effective transition from children's services to adult services, taking account of individual needs and preferences.

Section 3: Standards for education

Standard 1: Safeguarding the public

Purpose   To establish the essential safeguards on any action or act of omission committed or witnessed by a nursing or midwifery student that affects the safety or wellbeing of service users.

Responsibility   Programme providers, students, mentors, practice teachers and teachers.

Standard   **Nursing and midwifery education must be consistent wiň ̀Ȟ Y ̌7 cXY. ̀DfcŽgg]cbŮ ̀gňbXŰfXg ̌cZ practice and behaviour for nurses and midwives (NMC, 2015).**

Requirement		Guidance	
R1.1	**Approved education institutions (AEIs) must be accountable to the NMC for the programme.**		
R1.1.1	The AEI must ensure that the programme meets all NMC standards and requirements for pre-registration nursing programmes in line with the code and relevant legislation, including Directive 2005/36/EC (annexe 1).		
R1.2	**Programme providers must make the needs of service users their first priority.**		
R1.2.1	Programme providers must ensure that no student activity or learning opportunity, or the performance, health or conduct of any individual student, puts people's safety at risk.	G1.2.1a	Programme providers should consider the impact of student learning on service users and respect their right to decline student care.

Requirement		Guidance	
		G1.2.1.b	Programme providers should refer to guidance, including: • Guidance issued by the UK health departments and other organisations on students' access to service users in all settings • Health and safety guidance and legislation.
R1.3	**Programme providers must have clear processes in place to deal with any concerns about the safety of service users.**		
R1.3.1	Programme providers must have systems in place to safeguard service users during student learning activities.	G1.3.1	Programme providers should have systems in place to allow prompt action to be taken where there are concerns that a student may not be receiving adequate supervision, or where the quality of the student's experience is in doubt. If necessary, the student should be withdrawn from that learning activity and their competence re-evaluated.
R1.3.2	Programme providers must make sure that students understand their responsibilities and know how to raise concerns when they believe the safety of service users is at risk.		

Requirement		Guidance	
R1.4	**Programme providers must have effective policies and procedures on fitness to practise.**		
R1.4.1	Programme providers must have systems in place to identify and address any concerns about the conduct or health of any nursing student.		

Standard 2: Equality and diversity

Purpose   To address key aspects of equality and diversity including access and participation, provision of information, promotion of inclusion, and making reasonable adjustments for people with a disability.

Responsibility   Programme providers.

Standard   **Nursing and midwifery education must address key aspects of equality and diversity and comply with current legislation.**

Requirement		Guidance	
R2.1	**Programme providers must ensure that information about programmes is clear and easily obtainable, and gives sufficient information to allow an applicant to make an informed choice.**	G2.1a	Programme providers should include information about access to programmes for people with disabilities.
		G2.1b	Programme providers should offer guidance on what to do when a student's culture or religion might create difficulties in meeting programme requirements, for example, dress codes; caring for people of all genders; and the scheduling of learning activities, assessments and examinations.
R2.1.1	Programme providers must treat all students fairly, and ensure equality of opportunity regardless of race, gender, disability, age, religion or sexual orientation.		

R2.2	**Programme providers must ensure that programmes comply with current equality and diversity legislation, including making reasonable adjustments without compromising safety.**	G2.2	Programme providers should consider how reasonable adjustments can be made to ensure that applicants with disabilities can fully participate in both theory and practice aspects of the programme. In the case of increasing disability, it may not always be possible to make an adjustment or a further adjustment.
R2.3	**Programme providers must have clear policies, guidance and action plans that recognise and respond to the benefits of diversity, promote equality and address discrimination and harassment.**	G2.3	Programme providers should ensure that policies are regularly reviewed and made available to students and staff.

Standard 3: Selection, admission, progression and completion

Purpose To ensure that processes for selection, admission, progression and completion of nursing and midwifery education programmes are open and fair.

Responsibility Programme providers.

Standard **Processes for selection, admission, progression and completion must be open and fair.**

Requirement		Guidance	
R3.1	**AEIs must ensure that selection and admission criteria include evidence of a good command of written and spoken English, including reading and comprehension. For programmes delivered in Wales, selection and admission criteria must include evidence of a good command of written and spoken English or Welsh, including reading and comprehension.**		
R3.1.1	AEIs must ensure that selection and admission criteria include evidence of literacy, including the basic skills required to follow a pre-registration nursing programme at a satisfactory level.		

Requirement		Guidance	
R3.1.2	AEIs must ensure that selection and admission criteria include evidence of ability to communicate clearly and effectively in writing, including using a computer.	G3.1.2a	When applicants from outside the European Economic Area (EEA) offer the International English Language Testing System (IELTS) as evidence of literacy, AEIs should apply NMC requirements for overseas applicants to the register. In these cases, the NMC will accept IELTS examination results (academic or general) where the scores are at least 7.0 in the listening and reading sections and at least 7.0 in the writing and speaking sections, and where the overall average score is at least 7.0.
		G3.1.2b	AEIs should ensure that, wherever possible, applicants are given feedback on their level of literacy in relation to their application to support their developmental needs.
R3.2	**AEIs must ensure that selection and admission criteria include evidence of capacity to develop numeracy skills sufficient to meet the competencies required by the programme.**		
R3.2.1	AEIs must ensure that selection and admission criteria provide evidence of basic numeracy skills, such as the ability to use numbers accurately in respect of volume, weight and length. These skills must include addition, subtraction, division and multiplication; use of decimals, fractions and percentages; and the use of a calculator.	G3.2.1	AEIs should ensure, wherever possible, that applicants are given feedback on their level of numeracy in relation to their application to support their developmental needs.
R3.3	**AEIs must specify appropriate academic and professional entry requirements.**		

Requirement		Guidance	
R3.3.1	AEIs must ensure that selection and admission criteria for all programmes include certificated evidence of completion of general education of 10 years, as defined for nurses responsible for general care in article 40(2)(a)(b) of Directive 2005/36/EC on the recognition of professional qualifications.		
R3.4	**AEIs must ensure that students meet NMC requirements for good health and good character.**		
R3.4.1	AEIs must check evidence of students' good health and good character when they enter the programme. They must also check evidence of good health and good character at progression points and on completion. Good health and good character must also be checked when transferring from a nursing programme elsewhere, or when rejoining a programme after a lengthy break. AEIs must require students to immediately declare any cautions and convictions they receive, including charges pending, before entering and throughout the programme.		
R3.4.2	AEIs must ensure that students already registered as nurses or midwives, who are undertaking a further programme leading to a mark on the nurses' part of the register, comply with NMC requirements for good health and good character.		

Requirement		Guidance	
R3.4.3	AEIs must ensure that applicants from outside the UK meet the same requirements for good health and good character as UK applicants. Non-EU students must also meet UK government requirements for healthcare workers from overseas.		
R3.5	**Programme providers must ensure that programmes include opportunities for accreditation of prior learning (APL).**		
R3.5.1	Programme providers must have rigorous processes for accrediting both theory and practice learning.	G3.5.1a	AEIs should apply APL when accrediting previous learning in theory or practice for students who are: • starting a programme • transferring from one AEI to another • moving from one nursing field to another • returning to a programme after a lengthy break.
		G3.5.1b	AEIs should develop their own APL procedures based on best practice (for example *Guidelines on the accreditation of prior learning* (Quality Assurance Agency 2004) to be endorsed at programme approval.
		G3.5.1c	AEIs should show for each student how previous learning is mapped to programme outcomes and requirements. AEIs should determine the amount of learning accredited in both theory and practice (up to the permitted NMC maximum).

Requirement			Guidance	
		G3.5.1d	AEIs should be able to show how all programme outcomes and requirements have been met in both theory and practice by the end of the programme through a mix of prior learning and programme attendance. Students cannot be exempted from meeting any programme requirement.	
		G3.5.1e	AEIs, when applying APL, should make sure that all progression criteria have been met in both theory and practice for the relevant parts of the programme.	
R3.5.2	AEIs must have processes in place to allow APL for up to a maximum of 50 percent of the programme, provided all requirements are met in full. This can be done by combining accredited learning with learning undertaken as part of the approved programme.			
R3.5.3	AEIs must ensure that where APL is applied to students studying adult nursing programmes, the general care requirements of Directive 2005/36/EC are met in full (annexe 1).			
R3.5.4	AEIs receiving students who are transferring from one institution to another must ensure their previous learning is mapped against the new programme, so that they meet all necessary standards and requirements by the end of the programme.			

Requirement		Guidance	
R3.5.5	AEIs must have processes in place to consider unlimited APL for first and second level nurses registered with the NMC entering programmes that lead to qualification in the same or another field of practice, provided that all requirements are met in full.		
R3.5.6	AEIs must have processes in place to consider APL to a maximum of 50 percent of the programme for NMC registered midwives entering pre-registration nursing programmes, provided that all requirements are met in full.		
R3.6	**AEIs must ensure that the selection process provides an opportunity for face-to-face engagement between applicants and selectors.**		
R3.7	**AEIs must ensure that the selection process includes representatives from practice learning providers.**	G3.7a	AEIs should ensure that, where possible and appropriate, the selection process also includes nurses in current practice, service users, carers, nursing students and people with disabilities.
		G3.7b	AEIs should take account of the views of those directly involved in selection when making final decisions to accept or reject an applicant.
R3.8	**Programme providers must ensure that selection is conducted by people who have been trained in the principles of selection, anti-discriminatory behaviour and equal opportunities.**		
R3.9	**Programme providers must have processes to manage interruptions to programmes.**		

Requirement		Guidance	
R3.9.1	AEIs must ensure that they have in place processes to manage interruptions to the study of programmes for whatever reason.	G3.9.1	AEIs should note that 'interruptions' mean any absence from a programme of education other than statutory and public holidays and annual leave.
R3.9.2	AEIs must have arrangements in place for students who leave a programme early.		
R3.9.3	AEIs must provide students who leave a programme early with a transcript of their achievements in both theory and practice.	G3.9.3a	AEIs should ensure that the transcript is suitable for mapping previous learning against vocational and other awards.
		G3.9.3b	AEIs should ensure that, when a student has been asked to leave a programme, the reasons are included in the transcript.
R3.9.4	AEIs must have APL processes in place to consider whether a student may return to a programme in the same or a different field of nursing.		
R3.10	**AEIs must make explicit any arrangements for student progression.**		
R3.10.1	AEIs must ensure that, in normal circumstances, students can meet all required outcomes, including extra attempts, within the assessed period for that part of the programme.		

Requirement		Guidance	
R3.10.2	AEIs must ensure that, where exceptional circumstances prevent all outcomes being achieved within the assessed period for that part of the programme, any outstanding outcomes are met and confirmed within 12 weeks of the student entering the next part of the programme. The 12-week period includes holidays and any absences. Reasonable adjustments may be applied for students with a disability.		
R3.10.3	AEIs must ensure that students who fail to achieve the outstanding outcomes within the 12-week period must, depending on local assessment policy, either return to the previous part of the programme to meet the shortfall or be discontinued.		
R3.11	**AEIs must have processes in place to confirm achievement of all programme requirements.**		
R3.11.1	AEIs must ensure that students have met all theory and practice requirements before confirming that they have successfully completed the programme.		
R3.11.2	AEIs must ensure that programme leaders confirm to the AEI examination or assessment board that all NMC requirements have been met for each individual student by the end of the programme. This must include evidence of a sign-off in practice from a sign-off mentor or practice teacher.		

Requirement		Guidance	
R3.12	**AEIs must inform students when they complete a programme that they have five years in which to register or record a qualification leading to a mark on the NMC register.**		
R3.13	**AEIs must ensure that students comply with NMC requirements for good health and good character at completion.**		
R3.13.1	The AEI must identify a designated person who is a registered nurse responsible for directing the educational programme at the AEI. Their name, or that of their designated registered nurse substitute, must be given to the NMC. The designated person must confirm the student's good health and good character in support of the student's own self-declaration required for registration The designated person must know the student and be accountable for the decision to sign the declaration.		
R3.13.2	AEIs must inform applicants of additional requirements where there is a delay of six months or more between them completing the programme and applying to register. In these circumstances, their application must also be supported by a nurse registered in the same part of the register to which the applicant is applying. The registered nurse must have known the applicant for at least a year, and have been in contact with them during the previous six months. This is in addition to the confirmation of good health and good character supplied by the designated person at the AEI.		

Standard 4: Support of students and educators

Purpose   To ensure that appropriate support is available to meet the professional development needs of students and their educators.

Responsibility   Programme providers.

Standard   **Programme providers must support students to achieve the programme outcomes, and support educators to meet their own professional development needs.**

Requirement		Guidance	
R4.1	**Programme providers must ensure that programmes include an induction period during which the requirements of the curriculum are explained.**		
R4.1.1	Programme providers must ensure there is an induction period at the start of each new learning experience.	G4.1.1	Programme providers should ensure that students understand how to make best use of learning experiences in both academic and practice settings, with particular emphasis on their own and others' safety.
R4.2	**Programme providers must ensure that students are allocated to an identified mentor, practice teacher or supervisor during practice learning.**		
R4.2.1	Practice learning providers must ensure that a mentor or practice teacher is available to the student for at least 40 percent of the time during periods of practice learning.		

Requirement		Guidance	
R4.2.2	Practice learning providers must ensure that students are supervised directly or indirectly at all times during practice learning by a mentor, practice teacher or other suitably prepared registered professional.	G4.2.2	Practice learning providers should note that in this context 'suitably prepared' means that the registered professional has received training and is competent in supporting students.
R4.3	**Programme providers must ensure that those who supervise students in practice are properly prepared and supported in that role.**		
R4.3.1	Programme providers must ensure that nurse and midwife practice teachers and mentors meet the *Standards to support learning and assessment in practice* (NMC 2008) in relation to preparation and support.		
R4.3.2	Programme providers must ensure that other professionals who supervise students in practice are suitably prepared (G4.2.2) and supported in that role.		
R4.4	**AEIs must ensure that support facilities, including learning support, are available to all enrolled students.**	**G4.4**	**AEIs should provide access to all enrolled students to support facilities such as learning support, a students' union and disability advice.**
R4.5	**Programme providers must give students access to pastoral support, occupational health facilities and disability specialists.**	**G4.5**	**Programme providers should ensure that student support includes making reasonable adjustments for students with disabilities in both theory and practice aspects of the programme.**
R4.6	**Programme providers must ensure that learning time is protected as specified.**		

Requirement		Guidance	
R4.6.1	Programme providers must ensure that students are supernumerary during all practice learning. Supernumerary means that the student will not, as part of their programme of preparation, be contracted by any person or body to provide nursing care.		
R4.7	**Programme providers must provide nurse and midwife teachers with time for professional development to enable them to remain up to date in their field of practice.**		
R4.7.1	Programme providers must ensure that nurse and midwife teachers meet the relevant requirements in *Standards to support learning and assessment in practice* (NMC 2008) as part of their professional development.		

Standard 5: Structure, design and delivery of programmes

Purpose   To ensure that students are prepared to meet the outcomes, competencies and proficiencies of the approved programme required by the NMC.

Responsibility   Programme providers and partners.

Standard   **The programme must be structured, designed and delivered to meet NMC standards and requirements.**

Requirement		Guidance	
R5.1	**AEIs must ensure that programme development and delivery involves key stakeholders.**		
R5.1.1	AEIs must work in partnership with service providers, commissioners, disability specialists and others to design and deliver programmes.		
R5.1.2	Programme providers must clearly show how users and carers contribute to programme design and delivery.		
R5.2	**AEIs must specify the required hours, days or weeks of learning.**		
R5.2.1	AEIs must ensure that all pre-registration nursing programmes are no less than three years and 4,600 hours.		
R5.2.2	AEIs must ensure that full and part-time programmes meet the same requirements.		
R5.2.3	AEIs must ensure there are at least 2,300 hours of practice learning.		

Requirement		Guidance
R5.2.4	AEIs must ensure that no more than 300 hours of the 2,300 hours of practice are used for clinical training in a simulated practice learning environment. This environment must support the development of direct care skills, and be audited by the AEI before it is used.	
R5.2.5	AEIs must ensure that the minimum length of programmes leading to registration in two fields of nursing is 6,133 hours over at least four years.	
R5.2.6	AEIs must ensure that in a programme leading to nursing registration together with registration in another profession, the nursing component takes at least 4,600 hours over at least three years, and that all outcomes are achieved in a nursing context.	
R5.3	**Programme providers must clearly set out the structure of the programme.**	
R5.3.1	AEIs must ensure that programmes lead to a mark on the nurses' part of the register indicating the field of practice as adult, mental health, learning disabilities or children's nursing.	
R5.3.2	Programme providers must ensure that there are two progression points, normally separating the programme into three equal parts.	
R5.3.3	Programme providers must ensure that there is a period of at least four weeks of continuous practice learning towards the end of the first and second parts of the programme.	

Requirement		Guidance	
R5.3.4	Programme providers must ensure that there is a period of practice learning of at least 12 weeks towards the end of the programme.		
R5.3.5	Programme providers must ensure that the 12-week period of practice learning enables safe judgements to be made regarding the achievement of the required standards of competence for safe and effective practice for entry to the NMC register.		
R5.3.6	Programme providers must ensure an equal balance between theory and practice learning is achieved by the end of the programme.	G5.3.6	Programme providers should ensure that the percentage of time spent in practice in each part of the programme is no less than 40 percent and no more than 60 percent.

Requirement		Guidance	
R5.3.7	AEIs must have formal arrangements in place with host partners before students start learning in academic or practice settings outside the UK. In total, this must not be more than six months (or exceed 17.5 percent) of the total programme. There are exceptions for programmes approved to be partly delivered in the Isle of Man, Channel Islands and in British Forces institutions. This may take the form of: • a period of theoretical and/or practice learning of not more than four weeks, which may include direct care but which is not summatively assessed, or • a period longer than four weeks of theoretical and/or practice learning which may include direct care that is summatively assessed and contributes to the overall achievement of programme outcomes.		
R5.3.8	AEIs must use relevant aspects of the NMC guidance for students learning outside of the UK to develop criteria for single periods of learning of four weeks or less. This is to ensure the safety of service users, students and staff and show how the intended programme outcomes are to be addressed. AEIs must fully apply the NMC guidance to all periods of learning undertaken outside of the UK that are longer than four weeks.	G5.3.8a	AEIs should ensure that the principles underpinning periods of learning to be undertaken outside of the UK that are longer than four weeks, form part of the approved programme.

Requirement		Guidance	
		G5.3.8b	AEIs should ensure that the period undertaken outside of the UK does not form any part of a period of continuous practice learning required to determine whether a student can progress from one part of the programme to another, or required to confirm that the student is safe and effective in practice at the end of the programme.
		G5.3.8c	AEIs should, wherever practicable, fully meet the *Standards to support learning and assessment in practice* (NMC 2008). Where adjustments are required to take account of the local context, these should be previously agreed by the programme board, fully documented and the detail made available for NMC monitoring.

Requirement		Guidance	
		G5.3.8d	AEIs should have arrangements in place for the safety of service users, students and staff ensuring that: • risk assessments have been completed and all identified risks addressed • audits of the learning environment confirm adequate levels of supervision and mentorship and that planned experience supports the intended programme outcomes • a suitable and experienced named person(s) is available to support the student throughout the period of learning in relation to the outcomes to be achieved • students have the essential language skills needed to participate in learning activities, and where relevant have the level of language required to safely and effectively engage in direct care • students are prepared for the environment in which learning is to be undertaken • students work within the scope of their UK approved programme and fitness to practise requirements, complying with the NMC *Standards for pre-registration nursing.* • measures are in place to act promptly where there are concerns about a students conduct or progress, or where safety, or learning is

Requirement		Guidance	
			compromised.
			• students have in place appropriate and adequate insurance against major risks including: professional liability, personal health and travel and where appropriate for vicarious liability.
R5.4	**Programme providers must state what teaching and learning methods will be used to support achievement of outcomes.**	**G5.4**	**Programme providers should ensure that teaching and learning methods address individual learning styles in order to achieve competence and safe and effective practice.**
R5.5	**Programme providers must ensure that learning opportunities are offered at an appropriate academic level using evidence-based sources.**		
R5.5.1	AEIs must ensure that the minimum programme award is a degree (see R7.2.1).		
R5.6	**Programme providers must specify essential content of the programme.**		

Requirement		Guidance
R5.6.1	Programme providers must ensure that the following content is included and underpins key aspects of practice as listed in R5.6.2: • theories of nursing and theories of nursing practice • research methods and use of evidence • professional codes, ethics, law and humanities • communication and healthcare informatics • life sciences (including anatomy and physiology) • pharmacology and medicines management • social, health and behavioural sciences • principles of national and international health policy, including public health • principles of supervision, leadership and management • principles of organisational structures, systems and processes • causes of common health conditions and the interaction between physical and mental health and illness • best practice	

Requirement		Guidance	
	• healthcare technology • essential first aid and incident management.		
R5.6.2	Programme providers must ensure that programme content is applied within both a generic and field specific context enabling students to meet the essential and immediate needs of all people and the complex needs of people in their chosen field in relation to: • communication, compassion and dignity • emotional support • equality, diversity, inclusiveness and rights • identity, appearance and self-worth • autonomy, independence and self-care • public health and promoting health and wellbeing • maintaining a safe environment • eating, drinking, nutrition and hydration • comfort and sleep • moving and positioning • continence promotion and bowel and bladder care • skin health and wound management		

Requirement		Guidance	
	• infection prevention and control • clinical observation, assessment, critical thinking and decision-making • symptom management, such as anxiety, anger, thirst, pain and breathlessness • risk management • medicines management • information management • supervising, leading, managing and promoting best practice.		
R5.6.3	Programme providers must ensure that the content for general care in Directive 2005/36/EC Annex V.2. (4.2.1) is included in programmes leading to the adult field of practice (annexe 1).		
R5.6.4	Programme providers must ensure that content is developed and delivered at a suitable level for each part of the programme. They must also ensure it is sufficient to enable the student to acquire competencies at degree level in their chosen nursing field by the end of the programme.		
R5.7	**Programme providers must ensure that students have the opportunity to learn with, and from, other health and social care professionals.**	**G5.7**	**Where possible programme providers should give students opportunities to learn with, and from, other health and social care students in practice and academic settings.**

Standard 6: Practice learning opportunities

Purpose   To facilitate practice learning opportunities for students.

Responsibility   Programme providers.

Standard   **Practice learning opportunities must be safe, effective, integral to the programme and appropriate to programme outcomes.**

Requirement		Guidance	
R6.1	**AEIs must provide students and those supporting practice learning with information that includes dates, outcomes to be achieved, and assessment documents for each period of practice learning.**		
R6.2	**Programme providers must ensure that mentors and practice teachers meet the relevant requirements within the _Standards to support learning and assessment in practice_ (NMC 2008).**		
R6.3	**Programme providers must ensure that local registers of mentors and practice teachers are maintained according to _Standards to support learning and assessment in practice_ (NMC 2008), including sign-off status of mentors, record of updates and date for triennial review.**		
R6.4	**Programme providers must use objective criteria and processes for approving new practice learning environments, and audit them at least every two years.**		

Requirement		Guidance	
R6.4.1	Programme providers must ensure that audits of practice learning environments show how the nature, scope and quality of the learning experience supports programme outcomes.		
R6.5	**Programme providers must ensure that students have access to a range of practice learning opportunities sufficient to meet programme outcomes.**		
R6.5.1	Programme providers must ensure that the 2,300 hours of practice learning gives students the opportunity to learn in direct contact with healthy and ill people and communities. Students will be required to use this experience to organise, deliver and evaluate their nursing care on the basis of the knowledge and skills they have acquired. Simulation may be used for up to 300 hours of practice learning (R5.2.4).		
R6.5.2	Programme providers must ensure that practice learning opportunities take place across a range of community, hospital and other settings.	G6.5.2	Programme providers should ensure that practice learning opportunities enable programme outcomes to be achieved in different settings with a range of service users over the duration of the programme. Wherever possible, there should be practice learning opportunities in hospital and community settings in each part of the programme.
R6.5.3	Programme providers must ensure that practice learning throughout the programme provides students with experience of 24-hour and 7-day care.	G6.5.3	Programme providers should take account of students' individual needs and personal circumstances when allocating their practice learning including making reasonable adjustments for students.with disabilities.

Requirement		Guidance	
R6.5.4	AEIs must carry out a risk assessment before anyone under 18 can enter a practice learning environment.	G6.5.4	AEIs should observe the most recent health and safety legislation for each UK country.
R6.5.5	Programme providers must ensure that the clinical instruction requirements for general care in Directive 2005/36/EC Annex V.2. (4.2.1) are included in adult nursing programmes (annexe 1).		

Standard 7: Outcomes

Purpose   To establish the required theory and practice learning outcomes of the programme.

Responsibility   Programme providers.

Standard   **The programme outcomes must ensure that NMC standards for competence are met and that students are fit for practice and fit for award on completion.**

Requirement		Guidance	
R7.1	**Programme providers must ensure that the programme outcomes enable students to achieve the NMC standards for competence and that they are fit for practice and fit for award on completion.**		
R7.1.1	Programme providers must ensure that, by the end of the programme: • the generic standards for competence and generic competencies have enabled students to acquire the basic skills necessary to meet all people's essential needs • the generic and field-specific standards for competence and generic and field competencies have enabled students to acquire basic and complex skills in their field.		
R7.1.2	Programme providers must ensure that theory and practice learning outcomes are related to generic and field-specific competencies throughout the programme.	G7.1.2a	Programme providers should introduce generic and field-specific learning from the outset. Learning should become increasingly field-focused as the programme progresses.

Requirement		Guidance	
		G7.1.2b	Programme providers should create opportunities for shared generic and field-specific learning where appropriate.
R7.1.3	Theory and practice learning outcomes must take account of the essential physical and mental health needs of all people, including babies, children and young people, pregnant and postnatal women, adults and older people. This includes people with acute and long term conditions, people requiring end of life care, people with learning disabilities and people with mental health problems.	G7.1.3	Programme providers should find ways to enable students to have contact with all specified client groups.
R7.1.4	Providers of adult nursing programmes must have specific learning outcomes for theoretical and clinical instruction that meet the requirements of EU Directive 2005/36/EC Annex V.2 (5.2.1) (annexe 1).		
R7.1.5	Programme providers must develop learning outcomes that incorporate NMC criteria at the first and second progression points (annexe 2).	G7.1.5a	Programme providers should ensure that the criteria for the first progression point are normally met in practice, but may use simulation to meet some of the criteria where appropriate (annexe 2).
		G7.1.5b	Programme providers should use essential skills clusters (ESCs) when developing learning outcomes for the first and second progression points and those to be achieved by the end of the programme (annexe 3).
R7.1.6	AEIs must ensure that all the competencies are met in full by the end of the programme (section 2).		

Requirement		Guidance	
R7.2	**AEIs must make explicit requirements for the conferment of academic awards where applicable.**		
R7.2.1	AEIs must ensure that the minimum outcome award for a pre-registration nursing programme is nursing registration with a degree. It must deliver the programme hours in Directive 2005/36/EC (annexe 1) and be at least equal to a first cycle (end of cycle) qualification of the European Higher Education Area (EHEA).	G7.2.1	AEIs should ensure that the degree is at least a: • Scottish bachelor's degree of at least 360 SCOTCAT points, 60 of which must be at level 9 in the *Framework for qualifications of higher education institutions in Scotland* (SQA 2001) • bachelor's degree of at least 300 academic credits, 60 of which must be at level 6 in the *Framework for higher education qualifications in England, Wales and Northern Ireland* (QAA 2008a), and takes account of the *HE credit framework for England* (QAA 2008b).
R7.2.2	AEIs must ensure that there is no option to register if a degree level outcome cannot be achieved.		

Standard 8: Assessment

Purpose   To ensure that the outcomes, competencies and proficiencies of the approved programme are tested using valid and reliable assessment methods.

Responsibility   Programme providers, mentors and practice teachers.

Standard   **Programme outcomes must be tested using valid and reliable assessment methods.**

Requirement		Guidance	
R8.1	**Programme providers must ensure that a variety of assessments are used to test the acquisition of approved outcomes, with reasonable adjustments for students with a disability.**		
R8.1.1	Programme providers must include at least one unseen invigilated examination in the assessment process.		
R8.1.2	Programme providers must ensure that there is equal weighting in the assessment of practice and theory in contributing to the final award.		
R8.1.3	AEIs must not compensate between theory and practice assessment.		
R8.1.4	Programme providers must make it clear how service users and carers contribute to the assessment process.		

Requirement		Guidance	
R8.1.5	Programme providers must ensure that there are periods of practice throughout the programme in which students are assessed in both hospital and community settings.	G8.1.5	Programme providers should, wherever possible, assess practice in hospital and community settings in each part of the programme.
R8.2	**Programme providers must ensure that assessment processes enable students to demonstrate fitness for practice and fitness for award.**		
R8.2.1	Programme providers must ensure that their assessment framework tests all programme outcomes.	G8.2.1	Programme providers should show that reasonable adjustments for students with a disability are applied in the assessment of both theory and practice.
R8.2.2	Programme providers must have arrangements in place for practice assessment throughout the programme, at progression points and for entry to the register, as in a, b, c and d below.		

Requirement		Guidance	
R8.2.2.a	Programme providers must ensure that practice assessment decisions regarding the achievement of skills and aspects of competence in each part of the programme are made by a registered nurse or, where these are transferable across professions, by an appropriate registered professional who has been suitably prepared.	G8.2.2a	Programme providers should apply the following where practice assessment decisions regarding skills and aspects of competence in each part of the programme are made by a registered professional who is not a nurse: • Appropriate - a registered professional competent in the skill or aspect of competency in which the student is being assessed. • Suitably prepared – the registered professional has undergone training and development that has enabled them to be competent to support and assess students.

Requirement		Guidance	
R8.2.2b	Programme providers must ensure that assessment decisions regarding achievement of practice requirements at the first progression point are normally made by a mentor who is a nurse registered in any of the four fields of practice.	G8.2.2b	Programme providers should apply the following criteria where the registered professional designated to assess achievement of all practice requirements needed for progression to the second part of the programme is not a registered nurse. The professional must • have been suitably prepared for the role • have had preparation to ensure they fully understand all the requirements for progression in the context of nursing – this may include undertaking the relevant parts of an NMC approved mentor programme • be listed on a register which confirms their ability to act in this capacity • be subject to similar requirements as those for mentors who are registered nurses, including annual updating and triennial review.
R8.2.2c	Programme providers must ensure that assessment decisions regarding achievement of practice requirements at the second progression point are made by a mentor who is a nurse registered in any of the four fields of practice.		

Requirement		Guidance	
R8.2.2d	Programme providers must ensure that assessment decisions regarding achievement of competence in practice for entry to the register must be made by a registered nurse sign-off mentor from the same nursing field as that which the student intends to enter.		
R8.2.3	Programme providers must ensure that an ongoing record of achievement, including comments from mentors, is passed from one named mentor to the next so that the student's progress can be judged. These requirements must be met: • Programme providers must obtain the student's consent to process or share confidential data between successive mentors and education providers when assessing fitness for practice. • Programme providers must ensure that processes are in place to address issues or concerns about a student's progress, and that these are dealt with fully and quickly. • Programme providers must help students deal with any issues and concerns using a clear, time-limited development plan within or across periods of practice learning. • Programme providers must ensure that where reasonable adjustments are made for students with disabilities, they are assessed appropriately and receive the support they need to meet the requirements of any development plan.	G8.2.3a	Programme providers should ensure that the ongoing record of achievement: • is part of the assessment of practice document • contains the detail needed to support safe judgments about overall achievement of the outcomes for each part of the programme at progression points, and for entry to the register.

Requirement		Guidance	
		G8.2.3b	Practice learning providers should ensure that mentors do not keep their own separate student progress records; everything should be recorded in the assessment of practice document.
R8.2.4	Programme providers must ensure that judgments about the overall assessment of practice outcome at the end of a part of the programme are based on all the learning achieved in that part. The ongoing achievement record and the assessment of practice document must be used to support the judgment.	G8.2.4	Programme providers should ensure that, where a sign-off mentor has concerns about a student's overall competence at the end of the programme, they draw on evidence from the ongoing achievement record and the assessment of practice document for the whole programme to make their final assessment decision.
R8.3	**AEIs must appoint external examiner(s) who can demonstrate currency in education and practice with due regard and engage with assessment of both theory and practice.**		

Standard 9: Resources

Purpose To identify the physical resources in sites used for education, whether theory or practice, and the human resources available to manage and deliver the programme.

Responsibility Programme providers.

Standard **The educational facilities in academic and practice settings must support delivery of the approved programme.**

Requirement		Guidance	
R9.1	**AEIs must ensure that the programme leader is a nurse or midwife with a teacher qualification recorded on the NMC register.**		
R9.1.1	AEIs must ensure that the programme leader responsible for a field of nursing is registered and has currency in that field.		
R9.2	**AEIs must ensure that teachers have appropriate qualifications and experience for their roles.**		
R9.2.1	AEIs must ensure that nurse and midwife teachers who make a major contribution to the programme hold, or are working towards, a teaching qualification recordable on the NMC register. This includes people seeking NMC recognition of a comparable teaching qualification; see *Standards to support learning and assessment in practice* (NMC 2008).		
R9.3	**Programme providers must ensure that sufficient staff are allocated to deliver the programme effectively.**		

Requirement		Guidance	
R9.3.1	AEIs must make sure that most of the teaching and academic input to the programme is delivered by registered nurses and that all learning is applied to nursing.	G9.3.1	AEIs should ensure that nurse teachers are able to spend part of their normal teaching hours supporting student learning in practice, as in *Standards to support learning and assessment in practice* (NMC 2008).
R9.3.2	Programme providers must make sure that any practice learning environment, where nursing care is delivered, has sufficient registered nursing staff and equipment to deliver safe and effective care.		
R9.3.3	Programme providers must ensure that mentors and practice teachers are able to meet the requirements of *Standards to support learning and assessment in practice* (NMC 2008) regarding: • roles and responsibilities • annual updating • triennial review • sign-off mentors having time allocated to reflect, give feedback and keep records of student achievement in their final period of practice learning, equivalent to one hour per student per week.	G9.3.3	Programme providers should make sure that, normally, mentors or other registered professionals supporting and assessing nursing students do not support more than three students from any discipline at any time.
R9.4	**Students must have access to appropriate learning approaches in a variety of formats on all sites.**		

Requirement		Guidance	
R9.4.1	AEIs must make sure that all students can access similar learning resources, in different academic and practice learning environments (including IT and library), to help them achieve the programme outcomes.	G9.4.1	These resources should be fully accessible to students with disabilities.

Standard 10: Quality assurance

Purpose   To identify the quality management systems of education providers in AEIs and practice learning areas.

Responsibility   Programme providers at local and strategic level.

Standard   **Programme providers must use effective quality assurance processes in which findings lead to quality enhancement.**

Requirement		Guidance	
R10.1	**Programme providers' quality assurance processes must be aligned with the programme specification, programme evaluation and enhancement.**		
R10.1.1	AEIs must ensure that: • commissioners fully support the intention to develop, approve and deliver the programme • feedback from students and mentors is used to inform the programme and enhance the practice learning experience • partners at all levels are committed to and will contribute to quality assurance and enhancement • all practice learning experiences are of the same high standard • theory and practice are equally important, and external examiners consider and report on the quality of theory and practice learning.		

Requirement		Guidance	
R10.2	AEIs must demonstrate that they use effective quality assurance processes including conjoint programme approval, approval of minor or major modifications, endorsement and annual monitoring.		
R10.3	Programme providers must allow the NMC and its agents access to monitor programmes.		

Annexe 1: Extract from Directive 2005/36/EC of the European Parliament and of the Council of 7 September 2005 on the recognition of professional qualifications

Training of nurses responsible for general care

Admission to training for nurses responsible for general care shall be contingent upon either:

(a) completion of general education of 12 years, as attested by a diploma, certificate or other evidence issued by the competent authorities or bodies in a Member State or a certificate attesting success in an examination of an equivalent level and giving access to universities or to higher education institutions of a level recognised as equivalent; or

(b) completion of general education of at least 10 years, as attested by a diploma, certificate or other evidence issued by the competent authorities or bodies in a Member State or a certificate attesting success in an examination of an equivalent level and giving access to a vocational school or vocational training programme for nursing.

Training of nurses responsible for general care shall be given on a full-time basis and shall include at least the programme described in Annex V, point 5.2.1.

The training of nurses responsible for general care shall comprise a total of at least three years of study, which may in addition be expressed with the equivalent ECTS credits, and shall consist of at least 4 600 hours of theoretical and clinical training, the duration of the theoretical training representing at least one third and the duration of the clinical training at least one half of the minimum duration of the training. Member States may grant partial exemptions to professionals who have received part of their training on courses which are of at least an equivalent level.

The Member States shall ensure that institutions providing nursing training are responsible for the coordination of theoretical and clinical training throughout the entire study programme.

Theoretical education is that part of nurse training from which trainee nurses acquire the professional knowledge, skills and competences required under paragraphs 6 and 7. The training shall be given by teachers of nursing care and by other competent persons, at universities, higher education institutions of a level recognised as equivalent or at vocational schools or through vocational training programmes for nursing.

Clinical training is that part of nurse training in which trainee nurses learn, as part of a team and in direct contact with a healthy or sick individual and/or community, to organise, dispense and evaluate the required comprehensive nursing care, on the basis of the knowledge, skills and competences which they have acquired. The trainee nurse shall learn not only how to work in a team, but also how to lead a team and organise overall nursing care, including health education for individuals and small groups, within health institutes or in the community.

This training shall take place in hospitals and other health institutions and in the community, under the responsibility of nursing teachers, in cooperation with and assisted by other qualified nurses. Other qualified personnel may also take part in the teaching process.

Trainee nurses shall participate in the activities of the department in question insofar as those activities are appropriate to their training, enabling them to learn to assume the responsibilities involved in nursing care.

Training for nurses responsible for general care shall provide an assurance that the professional in question has acquired the following knowledge and skills:

(a) comprehensive knowledge of the sciences on which general nursing is based, including sufficient understanding of the structure, physiological functions and behaviour of healthy and sick persons, and of the relationship between the state of health and the physical and social environment of the human being;

(b) knowledge of the nature and ethics of the profession and of the general principles of health and nursing;

(c) adequate clinical experience; such experience, which should be selected for its training value, should be gained under the supervision of qualified nursing staff and in places where the number of qualified staff and equipment are appropriate for the nursing care of the patient;

(d) the ability to participate in the practical training of health personnel and experience of working with such personnel;

(e) experience of working together with members of other professions in the health sector.

Formal qualifications as a nurse responsible for general care shall provide evidence that the professional in question is able to apply at least the following competences regardless of whether the training took place at universities, higher education institutions of a level recognised as equivalent or at vocational schools or through vocational training programmes for nursing:

(a) competence to independently diagnose the nursing care required using current theoretical and clinical knowledge and to plan, organise and implement nursing care when treating patients on the basis of the knowledge and skills acquired in accordance with points (a), (b) and (c) of paragraph 6 in order to improve professional practice;

(b) competence to work together effectively with other actors in the health sector, including participation in the practical training of health personnel on the basis of the knowledge and skills acquired in accordance with points (d) and (e) of paragraph 6;

(c) competence to empower individuals, families and groups towards healthy lifestyles and self-care on the basis of the knowledge and skills acquired in accordance with points (a) and (b) of paragraph 6;

(d) competence to independently initiate life-preserving immediate measures and to carry out measures in crises and disaster situations;

(e) competence to independently give advice to, instruct and support persons needing care and their attachment figures;

(f) competence to independently assure the quality of, and to evaluate, nursing care;

(g) competence to comprehensively communicate professionally and to cooperate with members of other professions in the health sector;

(h) competence to analyse the care quality to improve his own professional practice as a nurse responsible for general care.

Annex V.2. Nurse responsible for general care

5.2.1. Training programme for nurses responsible for general care

The training leading to the award of a formal qualification of nurses responsible for general care shall consist of the following two parts.

A. Theoretical instruction

a. Nursing:

- Nature and ethics of the profession

- General principles of health and nursing

- Nursing principles in relation to:

    - general and specialist medicine

    - general and specialist surgery

    - child care and paediatrics

    - maternity care

    - mental health and psychiatry

    - care of the old and geriatrics

b. Basic sciences:

- Anatomy and physiology

- Pathology

- Bacteriology, virology and parasitology

- Biophysics, biochemistry and radiology

- Dietetics

- Hygiene:

    - preventive medicine

    - health education

- Pharmacology

    c. Social sciences:

- Sociology

- Psychology

- Principles of administration

- Principles of teaching

- Social and health legislation

- Legal aspects of nursing

B. Clinical instruction

- Nursing in relation to:

  - general and specialist medicine

  - general and specialist surgery

  - child care and paediatrics

  - maternity care

  - mental health and psychiatry

  - care of the old and geriatrics

  - home nursing.

One or more of these subjects may be taught in the context of the other disciplines or in conjunction therewith.

The theoretical instruction must be weighted and coordinated with the clinical instruction in such a way that the knowledge and skills referred to in this Annex can be acquired in an adequate fashion.

Annexe 2: Progression criteria

The NMC has set minimum requirements that **must be met by the first and second progression points**.

In addition to these, programme providers will identify their own outcomes that students must achieve by each progression point. These will be based on local need, programme design and organisation of learning in practice. They will make sure that a student is safe and adequately prepared to take part in the full range of practice learning opportunities without risk to the public. NMC quality assurance processes will confirm this through approval and monitoring.

First progression point

The NMC has identified skills and professional behaviours that a student must demonstrate by the first progression point. These criteria must normally be achieved during the student's practice learning but some may be met through simulation.

These criteria cover:

- safety, safeguarding and protection of people of all ages, their carers and their families

- professional values, expected attitudes and the behaviours that must be shown towards people, their carers, their families, and others.

The criteria reflect public expectations about nurses' basic skills and their ability to communicate effectively with people in vulnerable situations, ensuring their dignity is maintained at all times. The essential skills clusters in annexe 3 also address some of these concerns and form guidance within these standards.

If a student is unable to demonstrate these skills and behaviours by progression point one, through the assessment procedures set by the programme provider and their partners, they will not normally be allowed to progress to the second part of the programme. Most of the assessment will take place when providing direct care but some may be through simulation.

First progression point criteria

Criteria that must be met as a minimum requirement by progression point one in any practice setting where people are receiving care, or through simulation.

	Areas associated with safety and safeguarding people of all ages, their carers and their families	Related competency domains
1	Demonstrates safe, basic, person-centred care, under supervision, for people who are unable to meet their own physical and emotional needs.	Professional values Communication and interpersonal skills Nursing practice and decision making
2	Meets people's essential needs in relation to safety and security, wellbeing, comfort, bowel and bladder care, nutrition and fluid maintenance and personal hygiene, maintaining their dignity at all times.	Professional values Communication and interpersonal skills Nursing practice and decision making
3	Seeks help where people's needs are not being met, or they are at risk.	Communication and interpersonal skills Nursing practice and decision making Leadership, management and team working
4	Is able to recognise when a person's physical or psychological condition is deteriorating, demonstrating how to act in an emergency and administer essential first aid.	Nursing practice and decision making Leadership, management and team working
5	Demonstrates an understanding of how to work within legal and professional frameworks and local policies to safeguard and protect people, particularly children, young people, and vulnerable adults.	Professional values

	Areas associated with safety and safeguarding people of all ages, their carers and their families	Related competency domains
6	Is able to recognise, and work within, the limitations of their own knowledge and skills and professional boundaries, understanding that they are responsible for their own actions.	Professional values Nursing practice and decision making
7	Demonstrates the ability to listen, seek clarity, and carry out instructions safely.	Professional values Communication and interpersonal skills Nursing practice and decision making Leadership, management and team working
8	Uses and disposes of medical devices safely under supervision according to local and national policy, reporting any incidents or near misses.	Professional values Communication and interpersonal skills Nursing practice and decision making
9	Understands and works within the laws governing health and safety at work. Demonstrates safe manual handling techniques, and understands how nurses can help reduce the risk of infection, including effective hand washing.	Professional values Communication and interpersonal skills Nursing practice and decision making
10	Recognises signs of aggression and takes appropriate action to keep themselves and others safe.	Communication and interpersonal skills Nursing practice and decision making
11	Safely and accurately carries out basic medicines calculations.	Professional values Nursing practice and decision making

Areas associated with safety and safeguarding people of all ages, their carers and their families	Related competency domains
12	Demonstrates safe and effective communication skills, both orally and in writing.	Communication and interpersonal skills Nursing practice and decision making

Areas associated with professional values and expected attitudes and behaviours towards people, their carers and their families	Related competency domains
13	Displays a professional image in their behaviour and appearance, showing respect for diversity and individual preferences.	Professional values Communication and interpersonal skills Nursing practice and decision making
14	Demonstrates respect for people's rights and choices.	Professional values Communication and interpersonal skills Nursing practice and decision making
15	Acts in a manner that is attentive, kind, sensitive, compassionate and non-discriminatory, that values diversity and acts within professional boundaries.	Professional values Communication and interpersonal skills Nursing practice and decision making
16	Understands the principles of confidentiality and data protection. Treats information as confidential, except where sharing is required to safeguard and protect people.	Professional values Communication and interpersonal skills Nursing practice and decision making

Areas associated with professional values and expected attitudes and behaviours towards people, their carers and their families	Related competency domains
17	Practises honestly and with integrity, applying the principles of *The Code* *Professional standards of practice and behaviour for nurses and midwives* (NMC, 2015).	Professional values Communication and interpersonal skills Nursing practice and decision making
18	Acts in a way that values the roles and responsibilities of others in the team and interacts appropriately.	Professional values Communication and interpersonal skills Nursing practice and decision making Leadership, management and team working

Second progression point

The NMC has set minimum requirements that **must be demonstrated by the second progression point**. Programme providers must set learning outcomes that allow the student to show that they can work more independently, with less direct supervision, in a safe and increasingly confident way to extend their knowledge and skills. Students must be allowed to demonstrate their ability to work as autonomous practitioners by the point of registration. This will also ensure that students are able to make safe and effective use of practice learning, which includes less direct supervision in the final part of the programme. This enables students to be confident and fit for practice by entry to the register. Students must demonstrate this before being allowed to progress to the third and final part of the programme.

Progression point two criteria

Criteria that must be met as a minimum requirement by the second progression point.

Criteria		Related competency domains
1	Works more independently, with less direct supervision, in a safe and increasingly confident manner.	Professional values Communication and interpersonal skills Nursing practice and decision making Leadership, management and team working
2	Demonstrates potential to work autonomously, making the most of opportunities to extend knowledge, skills and practice.	Professional values Communication and interpersonal skills Nursing practice and decision making Leadership, management and team working

Annexe 3: Essential skills clusters (2010) and guidance for their use (**guidance G7.1.5b**)

The essential skills clusters (ESCs) are to be used as guidance and should be incorporated into all pre-registration nursing programmes. How they are incorporated into programmes is left to local determination. Programme providers can use them to develop learning outcomes at different levels or to map them against existing programme learning outcomes. Some programme providers may wish to map them to specific competencies within the domains or use them to develop practice assessment tools. All the ESCs apply to all fields of nursing.

Skills have not been identified for all progression points, therefore not all columns in the ESC table have been filled. Where there is a gap, skills identified at a later progression point might be achieved at an earlier point. Where it is determined that a specific skill can be more appropriately achieved at a different progression point than that indicated the approved education institution (AEI) should show how and at what point it has been incorporated.

ESCs support the achievement of the competencies in section 3 and criteria for assessment at the first progression point in annexe 2. However, the ESCs do not include all the skills and behaviours required of a registered nurse.

There are five **essential skills clusters**:

- care, compassion and communication

- organisational aspects of care

- infection prevention and control

- nutrition and fluid management

- medicines management.

Guidance related to numerical assessment

Some ESCs identify the baseline skills needed to calculate medicines, nutrition, fluids and other areas where there is a need to use numbers. These appear in ESCs 9, 27, 28, 29, 31, 32, 33, 36 and 38. They are marked with an asterix **(*)**. Providers should incorporate all these health related numerical assessments, designed to test numeracy skills, into learning outcomes and assessment strategies.

- The focus should be on demonstration of competence and confidence with regard to judgements on whether to use calculations in a particular situation and, if so, what calculations to use, how to do it, what degree of accuracy is appropriate, and what the answer means in relation to the context.

- Providers can incorporate these health related numerical elements into their own learning outcomes and assessment strategies and should use the ESCs to underpin the nature and content of the assessment, including whether to assess through simulation. They should decide on their own pass mark and how many attempts are allowed in order to reach the first and second progression points.

- After the second progression point, and by the point of entry to the register, the ESCs should help programme providers decide the nature and content of numerical assessments where a 100 percent pass mark is required.

- Assessment should reflect competence across the full range of complexity, the different delivery modes and technical measurement issues. This may take place in a combination of settings, including computer lab and simulated practice, but must include assessment in the practice setting. The number of attempts should be decided by the programme provider.

Essential skills cluster: Care, compassion and communication
The newly qualified graduate nurse should demonstrate the following skills and behaviours. They should be used to develop learning outcomes for each progression point and for outcomes to be achieved before entering the register.

1 As partners in the care process, people can trust a newly registered graduate nurse to provide collaborative care based on the highest standards, knowledge and competence.

First progression point	Second progression point	Entry to the register
1 Articulates the underpinning values of The Code: Standards of conduct, performance and ethics for nurses and midwives (NMC, 2015) 2 Works within limitations of the role and recognises own level of competence. 3 Promotes a professional image. 4 Shows respect for others. 5 Is able to engage with people and build caring professional relationships.	6 Forms appropriate and constructive professional relationships with families and other carers. 7 Uses professional support structures to learn from experience and make appropriate adjustments.	8 Demonstrates clinical confidence through sound knowledge, skills and understanding relevant to field. 9 Is self aware and self confident, knows own limitations and is able to take appropriate action. 10 Acts as a role model in promoting a professional image. 11 Acts as a role model in developing trusting relationships, within professional boundaries. 12 Recognises and acts to overcome barriers in developing effective relationships with service users and carers.

		13 Initiates, maintains and closes professional relationships with service users and carers. 14 Uses professional support structures to develop self awareness, challenge own prejudices and enable professional relationships, so that care is delivered without compromise.

2   People can trust the newly registered graduate nurse to engage in person centred care empowering people to make choices about how their needs are met when they are unable to meet them for themselves.

First progression point	Second progression point	Entry to the register
1 Takes a person-centred, personalised approach to care.	2 Actively empowers people to be involved in the assessment and care planning process. 3 Determines people's preferences to maximise comfort & dignity. 4 Actively supports people in their own care and self care. 5 Considers with the person and their carers their capability for self care. 6 Provides personalised care, or makes provisions for those who are unable to maintain their own activities of living maintaining dignity at all times.	8 Is sensitive and empowers people to meet their own needs and make choices and considers with the person and their carer(s) their capability to care. 9 Ensures access to independent advocacy. 10 Recognises situations and acts appropriately when a person's choice may compromise their safety or the safety of others. 11 Uses strategies to manage situations where a person's wishes conflict with nursing interventions necessary for the person's safety.

	7	Assists people with their care.	12	Acts with dignity and respect to ensure that people who are unable to meet their activities of living have choices about how these are met and feel empowered to do as much as possible for themselves.
			13	Works autonomously, confidently and in partnership with people, their families and carers to ensure that needs are met through care planning and delivery, including strategies for self care and peer support.
			14	Actively helps people to identify and use their strengths to achieve their goals and aspirations.

3   People can trust the newly registered graduate nurse to respect them as individuals and strive to help them the preserve their dignity at all times.

First progression point	Second progression point	Entry to the register
1 Demonstrates respect for diversity and individual preference, valuing differences, regardless of personal view.		4 Acts professionally to ensure that personal judgements, prejudices, values, attitudes and beliefs do not compromise care.
		5 Is proactive in promoting and maintaining dignity.
2 Engages with people in a way that ensures dignity is maintained through making appropriate use of the		

	environment, self and skills and adopting an appropriate attitude.		6 Acts autonomously to challenge situations or others when someone's dignity may be compromised.
3	Uses ways to maximise communication where hearing, vision or speech is compromised.		7 Uses appropriate strategies to empower and support their choice.

4   People can trust a newly qualified graduate nurse to engage with them and their family or carers within their cultural environments in an acceptant and anti-discriminatory manner free from harassment and exploitation.

First progression point	Second progression point	Entry to the register
1 Demonstrates an understanding of how culture, religion, spiritual beliefs, gender and sexuality can impact on illness and disability. 2 Respects people's rights. 3 Adopts a principled approach to care underpinned by The Code (NMC 2015)		4 Upholds people's legal rights and speaks out when these are at risk of being compromised. 5 Is acceptant of differing cultural traditions, beliefs, UK legal frameworks and professional ethics when planning care with people and their families and carers. 6 Acts autonomously and proactively in promoting care environments that are culturally sensitive and free from discrimination, harassment and exploitation. 7 Manages and diffuses challenging situations effectively.

5   People can trust the newly registered graduate nurse to engage with them in a warm, sensitive and compassionate way.

First progression point	Second progression point	Entry to the register
1 Is attentive and acts with kindness and sensitivity. 2 Takes into account people's physical and emotional responses when engaging with them. 3 Interacts with the person in a manner that is interpreted as warm, sensitive, kind and compassionate, making appropriate use of touch. 4 Provides person centred care that addresses both physical and emotional needs and preferences. 5 Evaluates ways in which own interactions affect relationships to ensure that they do not impact inappropriately on others.		6 Anticipates how people might feel in a given situation and responds with kindness and empathy to provide physical and emotional comfort. 7 Makes appropriate use of touch. 8 Listens to, watches for, and responds to verbal and non-verbal cues. 9 Engages with people in the planning and provision of care that recognises personalised needs and provides practical and emotional support. 10 Has insight into own values and how these may impact on interactions with others. 11 Recognises circumstances that trigger personal negative responses and takes action to prevent this compromising care. 12 Recognises and acts autonomously to respond to own emotional discomfort or distress in self and others. 13 Through reflection and evaluation demonstrates commitment to personal

		and professional development and life-long learning.

6   People can trust the newly registered graduate nurse to engage therapeutically and actively listen to their needs and concerns, responding using skills that are helpful, providing information that is clear, accurate, meaningful and free from jargon.

First progression point	Second progression point	Entry to the register
1 Communicates effectively both orally and in writing, so that the meaning is always clear. 2 Records information accurately and clearly on the basis of observation and communication. 3 Always seeks to confirm understanding. 4 Responds in a way that confirms what a person is communicating. 5 Effectively communicates people's stated needs and wishes to other professionals.	6 Uses strategies to enhance communication and remove barriers to effective communication minimising risk to people from lack of or poor communication.	7 Consistently shows ability to communicate safely and effectively with people providing guidance for others. 8 Communicates effectively and sensitively in different settings, using a range of methods and skills. 9 Provides accurate and comprehensive written and verbal reports based on best available evidence. 10 Acts autonomously to reduce and challenge barriers to effective communication and understanding. 11 Is proactive and creative in enhancing communication and understanding. 12 Uses the skills of active listening, questioning, paraphrasing and reflection to support a therapeutic intervention.

		13	Uses appropriate and relevant communication skills to deal with difficult and challenging circumstances, for example, responding to emergencies, unexpected occurrences, saying "no", dealing with complaints, resolving disputes, de-escalating aggression, conveying 'unwelcome news'.

7 People can trust the newly registered graduate nurse to protect and keep as confidential all information relating to them.

First progression point	Second progression point	Entry to the register
1 Applies the principles of confidentiality. 2 Protects and treats information as confidential except where sharing information is required for the purposes of safeguarding and public protection. 3 Applies the principles of data protection.	4 Distinguishes between information that is relevant to care planning and information that is not.	5 Acts professionally and autonomously in situations where there may be limits to confidentiality, for example, public interest and protection from harm. 6 Recognises the significance of information and acts in relation to who does or does not need to know. 7 Acts appropriately in sharing information to enable and enhance care (carers, MDT and across agency boundaries). 8 Works within the legal frameworks for data protection including access to and storage of records. 9 Acts within the law when confidential

		information has to be shared with others.

8 People can trust the newly registered graduate nurse to gain their consent based on sound understanding and informed choice prior to any intervention and that their rights in decision making and consent will be respected and upheld.

First progression point	Second progression point	Entry to the register
1 Seeks consent prior to sharing confidential information outside of the professional care team, subject to agreed safeguarding and protection procedures.	2 Applies principles of consent in relation to restrictions relating to specific client groups and seeks consent for care. 3 Ensures that the meaning of consent to treatment and care is understood by the people or service users.	4 Uses helpful and therapeutic strategies to enable people to understand treatments and other interventions in order to give informed consent. 5 Works within legal frameworks when seeking consent. 6 Assesses and responds to the needs and wishes of carers and relatives in relation to information and consent. 7 Demonstrates respect for the autonomy and rights of people to withhold consent in relation to treatment within legal frameworks and in relation to people's safety.

Essential skills cluster: Organisational aspects of care

The newly qualified graduate nurse should demonstrate the following skills and behaviours. They should be used to develop learning outcomes for each progression point and for outcomes to be achieved before entering the register.

9   **People can trust the newly registered graduate nurse to treat them as partners and work with them to make a holistic and systematic assessment of their needs; to develop a personalised plan that is based on mutual understanding and respect for their individual situation promoting health and well-being, minimising risk of harm and promoting their safety at all times.**

First progression point	Second progression point	Entry to the register
1 Responds appropriately when faced with an emergency or a sudden deterioration in a person's physical or psychological condition (for example, abnormal vital signs, collapse, cardiac arrest, self harm, extremely challenging behaviour, attempted suicide) including seeking help from an appropriate person.	2 Accurately undertakes and records a baseline assessment of weight, height, temperature, pulse, respiration and blood pressure using manual and electronic devices. **(*)** 3 Understands the concept of public health and the benefits of healthy lifestyles and the potential risks involved with various lifestyles or behaviours, for example, substance misuse, smoking, obesity. 4 Recognises indicators of unhealthy lifestyles. 5 Contributes to care based on an understanding of how the different stages of an illness or disability can impact on people and carers.	12 In partnership with the person, their carers and their families, makes a holistic, person centred and systematic assessment of physical, emotional, psychological, social, cultural and spiritual needs, including risk, and together, develops a comprehensive personalised plan of nursing care. 13 Acts autonomously and takes responsibility for collaborative assessment and planning of care delivery with the person, their cares and their family. 14 Applies research based evidence to practice.

	6	Measures and documents vital signs under supervision and responds appropriately to findings outside the normal range. **(*)**	15	Works within the context of a multi-professional team and works collaboratively with other agencies when needed to enhance the care of people, communities and populations.
	7	Performs routine, diagnostic tests for example urinalysis under supervision as part of assessment process (near client testing).	16	Promotes health and well-being, self care and independence by teaching and empowering people and carers to make choices in coping with the effects of treatment and the ongoing nature and likely consequences of a condition including death and dying.
	8	Collects and interprets routine data, under supervision, related to the assessment and planning of care from a variety of sources.		
	9	Undertakes the assessment of physical, emotional, psychological, social, cultural and spiritual needs, including risk factors by working with the person and records, shares and responds to clear indicators and signs.	17	Uses a range of techniques to discuss treatment options with people.
			18	Discusses sensitive issues in relation to public health and provides appropriate advice and guidance to individuals, communities and populations for example, contraception, substance misuse, smoking, obesity.
	10	With the person and under supervision, plans safe and effective care by recording and sharing information based on the assessment.	19	Refers to specialists when required.
	11	Where relevant, applies knowledge of age and condition-related anatomy, physiology and development when interacting with people.	20	Acts autonomously and appropriately when faced with sudden deterioration in people's physical or psychological condition or emergency situations, abnormal vital signs, collapse, cardiac arrest, self-harm, extremely challenging behaviour, attempted suicide.

		21	Measures, documents and interprets vital signs and acts autonomously and appropriately on findings.
		22	Works within a public health framework to assess needs and plan care for individuals, communities and populations.

10 People can trust the newly registered graduate nurse to deliver nursing interventions and evaluate their effectiveness against the agreed assessment and care plan.

First progression point	Second progression point	Entry to the register
	1 Acts collaboratively with people and their carers enabling and empowering them to take a shared and active role in the delivery and evaluation of nursing interventions.	6 Provides safe and effective care in partnership with people and their carers within the context of people's ages, conditions and developmental stages.
	2 Works within the limitations of own knowledge and skills to question and provide safe and holistic care.	7 Prioritises the needs of groups of people and individuals in order to provide care effectively and efficiently.
	3 Prepares people for clinical interventions as per local policy.	8 Detects, records and reports if necessary, deterioration or improvement and takes appropriate action autonomously.
	4 Actively seeks to extend knowledge and skills using a variety of methods in order to enhance care delivery.	9 Evaluates the effect of interventions, taking account of people's and carers' interpretation of physical, emotional, and behavioural changes.

	5	Detects, records, reports and responds appropriately to signs of deterioration or improvement.	10 Involves the person in review and adjustments to their care, communicating changes to colleagues.

11 People can trust the newly registered graduate nurse to safeguard children and adults from vulnerable situations and support and protect them from harm.

First progression point	Second progression point	Entry to the register
1 Acts within legal frameworks and local policies in relation to safeguarding adults and children who are in vulnerable situations.	4 Documents concerns and information about people who are in vulnerable situations.	5 Recognises and responds when people are in vulnerable situations and at risk, or in need of support and protection.
2 Shares information with colleagues and seeks advice from appropriate sources where there is a concern or uncertainty.		6 Shares information safely with colleagues and across agency boundaries for the protection of individuals and the public.
3 Uses support systems to recognise, manage and deal with own emotions.		7 Makes effective referrals to safeguard and protect children and adults requiring support and protection.
		8 Works collaboratively with other agencies to develop, implement and monitor strategies to safeguard and protect individuals and groups who are in vulnerable situations.
		9 Supports people in asserting their human rights.

		10	Challenges practices which do not safeguard those in need of support and protection.

12 People can trust the newly registered graduate nurse to respond to their feedback and a wide range of other sources to learn, develop and improve services.

First progression point	Second progression point	Entry to the register
1 Responds appropriately to compliments and comments.	2 Responds appropriately when people want to complain, providing assistance and support. 3 Uses supervision and other forms of reflective learning to make effective use of feedback. 4 Takes feedback from colleagues, managers and other departments seriously and shares the messages and learning with other members of the team.	5 Shares complaints, compliments and comments with the team in order to improve care. 6 Actively responds to feedback. 7 Supports people who wish to complain. 8 As an individual team member and team leader, actively seeks and learns from feedback to enhance care and own and others professional development. 9 Works within ethical and legal frameworks and local policies to deal with complaints, compliments and concerns.

13 People can trust the newly registered, graduate nurse to promote continuity when their care is to be transferred to another service or person.		
First progression point	**Second progression point**	**Entry to the register**
	1 Assists in preparing people and carers for transfer and transition through effective dialogue and accurate information. 2 Reports issues and people's concerns regarding transfer and transition. 3 Assists in the preparation of records and reports to facilitate safe and effective transfer.	

14 People can trust the newly registered graduate nurse to be an autonomous and confident member of the multi-disciplinary or multi agency team and to inspire confidence in others.		
First progression point	**Second progression point**	**Entry to the register**
1 Works within *The Code: Professional standards of practice and behaviour for nurses and midwives* (NMC, 2015)	2 Supports and assists others appropriately. 3 Values others' roles and responsibilities within the team and interacts appropriately. 4 Reflects on own practice and discusses issues with other members	6 Actively consults and explores solutions and ideas with others to enhance care. 7 Challenges the practice of self and others across the multi-professional team.

	of the team to enhance learning.	8	Takes effective role within the team adopting the leadership role when appropriate.
	5 Communicates with colleagues verbally, face-to-face and by telephone, and in writing and electronically in a way that the meaning is clear, and checks that the communication has been fully understood.	9	Act as an effective role model in decision making, taking action and supporting others.
		10	Works inter-professionally and autonomously as a means of achieving optimum outcomes for people.
		11	Safeguards the safety of self and others, and adheres to lone working policies when working in the community setting and in people's homes.

15   People can trust the newly registered graduate nurse to safely delegate to others and to respond appropriately when a task is delegated to them.

First progression point	Second progression point	Entry to the register	
1 Accepts delegated activities within limitations of own role, knowledge and skill.		2	Works within the requirements of The Code (NMC 2015) in delegating care and when care is delegated to them.
		3	Takes responsibility and accountable for delegating care to others.
		4	Prepares, supports and supervises those to whom care has been delegated.

		5	Recognises and addresses deficits in knowledge and skill in self and others and takes appropriate action.

16 People can trust the newly registered graduate nurse to safely lead, co-ordinate and manage care.

First progression point	Second progression point	Entry to the register	
		1	Inspires confidence and provides clear direction to others.
		2	Takes decisions and is able to answer for these decisions when required.
		3	Bases decisions on evidence and uses experience to guide decision-making.
		4	Acts as a positive role model for others.
		5	Manages time effectively.
		6	Negotiates with others in relation to balancing competing and conflicting priorities.

17 People can trust the newly registered graduate nurse to work safely under pressure and maintain the safety of service users at all times.

First progression point		Second progression point		Entry to the register	
1	Recognises when situations are becoming unsafe and reports	3	Contributes as a team member.	7	Demonstrates effective time

appropriately. 2 Understands and applies the importance of rest for effective practice.	management. 4 Demonstrates professional commitment by working flexibly to meet service needs to enable quality care to be delivered. 5 Uses supervision as a means of developing strategies for managing own stress and for working safely and effectively. 6 Adheres to safety policies when working in the community and in people's homes, for example, lone worker policy.	8 Prioritises own workload and manages competing and conflicting priorities. 9 Appropriately reports concerns regarding staffing and skill-mix and acts to resolve issues that may impact on the safety of service users within local policy frameworks. 10 Recognises stress in others and provides appropriate support or guidance ensuring safety to people at all times. 11 Enables others to identify and manage their stress. 12 Works within local policies when working in the community setting including in people's homes and ensures the safety of others.

18 People can trust a newly registered graduate nurse to enhance the safety of service users and identify and actively manage risk and uncertainty in relation to people, the environment, self and others.

First progression point	Second progression point	Entry to the register
1 Under supervision, works within clinical governance frameworks. 2 Reports safety incidents regarding	7 Contributes to promote safety and positive risk taking. 8 Under supervision works safely within	9 Reflects on and learns from safety incidents as an autonomous individual and as a team member and contributes

service users to senior colleagues.	the community setting taking account of local policies, for example, lone worker policy.	to team learning.
3 Under supervision assesses risk within current sphere of knowledge and competence.		10 Participates in clinical audit to improve the safety of service users.
4 Follows instructions and takes appropriate action, sharing information to minimise risk.		11 Assesses and implements measures to manage, reduce or remove risk that could be detrimental to people, self and others.
5 Under supervision works within legal frameworks to protect self and others.		12 Assesses, evaluates and interprets risk indicators and balances risks against benefits, taking account of the level of risk people are prepared to take.
6 Knows and accepts own responsibilities and takes appropriate action.		13 Works within legal and ethical frameworks to promote safety and positive risk taking.
		14 Works within policies to protect self and others in all care settings including in the home care setting.
		15 Takes steps not to cross professional boundaries and put self or colleagues at risk.

19 People can trust the newly registered graduate nurse to work to prevent and resolve conflict and maintain a safe environment.

First progression point	Second progression point	Entry to the register
1 Recognises signs of aggression and responds appropriately to keep self		3 Selects and applies appropriate strategies and techniques for conflict

and others safe. 2 Assists others or obtains assistance when help is required.		resolution, de-escalation and physical intervention in the management of potential violence and aggression.

20 People can trust the newly registered graduate nurse to select and manage medical devices safely.

First progression point	Second progression point	Entry to the register
1 Safely uses and disposes of medical devices under supervision and in keeping with local and national policy and understands reporting mechanism relating to adverse incidents.		2 Works within legal frameworks and applies evidence based practice in the safe selection and use of medical devices. 3 Safely uses and maintains a range of medical devices appropriate to the area of work, including ensuring regular servicing, maintenance and calibration including reporting adverse incidents relating to medical devices. 4 Keeps appropriate records in relation to the use and maintenance of medical devices and the decontamination processes required as per local and national guidelines. 5 Explains the devices to people and carers and checks understanding.

Essential skills cluster: Infection prevention and control

The newly qualified graduate nurse should demonstrate the following skills and behaviours. They should be used to develop learning outcomes for each progression point and for outcomes to be achieved before entering the register.

21 People can trust the newly registered graduate nurse to identify and take effective measures to prevent and control infection in accordance with local and national policy.

First progression point	Second progression point	Entry to the register
1 Follows local and national guidelines and adheres to standard infection control precautions.	2 Participates in assessing and planning care appropriate to the risk of infection thus promoting the safety of service users. 3 Participates in completing care documentation and evaluation of interventions to prevent and control infection. 4 Aware of the role of the Infection Control Team and Infection Control Nurse Specialist, and local guidelines for referral. 5 Recognises potential signs of infection and reports to relevant senior member of staff.	7 Works within *The Code: Professional standards of practice and behaviour for nurses and midwives* (NMC, 2015) and in collaboration with people and their carers to meet responsibilities for prevention and control of infection. 8 In partnership with people and their carers, plans, delivers and documents care that demonstrates effective risk assessment, infection prevention and control. 9 Identifies, recognises and refers to the appropriate clinical expert. 10 Explains risks to people, relatives, carers and colleagues and educates them in prevention and control of infection.

	6 Discusses the benefits of health promotion within the concept of public health in the prevention and control of infection for improving and maintaining the health of the population.	11 Recognises infection risk and reports and acts in situations where there is need for health promotion and protection and public health strategies.

22 People can trust the newly registered graduate nurse to maintain effective standard infection control precautions and apply and adapt these to needs and limitations in all environments.

First progression point	Second progression point	Entry to the register
1 Demonstrates effective hand hygiene and the appropriate use of standard infection control precautions when caring for all people.	2 Applies knowledge of transmission routes in describing, recognising and reporting situations where there is a need for standard infection control precautions 3 Participates in the cleaning of multi-use equipment between each person. 4 Uses multi-use equipment and follows the appropriate procedures. 5 Safely uses and disposes of, or decontaminates, items in accordance with local policy and manufacturers' guidance and instructions.	7 Initiates and maintains appropriate measures to prevent and control infection according to route of transmission of micro-organism, in order to protect service users, members of the public and other staff. 8 Applies legislation that relates to the management of specific infection risk at a local and national level. 9 Adheres to infection prevention and control policies and procedures at all times and ensures that colleagues work according to good practice guidelines. 10 Challenges the practice of other care workers who put themselves and others at risk of infection.

	6	Adheres to requirements for cleaning, disinfecting, decontaminating of 'shared' nursing equipment, including single or multi-use equipment, before and after every use as appropriate, according to recognised risk, in accordance with manufacturers' and organisational policies.	11	Manages overall environment to minimise risk.

23 People can trust a newly registered graduate nurse to provide effective nursing interventions when someone has an infectious disease including the use of standard isolation techniques.

First progression point	Second progression point	Entry to the register
	1 Safely delivers care under supervision to people who require to be nursed in isolation or in protective isolation settings. 2 Takes appropriate actions in any environment including the home care setting, should exposure to infection occur, for example, chicken pox, diarrhoea and vomiting, needle stick injury. 3 Applies knowledge of an 'exposure prone procedure' and takes appropriate precautions and actions.	5 Recognises and acts upon the need to refer to specialist advisers as appropriate. 6 Assesses the needs of the infectious person, or people and applies appropriate isolation techniques. 7 Ensures that people including colleagues are aware of and adhere to local policies in relation to isolation and infection control procedures. 8 Identifies suitable alternatives when isolation facilities are unavailable and principles have to be applied in unplanned circumstances

	4	Takes personal responsibility, when a student knowingly has a blood borne virus, to consult with occupational health before carrying out exposure prone procedures.	

24 People can trust a newly registered graduate nurse to fully comply with hygiene, uniform and dress codes in order to limit, prevent and control infection.

First progression point	Second progression point	Entry to the register
1 Adheres to local policy and national guidelines on dress code for prevention and control of infection, including: footwear, hair, piercing and nails. 2 Maintains a high standard of personal hygiene. 3 Wears appropriate clothing for the care delivered in all environments.		4 Acts as a role model to others and ensures colleagues work within local policy.

25 People can trust a newly registered graduate nurse to safely apply the principles of asepsis when performing invasive procedures and be competent in aseptic technique in a variety of settings.

First progression point	Second progression point	Entry to the register
	1 Demonstrates understanding of the principles of wound management, healing and asepsis.	3 Applies a range of appropriate measures to prevent infection including application of safe and effective

	Safely performs basic wound care using clean and aseptic techniques in a variety of settings.	aseptic technique.
	2 Assists in providing accurate information to people and their carers on the management of a device, site or wound to prevent and control infection and to promote healing wherever that person might be, for example, in hospital, in the home care setting, in an unplanned situation.	4 Safely performs wound care, applying non-touch or aseptic techniques in a variety of settings. 5 Able to communicate potential risks to others and advise people on the management of their device, site or wound to prevent and control infection and to promote healing.

26 People can trust the newly qualified nurse to act, in a variety of environments including the home care setting, to reduce risk when handling waste, including sharps, contaminated linen and when dealing with spillages of blood and other body fluids.

First progression point	Second progression point	Entry to the register
	1 Adheres to health and safety at work legislation and infection control policies regarding the safe disposal of all waste, soiled linen, blood and other body fluids and disposing of 'sharps' including in the home setting. 2 Ensures dignity is preserved when collecting and disposing of bodily fluids and soiled linen. 3 Acts to address potential risks within a timely manner including in the home setting.	4 Manages hazardous waste and spillages in accordance with local health and safety policies. 5 Instructs others to do the same.

Essential skills cluster: Nutrition and fluid management

The newly qualified graduate nurse should demonstrate the following skills and behaviours. They should be used to develop learning outcomes for each progression point and for outcomes to be achieved before entering the register.

27 People can trust the newly registered graduate nurse to assist them to choose a diet that provides an adequate nutritional and fluid intake.

First progression point	Second progression point	Entry to the register
	1 Under supervision helps people to choose healthy food and fluid in keeping with their personal preferences and cultural needs.	6 Uses knowledge of dietary, physical, social and psychological factors to inform practice being aware of those that can contribute to poor diet, cause or be caused by ill health.
	2 Accurately monitors dietary and fluid intake and completes relevant documentation. **(*)**	7 Supports people to make appropriate the choices and changes to eating patterns, taking account of dietary preferences, religious and cultural requirements, treatment requirements and special diets needed for health reasons.
	3 Supports people who need to adhere to specific dietary and fluid regimens and informs them of the reasons.	
	4 Maintains independence and dignity wherever possible and provides assistance as required.	8 Refers to specialist members of the multi-disciplinary team for additional or specialist advice.
	5 Identifies people who are unable to or have difficulty in eating or drinking and reports this to others to ensure adequate nutrition and fluid intake is provided.	9 Discusses in a non-judgemental way how diet can improve health and the risks associated with not eating appropriately.
		10 In liaison with a registered midwife

		provides essential advice and support to mothers who are breast feeding.
		11 Provides support and advice to carers when the person they are caring for has specific dietary needs.

28 People can trust the newly registered graduate nurse to assess and monitor their nutritional status and in partnership, formulate an effective plan of care.

First progression point	Second progression point	Entry to the register
	1 Takes and records accurate measurements of weight, height, length, body mass index and other appropriate measures of nutritional status. **(*)**	5 Makes a comprehensive assessment of people's needs in relation to nutrition identifying, documenting and communicating level of risk. **(*)**
	2 Assesses baseline nutritional requirements for healthy people related to factors such as age and mobility.	6 Seeks specialist advice as required in order to formulate an appropriate care plan.
	3 Contributes to formulating a care plan through assessment of dietary preferences, including local availability of foods and cooking facilities.	7 Provides information to people and their carers.
		8 Monitors and records progress against the plan.
	4 Reports to other members of the team when agreed plan is not achieved.	9 Discusses progress and changes in condition with the person, carers and the multi-disciplinary team.
		10 Acts autonomously to initiate appropriate action when malnutrition is identified or where a person's

		nutritional status worsens, and report this as an adverse event.
29 People can trust a newly registered graduate nurse to assess and monitor their fluid status and in partnership with them, formulate an effective plan of care.		
First progression point	**Second progression point**	**Entry to the register**
	1 Applies knowledge of fluid requirements needed for health and during illness and recovery so that appropriate fluids can be provided. 2 Accurately monitors and records fluid intake and output. **(*)** 3 Recognises and reports reasons for poor fluid intake and output. 4 Reports to other members of the team when intake and output falls below requirements.	5 Uses negotiating and other skills to encourage people who might be reluctant to drink to take adequate fluids. 6 Identifies signs of dehydration and acts to correct these. **(*)** 7 Works collaboratively with the person their carers and the multi-disciplinary team to ensure an adequate fluid intake and output.

30 People can trust the newly qualified graduate nurse to assist them in creating an environment that is conducive to eating and drinking.

First progression point	Second progression point	Entry to the register
1 Reports to an appropriate person where there is a risk of meals being missed. 2 Follows food hygiene procedures in accordance with policy.	3 Follows local procedures in relation to mealtimes, for example, protected mealtimes, indicators of people who need additional support. 4 Ensures that people are ready for the meal; that is, in an appropriate location, position, offered opportunity to wash hands, offered appropriate assistance.	5 Challenges others who do not follow procedures. 6 Ensures appropriate assistance and support is available to enable people to eat. 7 Ensures provision is made for replacement meals for anyone who is unable to eat at the usual time, or unable to prepare their own meals. 8 Ensures that appropriate food and fluids are available as required.

31 People can trust the newly qualified graduate nurse to ensure that those unable to take food by mouth receive adequate fluid and nutrition to meet their needs.

First progression point	Second progression point	Entry to the register
	1 Recognises, responds appropriately and reports when people have difficulty eating or swallowing. 2 Adheres to an agreed plan of care that provides for individual difference, for example, cultural considerations, psychosocial aspects and provides	3 Takes action to ensure that, where there are problems with eating and swallowing, nutritional status is not compromised. 4 Administers enteral feeds safely and maintains equipment in accordance

	adequate nutrition and hydration when eating or swallowing is difficult.	with local policy. **(*)**
		5 Safely, maintains and uses naso-gastric, PEG and other feeding devices.
		6 Works within legal and ethical frameworks taking account of personal choice.

32   People can trust the newly registered graduate nurse to safely administer fluids when fluids cannot be taken independently.

First progression point	Second progression point	By entry to the register
		1 Understands and applies knowledge of intravenous fluids and how they are prescribed and administered within local administration of medicines policy.
		2 Monitors and assesses people receiving intravenous fluids. **(*)**
		3 Documents progress against prescription and markers of hydration. **(*)**
		4 Monitors infusion site for signs of abnormality, and takes the required action reporting and documenting signs and actions taken.

Essential skills cluster: Medicines management[2]			
The newly qualified graduate nurse should demonstrate the following skills and behaviours. They should be used to develop learning outcomes for each progression point and for outcomes to be achieved before entering the register.			

33 People can trust the newly registered graduate nurse to correctly and safely undertake medicines[3] calculations.

First progression point	Second progression point	Entry to the register	Indicative content

1   Is competent in basic medicines calculations **(*)** relating to:
 	
• tablets and capsules
• liquid medicines
• injections including:
  • unit dose
  • sub and multiple unit dose
  • SI unit conversion.
		2 Is competent in the process of medication-related calculation in nursing field involving:
		
		• tablets and capsules
		• liquid medicines
		• injections
		• IV infusions including:
		  • unit dose
		  • sub and multiple unit dose
		  • complex calculations
		  • SI unit conversion.
			Numeracy skills, drug calculations required to administer medicines safely via appropriate routes including specific requirements for children and other groups.

2 Medicines management is "the clinical cost effective and safe use of medicines to ensure patients get maximum benefit from the medicines they need while at the same time minimising potential harm" (MHRA 2004). As the administration of a medicinal product is only part of the process, these ESCs reflect the process from prescribing, through to dispensing, storage, administration and disposal.

3 A Medicinal product is "Any substance or combination of substances presented for treating or preventing disease in human beings or in animals. Any substance or combination of substances which may be administered to human beings or animals with a view to making a medical diagnosis or to restoring, correcting or modifying physiological functions in human beings or animals is likewise considered a medicinal product" (Council Directive 65/65/EEC).

34 People can trust the newly registered graduate nurse to work within legal and ethical frameworks that underpin safe and effective medicines management.			
First progression point	**Second progression point**	**Entry to the register**	**Indicative content**
	1 Demonstrates understanding of legal and ethical frameworks relating to safe administration of medicines in practice. 2 Demonstrates an understanding of types of prescribing, types of prescribers and methods of supply. 3 Demonstrates understanding of legal and ethical frameworks for prescribing.	4 Applies legislation to practice to safe and effective ordering, receiving, storing administering and disposal of medicines and drugs, including controlled drugs in both primary and secondary care settings and ensures others do the same. 5 Fully understands all methods of supplying medicines, for example, Medicines Act exemptions, patient group directions (PGDs), clinical management plans and other forms of prescribing. 6 Fully understands the different types of prescribing including supplementary prescribing, community practitioner nurse prescribing and independent nurse prescribing.	Law, consent, confidentiality, ethics, accountability. Responsibilities under law, application of medicines legislation to practice, include: use of controlled drugs, exemption orders in relation to patient group direction (PGD).[4] Regulatory requirements: *Standards for medicines management* (NMC 2007), The Code (NMC 2015), *Standards of proficiency for nurse and midwife prescribers* (NMC 2006). Statutory requirements in relation to mental health, mental capacity, children and young people and medicines, national service frameworks and other country specific guidance.

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4 Nursing students cannot supply or administer under a PGD (*Standards for medicines management* (NMC 2007)).

35 People can trust the newly registered graduate nurse to work as part of a team to offer holistic care and a range of treatment options of which medicines may form a part.			
First progression point	**Second progression point**	**Entry to the register**	**Indicative content**
	1 Demonstrates awareness of a range of commonly recognised approaches to managing symptoms, for example, relaxation, distraction and lifestyle advice. 2 Discusses referral options.	3 Works confidently as part of the team and, where relevant, as leader of the team to develop treatment options and choices with the person receiving care and their carers. 4 Questions, critically appraises, takes into account ethical considerations and the preferences of the person receiving care and uses evidence to support an argument in determining when medicines may or may not be an appropriate choice of treatment.	The principles of holistic care, health promotion, lifestyle advice, over-the-counter medicines, self-administration of medicines and other therapies. Observation and assessment. Effect of medicines and other treatment options, including distraction, positioning, alternative and complementary therapies. Ethical and legal frameworks.

36 People can trust the newly registered graduate nurse to ensure safe and effective practice in medicines management through comprehensive knowledge of medicines, their actions, risks and benefits.			
First progression point	**Second progression point**	**Entry to the register**	**Indicative content**
	1 Uses knowledge of commonly administered medicines in order to act promptly in cases where side effects and adverse reactions occur.	2 Applies knowledge of basic pharmacology, how medicines act and interact in the systems of the body, and their therapeutic action. 3 Understands common routes and techniques of medicine administration including absorption, metabolism, adverse reactions and interactions. 4 Safely manages drug administration and monitors effects. **(*)** 5 Reports adverse incidents and near misses. 6 Safely manages anaphylaxis.	Related anatomy and physiology. Drug pathways and how medicines act. Impacts of physiological state of patients on drug responses and safety, for example, the older adult, children, pregnant or breast feeding women and significant pathologies such as renal or hepatic impairments. Pharmaco-dynamics -the effects of drugs and their mechanisms of action in the body. Pharmaco-therapeutics – the therapeutic actions of certain medicines. Risks versus benefits of medication. Pharmaco-kinetics and how doses are determined by dynamics and systems in the body. Role and function of bodies that

			regulate and ensure the safety and effectiveness of medicines. Knowledge on management of adverse drug events, adverse drug reactions, prescribing and administration errors and the potential repercussions for safety.

37 People can trust the newly registered graduate nurse to safely order, receive, store and dispose of medicines (including controlled drugs) in any setting.

First progression point	Second progression point	Entry to the register	Indicative content
	1 Demonstrates ability to safely store medicines under supervision.	2 Orders, receives, stores and disposes of medicines safely (including controlled drugs).	Managing medicines in hospital or primary care settings, for example, schools and the home care setting. Legislation that underpins practice related to a wide range of medicines such as controlled drugs, infusions and oxygen. Suitable conditions for storage, managing out-of-date stock, safe handling medication, managing discrepancies in stock, omissions.

38 People can trust the newly registered graduate nurse to administer medicines safely and in a timely manner, including controlled drugs.			
First progression point	**Second progression point**	**Entry to the register**	**Indicative content**
	1 Uses prescription charts correctly and maintains accurate records. 2 Utilises and safely disposes of equipment needed to draw up and administer medication, for example, needles, syringes, gloves. 3 Administers and, where necessary, prepares medication safely under direct supervision, including orally and by injection.	4 Safely and effectively administers and, where necessary, prepares medicines via routes and methods commonly used and maintains accurate records. **(*)** 5 Supervises and teaches others to do the same. 6 Understands the legal requirements.	Involvement of people receiving treatment, management of fear and anxiety, importance of non-verbal and verbal communication. Use of prescription charts including how to prepare, read and interpret them and record administration and non-administration. Use of personal drug record cards for controlled drugs. Preparing and administering medication in differing environments places, including the home care setting, hygiene, infection control, compliance aids, safe transport and disposal of medicines and equipment. Safety, checking person's identity, last dose, allergies, anaphylaxis, polypharmacy, monitoring of effect and record keeping. Where and how to report contra-

			indications, side effects, adverse reactions. Skills needed to administer safely via various means, for example, oral, topical, by infusion, injection, syringe driver and pumps. Aware of own limitations and when to refer on. Legal requirements, mechanisms for supply, sale and administration of medication, self-administration including controlled drugs.

39 People can trust a newly registered graduate nurse to keep and maintain accurate records using information technology, where appropriate, within a multi-disciplinary framework as a leader and as part of a team and in a variety of care settings including at home.

First progression point	Second progression point	Entry to the register	Indicative content
	1 Demonstrates awareness of roles and responsibilities within the multi disciplinary team for medicines management, including how and in what ways information is shared within a variety of settings.	2 Effectively keep records of medication administered and omitted, in a variety of care settings, including controlled drugs and ensures others do the same.	Links to legislation, use of controlled drugs, the code in relation to confidentiality, consent and record keeping. Use of electronic records.

40 People can trust a newly registered graduate nurse to work in partnership with people receiving medical treatments and their carers.

First progression point	Second progression point	Entry to the register	Indicative content
	1 Under supervision involves people and carers in administration and self-administration of medicines.	2 Works with people and carers to provide clear and accurate information. 3 Gives clear instruction and explanation and checks that the person understands the use of medicines and treatment options. 4 Assesses the person's ability to safely self-administer their medicines. 5 Assists people to make safe and informed choices about their medicines.	Cultural, religious, linguistic and ethical beliefs, issues and sensitivities around medication. Ethical issues relating to compliance and administration of medicine without consent. Self-administration, assessment explanation and monitoring. Concordance. Meeting needs of specific groups including self-administration, for example, people with mental health needs, learning disabilities, children and young people, adolescents and older adults.

41 People can trust the newly registered graduate nurse to use and evaluate up-to-date information on medicines management and work within national and local policy guidelines.

First progression point	Second progression point	Entry to the register	Indicative content
	1 Accesses commonly used evidence based sources relating to the safe and effective management of medicine.	2 Works within national and local policies and ensures others do the same.	Evidence based practice, identification of resources, the 'expert' patient and client. Using sources of information, national and local policies, clinical governance, formularies, for example, British National Formulary and the British National Formulary for Children.

42 People can trust the newly registered graduate nurse to demonstrate understanding and knowledge to supply and administer via a patient group direction.

First progression point	Second progression point	Entry to the register	Indicative content
	1 Demonstrates knowledge of what a patient group direction is and who can use them.	2 **Through simulation and course work** demonstrates knowledge and application of the principles required for safe and effective supply and administration via a patient group direction including an understanding of role and accountability. 3 **Through simulation and**	National prescribing centre competency framework www.npc.co.uk

		course work demonstrates how to supply and administer via a patient group direction.	

Explanation of terms

Accreditation of prior learning (APL)

A process used in higher education to allow previous certificated or experiential learning to be accepted as meeting some programme outcomes and requirements. The NMC has previously used the term Accreditation of Prior (Experiential) Learning; however this has now been replaced with the term APL which encompasses all approaches to accreditation and recognition of prior learning.

Advocate

A person, group or organisation that supports and champions individuals or groups, ensuring that their views are considered and their rights upheld.

Advice

NMC advice helps nurses and midwives decide how best to meet the standards and guidance required of them in relation to their professional accountability and practice.

Annotated

This refers to the process for identifying which nurses and midwives are entered on the local register as sign-off mentors having the authority to make a final judgement about whether a student has achieved the overall standards of competence required for entry to the register at the end of an NMC approved programme.

Approved education institution (AEI)

A higher education institution recognised by the NMC as a provider of NMC approved programmes which lead to registration or a mark on the register, and preparatory programmes for individuals who will support learning and assessment in practice.

Augmentative and alternative communication (AAC)

Any method of communication that supplements (augmentative) or replaces (alternative) spoken or written communications when these are temporarily or permanently impaired and inadequate to meet all or some of a person's communication needs. Those commonly used in the field of learning disabilities include objects, pictures or drawings, photographs, electronic communication aids, symbols, gestures and signing.

Autonomy

The freedom to make binding decisions, within the scope of practice, that are based on professional ethics, expertise and clinical knowledge.

Carer

An individual providing personal care for a person or people who, due to illness, infirmity or disability, are unable to care for themselves without this help (Adapted from Care Standards Act 2000).

Care pathways

A system of care delivery that organises a service user's care from their first contact with health services to the end of their episode. Care pathways aim to improve continuity and coordination across different professions and sectors. Other types include integrated care pathways, clinical pathways, multidisciplinary pathways, care maps and collaborative care pathways.

Case formulation

A summary of a person's known mental health problems, based on a systematic, holistic, user-centred assessment process. It provides the basis for a plan of care and intervention, and aims to describe and explain (based on psychological theory) the relationships between known problems. This would include factors that may have created vulnerability or problems or that may be contributing to ongoing problems. It would also identify actions that might help the person cope with their problems.

Comorbidity

The presence of more than one health problem in one person at the same time.

Commissioners

Organisations that contract with programme providers and fund pre-registration nursing education programmes.

Community practice learning

The time students spend learning about, and experiencing care provided outside the hospital setting. It can take place in people's own homes, in general practice, nursing homes and other residential facilities, walk-in centres, schools and workplaces.

Competence and competencies

The term **competence** refers to the overarching set of knowledge, skills and attitudes required to practise safely and effectively without direct supervision. It has been defined as 'the combination of skills, knowledge and attitudes, values and technical abilities that underpin safe and effective nursing practice and interventions' (adapted from Queensland Nursing Council 2009). The NMC specifies competence as a requirement for entry to the NMC register. Both generic competence and field-specific competence are required to practise in a specific field.

The term **competencies** replaces the term 'proficiencies' that describe the criteria students must meet in order to complete their programme successfully and apply for registration. The various competencies are acquired in stages during the pre-

registration nursing programme. Evidence that all competencies have been acquired is used to determine whether a nursing student is competent to practise as a nurse.

Currency

Being up to date with current policy and developments in education and practice.

Diversity

Valuing people and recognising them for their skills, talents and experiences, accepting that everyone is different (see also equality).

Domains

Frameworks for the four sets of competencies, which are organised in four domains: professional values; communication and interpersonal skills; nursing practice and decision-making; and leadership, management and teamwork.

Due regard

Relates to student assessment in pre-registration nursing programmes. If 'due regard' is required, the assessor must be registered on the same part of the NMC register and have a mark in the same field of practice that the student intends to enter.

Equality

Treating everyone fairly and providing equal opportunities for everyone regardless of their race, gender, disability, age, sexual orientation, religion and belief.

Essential skills clusters (ESCs)

Five essential skills clusters that support the development of learning outcomes for all nursing students. ESCs for pre-registration nursing programmes were introduced in 2008 (NMC Circular 07/2007). These include: care, compassion and communication, organisational aspects of care, infection prevention and control, nutrition and fluid management, and medicines management. They have been amended and form guidance within the *Standards for pre-registration nursing education (2010)*

European Directive 2005/36/EC

A directive is a European Union law that requires member states to achieve a particular result, without dictating the means of achieving it. Directive 2005/36/EC on the recognition of professional qualifications, sets out requirements for 'general care' for pre-registration nursing education for the adult field. The NMC requires some aspects of the directive, such as the length of programme, to be applied to all fields.

European Higher Education Area (EHEA)

The European Higher Education Area (EHEA) comprises 46 European countries that are participating in the Bologna Process. This allows students to choose from a wide

and transparent range of high quality courses while benefiting from smooth recognition procedures.

Face to face engagement

Where a person or people communicate in the presence of another person or people or through remote access such as videoconferencing.

Field competency

Encompasses the knowledge, skills and attitudes that nurses must acquire which together with the generic competencies must have been demonstrated in order to practise in a specific field of nursing. Learning outcomes for each field are derived from both generic and field-specific competencies.

Field of nursing

There are four recognised fields of nursing (see also *What nurses do*).

- Adult nursing: the care of people aged 18 or over

- Children's nursing: the care of children and young people from birth to late teens

- Learning disabilities nursing: the care of people of all ages who have learning disabilities

- Mental health nursing: the care of people of all ages who have mental health problems.

Fitness for practice

The student who is fit for practice is able to practise safely and effectively without supervision, and has met the standards for competence and all other requirements for registration.

Fitness to practise

A nurse or midwife's suitability to be on the NMC register without restriction.

Generic competency

Relates to the knowledge, skills and attitudes and technical abilities required of all nurses by the end of a pre-registration nursing programme.

Guidance

According to the Nursing and Midwifery Order 2001, the NMC must provide and publish guidance that reflects what it believes to be best practice. There is some flexibility in how guidance is applied to education programmes. Where it is not followed precisely, programme providers will need to account for this and explain how an alternate approach will produce a similar outcome.

Holistic

Concerning the whole person. A holistic approach to nursing considers physical, social, economic, psychological, spiritual and other factors when assessing, planning and delivering care.

Interprofessional learning

An interactive process of learning which is undertaken with students or registered professionals from a range of health and social care professions who learn with and from each other.

Learning outcomes

Statements of learning developed by programme providers which students must achieve to demonstrate that all programme competencies and requirements have been met.

Local register

A list of all current mentors and practice teachers eligible to supervise and assess students studying on NMC approved programme who have met NMC requirements to be entered and remain on the register.

Mentor

A nurse or midwife on the NMC register who, following successful completion of an NMC approved mentor preparation programme, is entered on a local register and is eligible to supervise and assess students in a practice setting. See also *sign-off mentor*.

Nurse

In the context of the standards, a nurse is defined as a person registered as a nurse with the Nursing and Midwifery Council. The European Tuning project defines the nurse as: 'a professional person achieving a competent standard of practice at first cycle level following successful completion of an approved academic and practical course. The nurse is a safe, caring, and competent decision maker willing to accept personal and professional accountability for his/her actions and continuous learning. The nurse practises within a statutory framework and code of ethics delivering nursing practice (care) that is appropriately based on research, evidence and critical thinking that effectively responds to the needs of individual clients (patients) and diverse populations.'

Nursing student

A person enrolled on an NMC approved pre-registration nursing programme.

Nursing

'The use of clinical judgement in the provision of care to enable people to improve, maintain or recover health, to cope with health problems, and to achieve the best possible quality of life, whatever their disease or disability until death' (Royal College of Nursing 2003).

Person-centred care

Care tailored to the individual needs and choices of the service user, taking into account diversity, culture, religion, spirituality, sexuality, gender, age, and disability. The principle is also applied to child-centred, family-centred and user-centred care.

Practice teacher

A nurse or midwife on the NMC register who following successful completion of an NMC approved practice teacher preparation programme, is entered on a local register and is eligible to supervise and assess nursing students in a practice setting.

Pre-registration nursing education

Describes the education programme undertaken by nursing students to acquire the competencies needed to meet the criteria for registration with the NMC. Students may apply for registration after they have successfully completed a pre-registration programme. NMC registration is required to practise as a nurse in the UK.

Preceptor

A registered nurse who helps newly qualified nurses develop confidence and reinforce their knowledge and skills after their initial registration.

Preceptorship

The support and guidance that enables qualified nurses to make the transition from being a student to becoming a more confident practitioner to practise in line with NMC standards.

Programme provider

The term used to describe approved education institutions (AEIs) and their partnering practice learning providers.

Progression point

There are two progression points that normally divide the pre-registration nursing programme into three equal parts. Students cannot normally move from one part to the next until they have met all the requirements for the current part.

Practice learning provider
Healthcare and other service organisations that provide opportunities for nursing students to learn in practice settings.

Psychosocial education

Involves sharing individualised information with service users and carers about the nature of mental health problems, including possible causes and outcomes, optimal treatments and specific strategies to minimise distress and disruption. It aims to improve their understanding of current problems, potential solutions and ways of coping. It also aims to reduce distress and promote social inclusion and recovery.

Public health

Public health encompasses preventing disease, prolonging life, promoting health and reducing recognised health inequalities through influencing and informing decisions by society, organisations, communities, families and individuals.

Reasonable adjustments

'The duty to make reasonable adjustments comprises three requirements which apply where a disabled person is placed at a substantial disadvantage in comparison with non-disabled people. The first requirement covers changing the way things are done (such as changing a practice), the second covers making changes to the built environment (such as providing access to a building), and the third covers providing auxiliary aids and services (such as providing special computer software or providing a different service).' (Equality Act 2010)

Recovery

A person's ability to live what they believe is a meaningful and satisfying life, with or without symptoms. Recovery means having control over and input into your own life.

Register (NMC register)

A public record maintained by the NMC of all nurses, midwives, and specialist community public health nurses eligible to practise in the UK. Individuals must register with the NMC in order to practise as a nurse, midwife or specialist community public health nurse in the UK, by demonstrating that they have met the minimum NMC requirements. A mark on the register identifies the nurse's field of practice: adult, child, mental health, or learning disabilities nursing.

Registered healthcare professional

A member of a profession in the health field that is regulated by a statutory regulator in the UK, such as the NMC, the Health Professions Council and the General Medical Council.

Requirements

NMC requirements must be met by all approved education institutions providing UK nursing and midwifery programmes. The requirements underpin the NMC standards that programme providers must meet.

Rights

Refers to rights enshrined in policy, law and values-based codes and frameworks, including human rights.

Safeguarding

Safeguarding in the context of healthcare regulation means acting in the best interests of people when they are using or needing the services of nurses and midwives.

It also has a wider meaning outside healthcare regulation which relates to protecting children, young people and vulnerable adults from abuse and neglect, but also actively promoting their welfare. (Adapted from LVSC 2010)

Self-care

Self-care is personal health maintenance. It is any individual, family or community activity that aims to improve or restore health, or treat or prevent disease. It includes all health decisions people make for themselves and their families.

Self-determination

The belief that people have the right, responsibility and ability to make their own choices about what is necessary and desirable to create a satisfying and meaningful life. In the context of nursing, this means that nurses should work with people to encourage and enable them to make informed decisions about their care and treatment and how they manage their lives.

Setting

Any environment where nursing care is delivered. This includes hospitals, community services and general practice, as well as service users' own homes and workplaces.

Service users

People of any age using any health or social care services in any sector who require the professional services of a nurse or midwife. Service users include in-patients, out-patients, clients, residents and all similar categories. Nurses also work with other individuals and groups to which the service user belongs or is closely connected. These include partners, families, significant others, carers, interest groups, communities, networks and populations. The term 'service users and others' encompasses any category that fits in with the service user's needs and circumstances.

Shared learning

A broad term that refers to opportunities for learning between students from different fields of nursing, and between nursing students and those from other professions.

Sign-off mentor

A nurse or midwife mentor who has met additional NMC requirements in order to be able to make judgements about whether a student has achieved the overall standards of competence required for entry to the register at the end of an NMC approved programme.

Standards

The NMC is required by the Nursing and Midwifery Order 2001 to establish standards of proficiency to be met by applicants to different parts of the register. These standards are considered to be necessary for safe and effective practice [Article 5(2) (a)]. These are set out within the standards for each part of the register (nursing, midwifery and community public health nursing). The standards have the full authority of the law.

Supervisor

A suitably prepared professional trained to support students in practice that meets NMC requirements.

Teacher

A nurse or midwife who, following successful completion of an NMC approved teacher preparation programme or its equivalent, is recorded on the NMC register. The NMC teacher standard is mandatory for those nurses and midwives based in higher education who make a major contribution to the learning and assessment of students on NMC approved programmes.

Transcript

A record of learning achieved in both theory and practice during a student's training. This is set out in a way that is suitable for mapping against other academic, professional or vocational awards. The reasons for leaving a programme are included in the transcript when a student has been asked to leave.

Tuning project

Tuning Educational Structures in Europe started in 2000 as a European Union project to link the political objectives of the Bologna Process and later the Lisbon Strategy to the higher educational sector. Over time it has developed into a process, an approach to (re)design, develop, implement, evaluate and enhance quality first, second and third cycle degree programmes. Higher education institutions are invited to test and use the outcomes and tools presented in a range of Tuning publications. A brochure for nursing has recently been published.

References to the Code have been updated to The Code (NMC, 2015)