

November 2007

Dear Colleague

### **The future of pre-registration nursing education**

As NMC President and also a nurse registrant, I am delighted to have the opportunity to invite you to respond to this important consultation. The NMC is consulting on the future shape of pre-registration nursing in the UK. There have been, and continue to be, significant and far-reaching changes in healthcare policy and the delivery of healthcare. As a priority we need to make sure that pre-registration nursing education enables nurses to work safely and effectively to meet the future needs of patients.

The enclosed consultation document considers the background to the consultation. We ask a number of questions including, for example, should nurses be prepared to diploma or degree level; what proportion of a pre-registration programme should be spent learning in practice; should shared learning be a requirement; should there be branch programmes, and if so, what should the branches be? Also enclosed, because we are looking towards the future of nursing, is a summary of *Nursing: towards 2015*. This provides the context for the consultation and sets out a number of scenarios about how nursing care might be provided in the future. The full document is available on the NMC website.

I would welcome your involvement in this consultation and hope that you will be able to give us your views on these important proposals. I know that your time is valuable but hope that you will appreciate that these are important issues that affect the whole of the nursing profession. To assist you we have included a pre-paid reply envelope to return your completed consultation document. Alternatively, you may wish to complete the questionnaire online. The consultation document including the questions, *Nursing: towards 2015* and a summary can all be found in the Consultations section of our website [www.nmc-uk.org](http://www.nmc-uk.org). To order additional copies of these documents email [publications@nmc-uk.org](mailto:publications@nmc-uk.org) or telephone 020 7333 6514 or fax 020 7333 2924.

Responses to this consultation will be handled by Alpha Research Ltd, an independent research company. Alpha Research will produce a report based on this consultation, which will inform our decisions about the future of pre-registration nursing education. Please may I assure you that your response will be treated in confidence. Information collected will remain anonymous and be used only in aggregated form.

Should you have any queries regarding the consultation please email [consultations@nmc-uk.org](mailto:consultations@nmc-uk.org)

I do hope you will take this important opportunity to shape the future of nursing education by completing the attached questionnaire.



Nancy Kirkland  
President



# Consultation:

## A review of pre-registration nursing education

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We are aware that the language of nursing education may be unfamiliar to some people so words in the text that are explained in the glossary are in bold type.

## The Consultation

### What we are consulting on

The Nursing and Midwifery Council (NMC) is the UK regulator for two professions, nursing and midwifery. The primary purpose of the NMC is protection of the public. It does this through maintaining a register of all nurses, midwives and specialist community public health nurses (referred to collectively as **registrants**) eligible to practise within the UK and by setting **standards** for their education, training and conduct. Currently the number of registrants exceeds 686,000. The Nursing and Midwifery Order 2001 (the Order) **(1)**, sets out the NMC's role and responsibilities.

The purpose of the **Review of pre-registration nursing education** (the Review) is to ensure that all those who qualify as new registrants are fit for practice. The Review is being undertaken against a backdrop of significant and far-reaching policy changes, which could have a direct influence on the way that nursing is to be delivered in the future. Some of these issues go beyond the scope of regulation to address some priorities and actions within Modernising Nursing Careers: setting the direction (DH 2006).

This consultation is about the future shape of **pre-registration** nursing education in the UK and relates to the possibility of introducing new arrangements. Pre-registration in this context refers to programmes undertaken in higher education and in practice settings that lead to an academic award and to registration on the Nurses' **part of the NMC Register**. Before any student can register, they must demonstrate proficiency in practice. We, therefore, need to ensure a rigorous and effective framework of pre-registration education that will allow the demonstration and testing of the knowledge, skills and attitudes required of nurses.

This consultation is more about looking forward than looking back and, for this reason, 2015 is our reference point. Thinking ahead urges us not to be too constrained by what we do now, conversely, we do not want to lose what works well. To help your understanding of the consultation a number of possible scenarios have been developed. These have been set out in: *Nursing: towards 2015* (Longley et al 2007).**(2)**. This provides the context for the consultation, a summary of which accompanies this consultation document. The full document and the separate summary are on our website at **www.nmc-uk.org**. This consultation will refer you to specific sections of the main *Nursing: towards 2015* document but we also encourage you to look at the scenarios in the summary before completing the consultation questionnaire.

Looking at what we need for the future is not just about policy changes and worldwide advances in health care; it's about determining what nurses need to be able to do in the future, how they will work, with whom, how and where they will be trained and to what level. The priority is that nurses must be able to work safely and effectively with others to meet the future needs of patients and clients across the four countries of the UK and worldwide where this is appropriate. Whatever pre-registration nursing education framework results from this Review, it will have to be sufficiently robust to meet these demands well into the first quarter of this century. It is not appropriate to consult on everything at this stage and some well-established principles that apply to existing programmes may well continue in the future, e.g. the importance of **partnership** between the higher education institutions, those purchasing programmes and those **providing placements**, including the concept of 'host trusts' in England that promote local ownership.

We urge you to take part in this consultation and to take the opportunity to shape the future of nursing education. The NMC is leading on this Review of pre-registration nursing education as part of Modernising Nursing Careers: setting the direction (DH, 2006) (3)  
[http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH\\_4138756](http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4138756).

The four UK chief nursing officers developed MNC in 2005/6, setting out priorities and actions relating to the changes needed to support the future careers of registered nurses. These developments are not happening in isolation and are viewed in the wider context of changing health care careers. The report emphasises the changing role of professionals engaged in health care and considers what nurses will need to meet future needs of patients and the service. It looks at how health care is changing and new ways of working, and about how careers might be structured in the future.

The aim of MNC is to secure a nursing workforce that is equipped with the **competencies** required for contemporary healthcare and professional practice with a career structure that promotes flexibility, mobility and competency transfer throughout the healthcare system. This has led to work being undertaken around four priority areas to: develop a competent and flexible workforce, update career pathways and career choices, prepare nurses to lead in a changed system, and modernise the image of nursing and nursing careers to address a range of priorities and actions.

Whilst the NMC has taken the lead in addressing some of these priorities through its Review of pre-registration nursing education, the Department of Health in England has taken the lead in developing a Framework for Post Registration Nursing Careers encompassing all stages of practice, including specialist and advanced levels. The Department of Health will be consulting separately in England on Towards A Framework for Post Registration Nursing Careers: A National Consultation, at the same time that the NMC are consulting across the UK on the Review of pre-registration nursing education

Under the auspices of MNC, the CNO's Directorate in the Scottish Government are leading on developing a framework for advanced level practice, which will feed into national work and be open to wider consultation.

Any outcomes from the Review of pre-registration nursing education will therefore need to take account of the findings from the Department of Health, A Framework for Post Registration Nursing Careers: A National Consultation; the Scottish-led Advanced Practice work, and other UK MNC initiatives considering how these findings inter-relate across the four UK countries.

## Why we are consulting

### The past

Prior to 1989 nurse education was mainly provided through NHS hospital schools of nursing through what was known as the 'Apprenticeship Model'. Students were employees and spent most of their time in practice.

In 1989, a new type of education was developed known as **Project 2000**, which moved all nurse education into higher education. It led to a minimum award of Diploma in Higher Education and nursing registration in adult, children's, mental health or **learning disability** nursing. These four branches still remain in place.

Project 2000 was evaluated in 1999 and recommendations were made following the publication of Fitness for Practice (UKCC 1999). **(4)** New Fitness for Practice programmes were introduced from 2000. These programmes still lead to registration as a nurse today and the programme **requirements** are set out in the NMC's Standards of proficiency for pre-registration nursing education (NMC 2004) **(5)**

<http://www.nmc-uk.org/aFrameDisplay.aspx?DocumentID=328>, a summary of which can be found in **Appendix 1**. Evaluation of pre-registration nursing education is referred to on page 46 of *Nursing: towards 2015*.

The *NMC code of professional conduct: standards for conduct, performance and ethics* **(6)** is being revised but will continue to set the standards and guidelines for professional behaviour and accountability for all new registrants, providing a continuous reference point for students undertaking pre-registration nursing programmes.

### The future

Any new pre-registration nursing education framework must be aligned with the changing nature and structure of healthcare delivery and future career structures across the four countries of the UK. It must also be closely associated with the priorities and actions of *Modernising Nursing Careers*. Significant regulatory amendments such as any requirement for preceptorship linked to first renewal of registration would also require consideration in relation to the White paper and the relative positions of the devolved administrations in the four UK countries.

Looking further afield, there are changes taking place in Europe which may influence the way in which nursing programmes will be delivered in the future. Whilst the **European Directives** for nursing have changed little since the 1970s, there are proposals to better align higher education qualifications and nursing across Europe, through the **Bologna Process** **(7)** and the **TUNING** project **(8)**.

**European Directive 2005/36/EC** - Recognition of Professional Qualifications, **(9)** Article 31 sets out minimum requirements for what is known as '**general care**' that allows the NMC registrant freedom of movement as a nurse in Europe. Currently, this is a requirement that applies to nurses who take the **adult branch** of the pre-registration nursing programmes.

The Bologna Declaration of 1999 intends to lead to more accessible and comparable degrees as well as greater mobility, co-operation and competition, and incorporates a **European Credit Transfer System (ECTS)**.

In addition, the TUNING project intends to lead to greater harmonisation of nursing within Europe. More information is set out on pages 54 and 55 of *Nursing: towards 2015*.

## **Nursing: towards 2015**

In taking this Review forward, we must also consider potential changes to inter-professional regulation and emerging roles in the White Paper, *Trust, Assurance and Safety - the Regulation of Health Professionals in the 21st Century (10)*. Proposals in the White Paper are intended to bring the regulation of different health professions more in line with each other and to provide more opportunities for employers to be involved in the revalidation of professional registration. There is more information on page 41 of *Nursing: towards 2015*.

It is generally agreed that whatever pre-registration nursing education framework we have for the future, it must enable nurses to have the knowledge and skills to meet needs:

- in a complex and diverse society where social inequality exists
- inside and outside hospital and across health and social care
- across public, private and voluntary health provider organisations
- of an increasing older population
- of those with long term conditions
- across the patient care pathway
- in supporting lifestyle changes
- using disease prevention and health promotional interventions
- by treating patients as partners in healthcare and maximising choice
- through the use of technological advances
- in new and emerging roles which cross professional boundaries
- as leaders and members of multidisciplinary and inter-professional teams
- as lifelong learners in an ever evolving healthcare environment.

## **How we are consulting**

We will consult in two ways: firstly, through an extensive online and postal survey and secondly, through a number of UK-wide focus groups.

We will consult widely with the public, employers, practitioners, and those with an interest in pre-registration nursing education across the four UK countries, to include patients, users, student nurses and aspirant nurses. Please remember to take a look at *Modernising Nursing Careers* and the summary of *Nursing: towards 2015* before answering the questions posed in this consultation.

We are encouraging responses from diverse communities and taking steps to reach as many people as possible.

This consultation will ask you to consider key principles around which future pre-registration nursing education might be developed. **Appendix 1** summarises the current requirements. It is important that we do not embark on change for the sake of it and we need to consider whether current arrangements might remain suitable for the future delivery of pre-registration nursing education. For this reason, the concept of 'no change' is considered in this consultation and any potential change needs to be considered in the best interests of future health care.

In shaping the consultation questions we explored a range of options with our project groups. The groups were broadly representative of key **stakeholders** in the four UK countries and the four branches of nursing. They included: employers; users of services; those who **commission**, deliver and receive nursing education; those who teach on pre-registration nursing programmes; those who mentor and assess students in clinical practice; and professional bodies and unions. We have already had some feedback, for example, through reports from DH stakeholder groups set up to discuss *Modernising Nursing Careers*, and from a 'Think Tank' established this year by NHS Education for Scotland (NES). **(11)** We have also had face-to-face discussions with some individuals and groups who asked us to meet with them.

Useful background papers that can be downloaded from the internet include:

UKCC Post Commission Development Group Fitness for Practice and Purpose (UKCC 2001) **(12)**. <http://www.nmc-uk.org/aFrameDisplay.aspx?DocumentID=629>

Modernising Nursing Careers (Department of Health 2006)  
[http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH\\_4138756](http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4138756)

Nursing: towards 2015. Longley et al. (NMC 2007)  
<http://www.nmc-uk.org/aFrameDisplay.aspx?DocumentID=3398>

### **Who we are consulting**

We aim to consult with a wide range of individuals, groups and organisations that have an interest in ensuring that nurses of the future are able to deliver safe and effective healthcare.

The consultation document has been sent to a random sample of practising nurses on our register. The sample has been drawn from the four branches of nursing and the part of the register for specialist community public health nurses. Copies of the consultation, the summary of *Nursing: towards 2015*, and the main *Nursing: towards 2015* report can all be downloaded from the Consultations section of our website [www.nmc-uk.org](http://www.nmc-uk.org) or additional copies can be requested by contacting [publications@nmc-uk.org](mailto:publications@nmc-uk.org) or telephone 020 7333 6514 or fax 020 7333 2924. Should you have any particular needs relating to the format, please let us know.

**This consultation will run from Thursday 1 November 2007 and close at 5pm on Friday 8 February**



## The Questionnaire

### Section A - Overarching principles

The following section asks you to consider major issues affecting all future pre-registration nursing preparation.

#### Diploma or Degree

Over the years, there have been many debates over whether the minimum academic level at which a nurse qualifies should be diploma or degree level. At the moment, the NMC sets the minimum academic level for programmes leading to initial registration at Diploma of Higher Education. This is the equivalent of two thirds of a degree and we want to know if you think this should change. This must be considered within the context of public protection and we need to ask whether academic level should be important at all. There are many arguments for and against degree level preparation.

Those arguing for a degree level qualification at the point of registration say that there is a need for the future nurse to be competent at seeking out and using evidence to support and continually improve practice, safeguard patients' interests and use resources effectively. All of these skills that include the principles of research are associated with degree level preparation. It is also argued that the knowledge and skill levels needed by future nurses should be the same as those required by other health professionals, most of whom already qualify at degree level. In the future, there may be fewer registered nurses and, therefore, more support staff. More nurses are likely to be leading teams, which include other health professionals.

Therefore, should all nurses be initially educated to degree level and what would be the consequences for patients if they were not? The arguments are taken further on page 50 of *Nursing: towards 2015*. There is no doubt that the trend in the UK, Europe and across the world is towards increased degree level preparation for nurses. The NMC recently agreed that all student midwives must be required to achieve a degree for registration.

Those opposed to requiring a degree level outcome at the point of registration argue that the current diploma in HE level affords sufficient public protection. They argue that being registered is more about demonstrating an ability to practise safely and effectively, and having the right qualities, rather than about academic level. The argument is that many people who may not be capable of achieving at degree level make excellent nurses and should be encouraged rather than denied opportunities to enter the profession. This is not to say that graduate nurses are unnecessary, but that Diploma in Higher Education should be the minimum academic level for all nurses at the point of registration. There are also concerns that in the future there might be too few applicants to meet the entry requirements for degree level programmes and therefore not enough new nurses would be available to fill future posts.

#### **Q1 Should the minimum academic level for a pre-registration nursing programme in the UK be at Diploma in Higher Education level, or at degree level?**

Diploma in HE level

Degree level

Not Sure

Have no opinion

**Q2 If a student is not able to achieve at degree level, but is safe and effective in practice and has achieved at diploma level, do you feel they should be:**

	<i>Yes</i>	<i>No</i>	<i>Not sure</i>	<i>Have no opinion</i>
Awarded a Diploma in HE?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Be able to apply for registration?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Q3 Do you have any comments that you wish to add regarding your answers to the first 2 questions?**

No comments

## Stepping On

It would be important that those who want to access a pre-registration nursing programme can apply to have previous learning recognised and, therefore, step on to a programme at a point that leads to completion in a shorter time. This could be attractive to health care assistants and assistant practitioners or perhaps others seeking a career change. This relies on a process of **Accreditation of Prior (Experiential) Learning or AP(E)L**, which higher education institutions have already developed for accrediting both academic and practice based learning.

The NMC currently allows a three-year pre-registration nursing programme to be shortened by up to one third for initial entrants. There are, however, arguments for permitting a larger proportion of AP(E)L than the current one third, which could create more flexibility and widen participation. A counter argument might be that there is a risk that the period of preparation is shortened by credit being given to learning, which is not directly related to the achievement of the required **proficiencies**.

**Q4 Do you agree or disagree that pre-registration students should be able to complete a programme in a shorter time if some theory and/or practice requirements have already been met?**

Agree

Go to Q5

Disagree

Go to Q6

Not Sure

Go to Q6

Have no opinion

Go to Q6

**Q5 What is the maximum amount that you think the programme could be shortened by in such instances?**

By up to 1/3 (as now)

By up to 1/2

By up to 2/3

No limit

Not Sure

Have no opinion

**Q6 Do you have any comments that you wish to make regarding Stepping On?**

No Comments

## Stepping Off

'Stepping off' is about enabling those who wish to leave the programme early to have their learning recognised. Currently, students who choose to leave a programme early may be awarded a certificate confirming the amount of academic credit they have achieved but little else. This might enable a student to transfer to another programme that might be totally different from nursing. Students who leave the programme early are unlikely to be awarded a nationally recognised vocational qualification, but there is an argument that this should change. However, when we considered some of the issues about stepping off with one of our project groups, they believed it important that the pre-registration programme should primarily be for preparing registered nurses and that it would be inappropriate for this to be seen as a major route to a vocational award.

We are keen to explore whether there is support for recognising learning when students leave a programme before its completion and, if so, what qualifications might be most appropriate and at which points in the programme they might be awarded.

**Q7 If a student leaves a programme early do you think that, subject to minimum criteria being met, they should be eligible for a nationally recognised skills based qualification in care, such as a national vocational award?**

- Yes  Go to Q8  
No  Go to Q9  
Not Sure  Go to Q9  
Have no opinion  Go to Q9

**Q8 Should a vocational qualification be awarded once the following full time periods on the programme have been successfully completed?**

	Yes	No	Not sure	Have no opinion
After six months?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
After one year?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
After 18 months?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
After two years?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
After two and a half years?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Q9 Do you have any comments that you wish to make regarding Stepping Off?**

No comments

## Learning in Practice

The NMC places significant importance on learning and being assessed in practice as well as the need for this to be supported through a sound knowledge base integrated with opportunities for learning through simulation. The EC Directive requires students to spend at least 50% of their programme in a practice setting learning from other nurses.

There are indications from evaluation and monitoring that most new registrants are fit for practice when they qualify. There are, however, arguments for making this 50% requirement for learning in practice longer. This is mainly related to previous concerns that some students may not have had sufficient opportunity to become both competent and confident in practice by the time they qualified; concerns that have since been addressed as part of the NMC's ongoing Review of fitness for practice at the point of registration.

Others would argue that increasing students' time in practice is no guarantee that students will gain the skills they need to become competent as this depends largely on a number of factors. These include: adequate learning opportunities, the availability and quality of supervisors, and the opportunity to work alongside effective role models. Increasing the time spent in practice might mean there are less supervisors and role models to go around. Any increase in the current proportion of 50% practice might mean that students would have less time to study what is essential for safe and effective practice.

### Q10 What proportion of a pre-registration programme should be spent learning in practice?

50% (as now)

55%

60%

More (please specify below)

Not Sure

Have no opinion

## Community

In the future, most health care will be provided in the '**community**'. Community in this context refers to the wider community, not just services provided by GPs and small local hospitals, but services also provided by the independent sector, voluntary and other providers, under what is becoming known as the 'third sector'. The community might include any setting outside of the district general hospital. A community approach, that includes closer links between health and social care, has already become the norm for services through which care is provided for people with mental health problems and learning disabilities. This approach is likely to be extended to most other services over the next few years.

Whilst the NMC has always required some learning to be undertaken in the community, it does not set a specific standard. With the shift to more services being provided in the community, it might seem prudent to ensure that students can learn in areas where they need to be able to practise at the point of registration. Nurses of the future need to be fit for practice and purpose and be able to practise safely and effectively in the community on registration.

The practicalities of requiring significantly more learning in the community should not be underestimated. Most students currently learn in more traditional hospital settings where there is economy of scale; there is usually a supportive infrastructure that has developed over time, which frequently provides residential accommodation, on site catering, teaching, library and internet access. Significant numbers of students can learn in practice at any one time due to the way in-patient services are managed in large hospitals.

If the NMC sets a minimum standard for the proportion of learning to be undertaken in the community, then this would have to be conditional on resources being in place to support this. There has to be access to sufficient learning opportunities, an infrastructure to support learning, and enough suitably prepared and experienced staff to support, teach, mentor and assess students.

There is already a shift towards a significant amount of the current 50% learning in practice component being spent in the community. Some universities have already acted on purchaser requirements and started to put new community learning arrangements in place and their experiences will be crucial in supporting any wider developments. As patient care changes and services are reconfigured, more learning opportunities will become available in the community, but this is likely to take time and change might not occur in a uniform way across the UK. Therefore, we are asking you whether you think any requirements to increase the proportion of time spent in the community should be introduced over time as new services come on line e.g. within five years.

### Q11 How much of the learning in practice component should be in the community?

- |   |                                    |
|---|------------------------------------|
| Less than 1/3 of the learning in practice component | <input type="checkbox"/> Go to Q12 |
| 1/3   | <input type="checkbox"/> Go to Q12 |
| More than 1/3 but less than 1/2                     | <input type="checkbox"/> Go to Q12 |
| 1/2 or more   | <input type="checkbox"/> Go to Q13 |
| No set requirement                                  | <input type="checkbox"/> Go to Q13 |
| Not sure  | <input type="checkbox"/> Go to Q13 |
| Have no opinion                                     | <input type="checkbox"/> Go to Q13 |

**Q12 Should learning in practice in the community be increased to form half the total practice requirement within 5 years?**

Agree	<input type="checkbox"/>
Disagree	<input type="checkbox"/>
Not Sure	<input type="checkbox"/>
Have no opinion	<input type="checkbox"/>

**EC Directives**

Students registering as a nurse having followed the adult branch programme are required to fully meet the following requirements: *European Directive 2005/36/EC - Recognition of Professional Qualifications, Section 3, Article 31, Training of nurses responsible for general care and Annex V, Recognition on the basis of coordination of the minimum training conditions, 5.2.1. Training programme for nurses responsible for general care.* The Directive sets out the minimum requirements for 'general care' and provides adult nurses freedom of movement in Europe.

The ways that the EC requirements have to be met are broadly defined, leaving **programme providers** to determine what should be included and how and where this is to be experienced. This means that there is no UK standard through which the NMC can ensure that students meet the general care requirements set out in the Directive. We are, therefore, consulting on whether it would be helpful if the NMC set minimum hours and proficiencies for learning in practice, where there are EC requirements for experience in **childcare, maternity care, and mental health care.** It would not be the intention to require traditional placements in these areas. (Please note that some wording in the following descriptors is that used in the Directive).

**Q13 Where the EC requires specific experience for 'general care', do you agree or disagree that proficiencies should be set for learning in practice for:**

	Agree	Disagree	Not sure	Have No opinion
Child care and paediatrics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Maternity care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mental health and psychiatry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Q14 Where the EC requires specific experience for general care, what *minimum amounts of practice experience* should be set for the following, if at all?**

	Less than six weeks	Six weeks	More than six weeks	Minimum practice requirements should not be set	Not Sure	Have no opinion
Child care and paediatrics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mental health and psychiatry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Maternity care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Q15 Do you have any comments that you wish to make regarding Learning in Practice?**

No comments



## Shared Learning

**Shared learning** has become an important concept in health professional education. This provides opportunities for students from different disciplines to learn about each other's roles and responsibilities, sometimes through shared modules, or by engaging in learning activities in the classroom or in practice settings. A major recommendation made in 2001 by the UKCC Post Commission Development Group related to taking forward inter-professional learning. The NMC supports the principle of shared learning and wants to explore this further as part of the Review.

A number of initiatives, particularly in England, have led to pilot projects where shared learning has been fully incorporated across a range of professional programmes. Increasingly in the future, nurses will be required to work within and lead inter-professional teams. There is, therefore, an argument that shared learning with other **professional groups**, where this is possible needs to become a requirement of pre-registration nursing programmes, e.g. sharing with student social workers, medical students, physiotherapy students.

Currently there are opportunities for nursing students to learn together through a **common foundation programme (CFP)**, providing a common foundation of learning in the first part of the pre-registration nursing programme irrespective of what **branch** students may later follow. Here all nursing students can learn together most of the time to achieve common outcomes but such arrangements are flexible enough to also include other health and social care students.

Another approach is to utilise a '**common core**', where a designated proportion of time might be set aside in different parts of the programme to learn with others, unlike the common foundation programme this common core could extend throughout the programme.

We want to know whether there is support for a common foundation programme, a common core, or both.

### Common foundation programme (CFP)

The concept of the common foundation programme (CFP) and nursing branch programme was first introduced in 1989 as part of Project 2000. This was based on the principle that the first part of the programme, the CFP, would be 'common' to all nursing students. The remainder of the programme would form the branch and lead to a specialist programme in one of four fields of practice: adult, children's, mental health, or learning disability nursing. This has not been without its difficulties and the length of the CFP was reduced from 18 months to 12 months following the evaluation of Project 2000 programmes. There were concerns that the needs of the majority were catered for at the expense of those in the smaller branches. This remains a concern today and yet the outcome of a *Nursing Times* survey in June 2007 indicated that existing students would like to have more exposure to content in other branches.

### Common core

A 'common core' could be advantageous to those nursing students (or others) who are gaining experience with the same client group irrespective whether there is a decision to have a **generalist** or branch preparation in the future. If the principle were supported, we would look at whether this should be required in certain years or at points throughout the programme. An argument against requiring a set period for a common core is that this and other issues relating to shared learning might be best left to programme providers to determine.

**Q16 Do you agree or disagree that shared learning, where students from different professional groups learn together, should be a requirement of pre-registration programmes?**

- Agree
- Disagree
- Not Sure
- Have no opinion

**Q17 Do you agree or disagree that there should be a 'common foundation' at the beginning of the pre-registration nursing programme?**

- Agree  Go to Q18
- Disagree  Go to Q19
- Not Sure  Go to Q19
- Have no opinion  Go to Q19

**Q18 How much time at the beginning of the pre-registration nursing programme should be dedicated to a 'common foundation'? Please choose an option below.**

- first three months
- first six months
- first nine months
- first year
- first 18 months
- first two years
- Not Sure
- Have no opinion

**Q19 Do you think that there should be a 'common core'?**

- Agree  Go to Q20
- Disagree  Go to Q23
- Not Sure  Go to Q23
- Have no opinion  Go to Q23

**Q20 Do you think that the 'common core' should form part of the 'common foundation'?**

- Yes
- No
- Not Sure
- Have no opinion

**Q21 Should the required proportion of the full length programme taken up by the 'common core' form:**

- 0% of the theory time
- 10% of the theory time
- 20% of the theory time
- 30% of the theory time
- 40% of the theory time
- 50% of the theory time
- More of the theory time
- Not sure it should form part of the theory time
- Have no opinion

**Q22 Should the required proportion of the full length programme taken up by the 'common core' form:**

- 0% of the learning in practice time
- 10% of the learning in practice time
- 20% of the learning in practice time
- 30% of the learning in practice time
- 40% of the learning in practice time
- 50% of the learning in practice time
- More of the learning in practice time
- Not sure it should form part of the learning in practice time
- Have no opinion

**Q23 Do you have any comments that you wish to make regarding Shared Learning?**

No comments

## Common Pathways and Themes

Future healthcare may be organised in a way that is characterised by broad **care pathways** and themes rather than care organised around age, care group, or clinical specialism. If the four government health departments of the UK decided to take such an approach it could significantly influence the way new nurses are prepared. If in principle they decided to do so, should such pathways and themes become a required part of future programmes, with all students needing to experience these prior to registration?

The DH in England are currently consulting on *A Framework for Post Registration Nursing Careers* which includes care pathways for: children, public and family health; first contact, access and urgent care; long term conditions; acute and critical care; mental health and psychosocial care. In addition there are cross cutting themes for; health promotion; preventative, long term conditions management or crisis monitoring; safeguarding vulnerable people, end of life care; and holistic care. This Post Registration Nursing Careers Framework would apply to all nurses in England irrespective of their branch. The Government health departments in Scotland, Wales and Northern Ireland have not yet consulted on their approaches

**Q24 All programmes should be required to include care pathways and themes, if adopted by the government health department in the respective country. Do you feel this is a good or a bad idea?**

- |                 |                          |           |
|-----------------|--------------------------|-----------|
| Good idea       | <input type="checkbox"/> | Go to Q25 |
| Bad idea        | <input type="checkbox"/> | Go to Q26 |
| Not Sure        | <input type="checkbox"/> | Go to Q26 |
| Have no opinion | <input type="checkbox"/> | Go to Q26 |

**Q25 Do you feel that, in principle, care pathways and themes should be explored by all students irrespective of branch or main speciality, or not?**

- |   |                          |
|---|--------------------------|
| Should be explored by all students            | <input type="checkbox"/> |
| Should <u>not</u> be explored by all students | <input type="checkbox"/> |
| Not Sure                                      | <input type="checkbox"/> |
| Have no opinion                               | <input type="checkbox"/> |

**Q26 Do you have any comments that you wish to add regarding Common Pathways and Themes?**

No comments

## Sub-specialisation

In framing the questions for this consultation, the project groups explored a number of potential frameworks for delivering pre-registration nursing education in the future. This included looking at what flexible opportunities there might be for students to sub-specialise in an aspect of care before they qualified. Some referred to this as 'majoring' in a particular area, which could include: spending time exploring a specific care pathway, a cross cutting theme, a clinical speciality, or a major aspect of an existing branch programme. Alternatively, time could be spent working with older people, with populations (e.g. **public health**), or perhaps nursing in the community.

This assessed period with its own outcomes could include the development of specific skills packages attractive to both students and future employers. This would not lead directly to any new mark, or to another part of the NMC register, e.g. to specialist community public health nursing. We are consulting on the principle and the proportion of time that might be allocated to this in the final period of the programme. We are calling these sub-specialisms to differentiate them from specialist **branch programmes**. This is enabled by a proportion of time being set aside towards the end of the programme.

**Q27 Towards the end of the pre-registration programme, do you think all students should be required to 'major' in at least one sub-specialist option? For example, this may be a care pathway, a cross cutting theme, a clinical speciality or a major aspect of an existing branch programme.**

- Yes - there should be a requirement to 'major' in a sub-specialism  Go to Q28
- No - a final sub-specialism should be optional  Go to Q28
- No - I do not think there should be a final sub-specialism at all  Go to Q30
- Not Sure  Go to Q30
- Have no opinion  Go to Q30

**Q28 How should the successful completion of a final period of sub-specialism be recognised? Please tick all that apply**

- By a certificate issued by the University
- By recording on the NMC Register
- Not Sure
- Have no opinion
- In some other way (please specify below)

Earlier in this consultation we have asked if the proportion of time spent learning in practice in the community should be specified for all pre-registration nursing students. We want to ask whether some students should have the additional opportunity to sub specialise in community nursing towards the end of their programme.

Nurses in the future will also be working much more closely with populations and there will be a need to consider the knowledge and skills related to public health that all students will require. We now want to ask whether some students should have the additional opportunity to sub specialise in public health nursing towards the end of their programme. The student undertaking a sub-specialism in public health nursing would major in: health inequalities; health promotion and lifestyle change, and work in partnership with other health and social care professionals to address health priorities. The sub-specialism would provide the student with baseline skills and competence in public health practice but not directly lead to registration as a specialist community public health nurse.

**Q29 Should the range of possible sub-specialisms include:**

	Yes	No	Not Sure	<i>Have no opinion</i>
Community Nursing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Public Health Nursing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Q30 Do you have any comments that you wish to add regarding sub-specialisms?**

No comments

## Section B - Branch Preparation

The common foundation (CFP) and nursing branch programme were introduced in 1989 based on the principle that the first part of the programme, the CFP, would be 'common' to all students providing time for them to make their branch choice. The remainder of the programme would form the branch and lead to a specialist programme in one of four fields of practice: adult, children's, mental health, or learning disability nursing. These branches exist today and students register as a nurse with a mark denoting their **field of practice** e.g. registered nurse - mental health. The current minimum length of the branch programme is two years (or two thirds of the total programme) but, if it is determined there should be branches in the future, then these could be shorter or longer, or might make up the total programme.

The original rationale for having a branch was that a more generalist pre-registration nursing programme would be unlikely to meet the needs of specific client groups on registration. By generalist, we mean a programme that meets the general expectations of a nurse who is able to work safely and effectively in a range of settings and meet the needs of most client groups across the age spectrum at the point of registration. Although not universally accepted, there is some emerging evidence to suggest the current branches might, in fact, be fit for purpose for what is required to meet some existing service needs. However, there are views that the current branch programmes could lead to restrictive practices and that having programmes based around specific client groups is outmoded and unlikely to meet future client need. For more information see *Nursing: towards 2015* page 33.

Some argue that instead of branches there should be generalist programmes that could draw on a range of knowledge, skills and best practice from the existing branches. Others believe that such a preparation would have insufficient skills to meet current expectations of client groups, particularly in children's, mental health and learning disability nursing. Further support for this argument comes from the fact that mental health programmes are currently being revised to address the outcomes from the Chief Nursing Officers' Reviews of mental health nursing reported in 2006 in England (12) and Scotland. For example, in England, this required pre-registration mental health nursing programmes to be reviewed to ensure that essential competencies produced as part of the review would be gained at the point of registration, and that relationships between higher education and service providers were strengthened (DH 2006). In Scotland, this has led to a consultation on a draft national framework for pre-registration mental health nursing programmes (NES 2007) (14)

Our project groups looked at the models previously set out in *Fitness For practice, Fitness for Purpose* by the UKCC Post Commission Development group (UKCC 2001). In addition, some hypothetical models were considered by our two Reference groups but it was decided to consult on principles rather than on a range of different branch models. There is, however, an opportunity to comment on whether you think new or additional models should be considered at the end of this section.

For the future we have some choices: we could have new or additional branches; keep those we have now; close some that currently exist, or have no branches at all. Whichever pre-registration framework we decide on, it must address the bulleted needs as set out on page 6 under the sub heading *Nursing: towards 2015*. You may like to **look at these again** now.

**Q31 Do you feel that the concept of the specialist 'branch' should remain?**

- Yes  Go to Q32
- No  Go to Q37
- Not Sure  Go to Q33
- Have no opinion  Go to Q37

**Q32 Which of the existing four branches should be retained?**

	<i>Retain</i>	<i>Don't retain</i>	<i>Not sure</i>	<i>Have no opinion</i>
Adult	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Children's	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mental Health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Learning Disability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**What major structural changes are needed to ensure that those branches that continue to be offered meet future needs in the year 2015, as set out on Page 5 of this consultation?**

**Q33 Adult**

No comments

**Q34 Children's**

No comments



**Q35 Mental Health**

No comments

**Q36 Learning Disability**

No comments

**Q37 Do you have any comments that you wish to add regarding new, additional or existing branch programmes?**

No comments

## Section C - Generalist Preparation

The aim of a generalist (or **generic**) programme would be to provide nurses with a broad range of skills sufficient to provide safe and effective care at the point of registration, irrespective of client group. This programme would also aim to meet in full the EC Directive for 'general care' enabling freedom of movement in Europe. Most countries in Europe and throughout the world prepare nurses through a generalist programme, leaving any major specialisation to be undertaken following initial registration.

This is different from what we have now in the UK. Currently the nurse who completes the adult branch will have met the EC Directive for 'general care', and achieved the minimum requirements for caring for children and people with mental health problems, as well as having had experience in maternal health. However, most of their learning will have related to the care of adults. Those following other branches may have explored these areas to varying degrees but will have not needed to have met the EC Directive.

In contrast, a generalist nurse may potentially have a more balanced opportunity to gain the breadth of knowledge and skill needed to provide safe and effective care for adults, children and young people, mothers and babies, and people with a mental health problem and a learning disability in residential settings and in the community.

Supporters of the generalist approach argue that this model is already used for preparing all other health professionals in the UK, including midwives. At registration, the generalist nurse is competent in a broad range of skills that can be applied flexibly in meeting the changing needs of future patients as services are reconfigured and new roles emerge. Delaying specialisation until later leaves options open and provides more opportunity to create post-qualifying inter-professional programmes at a higher academic level.

There are others who believe that, at the point of registration, a generalist nurse would be unable to address the needs of specific client groups at the level of proficiency of those prepared through the current branch preparation. Some would argue that this would create a hierarchy where generalist nurses would be seen as 'second best' to those nurses prepared in the branches, with insufficient knowledge and skill to meet more specialist client needs.

### **Q38 Do you think that there should be a new 'generalist' programme for pre-registration nursing or not?**

- |                 |                          |           |
|-----------------|--------------------------|-----------|
| Yes             | <input type="checkbox"/> | Go to Q39 |
| No              | <input type="checkbox"/> | Go to Q42 |
| Not Sure        | <input type="checkbox"/> | Go to Q42 |
| Have no opinion | <input type="checkbox"/> | Go to Q42 |

### **Q39 Should this generalist programme form a new branch, alongside any new or existing branches e.g. adult, child, mental health, learning disability?**

- |                 |                          |
|-----------------|--------------------------|
| Yes             | <input type="checkbox"/> |
| No              | <input type="checkbox"/> |
| Not Sure        | <input type="checkbox"/> |
| Have no opinion | <input type="checkbox"/> |

**Q40 In which of the following would it be important for students to gain significant knowledge and expertise within a generalist preparation?**

	Yes	No	Not Sure	Have no opinion
Maternal health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nursing adults and older people	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nursing children and young people	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nursing people with mental health problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nursing people with learning disabilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Public health practice and nursing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

The NMC have, in the past, required broad outcomes and proficiencies to be achieved for pre-registration nursing programmes. The detailed content and outcomes are determined in partnership between those: delivering the programmes, purchasing the programmes, providing the practice learning experience, and potential employers. This approach has enabled programmes to be developed locally that can respond rapidly to both **national** and **local** requirements within an overall framework. By this, we mean that, through the commissioning process, those purchasing the programmes in each country can ensure that, within the broad parameters set by the NMC, there is flexibility to ensure that the programme can adapt quickly to address changing local and national needs.

However, for some, this approach provides little opportunity to set a UK-wide standard and some argue strongly for the NMC to be much more prescriptive in what it requires, providing the profession and the public with clearer expectations and required outcomes.

**Q41 If a generalist preparation were introduced, should the NMC set exacting UK-wide standards on how it should be designed, or set broad parameters so that programme design can be determined at a national or even a local level?**

NMC should set exacting UK-wide standards	<input type="checkbox"/>
NMC should set broad parameters allowing national or local interpretation	<input type="checkbox"/>
Not Sure	<input type="checkbox"/>
Have no opinion	<input type="checkbox"/>

**Q42 Do you have any comments that you wish to add regarding a generalist preparation?**

No comments

## Section D - Post-registration Consolidation

At the point of registration, a new registrant has to work within the *Code of professional conduct: standards for conduct performance and ethics* (NMC 2004) and take full responsibility and be accountable for their actions as a registered nurse. It has been recognised that new qualifiers require support and development within the initial post-qualifying period. This has been a challenge and various professions have taken different approaches. Some professions have used 'provisional registration' or '**internship**' during this period. The NMC have, instead, issued guidelines for **preceptorship** as a means of supporting new qualifiers. Preceptorship has aimed to enable new qualifiers to be supported in the transition from student to registrant during their initial post-qualifying period. Whereas robust support systems and preceptorship have often existed amongst major employers, new qualifiers working in some parts of the service have sometimes struggled to find support.

The NMC first issued guidance on preceptorship as part of the *Standards for the preparation of teachers of nurses, midwives and specialist community public health nurses* (NMC 2004). In 2005, the NMC consulted on ways in which this guidance might be strengthened and subsequently issued NMC *Circular 21/2006 - Preceptorship Guidelines*. **(15)** The guidelines were advisory and intended to be used alongside other initiatives such as the **Knowledge and Skills Framework (KSF)**, **(16)** introduced in 2004, and **Flying Start NHS**, **(17)** now introduced in Scotland.

The KSF was introduced into the NHS across the UK in 2004 as part of **Agenda for Change**. **(18)** This provided opportunities to: identify the knowledge and skills that individuals need to apply in their post; help guide development; provide a fair and objective framework on which to base review and development; and provide the basis of pay progression in the service. *Flying Start* is a scheme within NHS Scotland that provides inter-professional learning and development opportunities for new qualifiers supported by **mentors** in practice. The model supports transition from student status to substantive employment and is being linked to the KSF gateways and academic credit mechanisms. The development of *Flying Start NHS* is being evaluated and some of the other UK countries are keen to learn more.

Whereas these initiatives might provide increasing support for new registrants, they are not universal and it might be argued that those employed in smaller organisations, or working alone, may be most at risk should they not receive the support and development they require. We, therefore, want to know whether, following initial registration, all new qualifiers should have a mandatory consolidation period of support and development, which focuses on leadership and supervision. This could require the achievement of specific NMC outcomes supported through protected learning time. The requirements might be linked to achievement of these requirements, as a condition of first renewal of registration (currently after three years), and a minimum amount of required learning could be set to be undertaken in a stated number of months full time, or pro rata over a longer period.

Such requirements would need to integrate with existing schemes (e.g. *Flying Start NHS*) and could be linked to further professional development and academic achievement.

You may decide that setting regulatory requirements for support in the post qualifying period is not something that should concern the NMC and instead should be determined locally by the employer, or established through nationally agreed frameworks. We are keen to know your views.

**Q43 Following initial registration, should there be a mandatory consolidation period set by the NMC, or not?**

- Yes  Go to Q44
- No  Go to Q49
- Not Sure  Go to Q49
- Have no opinion  Go to Q49

**Q44 How many full-time months (or equivalent hours) should this NMC mandatory consolidation period be?**

- Less than three months
- Three months
- Six months
- Nine months
- More than nine months
- Not Sure
- Have no opinion

**Q45 Should the NMC set mandatory standards for leadership and supervision to be achieved during the consolidation period?**

- Yes  Go to Q46
- No  Go to Q49
- Not Sure  Go to Q49
- Have no opinion  Go to Q49

**Q46 Who should assess the NMC mandatory standards for leadership and supervision?**

- A sign-off mentor
- Not Sure
- Have no opinion
- Someone else (please specify below)

**Q47 How much 'protected learning time' (full time, or pro-rata part time) should there be in the NMC mandatory consolidation period, if any?**

- None
- One day per month
- Two days per month
- Three days per month
- More than three days per month
- Not Sure
- Have no opinion

**Q48 Should this mandatory consolidation period be linked to the first renewal of registration?**

- Yes
- No
- Not Sure
- Have no opinion

**Q49 Do you have any comments that you wish to add regarding post-registration consolidation?**

No comments

## Your Details

These questions will help us to check whether the mix of respondents to the consultation reflects the composition of the register, and to explore the differences in views between different groups of respondents. They will not be used to identify you.

### Q50 Are you responding:

as an individual

Go to Q51

on behalf of an organisation

Go to Q58

### Q51 Are you:

male

female

### Q52 Please self-define your ethnic group:

Choose ONE section from a) to f), then tick the appropriate box to indicate your background.

#### a) White

British

Irish

Any other White background (please specify below)

#### b) Black or Black British

Caribbean

African

Any other Black background (please specify below)

#### c) Mixed group

White and Black Caribbean

White and Black African

White and Asian

Any other Mixed background (please specify below)

#### d) Asian or Asian British

Indian

Pakistani

Bangladeshi

Any other Asian background (please specify below)

#### e) Chinese

Chinese

Any other Chinese background

#### f) Other

Other (please specify below)

Do not wish to answer



**The Disability Discrimination Act considers a person to be disabled if they have a mental, physical or sensory impairment which has an adverse affect on the way they carry out day to day activities.**

**Q53 Do you consider yourself to have a disability?**

- Yes
- No
- Do not wish to answer

**Q54 What is your current main role?**

- Registered Nurse  Go to Q55
- Registered Midwife  Go to Q56
- Registered Specialist Community Public Health Nurse  Go to Q56
- Educationalist  Go to Q56
- Researcher  Go to Q56
- Manager  Go to Q56
- Student nurse  Go to Q56
- Role outside of health or social care  Go to Q56
- User, carer or member of the public  Go to Q62
- Other  Go to Q62

**Q55 Which client group do you mainly work with?**

- General (adult)
- Children and young people
- Mental health
- Learning disability
- Other

**Q56 Please tick ONE box which best describes the type of organisation you work for:**

- Consumer/patient representative organisation
- Independent / voluntary sector employer of nurses and midwives
- Professional organisation, student union or trades union
- NHS employer of nurses and midwives
- Government department/public body
- Regulatory body
- Higher Education Institution/ NMC approved institution
- Local student representative body
- Other (please specify below)

**Q57 Where do you currently work most often?**

- England  Go to Q61
- Northern Ireland  Go to Q61
- Scotland  Go to Q61
- Wales  Go to Q61
- Other  Go to Q61

**Q58 Please tick ONE box which best describes the type of organisation you represent:**

- Consumer/patient representative organisation
- Independent / voluntary sector employer of nurses and midwives
- Professional organisation, student union or trades union
- NHS employer of nurses and midwives
- Government department/public body
- Regulatory body
- Higher Education Institution/ NMC approved institution
- Local student representative body
- Other (please specify below)

**Q59 Please give the name of the organisation:**

**Q60 Please state where your organisation is based or mainly operates:**

- England
- Scotland
- Wales
- Northern Ireland
- UK-Wide
- Other (please specify below)

**Final Comments**

**Q61 That is all the questions we wanted to ask. Are there any additional comments that you would like to make that have not already been covered?**

No comments

**Thank you for completing this consultation.**

**Please return completed form to: Alpha Research Ltd, Oxford House, 112 High Street,  
Thame, Oxfordshire, OX9 3DZ.**

## References

1. *The Nursing and Midwifery Order 2001 [Statutory Instrument 2002 No. 253]*. The Office of Public Sector Information, Norwich, [www.opsi.gov.uk/stat.htm](http://www.opsi.gov.uk/stat.htm))
2. Longley M, Shaw H, Dolan G [2007] *Nursing: towards 2015*. Welsh Institute for Health and Social Care, University of Glamorgan
3. Department of Health [2006] *Modernising Nursing Careers- setting the direction*. Department of Health, London
4. United Kingdom Central Council for Nursing Midwifery and Health Visiting [1999] *Fitness for Practice*. UKCC, London
5. Nursing and Midwifery Council [2004] *Standards of proficiency for pre-registration nursing education*. NMC, London
6. Nursing and Midwifery Council [2004] *The NMC code of professional conduct: standards for conduct, performance and ethics*. NMC, London.
7. European Ministers of Education. 19 June 1999. Bologna Declaration. (<http://ec.europa.eu/education/policies/educ/bologna/bologna.pdf>)
8. TUNING: *Educational structures in Europe*. (<http://www.tuning.unideusto.org/tuningeu>)
9. EC Directive 2005/36/EC *On the recognition of professional qualifications* ([http://ec.europa.eu/internal\\_market/qualifications/docs/eqf\\_en.pdf](http://ec.europa.eu/internal_market/qualifications/docs/eqf_en.pdf))
10. Department of Health [2007]. *Trust, Assurance and Safety- The Regulation of Health Professionals in the 21st Century*. White Paper.
11. NHS Education for Scotland [2007] *Pre-registration nursing programmes in Scotland as preparation for practice: perspectives and outcomes from a series of NES Think-tank Events to inform professional debate*. NES, Edinburgh.
12. United Kingdom Central Council for Nursing, Midwifery and Health Visiting [2001]. *Fitness for Practice and Purpose*. Report of the Post Commission Development Group. UKCC, London.
13. Department of Health [2006] *From values to action: The Chief Nursing Officer's Review of Mental Health Nursing*. DH publications, London ([http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH\\_4133839](http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4133839))
14. NHS Education for Scotland [2007] *A National Framework For Pre-Registration Mental Health Nursing Programmes In Scotland*. Volume 1 Draft For Consultation NES, Edinburgh
15. Nursing and Midwifery Council [2006] NMC Circular 21/2006 *Preceptorship Guidelines*, NMC, London

16. Department of Health [2004] *The NHS Knowledge and Skills Framework [NHS KSF] and the Development Review Process*. DH publications, London

17. Flying Start NHS (<http://www.flyingstart.scot.nhs.uk>)

18. Department of Health [December 2004] *Agenda for Change Final Agreement* DH Publications, London ([http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH\\_4095943](http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4095943))

## **Glossary**

### **Accreditation of Prior (Experiential) Learning**

A(P)ELA rigorous system used in higher education to recognise previous learning in theory and practice that might lead to a programme being undertaken in a shorter period. The NMC's A(P)EL requirements are set out in Factsheet I/2004.

### **Adult branch**

Adult branch preparation mainly focuses on the care of adults, from age 18 through to old age, in a variety of settings and levels of dependency including nursing in hospital and in the community. Adult nurses have skills to meet the physical, psychological, spiritual and social needs of patients, supporting them through care pathways and working with other health and social care professionals to maximise opportunities for recovery, rehabilitation, adaptation to ongoing disease and disability, health education and health promotion. The adult branch also meets the EC requirements for 'general care'.

### **Agenda for Change**

Agenda for Change is the single pay system in operation in the NHS. It applies to all directly employed NHS staff with the exception of doctors, dentists and some very senior managers.

### **Bologna Process**

The Bologna Process aims to create a European Higher Education Area by 2010, in which students can choose from a wide and transparent range of high quality courses and benefit from smooth recognition procedures. The three priorities of the Bologna Process are: introduction of the three cycle system (bachelor/master/doctorate), quality assurance and recognition of qualifications and periods of study.

### **Branch programmes**

Pre-registration nursing programmes comprise a Common Foundation Programme (CFP) of twelve months followed by a branch programme of two years in adult nursing, mental health nursing, learning disabilities nursing or children's nursing.

### **Care pathways**

Structured pathways, often multi disciplinary, supported by clinical guidelines and protocols providing a continuum of care with detailed guidance at each stage of the patients journey. For example, pathways for long term conditions, emergency or unscheduled care, etc, that include assessment, intervention and treatment.

### **CFP**

See Common Foundation Programme

### **Child care and paediatrics**

The EC Directive 2005/36/EC for general care applies to all nurses undertaking the adult nursing branch and requires theoretical and practical instruction in child care and paediatrics. The NMC does not set specific requirements but the following is a guide to what is often included. Learning that includes caring for children and young people (aged 0 - 16) in hospital or community settings as well as working to promote the health of children and young people, including well children or those with acute episodes of illness or children with long-term health conditions. 'Paediatrics' is used by the EC Directive but infers the use of a medical model of care not favoured by those engaged in childcare and children's nursing in the UK. The resulting level of knowledge and skill required by the Directive is not that of a registered nurse who has completed the child branch.

## **Child branch**

The philosophy of children's nursing is based upon the principle of family centred care and the belief that children should be cared for by people they know and, wherever possible, within their home environment. Children's nurses understand the complex relationships between personal, socio-economic and cultural influences upon child health and child rearing practices. They develop nursing and technological competence through the application of professional knowledge, skills, values and attitudes in order to empower children and families in health decisions, promoting and providing safe, effective and informed care. Children's nurses work in a variety of settings, across and beyond traditional boundaries, and within a multi-disciplinary and multi-agency team. In particular they contribute to child protection, in collaboration with other key professionals, respecting and promoting the rights of the child.

## **Commissioners**

Those funding the programme, such as: Strategic Health Authorities (England); National Leadership Innovation Agency (Wales); Scottish Government; and Department of Health and Social Services and Public Safety (DHSSPS Northern Ireland).

## **Common core**

A proportion of shared learning undertaken with students from other nursing branches and/or other professional groups or disciplines, forming part of the pre-registration nursing programme.

## **Common Foundation Programme**

A period of learning at the beginning of the programme where all nursing students learn together and meet common outcomes prior to moving to a branch.

## **Community**

To include experience in a range of community settings outside of major hospitals that could include e.g. caring for people in their own homes, general practice, local in-patient units, nursing homes and other residential facilities, walk-in centres, schools and the workplace. It includes management of acute care, minor illness, minor ailments, and long-term conditions in NHS, independent and third sector services.

## **Competence**

Relates to the need for the student to demonstrate their 'capability' in certain skill areas to a required standard at a point in time. Competencies might include skills arising from learning outcomes or other requirements

## **Competency/competencies**

Component skills which contribute to being competent and achieving the Standards of proficiency required for registration.

## **Essential Skills Clusters (ESCs)**

A set of required indicators encompassing a number of essential skills areas that were produced to address concerns that some newly qualified nurses might not be as competent as they should be in some skills. The ESCs for pre-registration nursing are to be introduced from September 2008 and are set out in NMC Circular 07/2007

## **European Credit Transfer System (ECTS)**

The European Credit Transfer and Accumulation System is a student-centred system based on the student workload required to achieve the objectives of a programme, which are specified in terms of the learning outcomes and competences to be acquired. ECTS is based on the principle that 60 credits measure the workload of a full-time student during one academic year. The student workload of a full-time study programme in Europe amounts in most cases to around 1500-1800 hours per year and in those cases one credit stands for around 25 to 30 working hours.

## **European Directives**

A directive is a legislative act of the European Union ([http://en.wikipedia.org/wiki/European\\_Union](http://en.wikipedia.org/wiki/European_Union)) which requires member states to achieve a particular result without dictating the means of achieving that result. Directives normally leave member states with a certain amount of leeway as to the exact rules to be adopted. Directives can be adopted by means of a variety of legislative procedures ([http://en.wikipedia.org/wiki/European\\_Union\\_legislative\\_procedure](http://en.wikipedia.org/wiki/European_Union_legislative_procedure)) depending on their subject matter.

## **European Directive 2005/36/EC**

From 20 October 2007 Directive 2005/36/EC on the recognition of professional qualifications sets out requirements for 'general care' for pre-registration nursing education replacing the two previous European Directives 77/453/EEC and 89/595/EEC, although the nature of the requirements have not changed from the previous Directives. See the Standards of proficiency for pre-registration nursing education (NMC 2004).

## **Field of practice**

Relates to the four nursing branches: adult, children's, mental health and learning disability nursing.

## **Fitness for practice**

Requires that the student has demonstrated that they are practising safely and effectively, have met the standards of proficiency and all other requirements to become registered.

## **Flying Start**

NHS Scotland's web based, self-directed development programme for increasing the confidence and competence of newly qualified nurses, midwives, and allied health professionals in their first year of employment. This is an open access programme requiring approximately 100 hours of study over 12 months directed at building a portfolio of evidence. The 10 learning units support the six core dimensions of the Knowledge and Skills Framework (KSF)

## **General care**

See European Directives. General care requirements currently only apply in full to students completing the adult branch programme

## **Generalist**

Having a wide array of knowledge, as opposed to a specialist.

## **Generic**

Refers to a whole class or group as opposed to specific individuals or sub groups, i.e. for the whole of nursing rather than a nursing branch.

## **Internship**

An intern is one who works in a temporary position with an emphasis on on-the-job training rather than merely employment. In the context of this consultation this could apply to mandatory preceptorship.



## **Knowledge and Skills Framework (KSF)**

This NHS framework is one of three strands of

Agenda for Change and includes the development review process. It is about lifelong learning and development. The KSF is designed to identify the knowledge and skills needed to do the job effectively, and provides opportunities for development through further training linked to annual reviews and pay progression. Each NHS post has a KSF outline.

## **Learning disability branch**

The focus of learning disabilities nursing is concerned with influencing behaviours and lifestyles to enable a vulnerable group of people to achieve optimum health, and to live in an inclusive society as equal citizens, where rights are respected. Learning disabilities nurses have the knowledge, skills, attitudes and abilities to work in partnership with people of all ages who have learning disabilities, their families and carers, to help individuals to develop individually and fulfill their potential in all aspects of their lives irrespective of their disabilities. They work closely with a range of other disciplines in a variety of residential, day and outreach service settings, adapting the level of support they provide according to complex needs.

## **Learning outcomes**

Developed by programme providers (approved educational institutions and their service partners), and which contribute towards and demonstrate the meeting of all NMC Standards of proficiency by the end of the programme. Learning outcomes can be grouped together to form module outcomes and each module can then be assessed individually. Each module builds on the next towards meeting overall professional programme requirements.

## **Local**

Within the context of this consultation local applies to the needs of the immediate population that impact day to day on individual programmes and shape the curriculum.

## **Maternity care**

The EC Directive 2005/36/EC covering general care applies to all nurses undertaking programmes for adult nursing and requires theoretical and practical instruction in maternity care. The NMC does not set specific requirements but the following is likely to be included. Childbirth is a normal physiological process and maternity care should be seen in the context of health promotion, community support and child health and include the role of the midwife in supporting women during pregnancy and in the postnatal period. The registered nurse would not acquire the skills of a registered midwife.

## **Mental health and psychiatry**

The EC Directive 2005/36/EC covering general care applies to all nurses undertaking programmes for adult nursing and requires theoretical and practical instruction in mental health and psychiatry. The NMC does not set specific requirements but learning to promote mental health, relieve distress and helping people in either hospital or in the community to cope, adjust, recover and regain their independence is likely to be a major focus. The resulting level of knowledge and skill is not that of a registered nurse who has completed the mental health branch.

## **Mental health branch**

Mental health nurses care for people experiencing mental distress, which may have a variety of causative factors. The focus of mental health nursing is the establishment of a relationship with service users and carers to help bring about an understanding of how they might cope with their experience, thus maximising their potential for recovery. Mental health nurses use a well developed and evidence-based repertoire of interpersonal, psychosocial and other skills that are underpinned by an empathetic attitude towards the service user and the contexts within which their distress has arisen. Mental health difficulties can occur at any age and service users may be cared for in a variety of settings, including the community and their own homes. They may require care for an acute episode or ongoing support for an enduring illness. Mental health nurses work as part of multidisciplinary and multi-agency teams that seek to involve service users and their carers.

## **Mentors**

Registrants who supervise and assess students in practice settings and who meet the NMC requirements for a mentor set out in the Standards to support learning and assessment in practice (NMC 2006).

## **National**

The four government health departments can impose specific national curriculum requirements in addition to the NMC Standards of proficiency, which reflect government or national policy addressed through the contracting arrangements between the purchaser and education provider.

## **Partnership**

Those directly involved in the commissioning, design and delivery of a programme.

## **Parts of the register**

The NMC Register, which opened on 1 August 2004, has three parts: nurses, midwives and specialist community public health nurses. A mark on the register identifies the field of practice, i.e. adult, children, mental health and learning disability nurses relating to the Nurses part of the register.

## **Placement providers**

Providers of practice learning opportunities. Placements may be provided in relevant health and social care settings that support the achievement of the NMC proficiencies. They usually occur within statutory, independent and third sector, health and social care settings. All placements are audited regularly.

## **Preceptorship**

The process through which existing registrants provide support to newly-qualified registrants over the initial period of employment. Guidelines are set out in NMC Circular 21/2006 suggesting ways in which support should be provided by employers, the roles of those offering preceptorship and the responsibilities of the new registrant.

## **Pre-registration**

Pre-registration nursing programme requirements are set out in the Standards of proficiency for pre-registration nursing education (NMC 2004). Following successful completion of a pre-registration programme students can apply for registration with the NMC.

## **Professional groups**

Shared learning may involve students of other professional groups studying in higher education, learning together in the classroom and in practice, e.g. medical students, social work students, students from the allied health professions

## **Proficiencies**

These are contained within the Standards of proficiency for each of the three parts of the register. Fitness for practice is demonstrated by meeting all NMC proficiencies and other requirements by the end of the programme.

## **Programme providers**

Partners who, together, provide the academic and practice learning experiences for the pre-registration programme. These include those from the approved educational institution and those who provide experience to students in various practice settings.

## **Project 2000**

The first pre-registration nursing programme to lead to an academic award of Diploma in Higher Education, which moved pre-registration nursing education from the NHS into the higher education sector. These were introduced from 1989.

## **Provisional registration**

There is currently no provision for this in relation to the NMC register. Should this be considered desirable it would require new legislation. Provisional registration could mean that an individual could practice as a nurse with certain restrictions. Full registration would be conditional on specific requirements being met during the period of provisional registration.

## **Public Health**

Public health is focused on health as well as disease, and populations not individuals. It seeks to protect health and prevent illness by studying health patterns and trends and planning to address health needs and the physical well-being of a whole community.

## **Registrants**

Nurses, midwives and specialist community public health nurses currently entered in the NMC register.

## **Requirements**

These include the rules, standards and principles relating to a programme.

## **Review of fitness for practice at the point of registration**

An ongoing NMC review of three phases relating to better ensuring safe and effective practice at the point of registration. Phase 1 looked at strengthening practice assessment, Phase 2 considered guidance for good health and character and is exploring issues around general entry requirements, Phase 3 is concerned with the Review of pre-registration nursing education.

## **Rules**

Rules are established through legislation and they provide the legal strategic framework from which the NMC develops standards, e.g. Nursing and Midwifery Council Education, Registration and Registration Appeals Rules 2004 (SI 2004/1767). The standards support the rules. The standards are mandatory and gain their authority from the legislation, in this case the Nursing and Midwifery Order and the Rules.

## **Shared learning**

This could include nurses from different branches, or other professional groups learning together in the classroom or in practice settings.

**Stakeholders**

Those who have a major interest in ensuring an effective programme outcome, including programme providers, placement providers, students, mentors, practice teachers, external examiners, external agencies, service users and carers.

**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. The standards are considered to be necessary for safe and effective practice [Article 5(2)(a)]. These are set out within the Standards of proficiency for each of the three parts of the register.

**TUNING**

TUNING is a pan-European EU funded project that brings together a large number of stakeholders from the Higher Education sector. TUNING operates within the framework of the Bologna process. TUNING focuses on educational structures and content of studies (which are primarily the responsibility of HE institutions) rather than on educational systems (which are primarily the responsibility of governments).

## Appendix 1 - Summary of current pre-registration nursing programme requirements

Standards of proficiency for pre-registration nursing were published in August 2004 meeting new Rules set out within SI 2004/1767 Nursing and Midwifery Council (Education, Registration and Registration Appeals) Rules 2004. The Standards apply to all programmes approved from the 1st August 2004, leading to RN (Adult), RN (Child), RN (Mental Health), RN (Learning Disability).

### Requirement: Programme hours/length

#### Pre-registration Nursing Programmes:

- No less than 3 years, or 4600 hours

### Requirement: Maximum/minimum periods for successful completion

#### Pre-registration Nursing Programmes:

- Five years full time (Seven years part time).

### Requirement: Accreditation of Prior (Experiential) Learning (AP(E)L)

#### Pre-registration Nursing Programmes:

- APEL may be applied to both CFP and Branch up to one third of the total programme
- There is no restriction on the amount of AP(E)L awarded to existing registrants undertaking CFP and/or branch. (except Registered Midwives).

### Requirement: EC Requirements for 'general care'

#### Pre-registration Nursing Programmes:

- Programmes leading to RN Adult must meet the requirements for general care as set out in *European Directive 2005/36/EC - Recognition of Professional Qualifications, Section 3, Article 31, Training of nurses responsible for general care and Annex V, Recognition on the basis of coordination of the minimum training conditions, 5.2.1. Training programme for nurses responsible for general care.* V
- Including specified aspects of theoretical and clinical instruction. Clinical instruction to be gained in: *general and specialist medicine, general and specialist surgery, child care and paediatrics, maternity care, mental health and psychiatry, care of the old and geriatrics, and home nursing.*
- Article 31 (5) defines "clinical training" as being "...in direct contact with a healthy or sick individual..."

### Requirement: Structure

#### Pre-registration Nursing Programmes:

- A CFP of 12 months (or part time equivalent) to which AP(E)L can be applied (see above).
- Two-year branch programme (or part time equivalent), directed towards specific fields of nursing practice: children; adult; mental health, learning disability leading to the Nurses' part of the Register. Preparation being appropriate to the branch being pursued to which AP(E)L can be applied. (See above).

### Requirement: Content requirements

#### Pre-registration Nursing Programmes:

- As specified in the *Standards of proficiency for pre-registration nursing education* (NMC August 2004).
- Must provide opportunities for the achievement of the outcomes for entry to the branch programme and proficiencies for entry to the register.
- To ensure transferability and inform choice, all students should experience each designated area of practice (branch) during CFP.

**Requirement: Audited Practice Experience**

**Pre-registration Nursing Programmes:**

- 50% of the programme should be spent in practice in both CFP and Branch, with a period of at least three months in practice towards the end of the programme.
- Teaching and learning in the CFP should be integral with that in the Branch programme promoting opportunities for shared learning between branches.
- Programme should enable both the outcomes to be achieved for entry to the branch programme and proficiencies for entry to the register, the latter within the context of the branch programme under the direction of a registered nurse.
- *NMC Standards to support learning and assessment in practice* (NMC 2006) apply
- Students have supernumerary status throughout the programme.
- Primacy of practice underpins the competencies and must be reflected in all programmes.

**Requirement: Specified outcomes/proficiencies to be achieved**

**Pre-registration Nursing Programmes:**

- Outcomes to be achieved for entry to the branch programme and competencies for entry to the Register.

**Requirement: Minimum academic level**

**Pre-registration Nursing Programmes:**

- Diploma of Higher Education

**Requirement: Defined assessment components**

**Pre-registration Nursing Programmes:**

- As sufficient to test the proficiencies in theory and practice.
- At least one unseen examination
- Inclusion of essential skills clusters (ESCs) from September 2008 including specific requirements relating to health related measurement



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