

**NMC consultation:
Pre-registration nursing education
NMC consultation on standards for pre-registration nursing education**

The role of the Nursing & Midwifery Council (NMC) is to safeguard the health and wellbeing of the public. We register all nurses and midwives and make sure that they are properly qualified and competent to work in the UK. We set the standards of education, training and conduct that nurses and midwives need in order to deliver high quality healthcare consistently throughout their careers. We also ensure that nurses and midwives keep their skills and knowledge up to date and uphold the standards of their professional code.

The purpose of this consultation is to seek your views on new standards for pre-registration nursing education programmes. These standards will be used by approved education institutions (AEIs) and their partners within the UK to design and develop education programmes. They set out what nursing students must demonstrate in order to be fit for practice at the point of registration.

There are three main sections to the consultation:

Part A - The standards for competence (section 3 and Annexe 1 of the standards for pre-registration nursing education)

Part B - Standards for education (sections 2 and 4, and Annexes 2 and 3 of the standards for preregistration nursing education)

Part C - The standards for pre-registration nursing education (the whole document including Annexes)

You can skip past any questions that you do not wish to answer.

This consultation is managed by Alpha Research Ltd, an independent research company, who will produce a report based on your responses, which form the basis for our decisions. The report may use direct quotes to illustrate certain themes within the responses. Quotations will be used anonymously, unless in the survey you agree to be identified.

Further Reading

At points in the online survey respondents directed to further reading which provides background information to help them complete the questions. You can also access these documents on the consultations section of our website www.nmc-uk.org

This response is submitted by the Community Practitioners' & Health Visitors' Association which is part of Unite. Unite is the UK's largest trade union with 2 million members across the private and public sectors. Our members work in a range of industries including manufacturing, financial services, print, media, construction and not for profit sectors, local government, education and the health service.

The Health Sector of Unite-Amicus is comprised of seven professional associations;

Community Practitioners and Health Visitors' Association, (CPHVA)

Guild of Healthcare Pharmacists, (GHP)

Medical Practitioners' Union, (MPU)

Society of Sexual Health Advisers, (SSHA)

Hospital Physicists' Association, (HPA)

College of Health Care Chaplains, (CHCC)

Mental Health Nurses Association, (MHNA)

The membership of the CPHVA includes health visitors, school nurses, district nurses, community children's nurses, practice nurses and community mental health nurses. This response has been formulated following consultation events and discussions with members of our professional forums for education, health visiting and school nursing across the United Kingdom.

The survey questions

What is your main area of interest in relation to this consultation?

(You may select more than one if you wish)

Adult nursing

Mental health nursing

Learning disabilities nursing

Children's nursing

No specific interest

Part A - The standards for competence

This part of the survey relates to the standards for competence and the competency framework.

The competency framework

The competency framework identifies the standard of practice required before the nursing student can apply to be registered. Within the competency framework there are

four competency sets, one for each field of nursing: adult; mental health, learning disabilities and children's. Within each competency set there are four domains -

1. Professional values
2. Communication and interpersonal skills
3. Nursing practice and decision making
4. Leadership, management and team working

Under each domain there are:

- Generic standard for competence statement
- Generic competencies
- Field standard for competence statement
- Field specific competencies

The statements for competence represent graduate level for competence. Generic competencies must be achieved by all nursing students, regardless of their chosen field of practice. They enable students to demonstrate the broad skills necessary to meet the essential needs of people across all fields. The generic competencies are identical across all four competency sets and start with "All nurses must..."

Field specific competencies will meet both the essential and more complex needs of people that receive care from nurses practising in one of the four fields. Where there are cross-over skills, field specific competencies may be shared between two or more fields. The generic and field specific competencies for the field in which the student intends to practice must be achieved before being able to register with the NMC.

For a fuller explanation of the make up of the competency framework see section 3 of the standards for pre-registration nursing education.

Generic (All nurses)

In this question we want to ask you about the generic standard for competence statements and the generic competencies in each of the four domains. These are required of all nurses regardless of the field in which they intend to practise.

Q1. Do the generic standard for competence statements, together with the supporting generic competencies, under each of the four domains clearly state the competence required for ALL nurses across all fields? (The generic competencies start with "All nurses must...") Yes/ No/ Not sure/ Have no opinion. If you would like to comment giving key reasons for your answer you can do so. There is a 100 word limit for answers.

Response:

General comment: The wording for all of the standards i.e. 'the use of must' is highly appropriate and indicates the essential nature of the skills and knowledge for pre-registration nurse education and training. The importance of evidence based practice is clearly stated in the document. However, there must also be clear instruction within the standards about the expectation of the mentors, sign-off mentors and practice learning environment. In explanation the theory of evidence based practice must be visible in the practice environment so that theory and practice are clearly related.

a) Professional values - Yes

Comment: There is also a need to learn the skills to challenge constructively and assertively. Student nurses of the future are likely to be faced with complex situations in which they are expected to assess and identify client and contextual need and delegate care in different situations. Student nurses will need to be able to do more than deliver care in a non-judgemental way. They must be able to challenge the status quo in order to identify meaning and clarify actual and potential need.

b) Communication and interpersonal skills – Yes

Comment: The standards are clearly written and appear to address all the key areas for effective communication that student nurses, irrespective of the chosen branch, will need in order to deliver/provide safe and appropriate nursing care. However, there must be a clear expectation in the standards about the way in which these skills are taught and their use by the student nurse assessed in practice over time. It is not sufficient to assume that the ability to study at degree level will automatically enable the student nurse to learn communication skills and apply them in practice.

c) Nursing practice and decision making – Not sure

Comment: The standards currently identify the importance of being able to deliver care in primary and secondary care environments. However, the content of the standards remains focused on caring for the individual and learning secondary care/acute focused skills and knowledge. There is recognition of the importance of learning how to deliver care in different environments but the current document fails to make the delivery requirements explicit. It merely appears that the student nurse will be learning the same delivery processes for nursing care but practicing them in different environments. It is imperative that the standards also incorporate the need to learn about the community as client as well as the individual as client e.g. the ability to undertake and interpret the health needs assessment from a population and caseload perspective rather than merely

an individual client perspective. There is also a need to be more explicit about what public health learning involves e.g. it is important to include learning in relation to health protection and prevention as well as that in relation to health promotion and education in order to maximise the learning potential for public health.

d) Leadership, management and team working – Not Sure

Comment: There is a need to be more explicit about the learning that must be completed/is required during the programme and the learning that will be left until the preceptorship period. The document states that the student nurse must be flexible and adaptable however; it is more accurate to recognise the importance of skills application when working with different groups of clients and in different environments. It must also identify the importance of learning how to deliver nursing care in situations characterised by constant change and limited predictability e.g. when caring for someone who has a long term condition or terminal illness.

Essential care across all fields

All nurses, irrespective of their chosen field, will find themselves in situations where they need to deal with a range of essential care needs. This may be because the person receiving care has many different needs, or because a family member or carer also has care needs.

Q2. Do you think together, the generic competencies will enable ALL nurses, irrespective of field, to identify and address a range of essential care needs? (The generic competencies start with “All nurses must...”) Yes/ No/ Not sure/ Have no opinion

Please tell us if you think there is anything else that needs to be included in the generic competencies. There is a 250 word limit for answers.

Response: Not Sure

Comment: The document must contain greater detail about the expectation of the student nurse in identification of safeguarding issues and the implementation of measures to maintain client safety and protection as advocate. It is essential that the document acknowledges the specialist nature of this area of practice and the skills required to do this safely and effectively.

There is a need to be more explicit about the preparation of the student nurse in primary health care. Currently the focus in this document is on nursing in secondary health care environments. There is also a need to be more explicit about what constitutes public health. Currently the focus is on health promotion and education at the expense of health protection and prevention.

Field

The following question relates to the four fields - adult, mental health, learning disabilities and children's nursing. You will need to look at the field standard for competence statement for the four domains. You can respond to as many different fields as you wish.

If you answer 'no' to a question, we would be interested to know what changes you would make, if any.

Q3 to Q6

Does the field standard for competence statement under each of the four domains clearly state what is specific to this (adult/mental health/learning disabilities /children's) field? Yes/ No/ Not sure/ Have no opinion

If you would like to comment giving key reasons for your answer you can do so.

There is a 100 word limit for answers.

Adult Nursing

a) Professional values -Yes

Comment: The document states that the student nurse must be flexible and adaptable however; it is more accurate to recognise the importance of skills application when working with different groups of clients and in different environments. It is also important to acknowledge the distinct and defined nature of the role and that the diversity comes in the need to apply the skills and knowledge to different contexts, environments and client groups.

b) Communication and interpersonal skills – Yes

Comment: There is a need to acknowledge the importance of active listening skills and the ability to develop and maintain relationships and communicate with people on different levels and in different situations.

c) Nursing practice and decision making – Yes

Comment: nothing extra to add.

d) Leadership, management and team working – Yes

Comment: It is imperative that the standards include the ability to communicate and negotiate care/health needs rather than merely manage nursing care. This will enable the nurse of the future to effectively and safely care for people with different needs.

Children's Nursing

a) Professional values – No

Comment: There is a need to be more explicit about the role of the children's nurse in assessing the child's/client's cognitive capacity/capacity to understand and make decisions (e.g. in relation to the Fraser competence).

b) Communication and interpersonal skills – No

Comment: There is a need to be more explicit about the role of the children's nurse in assessing the child's/client's cognitive capacity/capacity to understand and make decisions (Fraser competence).

c) Nursing practice and decision making – No

Comment: The wording about the actual role needs to be clearer i.e. the nurse needs to be able to contribute to prevention of child maltreatment. This will make the need to learn about multi-agency working more explicit.

d) Leadership, management and team working – Yes

Comment: Nothing to add.

Mental Health Nursing

a) Professional values -

Comment: Nothing to add.

b) Communication and interpersonal skills –

Comment: Nothing to add.

c) Nursing practice and decision making –

Comment: Nothing to add.

d) Leadership, management and team working –

Comment: Nothing to add.

Response

Competency sets

Within the competency framework there are four competency sets, one for each field of nursing: adult, mental health, learning disabilities and children's. We are particularly interested to know of major areas of generic or field specific competence that need strengthening. So if you wish, you can add a comment. There is a 250 word limit for answers.

Q7a to Q7d. With the future in mind, does the competency set for the field(s) you are interested in describe what you would expect of an adult/mental health/ learning disabilities/children's nurse? Yes/ No/ Not sure/ Have no opinion

Adult Nurse

Response: Yes

Comment: see comments for earlier sections. There is a need to be explicit in terms of continuing professional development in that all nurses must be able to illustrate the use of their learning in their practice. There is a need to acknowledge the facilitative nature of the nurse's role which is more than the nurse as educator i.e. the ability to share information with people in a way that will help them to understand rather than purely accept the information.

Q8. With the future in mind, does the competency set for the field(s) that you are interested in describe the nurse's responsibility to safeguard the public? (Answer, Yes/ No/ Not sure/ Have no opinion). If you would like to comment giving key reasons for your answer you can do so. There is a 250 word limit for answers. (You may comment on more than one field).

Adult nursing

Response: yes

Comment: See earlier comment about the specialist nature of safeguarding and the need to be explicit about the requirements of the nurse in this area of practice e.g. within the realms of 'safeguarding is everyone's business'. There is a distinct difference between keeping the public safe in terms of accountability and safeguarding from harm in terms of vulnerability and this must be acknowledged in the standards.

Children's nursing

Response: No

Comment: There is a need to be able to contribute to the prevention of child maltreatment through multi-agency/professional working e.g. within the realms of 'safeguarding is everyone's business'. During the programme, student nurses must learn how to refer as well as when to refer and who to refer to.

Q9. The generic and field specific competencies have been developed to enable programme providers to develop innovative and dynamic programmes. In relation to this, how prescriptive do you think the competencies are? Too prescriptive/ About right/Not prescriptive enough/ Not sure/Have no opinion

If you would like to comment giving key reasons for your answer you can do so. There is a 250 word limit for answers.

Adult nursing

Response: Not prescriptive enough

Comment: They need to be more explicit about HOW these will be developed /achieved especially in relation to the primary health care practice experience. There is also a need to be more explicit about the content/learning possibilities that are expected to be part of the programme and what is expected after completion and nurse registration (i.e. during preceptorship which is advised and not mandated). Is the NMC making a distinction between nurse education and nurse training in the future standards?

□ **Children's nursing**

Response: Not prescriptive enough

Comment: They need to be more explicit about HOW these will be developed /achieved especially in relation to the primary health care practice experience. There is also a need to be more explicit about the content/learning possibilities that are expected to be part of the programme and what is expected after completion and nurse registration (i.e. during preceptorship which is advised and not mandated). Is the NMC making a distinction between nurse education and nurse training in the future standards?

The Competency Framework

There are now six questions which relate to the competency framework. We would like you to consider how well the framework sets out what is required of a new nurse at the point of registration.

Q10. Does the competency framework: (Answer, Yes/No/Not sure/ Have no opinion). If you would like to comment giving key reasons for your answer you can do so. There is a 250 word limit for answers.

a) Sufficiently address the role of the nurse in public health?

Adult Nurse

Response: No

Comment: There is a need to be more explicit about what public health is i.e. public health includes health protection and prevention as well as health promotion but this is not acknowledged in the document/ proposed standards.

b) Sufficiently address the equality and diversity needs of service users and carers?

Adult Nurse

Response: Yes

Comment: Nothing further to add.

c) Set out what graduate nurses should demonstrate for safe and effective practice on entry to the NMC register?

Adult Nurse

Response: Yes

Comment: Nothing further to add.

d) Set out what employers would expect graduate nurses to be able to demonstrate on entering the workplace?

Adult Nurse

Response: No

Comment: There is a need to be more explicit about the expectation that graduate nurses will be leaders and will be able to lead programmes of care as well as contribute to care delivery.

Q11. Do you think that the competency framework will: (answer, yes/ No/Not sure/Have no opinion). If you would like to comment giving key reasons for your answer you can do so. There is a 250 word limit for answers.

a) Prepare graduate nurses to work safely and effectively in a variety of settings, including the community?

Response: No

Comment: There is a need to be more explicit about the settings for learning in practice i.e. the requirement for primary health care placements. Currently the content is focused on learning in secondary care settings. There is a need to be more prescriptive about primary health care placements in terms of quality, time spent in the placement/practice setting, the content of learning, the learning potential of specific placements and expectations of learning to be achieved.

b) Prepare graduate nurses to meet the needs of an ageing population?

Response: No

Comment: There is a need to be more explicit/ provide more detail about the needs of an ageing population. Currently the content alludes to the care that can be provided/delivered to an ageing population but it is not explicit e.g. the importance of acknowledging the challenge of multi-pathology, poly-pharmacy, the combination of health and social care needs and required interventions, recognition of terminal to palliative care needs in the absence of carcinoma i.e. dementia, long term conditions, neurological disease.

Part B - Standards for education

This part of the survey relates to the standards for education (section 4). The aim of these standards is to provide a safe, effective and enabling framework for developing and delivering new nurse education programmes. This will ensure that there is some consistency across the different programmes within the UK. They will also try to ensure that programme providers have the flexibility to develop innovative and creative programmes which relate to local health care policy and approaches to service delivery.

The standards for education set out the Requirements, Guidance and Advice that programme providers need to follow when developing and delivering nurse education programmes. Some of the current requirements have been retained or changed. And some new requirements have been added.

New format

We have set out the standards for education in a new format which is likely to be the basis for all NMC-approved programmes in the future. We will ask for your views on this new format in question 16.

Standard 1 - Safeguarding the public

Standard 2 - Equality and diversity

Standard 3 - Selection, admission, progression and completion

Standard 4 - Support of students and educators

Standard 5 - Structure, design and delivery of programme

Standard 6 - Practice learning opportunities

Standard 7 - Outcomes

Standard 8 - Assessment

Standard 9 - Resources

Standard 10 - Quality assurance

New requirements, guidance and advice

Each of the 10 standards is made up of requirements, guidance and advice.

The broad overarching Requirements set out what programme providers must demonstrate for a range of different NMC programmes. These appear in bold black text.

Under the broad requirements there may be requirements that only apply to pre-registration nursing education programmes. These appear in red text. There is also Guidance which appears in blue text, and Advice which appears in green text.

What are we asking you about?

We are asking for views on new requirements, guidance or advice, or where we have made significant changes to existing requirements. All of this new information has been grouped under headings that relate to particular areas of education, and is highlighted in yellow.

There are 25 areas of requirements, guidance and advice. We would like to ask you three questions about each of these areas. You can respond to as many of these areas as you wish.

Equality and Diversity

Increasing AP(E)L 50%

Increasing AP(E)L limit for midwives

Transcript and discontinuation

Progression point structure

Progression Point 1 Criteria

Progression Point 2 Criteria

Induction requirement

Direct/ Indirect supervision

Suitable preparation of non-nurses supporting and supervising students

Length of programme leading to registration in two fields

Percentage of time to be spent in practice in each part of the programme

Periods for consolidation of practice learning and assessment

Learning outside the UK

Programme content/ aspects of practice

Inter-professional learning

Practice learning in different environments

Requirements for generic and field competencies

Essential physical and mental health outcomes

Essential Skills Clusters as guidance for developing outcomes

Essential Skills Clusters

Service user/ carer involvement

Weighting of theory and practice

Assessment in hospital and community

Process for signing off at end of parts and at the end of the programme

Q13y. Do you think the requirements, guidance and advice relating to [AREA]: are i). Sufficient and ii). Clear (answer, Yes/ No/ Not sure/ Have no opinion). If you would like to comment please give key reasons for your answer. There is a 100 word limit for answers.

Area: Equality and Diversity

i) Sufficient – Yes

ii) Clear – Yes

Area: Increasing APEL 50%

i) Sufficient – No

Comment: This must be more prescriptive e.g. is this 50% of the whole programme (the ability to APEL 50% from theory and 50% from practice), because the move towards being able to APEL 50% of the whole programme would mean that some people will be able to qualify/register as a nurse in two years in the absence of a first degree. There is a need to prescribe a consistent approach nationally. It is also important to acknowledge the depth and quantity of learning that must take place in order to promote public safety. Reducing the programme will increase the potential to dilute skills and practice because of the limited time in which to perfect the essential skills and knowledge in practice. Many three year programmes currently find it difficult to incorporate the full spectrum of the learning opportunities in nurse education because of the time limitations. It is important not to assume that previous knowledge and academic qualification will be a safe substitute for actually learning and developing skills and knowledge in the field of practice.

ii) Clear – No

Comment: There is a need to increase the clarity about the content of the process for APEL and the formula for accrediting prior learning. It is important that the future standards seek to create consistency on a national level.

Area: Transcript and discontinuation

i) Sufficient – Yes

Comment: Nothing further to add.

ii) Clear – Yes

Comment: Nothing further to add.

Area: progression point structure 1

i) Sufficient – No

Comment: The content states that individual programme providers will develop learning outcomes that students must achieve at each progression point. This will make it difficult to map learning outcomes between higher education institutions (HEIs) because they will be different for each HEI. This would be possible with the provision of a National curriculum; however, the provision of this is not included in the proposed standards.

ii) Clear – Yes

Comment: Nothing further to add.

Area: Induction requirement

i) Sufficient – No

Comment: the advice needs to be more explicit in terms of what the expected content of the induction will be e.g. induction to the locality, mentors and speciality content etc..

ii) Clear – No

Comment: Nothing further to add.

Area: Direct/indirect supervision

i) Sufficient – No

Comment: The standards must include acknowledgement of the fact that the registrant (mentor/practice teacher or supervisor) retains accountability for the delegation of care that is to be delivered by the student nurse during indirect supervision.

ii) Clear – Yes

Comment: nothing further to add.

Area: Suitable preparation of non-nurses supervising and supporting students

i) Sufficient – No

Comment: There needs to be more detail about the issue/meaning of support i.e. it is important to be prescriptive about the resource required in terms of time, workload capacity and required ability/capability of the 'supporter'. Undertaking the sign-off practice teacher/and mentor role requires support in terms of appropriate time and workload which must be acknowledge.

ii) Clear – No

Comment: Nothing further to add.

Area: Length of programme leading to registration in two fields.

i) Sufficient – No

Comment: Nothing further to add.

ii) Clear – No

Comment: There is a need for a clear rationale for specifying the requirement of a four year programme especially with the advent of degree programmes. Exploration is needed about the value of an integrated programme (i.e. the content is integrated from the start and each year of the programme requires the student to demonstrate a different level of learning in all integrated areas of practice) leading to dual registration e.g. Nursing and SCPHN (Health visitor/school nursing). This type of programme design would negate the need for a four year completion trajectory (full time).

Area: Periods of consolidation of practice learning and assessment

i) Sufficient – No

Comment: Greater clarity is required to emphasise the essential role and contribution of mentors and sign-off mentors, and to ensure that they are appropriately prepared, educated and resourced for their role in leading, facilitating and assessing practice in order to increase the potential for a safe, accurate and objective assessment of competence at completion of the programme. The provision of a robust system for completing and recording ongoing assessment of practice is also essential in order to promote public safety.

ii) Clear – Yes

Comment: Nothing further to add.

Area: Percentage of time to be spent in practice in each part of the programme

i) Sufficient – Yes

Comment: Nothing further to add.

ii) Clear – Yes

Comment: Nothing further to add.

Area: Learning outside the UK

i) Sufficient – No

Comment: There is a need to be more explicit about the learning that is permitted outside of the UK i.e. is this to accommodate an alternative placement or the student's

living situation, at what stage of the programme is this permitted, and why would this be permitted?

ii) Clear – No

Comment: Nothing further to add.

Area: Programme content/ aspects of practice

i) Sufficient – No

Comment: There is a need to provide explicit content about interagency/multi-agency working. Currently this is implied in several places in the document but not explicit.

ii) Clear – Yes

Comment: Nothing further to add.

Area: Inter-professional learning

i) Sufficient – Yes

Comment: Nothing further to add.

ii) Clear – Yes

Comment: Nothing further to add.

Area: Practice learning in different environments

i) Sufficient – No

Comment: There is a need to be more explicit about the time required in each setting in order to be fit for practice and purpose on registration/qualification.

ii) Clear – Yes

Comment: Nothing further to add.

Area: Requirements of generic and field competences

i) Sufficient – Yes

Comment: Nothing further to add.

ii) Clear – Yes

Comment: Nothing further to add.

Area: Essential physical and mental health outcomes

i) Sufficient – Yes

Comment: Nothing further to add.

ii) **Clear** – Yes

Comment: Nothing further to add.

Area: Weighting of theory and practice

i) **Sufficient** – Yes

Comment: Nothing further to add.

ii) **Clear** – Yes

Comment: Nothing further to add.

Area: Service user/carer involvement

i) **Sufficient** – No

Comment: There is a need to be more explicit about the influence of the user/carer opinion and the rationale for this when selecting individuals to the programme.

ii) **Clear** – No

Comment: Nothing further to add.

Area: Assessment in hospital and community

i) **Sufficient** – No

Comment: There is a need to be more explicit about the requirements for the content of each e.g. in terms of time, content, learning potential and quality of the community placement and the ratio/balance of community/primary health care and hospital/secondary care placements during the programme.

ii) **Clear** – No

Comment: Nothing further to add.

Area: Process of signing off at the end of parts and at the end of the programme

i) **Sufficient** – No

Comment: There is a need to promote the advantage and importance of continuity of the mentor and sign-off mentor during the programme. Measures also need to be in place in the standards to ensure that the assessment is completed in full and that the content is objective and accurate.

ii) **Clear** – Yes

Comment: Nothing further to add.

Q14y. The requirements, guidance and advice for [AREA] have been developed to provide a minimum benchmark to safeguard the public. In relation to this, do you think that they are Too prescriptive/About right/ Not prescriptive enough/Not sure/ Have no opinion

Area: Equality and Diversity

Response: About right

Area: Increasing APEL 50%

Response: Not prescriptive enough

Area: progression point structure

Response: About right

Area: Induction requirement

Response: Not prescriptive enough

Area: direct/indirect supervision

Response: Not prescriptive enough

Area: Suitable preparation of non-nurses supervising and supporting students

Response: Not prescriptive enough

Area: Length of programme leading to registration in two fields.

Response: Not prescriptive enough

Area: Periods of consolidation of practice learning and assessment

Response: Not prescriptive enough

Area: percentage of time to be spent in practice in each part of the programme

Response: About right

Area: learning outside the UK

Response: Not prescriptive enough

Area: Programme content/ aspects of practice

Response: Not prescriptive enough

Area: Inter-professional learning

Response: About right

Area: Practice learning in different environments

Response: Not prescriptive enough

Area: Requirements of generic and field competences

Response: About right

Area: Essential physical and mental health outcomes

Response: About right

Area: Weighting of theory and practice

Response: About right

Area: Service user/carer involvement

Response: Not prescriptive enough

Area: Assessment in hospital and community

Response: Not prescriptive enough

Area: process of signing off at the end of parts and at the end of the programme

Response: Not prescriptive enough

If you would like to comment please give key reasons for your answer. There is a 100 word limit for answers.

Q15y. If you are a programme provider, or you provide practice learning opportunities, please tell us about any challenges you envisage in implementing the requirements, guidance and advice for [AREA]. If you would like to comment please give key reasons for your answer. There is a 250 word limit for answers.

Response: Not applicable.

Format of the standards for education

Q16. The format we have used for setting out the standards for education is Very easy to follow/Easy to follow/ Difficult to follow/ Very difficult to follow/ Not sure/ No opinion. If you would like to comment please give key reasons for your answer. There is a 100 word limit for answers.

Response: Easy to follow

Comment: nothing to add.

Part C - The standards for pre-registration nursing education

This part of the survey relates to the standards for pre-registration nursing education and its annexes.

Q17. Will the standards for pre-registration nursing education provide a robust regulatory framework for: (answer, Yes/ No/ Not sure/ Have no opinion). If you would like to comment please give key reasons for your answer. There is a 250 word limit for answers.

a) Safeguarding the public?

Response: Not sure

Comment: There is a need for greater clarity in the areas mentioned already e.g. continuity of mentor and sign-off mentor, provision of 'support'/resources in terms of time, education and adequate preparation to fulfil the requirements of the role as educator in practice. This will enable mentors and sign-off mentors to fulfil their role and to undertake an objective, accurate and complete assessment of the student's ability and capability at different stages of the programme especially when identifying failing students and articulating 'problems'/failure to achieve the required skills and knowledge in practice.

b) Programme development and delivery?

Response: Yes

Comment: Nothing further to add.

c) Preparing students to meet future healthcare needs?

Response: No

Comment: There is a need for greater clarity and to be more explicit about the primary health care placement and learning potential as well as public health content and learning potential in the programmes.

Q18. Will the standards for pre-registration nursing education: (answer, Yes/ No/Not sure/Have no opinion). If you would like to comment please give key reasons for your answer. There is a 250 word limit for answers.

a) Present any barriers to becoming a nurse?

Response: No

Comment: Nothing further to add.

b) Discriminate against nurses, or those wishing to enter the profession, on the grounds of age, gender, race, sexual orientation, disability or religion in any way?

Response: No

Comment: Nothing further to add.

c) Promote the equality and diversity needs of students in respect of their age, gender, race, sexual orientation, disability or religion?

Response: Yes

Comment: Nothing further to add.

Q19. Do the standards for pre-registration nursing education identify the ways in which the following groups should be involved in aspects of the pre-registration programme? (answer, Yes/ No/ Not sure/ Have no opinion). You may add a comment if you wish. Please give key reasons for your answer. Please say which group you are referring to. There is a 250 word limit for answers.

a) Service users

Response: No

Comment: Nothing further to add.

b) Purchasers of nursing education

Response: No

Comment: Nothing further to add.

c) Service providers

Response: No

Comment: Nothing further to add.

d) Students

Response: No

Comment: Nothing further to add.

e) Nurses and mentors

Response: Yes

Comment: Nothing further to add.

f) Other healthcare professionals

Response: No

Comment: Nothing further to add.

Q20. Will the standards for pre-registration nursing education embrace and facilitate the development of the professional values expected of a nurse? (answer, Yes/No/ Not sure/ Have no opinion). You may add a comment if you wish. Please give key reasons for your answer. There is a 250 word limit for answers.

Response: Yes

Comment: Nothing further to add.

Q21. Are the standards for pre-registration nursing education flexible enough to allow programme providers to develop comprehensive learning outcomes? (Answer, Yes/ No/ Not sure/ Have no opinion). You may add a comment if you wish. Please give key reasons for your answer. There is a 250 word limit for answers.

Response: Yes

Comment: However, there is room to be more prescriptive in order to achieve greater consistency nationally.

Only answer these questions if you are a programme provider or are involved in quality assurance (no response provided).

Consultation in context

Are you responding:

- **As an individual – No**
- **On behalf of an organisation – Yes**

Please tick one box which best describes the organisation you represent.

Consumer/patient organisation

Independent/voluntary sector of nurses and midwives

Profession organisation/students union or trades union – Yes

NHS employer of nurses and midwives
Government department /public body
Regulatory body
Higher education institution/ NMC approved education institution
Local student representative body/student union
Other

Q02. Please give the name of the organisation

Response: Unite the Union/CPHVA

Q03. Would you be happy for your comments in this consultation to be identified and attributed to your organisation in the reporting or would you prefer that your response remains anonymous?

- **Happy for comments to be attributed to my organisation – yes**
- Please keep my response anonymous

Q04. Please state where your organisation is based and usually operates

Response: Uk-Wide

Consultation in context

CM3: How do you think this consultation exercise could be improved?

Response: The format of the consultation is extremely confusing mainly because it has several components and explanations. This has a negative impact on the person's motivation to complete the consultation because it is so difficult to get started. This may have limited the number of responses submitted. There is also no provision in the guidance for those who wish to complete the document as a word document and submit it in formats other than on-line. This is extremely limiting for people not wanting to use this mode to submit their response and again may impact negatively on the number of responses submitted. The on-line format prevents the submission of detailed, full responses. There is a need to give different options for submission format, reduce the complexity of the design.

There is also a great deal of duplication throughout the document which makes it laborious to complete. This has a limiting effect on the ability and motivation of people to complete it especially the individual who wishes to contribute to the future development of the profession.

Rita Newland, Professional Officer, Strategic Alliance, Unite the Union/CPHVA.

14.4.10