

Council

Standards for Return to practice

Action: For decision.

Issue: To agree new Return to practice standards (RtP) for those unable to meet the practice hours requirements for renewal of registration and those seeking readmission to the register after a period of lapse.

Core regulatory function: Education
Setting standards

Strategic priority: Strategic priority 1: Effective regulation.

Decision required: The Council is recommended to:

- approve Standards for Return to Practice programmes (**Annexe 3**) (paragraph 32.1);
- agree the use of the NMC Test of Competence as an additional option to the current Return to Practice programme for returning to the register or renewing registration after a period of time away from practice (**option 3**) (paragraph 32.2);
- approve the new Return to Practice standards (**Annexe 2**) (paragraph 32.3).

Annexes The following annexes are attached to this paper:

- Annexe 1: Extracts from the public consultation on Return to Practice
- Annexe 2: Draft Return to Practice standards
- Annexe 3: Draft Standards for Return to Practice programmes

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

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- Context:**
- 1 The Council's Strategy 2015–2020 identifies education as a key area of focus for our strategic direction. As part of our five year programme of change for education we have undertaken a review of our Return to Practice (RtP) standards: how nurses and midwives remain on, or re-join our register, after a period of time away from practice.
 - 2 Current RtP standards include programme requirements for NMC Approved Education Institutions (AEIs) as well as individual learning outcomes, but they do not align with our new Standards for education and training (May 2018) (SET 2018).
 - 3 Currently, nurses and midwives are required to complete an NMC approved RtP programme¹ if they do not meet the practice hours requirements when seeking to renew their registration, or be readmitted to the register following a period of lapsed registration².
 - 4 There are 79 RtP programmes approved across 86 AEIs. We are aware of difficulties of access to these programmes due to factors such as location, programmes not running and restrictive entry criteria. We want to provide more flexibility in this area of regulation while ensuring safe and effective practice.
 - 5 The number of individuals able to complete an RtP programme is currently limited by the appetite and capacity of AEIs. This is currently estimated at 80 AEIs x 20 RtP students per year equaling a maximum of 1600 RtP students per year.
 - 6 Following extensive stakeholder engagement, we held a public consultation on RtP between 24 September and 19 November 2018. We sought people's views on what barriers existed for people wishing to return to professional practice and on new draft Standards for RtP (see **Annexe 1**).
 - 7 We also sought views on some additional options for returning to our register. These were the use of the NMC Test of Competence³ (ToC) which is undertaken by nurses, midwives and nursing associates trained outside the EA/EEU who seek to join our register, and the option of self-declaration with a portfolio demonstrating, for example, continuing professional development and some supervised practice.
 - 8 In the consultation we identified four groups for whom RtP standards apply:

¹ Programmes are run by NMC approved education institutions (AEIs). Programme criteria was set out in the PREP handbook and maintained in Revalidation and readmission standards (October 2015).

² Rule 3(4) of the Registration Rules allows Council to specify through standards, education and training or experience in accordance with Article 19(3) of the Nursing and Midwifery Order (2001) where an applicant does not meet the initial registration, renewal or readmission requirements.

³ The ToC: Part 1 of a multiple choice examination can be taken at one of many test centres worldwide. Part 2 an objective structured clinical examination (OSCE) is offered at 3 OSCE test centres. For ToC to be termed 'registration test' in accordance with Article 9 (2) b) of the Order (2001).

- 8.1 those who have lapsed from our register;
- 8.2 people who have been practising outside the UK;
- 8.3 people who want to remain on our register but do not have the required number of practice hours to renew by revalidation, perhaps due to maternity leave or ill health; and
- 8.4 individuals struck off our register following a fitness to practise (FtP) hearing and who, after five years, have been allowed by an FtP panel to apply to rejoin.

Four country factors: 9 These changes will affect all four countries of the UK. We listened to views from all four countries during our engagement and consultation period. Funding arrangements for RtP programmes vary across the UK.

Discussion: 10 We received 611 responses from individuals and 54 responses from organisations to the full consultation. 73 individuals responded to a shorter version of the consultation.

- 11 **Annexe 1** includes a summary of the consultation responses. Key points were:
 - 11.1 A majority, 90 percent of individuals and 85 percent of organisations, felt the NMC should utilise different approaches for RtP depending on the circumstances of individuals.
 - 11.2 Completion of an RtP programme at an NMC AEI was felt to be a barrier for many seeking to remain on or rejoin our register.
 - 11.3 Views on the use of a ToC were mixed. There was stronger support using this option for those seeking to remain on the register: 73 percent of individuals and 63 percent of organisations agreed with this. There was less support for use of the ToC for people who had not been practising: 51 percent of individuals and 25 percent of organisations agreed with its use in these circumstances.
 - 11.4 There was some support for exploring a form of self-declaration for those who do not meet the minimum practice hours: 58 percent of individuals and 31 percent of organisations agreed with this option and for people who have been practising outside the UK: 56 percent of individuals and 40 percent of organisations supported the use of self-declaration in these circumstances. 42 percent of individuals agreed with the use of self-declaration instead of an RtP programme for those who have not been practising, however only 17 percent of organisations agreed.

12 Many respondents indicated they would expect more stringent

processes for individuals who have been struck off our register and who, after five years, have been allowed by an FtP panel to apply to rejoin. However an FtP panel has responsibility for confirming remediation prior to an individual embarking on RtP and subsequently applying to rejoin our register. There is no available evidence that such individuals pose a greater risk when they return to practice. The consultation responses and engagement have not provided any additional information which would support setting different criteria for assessing competence for returning to practice for this group.

Option 1: Do nothing: maintain the current RtP standards

- 13 For the reasons stated in paragraph 3 and the level of risk attached, we do not consider this a viable option.

Option 2: Revoke current outdated standards and publish new RtP standards and Standards for RtP programmes

- 14 The new RtP standards will apply to all parts of our register and be available for those seeking to renew their registration or return to practice (subject to Council approval on the use of a ToC).
- 15 The RtP standards reflect the existing flexibility which we apply to applicants who have been working while registered with the relevant regulator overseas.
- 16 Draft standards for RtP programmes align with SET (2018). The new outcome focused standards will no longer state a minimum length of programme nor a required number of practice hours. The length and content of a programme is to be determined by education providers. The standards will enable recruitment of a mixed cohort from all parts of our register: nurses, midwives, nursing associates and specialist community public health nurses. We anticipate this approach will result in improved inter-professional working and opportunities to increase the number of students and the viability and availability of courses.
- 17 The programme standards require students to be supported in returning to their intended area of practice as we are aware that career paths can result in a person's scope of practice varying from the field in which they originally qualified. We anticipate these standards will enable programmes to support people returning to specialist community and public health roles.
- 18 The new programme standards can be used as part of a more flexible approach including employer led recruitment to programmes, work based learning and use of distance learning.

Option 3: Publish the new standards outlined in option 2 and allow the additional option of RtP readmission with ToC

- 19 This is our preferred option for the reasons set out below.

- 20 The ToC offers a standardised, consistent and outcome based benchmark for nurses, midwives and nursing associates seeking to re-join our register. The ToC has been reviewed and capacity for Part 2, the objective structured clinical examination, expanded to three test centres located in: Northampton, Oxford and Ulster.
- 21 This provides an alternative to the RtP programme for suitable applicants who were able to travel to the available test centres.
- 22 It should be noted that return to specialist community public health nursing (SCPHN) cannot currently be achieved via the ToC. People seeking to rejoin as SCPHN can only achieve this through completion of an RtP programme. As part of our education programme of change, we are beginning to consider our post-registration standards. During 2018, we commissioned an independent evaluation of our specialist community public health nursing and specialist practice qualification standards. These findings will inform the next stages of our review and in early summer 2019, we will start to engage with interested nurses and midwives.
- 23 Some consultation responses were not supportive of the use of the ToC for RtP. Stakeholders expressed concern about lack of practice learning opportunities in comparison to the traditional RtP programme. Further engagement informs us that the ToC does have support from employers and individuals as an 'earn and learn' option, potentially helping address financial barriers for students. This is a new route for RtP which improves flexibility and could increase future numbers of nurses, midwives and nursing associates returning to practice.
- 24 The ToC mirrors the assessment which overseas applicants must complete before joining our register.
- 25 The fees for the ToC will be the same for all candidates.
- 26 Fees can be paid by commissioners or employers but may also be paid by individuals.

Option 4: Publish the new RtP standards and programme standards, allow the ToC and the addition of self-declaration for certain circumstances

- 27 Responses to the consultation did not support self-declaration by submission of a portfolio for assessment as an option for every group seeking to rejoin our register. There was some support from individuals who responded to the consultation where people are seeking to renew their registration through revalidation but do not meet minimum practice hour requirements.
- 28 However, as numbers in this category are very low, benefits would be limited. It is expected that in order to meet the other revalidation requirements a registrant would need to complete the required

hours. In addition, following the recent revalidation review, NMC registrations will be communicating availability of a short extension for individuals who believe they can meet all of the revalidation requirements. As such, allowing more time to complete any shortfall in hours rather than accepting reduced hours and self-declaration, ensures public protection. Whilst some UK regulators use self-declaration with a portfolio for RtP, for a register of our size it would be resource intensive. We have therefore concluded that self-declaration is not a necessary or viable option.

Employer-led approach

- 29 In response to stakeholder feedback prior to and during the consultation, we explored variations of employment-only models for return to practice. Whilst we are able to encourage employer involvement in RtP, we cannot mandate it. Both the proposed options (new RtP programme standards and the ToC) can be used in a variety of ways as part of employer-led approaches for RtP.
- 30 We plan additional communication to encourage the development of more flexible applications of our standards including employer-led approaches to support an increased number of returners.

Timelines

- 31 Subject to agreement, we aim to publish the new RtP standards and new standards for RtP programmes in May 2019. The timescale for offering the ToC for RtP is to be confirmed as this will require some adaptation of internal systems and processes. Programmes would continue and we would work with AELs to manage the transition.

Recommendation

- 32 **The Council is recommended to:**
- 32.1 **approve Standards for Return to Practice programmes (Annexe 3);**
- 32.2 **agree the use of the NMC Test of Competence as an additional option to the current Return to Practice programme for returning to the register or renewing registration after a period of time away from practice (option 3);**
- 32.3 **approve the new Return to Practice standards (Annexe 2).**

Public protection implications:

- 33 Increasing concerns regarding lack of accessibility and concerns around variability of RtP programmes have potential for compromising public protection, particularly with the current pressures facing the nursing workforce.
- 34 Current RtP programmes lack a clear outcomes-based framework

and opportunities are inconsistent across all areas.

- 35 Workforce shortages are placing increasing pressure on services and our role is to ensure unnecessary regulatory barriers do not contribute to this.

Resource implications:

- 36 Provisions for this work have been included in the current education and standards business plan. The number of NMC approvals may be lower if AEs run RtP programmes as mixed cohorts. Cost for implementation of the ToC will be covered by Registrations as part of the readmissions work stream.

Equality and diversity implications:

- 37 In accordance with the Equality Act 2010, an equality and diversity impact analysis and Welsh language assessment was completed in June 2016, both have been updated in 2018. The options seek to further the aims of the NMC in providing equitable and more flexible access to the register.

Stakeholder engagement:

- 38 Extensive and ongoing stakeholder communications are critical in the transition to new standards.

Risk implications:

- 39 Variability in delivery and programmes using outdated standards present a risk to public protection and public confidence in the NMC as a regulatory body. Lack of available RtP programmes and alternative routes to readmission pose a risk to public protection, particularly with the current workforce shortages in the sector.
- 40 Risks in programme delivery are currently mitigated through the QA framework; annual self-assessment reporting, scheduled monitoring visits and where there is particular concern, unscheduled extraordinary review visits that may take place.
- 41 Risks to the commencement of this work-stream include:
- 41.1 The challenging timelines associated with the project.
- 41.2 The need to engage with all stakeholders. A comprehensive project and communications plan will be vital to the transition.

Legal implications:

- 42 In accordance with Article 19(3) of the Nursing and Midwifery Order 2001 the Council shall set standards for those who have not practised for, or during, a prescribed period, and specify such education or training or to gain such experience in those standards.
- 43 Legal colleagues have been involved in the development of this paper.

Extracts from the public consultation on Return to Practice September to November 2018

Data analysis and graphs provided by Alpha Research Ltd.

Figure 1: Q1. Do you agree that there are barriers facing nurses and midwives currently seeking to return to practice? – Summary

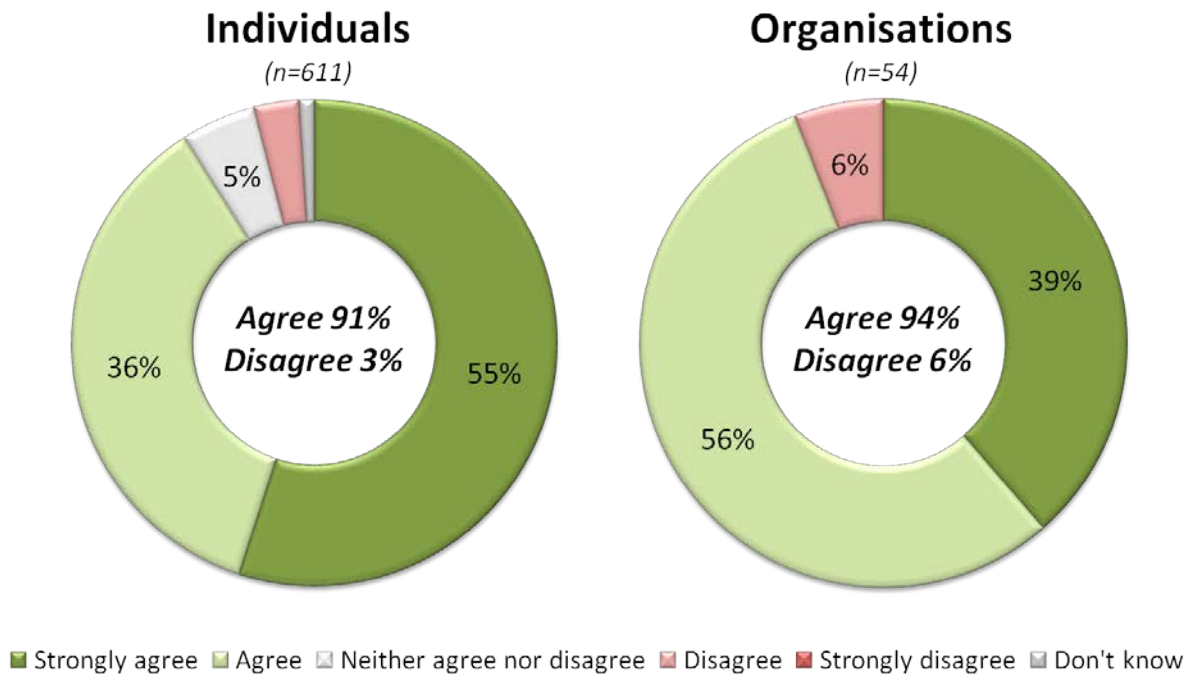


Figure 3: Q2. What would you say are the most common barriers?

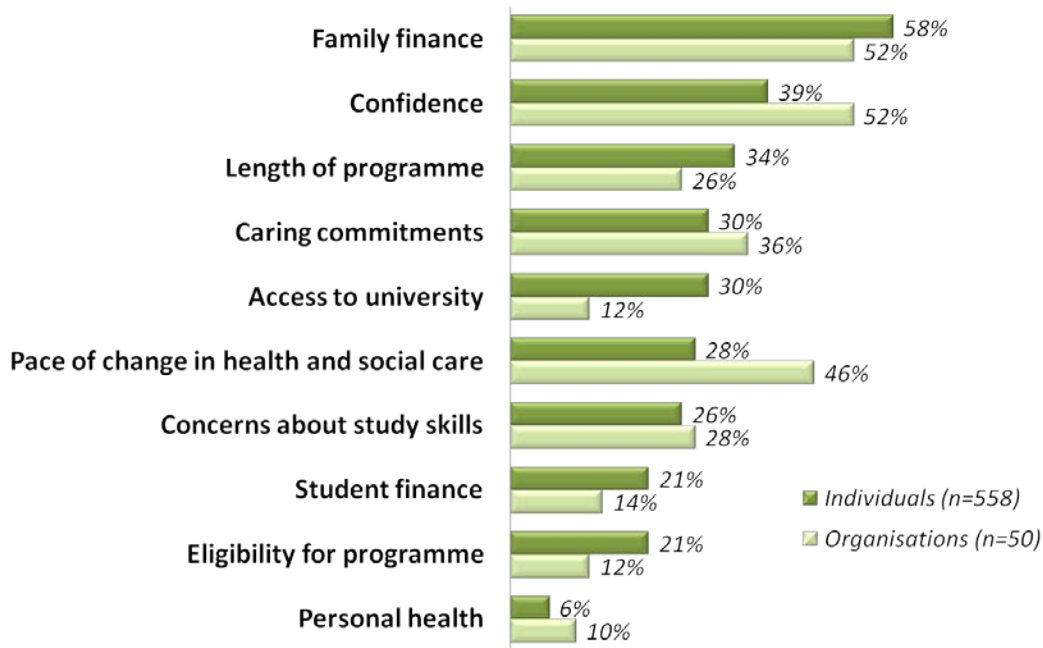


Figure 13: Q14. Do you agree or disagree that the following individuals, who have previously been registered and are now seeking to rejoin our register, should be able to rejoin by successfully completing a ToC instead of completing an RtP programme?

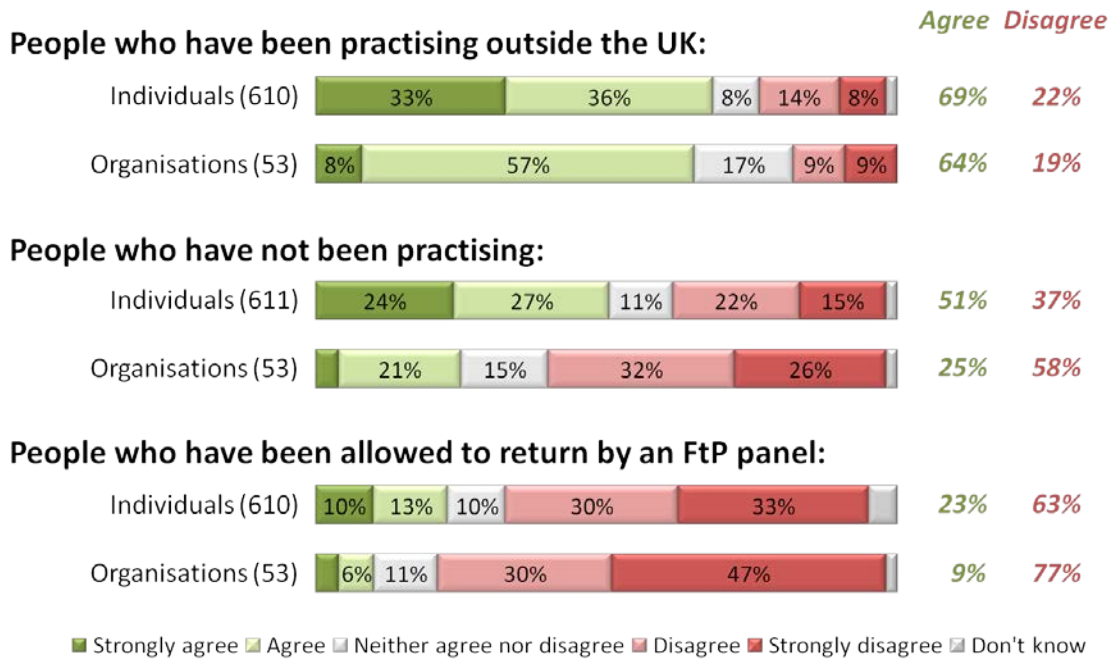


Figure 14: Q15. Do you agree or disagree that an individual, who is seeking to renew their registration through revalidation but does not meet out minimum practice hours requirement, should be able to renew their registration by successfully completing a ToC instead of completing an RtP programme?

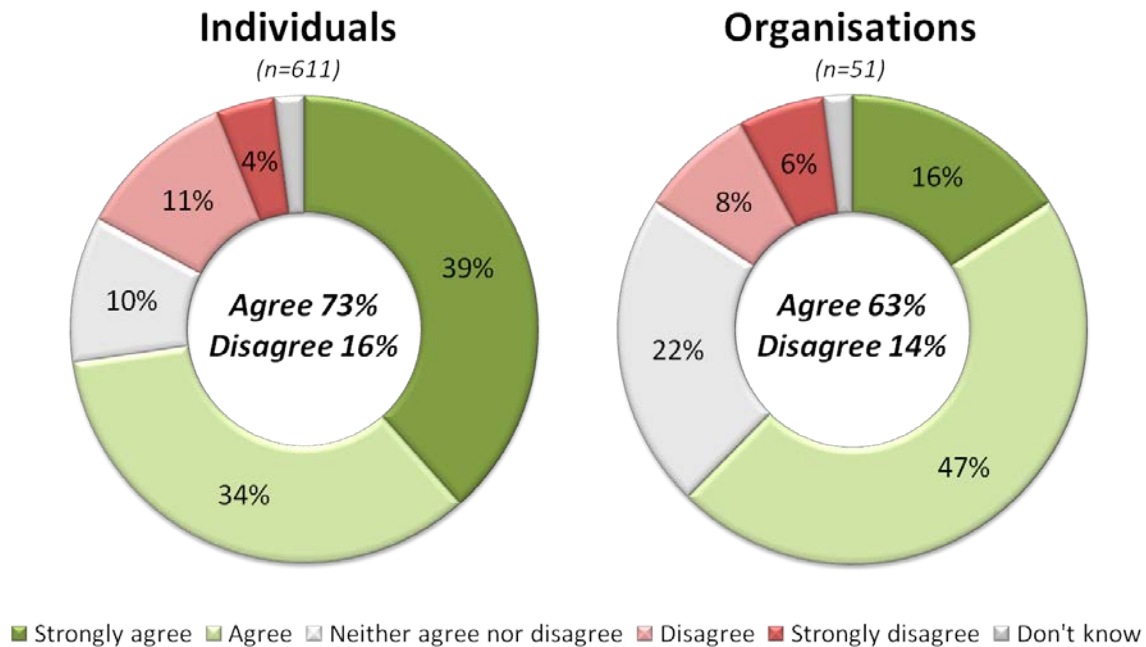


Figure 16: Q16. Do you agree or disagree that we should explore an option for the following individuals, who have previously been registered and are now seeking to rejoin the register, to be able to rejoin our register through a form of self-declaration?

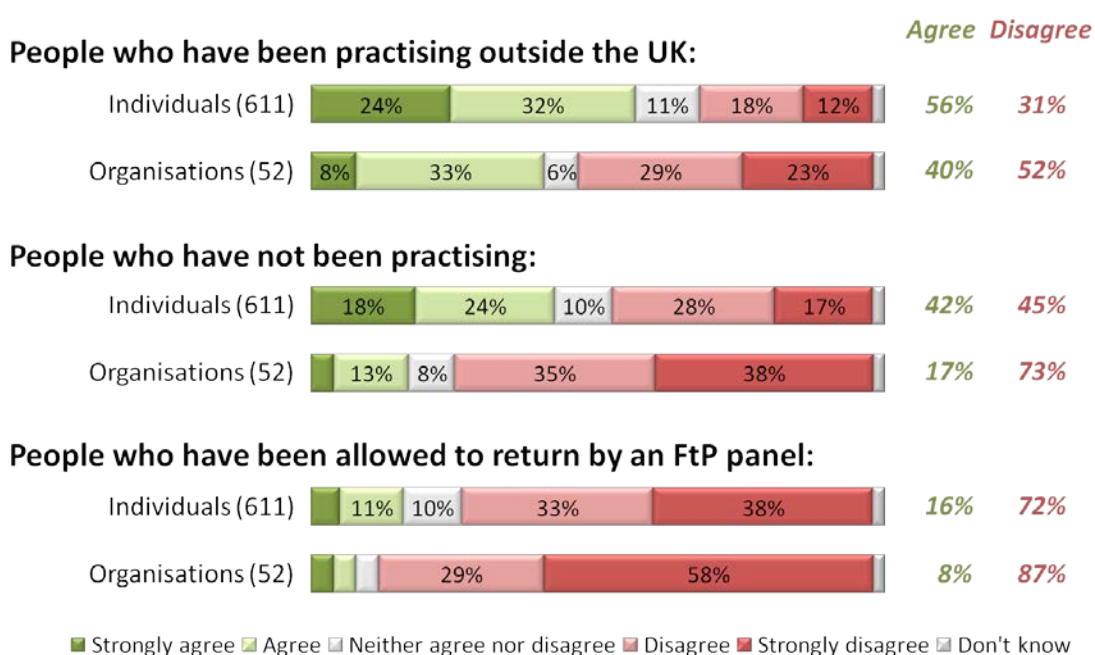


Figure 17: Q17 Do you agree or disagree that we should explore an option for an individual, who wishes to renew their registration through revalidation but does not meet our minimum practice hours requirement, to be able to renew their registration through some form of self-declaration?

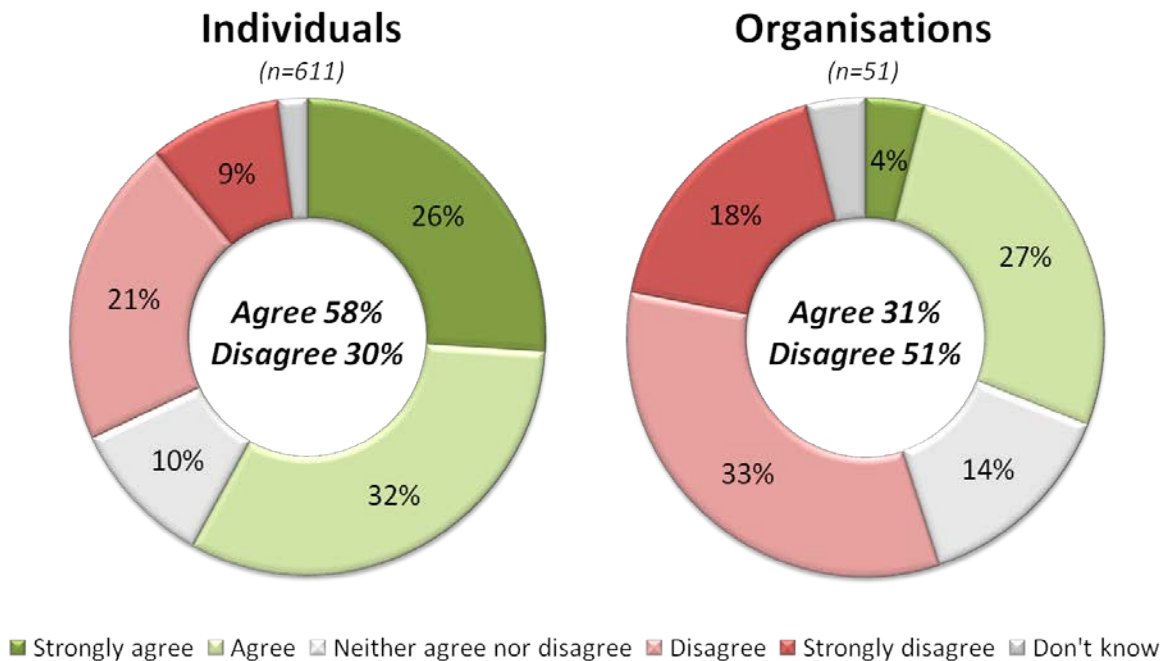
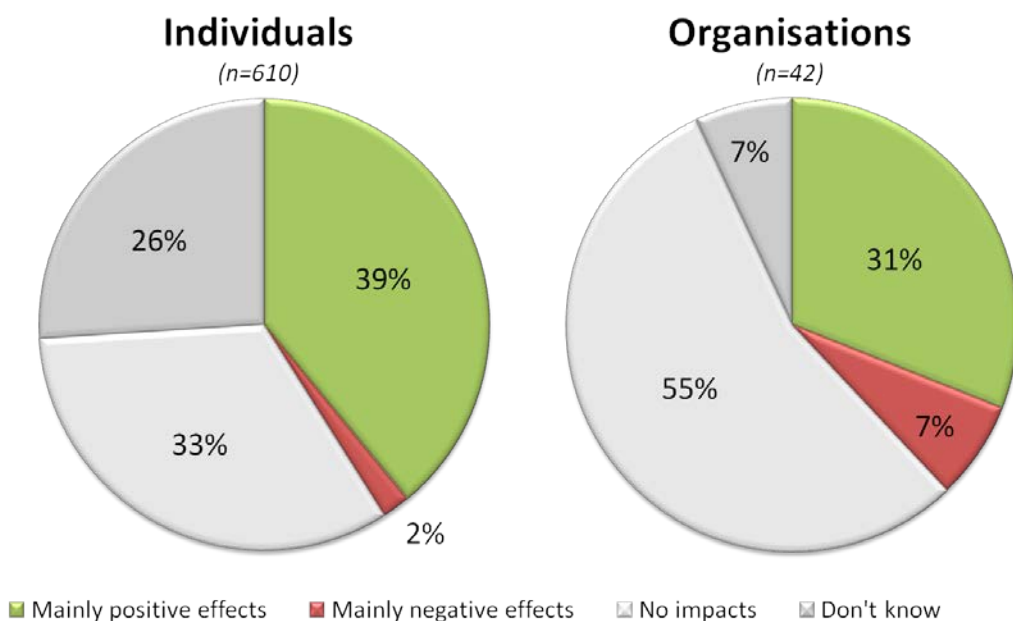
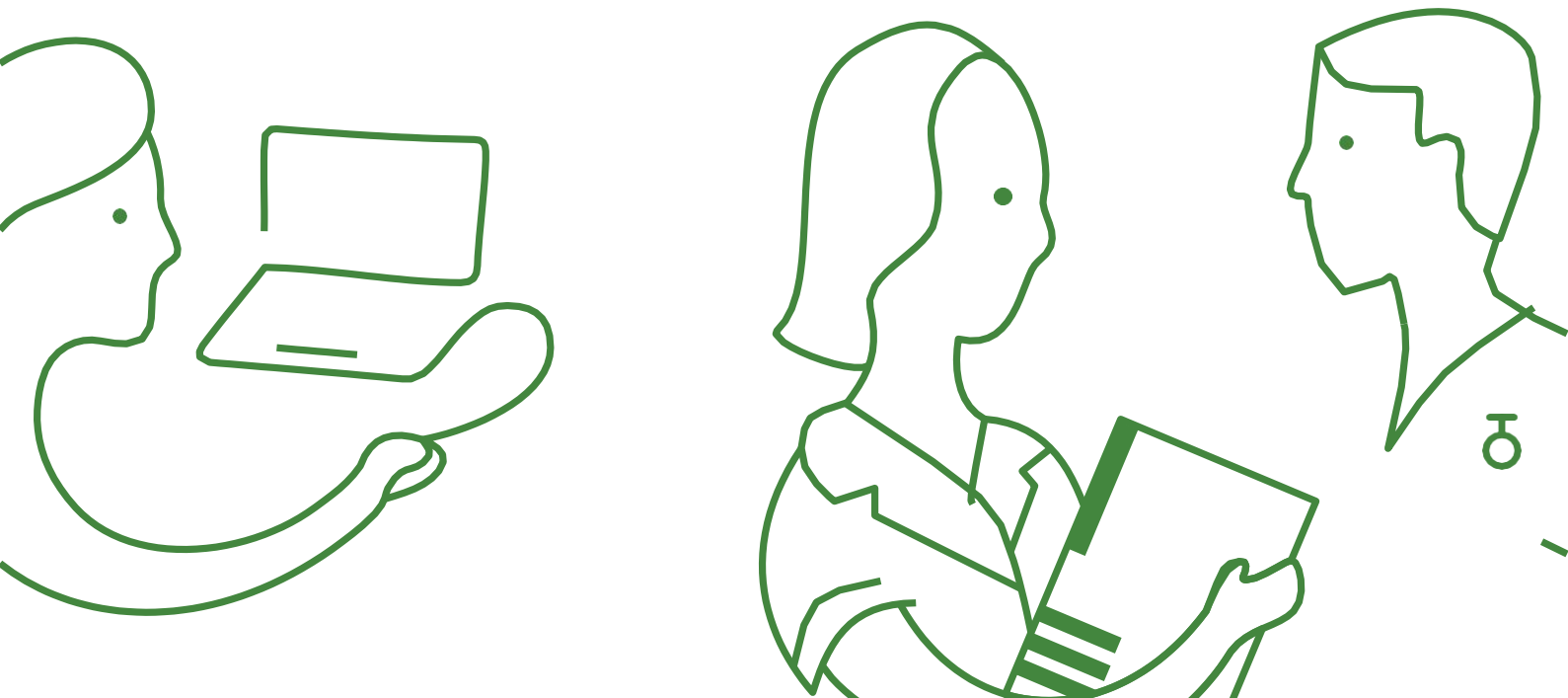


Figure 18: EQIA Q1 Will any of these proposals have a particular impact on people who share these protected characteristics (including nursing associates, nurses, midwives, patients and the public)?



Return to practice standards

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Introduction

1. Readmission standards

In order to be eligible for readmission to the register you must have:

- completed 750 hours of practice in the previous five years¹, or
- completed 450 hours of practice in the previous three years, or
- completed the equivalent number of registered practice hours while registered with the relevant regulator overseas, or
- successfully completed an NMC approved return to practice programme, or
- passed an NMC registration test² for the relevant part of the register

2. Revalidation standards

For those who have not completed minimum practice hours⁴

If you have practised for fewer than the required number of hours in the three year period since your registration was last renewed (or you joined the register) then before the date of your application for renewal of registration you must either:

- a. successfully complete an NMC approved return to practice programme or
- b. passed an NMC registration test for the relevant part of the register.

¹ [These standards are set under Article 19\(3\) of the Nursing and Midwifery Order 2001 \(the Order\) Rule 3\(4\) of the Education, Registration and Registration Appeals Rules 2004.](#)

² Article 9(2)b) of the Nursing and Midwifery Order

Standard set under Article 19(3) of the Order.

You must have practised for a minimum number of hours over the three year period since your registration was last renewed or you joined the register (Article 10(2)(c) of the Order, Rule13(1)(b)(ii) of the Registration Rules).

Registration	Minimum total practice hours required
Nurse	450
Midwife	450
Nurse and SChPN (Nurse/SCPHN)	450
Midwife and SChPN (Midwife/SCPHN)	450
Nurse and midwife (including Nurse/SChPN and Midwife/SChPN)	900 (to include 450 hours for nursing, 450 hours for midwifery)
Nursing Associates	450

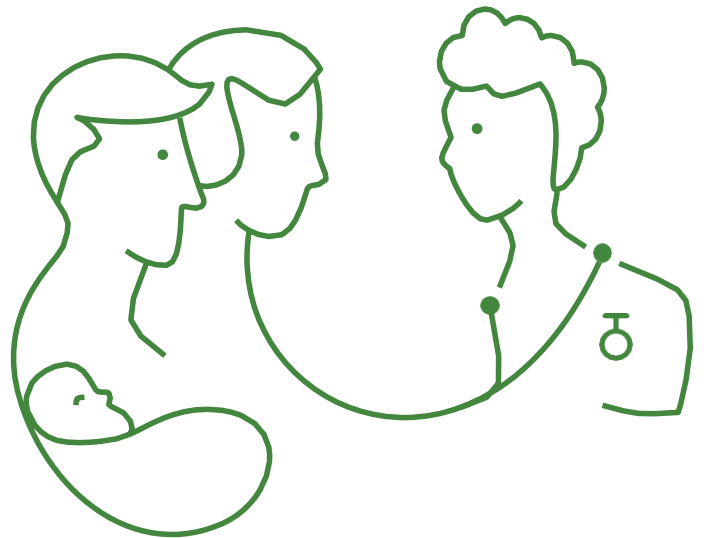
Standards for return to practice programmes

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Introduction

Our Standards for return to practice programmes set out the legal requirements, entry requirements, programme content, methods of assessment and information on the credits/award for return to practice (RtP) programmes.

Nurses, midwives and nursing associates seeking [readmission](#) to the register, who have practised for fewer than 750 hours in the previous five years, or 450 hours in the three years before their application for readmission to the register, must successfully complete an NMC approved return to practice programme or pass the NMC registration test¹ to be eligible to apply for readmission to the register.

Nurses, midwives and nursing associates approaching [revalidation](#) who have practised for fewer than 450 hours in the three year period since registration was last renewed (900 hours if dual registered) or since joining the register, must successfully complete an NMC approved return to practice programme or pass the NMC registration test before the date of application for renewal of their registration.

Individuals must complete an approved return to practice programme or pass an NMC registration test to demonstrate that they meet the required proficiencies² to remain on, or be readmitted to, the NMC register.

Public safety is central to our standards. Experienced nurses, midwives and nursing associates returning to practice, are in this context students, and will be in contact with people throughout their education and it's important they gain confidence, and update their skills and knowledge in a safe and effective way.

These programme standards should be read with our [Standards framework for nursing and midwifery education](#) and [Standards for student supervision and assessment](#) which apply to all NMC approved programmes. Return to practice programmes must comply with all these standards for an education institution to be approved to run an approved programme.

¹ A 2 part Test of Competence: Part 1 a computer based test of knowledge, Part 2: an objective structured clinical examination.

² The NMC publishes proficiencies for nurses, midwives and nursing associates

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Education providers structure their programmes to comply with our programme standards. They design their curricula around the proficiencies we set. Proficiencies are the knowledge, skills and behaviours that nurses, midwives and nursing associates need in order to practise.

[Students](#) are assessed against proficiencies to make sure they are capable of providing safe and effective care. We publish [Standards of proficiency for registered nurses](#), [Standards of proficiency for midwives](#), standards for NMC approved [post registration programmes](#) and, [Standards of proficiency for nursing associates](#).

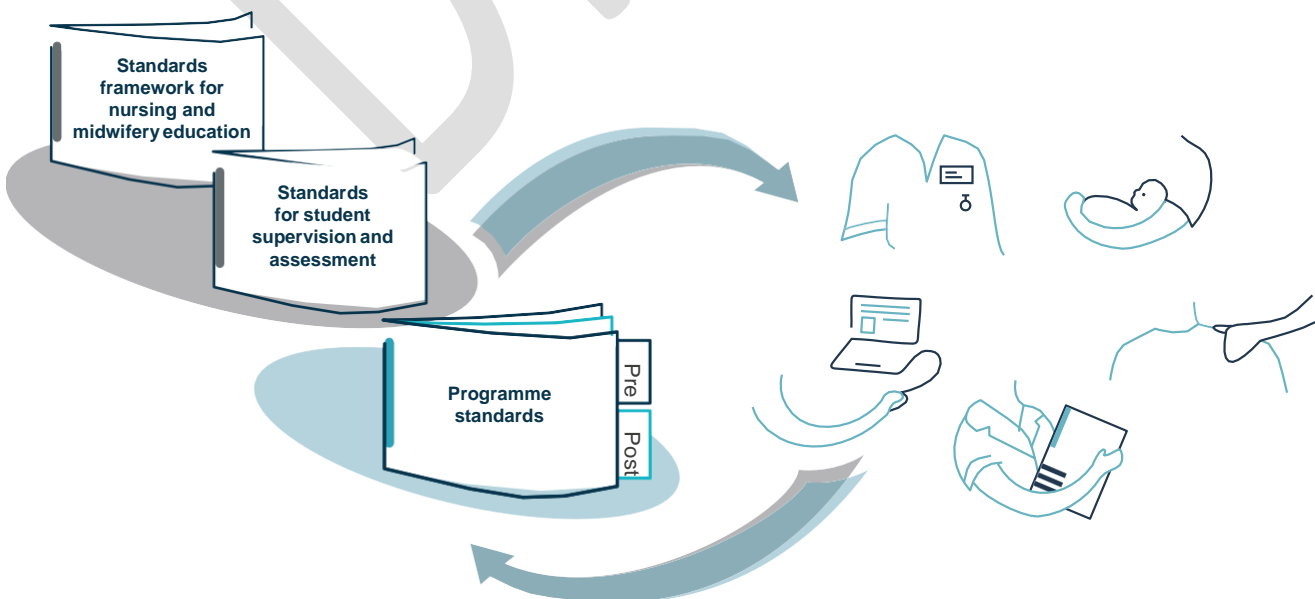
Through our [quality assurance](#) (QA) processes we check that education programmes meet all of our standards, that the programme outcomes relate to the proficiencies for particular qualifications and that the approved education institutions ([AEIs](#)) and [practice learning partners](#) are managing risks effectively. We monitor risks to quality in education and training using internal and external intelligence; this intelligence gathering includes analysis of system regulators' reports.

Before a programme can run, we make sure it meets our standards. We do this through an approval process in accordance with our [Quality assurance framework](#).

Overall responsibility for the day to day management of the quality of any educational programme lies with the AEI in partnership with its practice learning partners.

Standards for education and training

Standards of proficiency for nursing and midwifery professions



Legislative framework

Article 19(3) of the [Nursing and Midwifery Order 2001](#) allows our Council to set standards for those who have not practised for, or during, a prescribed period, for them to undertake such education or training or to gain such experience as it shall specify in standards.

Article 19(4) of the Order states that for standards established under Article 19(3) our approval and enforcement for education and training (Part IV of the Order) can apply.

Returning to, and remaining on, the NMC register

Standards for return to practice programmes follow the student journey and are grouped under the following five headings:

1. Selection, admission and progression

Standards about an applicant's suitability and participation in a return to practice programme

2. Curriculum

Standards for the content, delivery and evaluation of the return to practice programme

3. Practice learning

Standards specific to learning for nurses, midwives and nursing associates that takes place in practice settings as part of a programme

4. Supervision and assessment

Standards for safe and effective supervision and assessment for return to practice programmes

5. Qualification or credits to be awarded and information on NMC registration

Standards which outline the award for each profession and how to apply to re-join the NMC register for those seeking readmission.

1. Selection, admission and progression

Approved education institutions, together with practice learning partners, must:

- 1.1 confirm on entry to the programme that students are, or were, registered with the NMC
- 1.2 **confirm on entry to the programme that students:**
 - 1.2.1 demonstrate values in accordance with [the Code \(2015\)](#)
 - 1.2.2 have capability to behave in accordance with the Code (2015)
 - 1.2.3 have capability to update numeracy skills required to meet programme outcomes
 - 1.2.4 can demonstrate they meet [NMC English language requirements](#)
 - 1.2.5 have capability in literacy to meet programme outcomes
 - 1.2.6 have capability for digital and technological literacy to meet programme outcomes
- 1.3 ensure students' [health and character](#) is sufficient to enable safe and effective practice on entering the programme, throughout the programme and when submitting the supporting declaration of health and character in line with the NMC's [health and character guidance](#). This includes facilitating satisfactory and timely occupational health assessment and criminal record checks.
- 1.4 ensure students are fully informed of the requirement to declare immediately any police charges, cautions convictions or conditional discharges or determinations that their fitness to practise is impaired made by other regulators, professional bodies and educational establishments, and that any declarations are dealt with promptly, fairly and lawfully
- 1.5 ensure the person responsible for directing the educational programme or their designated substitute is able to provide supporting declarations of health and character for students who have completed a return to practice programme
- 1.6 consider students' prior learning and experience in relation to the standards of proficiency, programme outcomes, and the students intended scope of practice upon readmission , and
- 1.7 support students throughout the programme in updating their abilities in numeracy, literacy, digital and technological literacy to meet programme outcomes.

2. Curriculum

Approved education institutions, together with practice learning partners, must:

- 2.1 ensure programmes comply with the NMC [Standards framework for nursing and midwifery education](#)
- 2.2 comply with the NMC [Standards for student supervision and assessment](#)
- 2.3 ensure that programme learning outcomes reflect relevant standards of proficiency
- 2.4 design and deliver a programme that supports students to return to their intended area of practice
- 2.5 ensure that programmes delivered in Wales comply with legislation which supports use of the Welsh language
- 2.6 state routes within the return to practice programme that allows:
 - 2.6.1 nurses to be readmitted to, or remain on, the register in one or more of the specific fields of nursing practice: adult, children, learning disabilities and mental health nursing
 - 2.6.2 midwives to be readmitted to, or remain on, the register as midwives
 - 2.6.3 specialist community and public health nurses (SCPHNs) to be readmitted to, or remain on, the register as specialist community and public health nurses
 - 2.6.4 nursing associates to be readmitted to, or remain on, the register as nursing associates
- 2.7 set out the content necessary to meet the programme outcomes for each field of nursing practice: adult, children, learning disabilities and mental health nursing
- 2.8 set out the general and professional content necessary to confirm the relevant standards of proficiency and programme outcomes for each part of the register
- 2.9 ensure that specific content such as: safeguarding, consent, pharmacology and medicines administration and optimisation is included for the student to be readmitted to, or remain on, the register
- 2.10 ensure the curriculum uses a range of learning and teaching strategies which may include flexible or distance learning, which must be used effectively and proportionately to support learning and assessment ,and
- 2.11 ensure that all return to practice programmes are an appropriate length to support programme outcomes.

3. Practice learning

Approved education institutions, together with practice learning partners, must:

- 3.1 provide practice learning opportunities that confirm students deliver safe and effective care in their intended area of practice to a diverse range of people
- 3.2 provide practice learning opportunities that confirm students meet the communication and relationship management skills and procedures in their intended area of practice, as set out in the relevant standards of proficiency
- 3.3 ensure that students experience a range of settings for their intended area of practice demonstrating an ability to meet the holistic needs of people
- 3.4 ensure technology enhanced and [simulation](#)-based learning opportunities are used effectively and proportionately to support learning and assessment
- 3.5 take account of students' individual needs, personal circumstances and intended area of practice when allocating their practice learning including making [reasonable adjustments](#) for students with disabilities, and
- 3.6 ensure that students are [supernumerary](#).

4. Supervision and assessment

Approved education institutions, together with practice learning partners, must:

- 4.1. ensure that support, supervision, learning and assessment provided complies with the NMC [Standards framework for nursing and midwifery education](#)
- 4.2. ensure that support, supervision, learning and assessment provided complies with the NMC [Standards for student supervision and assessment](#)
- 4.3. ensure they inform the NMC of the name of the person responsible for directing the education programme
- 4.4. provide students with feedback throughout the programme to support their development
- 4.5. ensure throughout the programme that students meet the required standard of proficiency and programme outcomes to be readmitted, or remain on, the register

- 4.6. ensure that students meet communication and relationship management skills and procedures
- 4.7. assess students to confirm proficiency in preparation for being readmitted to, or remaining on, the register
- 4.8. ensure that relevant proficiencies are recorded in a record of achievement which confirms these proficiencies and skills have been met, and
- 4.9. confirm students' safe and effective practice and suitability to be readmitted or remain on the register.

5. Qualification or credits to be awarded and information on NMC registration

Approved education institutions, together with practice learning partners, must:

- 5.1 ensure that the minimum credits/award for a return to practice programme for nurses and midwives is at bachelor's degree level
- 5.2 ensure that the minimum credits/award for a return to practice programme for nursing associates is at foundation degree level, and
- 5.3 notify students during and before completion of the programme how they apply to re-join the NMC register.

Glossary

Approved education institutions (AEIs): the status awarded by the NMC to an institution, or part of an institution, or combination of institutions that works in partnership with practice placement and work-place learning providers. AEIs will have provided us with assurance that they are accountable and capable of delivering NMC approved education programmes.

Educators: in the context of the NMC Standards for education and training, educators are those who deliver, support, supervise and assess theory, practice and/or work placed learning.

Health and character requirements: people applying to renew or be readmitted to the NMC register must meet the requirements for health to ensure they can practise safely and effectively either with or without reasonable adjustments. It does not mean the absence of a health condition or disability. Each applicant seeking admission to the register or to renew registration, whether or not they have been registered before, is required to declare any police charges, cautions, convictions, conditional discharges and determinations made by other regulatory bodies.

Practice learning partners: organisations that provide practice learning necessary for supporting pre-registration and post registration students in meeting proficiencies and programme outcomes.

Quality assurance: NMC processes for making sure all AEIs and their approved education programmes comply with our standards.

Reasonable adjustments: are where a student requires a reasonable adjustment related to a disability. We also use it to mean adjustment relating to any protected characteristics as set out in the equalities and human rights legislation.

Simulation: an artificial representation of a real world practice scenario that supports student development through experiential learning with the opportunity for repetition, feedback, evaluation and reflection. Effective simulation facilitates patient safety by enhancing knowledge, behaviours and skills.

Student: any individual enrolled onto an NMC approved education programme whether full time or less than full time.

Supernumerary: Students in practice or work placed learning must be supported to learn without being counted as part of the staffing required for safe and effective care in that setting. For employer led return to practice, this includes practice placements within their place of employment; this does not apply when they are working in their substantive role. Placements should enable students to learn to provide safe and effective care, not merely to observe; students can and should add real value to care. The contribution students make will increase over time as

they gain proficiency and they will continue to benefit from ongoing guidance and feedback. Once a student has demonstrated that they are proficient, they should be able to fulfil tasks without direct oversight. The level of supervision a student needs is based on the professional judgement of their supervisors, taking into account any associated risks and the student's knowledge, proficiency and confidence.



The role of the Nursing and Midwifery Council

What we do

We regulate nurses, midwives and nursing associates in the UK. We exist to protect the public. We set standards of education, training, conduct and performance so that nurses, midwives and nursing associates can deliver high quality care throughout their careers.

We make sure nurses, midwives and nursing associates keep their skills and knowledge up to date and uphold our professional standards. We have clear and transparent processes to investigate nurses, midwives and nursing associates who fall short of our standards. We maintain a register of nurses, midwives and nursing associates allowed to practise in the UK.

These standards were approved by Council at their meeting on (DATE TBC).