

## Executive Summary

The Shadow Nursing and Midwifery Council (NMC) has a very different point of departure for its work on Quality Assurance (QA) from HPC's. This consultation paper explains the proposed strategy and that it fits into a wider very different approach to the obligations to consult in Part II of their Order.

It is important for the Committee to be kept informed of NMC's work and approach because it is a DoH (and QAA) target to encourage HPC and NMC to co-operate and collaborate and – ideally – share the same working methods. This will be the focus of the meeting being set up by DoH on 30 April between itself, HPC, NMC, and QAA.

At present the direction of CPSM's/SHPC's work in this area is consistent with SNMC's rather than aligned with it.

It is suggested that a response to this consultation would be most appropriate in the context of that meeting on 30 April 2002 because HPC does not have a direct stake or interest in NMC procedures.



# New arrangements for the quality

The new Nursing and Midwifery Council [NMC] will be responsible for two significant aspects of the quality assurance of nursing, midwifery and health visiting education. Firstly, it will set standards for education leading to entry to the register (pre-registration education) and also for those qualifications leading to a recording on the register (post-registration education). Secondly, it will monitor the quality of education programmes leading to registrable or recordable qualifications. Currently, these two activities are undertaken separately; the UKCC sets the standards and the four National Boards monitor them. The shadow NMC has already developed a quality assurance framework that reflects its public protection role and which focuses on fitness for practice.

The NMC will seek to work in partnership with others involved in quality assurance in order to avoid duplication of activity and to enable the NMC to focus on clinical practice. These partners will include the following.

- **Education purchasers** – these are the strategic health boards and workforce confederations, which will commission education.
- **Quality assurance organisations** – such as the Clinical Standards Board (Scotland), the Northern Ireland Practice and Education Council and the Commission for Health Improvement (England and Wales), which will provide evidence of the quality of clinical practice and education in practice.
- **The Quality Assurance Agency [QAA]** – the organisation that approves higher education institutions offering courses and awards. It also monitors the delivery of subjects in these institutions. The QAA has established codes of practice and guidance for programme development, as well as a contract with the Department of Health to carry out subject review in England.

- **Service providers** – these provide placement experiences, staff to support students and will contribute evidence from their own clinical audits.
- **Higher education institutions** – the universities and colleges in which nursing, midwifery and health visiting programmes are based. They will develop programmes in partnership with service providers and are responsible for ensuring that students can meet the standards set by the NMC and also that evidence of the quality of clinical placements is available to the NMC.
- **Regulatory bodies** – many education programmes now include inter-professional education experiences. The NMC will work in partnership with other regulatory bodies, such as the General Medical Council, the new Health Professions Council and the General Social Care Council, to approve and monitor the quality of these programmes.

The major quality assurance objective of the NMC is to ensure that students are able to meet its standards to enter the register and that all practitioners are able to meet its standards for staying on the register. Pre-registration programmes include competencies for entry to the register. Post-registration programmes that lead to a recording on the register include qualifications for specialist practice (community nursing specialities and teaching), prescribing and return to practice. These also include specified standards expressed in terms of programme outcomes.

The NMC quality assurance framework is the same for the whole of the United Kingdom in the nature of the evidence required. However, there is a difference in the way in which this evidence will be collected. In Scotland, Wales and Northern Ireland, there will be service level agreements [SLAs] with the new education bodies in each country. These are not regulatory bodies as their predecessors, the National

# Assurance of professional education

## Protecting the public

Boards, were. The NMC will contract the new bodies to carry out work as its representatives but the regulatory responsibility for enforcing standards will remain with the NMC. In all three countries, people who previously worked for the National Boards will move to the new education bodies. This will provide continuity of expertise and means that individual members of staff will be able to support the work of the NMC by acting as auditors or reviewers.

In England, a new education body called the Learning and Personal Development Division is to be established. The remit of this organisation, it is anticipated, will be different from that of the new education bodies in the other three countries. The NMC will appoint visitors to carry out its quality assurance work in England only. Initially, these will be registrants in clinical practice or education who must have previous experience in quality assurance. They will have relevant specific knowledge and experience and will receive training from the NMC to take on the role of visitor. Information about how to apply for appointment as a visitor is published on page 13 of this edition of *Register*.

The NMC quality assurance framework comprises several stages that correspond with the current quality assurance processes for professional education.

- **Institutional approval** – the NMC will accept the judgement of the QAA in this phase. Non-QAA approved institutions will be required to develop programmes in partnership with an approved institution.
- **Approval in principle** – higher education institutions will carry out this first stage of programme approval in partnership with education purchasers and service providers. The NMC will require a statement of compliance to be submitted with subsequent documentation to ensure that the necessary resources are available to deliver the

programme and enable students to meet the required competencies.

- **Validation** – this major stage of approval will involve an NMC visitor, auditor or reviewer as a member of the approval panel. This person will represent the NMC and ensure that its standards can be met in the proposed programme by focusing on clinical practice and the nature of the learning opportunities and support available in professional practice.
- **Annual monitoring** – visitors, auditors or reviewers will sample evidence prepared for higher education institutions, education purchasers and service providers to determine if the programme is being delivered as planned.
- **Periodic review** – this stage will also involve an NMC visitor, auditor or reviewer as a member of the review panel.
- **Subject review** – this stage will again involve an NMC visitor, auditor or reviewer as a member of the panel.

An important aspect of the NMC's role in quality assurance will be to involve the public in the process. Lay members of panels will be required at all stages of programme development and quality assurance. Higher education institutions already involve lay members on the curriculum groups that develop programmes. The NMC will seek evidence that there is a strong lay voice in all aspects of nursing, midwifery and health visiting education in order to help it to meet its public protection remit. Progress reports on the development of the quality assurance system will be published in the new *NMC News* from April 2002 and on the NMC's website at [www.nmc-uk.org](http://www.nmc-uk.org).