



Nursing and Midwifery Council quality assurance

Handbook for Institutional Approval,
Programme Approval and Programme
Endorsement

This review method is ESG compliant

May 2026



This document is available
in both English and Welsh

Action	Date	Responsibilities
Guidance approved for consultation	August 2024	Assessment and Reviews Group
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Compliance with the ESG

The Standards and Guidelines for Quality Assurance in the European Higher Education Area (ESG) provide the framework for internal and external quality assurance in the European Higher Education Area. QAA's review methods are [compliant with these standards](#), as are the [reports published](#). More information is available on our [website](#).

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Introduction

Overview

1. This document is produced for Education Institutions (EIs) and Approved Education Institutions (AEIs).¹ It sets out details of the review method used by QAA for institutions seeking Nursing and Midwifery Council (NMC) approval for the following:
 - institutional approval, for approved education institution (AEI) status
 - new programme approval²
 - programme endorsement.³
2. It is intended to give institutions and their practice learning partners and/or employer partners the information needed to understand how the approval process will be conducted and outline the activities that take place as part of the review method for each activity. As such, it forms the terms of reference for what is expected of the institution and from QAA during the process.
3. In this document, 'you' refers to the institution and 'we' or 'our' refers collectively to QAA, including the managers, officers, visitors and professional support services involved in delivery of the activities.
4. The NMC makes the regulatory decisions and is responsible for deciding whether to approve an institution or programme. Where decisions or actions are undertaken by NMC, this is outlined in this Handbook. This document should be read in conjunction with the [NMC Code](#), the [NMC quality assurance framework](#) and other linked documents.
5. Separate QAA Handbooks outline other quality assurance activities that QAA performs as the quality assurance service provider (QASP) for the NMC. These are as follows:
 - Handbook for Institutional Approval, Programme Approval and Programme Endorsement (this Handbook)
 - Handbook for major modifications
 - Handbook for monitoring visits
 - Handbook for extraordinary review assessments.⁴

1. Throughout this Handbook, the term 'institution' is used to refer to the education provider and its practice learning partners/employer partners. The institution may be an 'Approved Education Institution' (AEI) or an 'Education Institution' (EI) seeking AEI status.

2. Programme approval is required where an EI/AEI is introducing a new programme in one or more of the profession-specific standards that it has not delivered in before, for example, an AEI that currently delivers pre-registration nursing but intends to deliver prescribing programmes. New programmes within a profession-specific standard already delivered by the AEI, such as an additional programme in a new field or at a new academic level, are addressed through the major modification process.

3. Endorsement approval is required where an AEI seeks approval for an already approved programme delivered in the UK to be delivered outside of the UK in the Channel Islands and/or the Isle of Man, using comparable programme arrangements or where it seeks to deliver parts of an approved programme outside the UK in the Channel Islands and the Isle of Man. For further information on programme endorsement please see the [NMC website](#).

4. This method is currently referred to by the NMC in its Quality Assurance Framework as 'Extraordinary Review'. This is an individual, demand-led and unique investigation into specific concerns regarding a programme and therefore this activity is regarded by QAA as an assessment under its External Quality Assurance Activity Policy and does not align with the Standards and Guidelines for Quality Assurance in the European Higher Education Area (ESG).

6. Our work and review methods are informed by the fundamental values of the European Higher Education Area and Bologna Process.⁵ This means a commitment to the fundamental values of institutional autonomy, academic freedom and integrity, participation of students and staff in higher education governance, and public responsibility for and of higher education. The approach and methods outlined in this Handbook are designed to meet the standards and reflect the guidelines set out in the European Standards and Guidelines for Quality Assurance in the European Higher Education Area (ESG) by being reliable, useful, predefined, implemented consistently and published.

Aims and objectives

7. The overall aim of the quality assurance activities outlined in this Handbook is to conduct an external, independent review of whether an institution and its programmes align with the NMC Standards framework for nursing and midwifery education, the NMC Standards for student supervision and assessment, and the relevant NMC Programme standards. This ensures that the education and training of nursing, midwifery and nursing associate students enables them to achieve the relevant standards of proficiency to complete their programme, for registration and/or for annotation on the NMC register, and to deliver high standards of care to people.
8. The objectives are to provide the NMC with the information it needs to fulfil its regulatory function and, in so doing, will also meet the objectives of:
 - providing public assurance that the standards of qualifications and quality of the learning experience are safeguarded and continually improved in line with NMC standards so that nurses, midwives and nursing associates are able to deliver safe and effective care
 - encouraging opportunities for reflection and refinement of the institution's approach to the quality assurance systems that safeguard academic provision
 - ensuring action is taken on the basis of the findings of the quality assurance process
 - adding value through the identification and sharing of good practice.
9. The review also considers alignment to the European Higher Education Area (EHEA) expectations in:
 - how institutions set and maintain academic standards
 - how institutions maintain a high-quality academic experience and excellent outcomes for students
 - supporting continuous improvement of student outcomes and the enhancement of the student learning experience.

5. <https://eua.eu/issues/10:bologna-process.html>

10. The process has both an assurance and an enhancement function. A successfully implemented quality assurance system generates information that an institution can use for assurance (accountability and assuring public safety) as well as for determining how it can improve (enhancement). Quality assurance and quality enhancement are therefore interrelated; they can support the development of a quality culture that is embraced by all - from the students and staff to the institutional leadership and management and its practice learning partners.

The gateway approach

11. We follow the NMC's gateway approach for institutional and programme approval as follows:
 - Gateway 1 is a desk-based analysis by a visitor team of an institution's self-evaluation narrative and documentary evidence against NMC standards Part 1 - Standards framework for nursing and midwifery education
 - Gateway 2 is a desk-based analysis by a visitor team of an institution's self-evaluation narrative and documentary evidence against NMC standards Part 2 - Standards for student supervision and assessment
 - Gateway 3 is a desk-based analysis by a visitor team of an institution's self-evaluation narrative and documentary evidence against NMC standards Part 3 - Programme standards
 - Gateway 4 is engagement with key stakeholders through a conjoint approval visit, to triangulate the findings of the documentary evidence review stage(s) and formulate outcomes.
12. The submission of an institution's self-evaluation narrative and documentary evidence for each Gateway takes place through the NMC's Quality Assurance Link (QA Link).
13. We use the NMC standards for education and training as the criteria against which your institution and programme is reviewed:
 - [Part 1: Standards framework for nursing and midwifery education](#)
 - [Part 2: Standards for student supervision and assessment](#)
 - Part 3: Programme standards:
 - [Standards for pre-registration nursing programmes](#)
 - [Standards for pre-registration midwifery programmes](#)
 - [Standards for pre-registration nursing associate programmes](#)
 - [Standards for prescribing programmes](#)
 - [Standards for return to practice programmes](#)
 - [Standards for post-registration programmes.](#)
14. The standards applied in each review depend on the programme the institution wishes to approve and whether the institution already has AEI status. In this review method, evidence and self-evaluation narrative for Part 1 of the standards (Gateway 1) and Part 2 of the standards (Gateway 2) will only be required to enable an institution to become approved as an AEI.

15. Once approved as an AEI, additional programme approvals will not normally require evidence and a self-evaluation narrative for Part 1 and Part 2, but the information will remain available to visitors as part of the activities outlined in this Handbook. Such additional programme approvals only require evidence, and a self-evaluation narrative for Part 3 of the standards (Gateway 3). This is because Part 3 is contextualised for the programme under review and includes standards that require an institution to provide evidence of how they continue to meet Part 1 and Part 2.
16. For each standard (and associated requirement where these occur), we will analyse evidence that includes policies, procedures and systems, and the outputs from these, to decide whether the evidence demonstrates that each standard is met.
17. The methods outlined in this Handbook align to the standards for internal quality assurance as set out in the ESG. A reference mapping has been provided by QAA (see Annexe 2) to demonstrate how the NMC standards align with the ESG.
18. The scope of review and standards applicable for each Gateway are summarised below:

Gateway 1	Gateway 2	Gateway 3
Part 1: Standards framework for nursing and midwifery education	Part 2: Standards for student supervision and assessment	Part 3: Programme standards
In scope for institutions without AEI status seeking institutional approval	In scope for institutions without AEI status seeking institutional approval	Relevant programme standards in scope for the programme being approved

Review methods for approvals

Key principles

19. The methods used for approvals include a core review element through which visitors analyse evidence against the NMC standards and make recommendations regarding approval to the NMC. The NMC makes the final regulatory decision on institutional approval, programme approval and programme endorsement.
20. Institutions make requests for approval through the NMC's [QA Link](#). Those seeking approval for AEI status with the NMC must first submit a proposal to the NMC on QA Link for permission to proceed. For more information on the process for approval for AEI status please see the criteria and publicly available information on the [NMC website](#). Advice to institutions on making a request can be sought from QAA at nmc@qaa.ac.uk.
21. Institutions seeking approval of programmes must provide the required information to QAA, the visitor team and the NMC. If an institution refuses a reasonable request for information, the NMC may refuse approval.
22. Alignment with the ESG is demonstrated through a combination of institutional and programme information analysed by visitor teams as part of institutional approval, programme approval and/or endorsement. The NMC provides programmes with indefinite approval, unless approval to deliver the programme is withdrawn, or the standards upon which that approval has been granted are formally changed. Changes to approved programmes are considered under the major modifications process outlined in the handbook for major modifications available on the [QAA NMC website](#).
23. To ensure that all AEIs are subject to external quality assurance on a cyclical basis within a nine-year cycle, QAA will track each AEI's engagement with an ESG-compliant review process and share this intelligence with the NMC to inform its annual planning. The NMC and QAA will use a wide variety of intelligence sources when selecting AEIs for periodic monitoring. This is described in greater depth in the QAA Handbook for NMC Monitoring Visits on the [QAA NMC website](#).
24. Follow-up to a review is conducted through the annual self-report (ASR) process conducted by the NMC which is analysed by QAA. As part of its ASR submission, or as requested by the NMC, institutions must provide commentary and evidence on actions taken following the outcomes of the review.

25. The methods for programme approval outlined in this Handbook include the engagement of practice learning and employer partners. The NMC quality assurance framework emphasises the importance of education and training underpinned by effective partnerships. The delivery of NMC-approved programmes requires a partnership approach between institutions and practice learning partners. These partnerships are integral to ensure safe and effective practice learning, necessary for ensuring students on NMC-approved programmes meet the required proficiencies and programme learning outcomes. Practice learning partners are organisations that provide practice learning experiences for students - for example, NHS Trusts or Health Boards, GP surgeries and care homes. Employer partners are practice learning partners with the additional responsibilities for the employment of the student while they are on an NMC-approved programme: this might be on an apprenticeship programme in England, or other form of employment or work-based learning model.

Method types

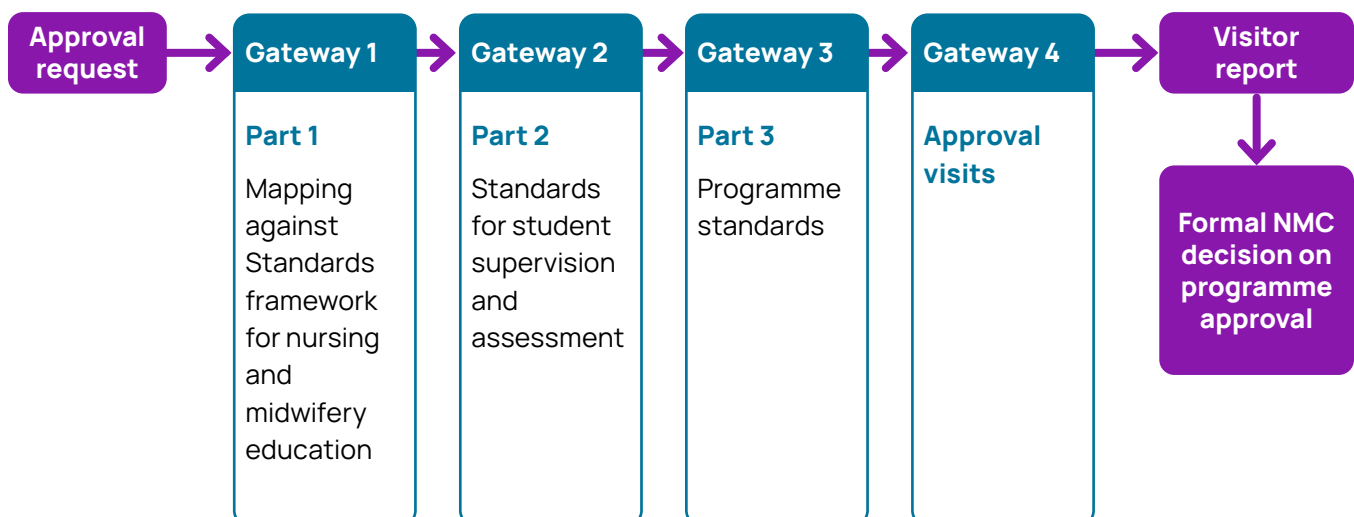
26. The following sections outline the review method approach for each of the following quality assurance activities:

- institutional approval
- new programme approval
- programme endorsement.

Institutional approval including programme approval

27. To deliver nursing, midwifery, or nursing associate programmes approved by the NMC, you must be or become an NMC-approved Education Institution (AEI). As outlined above, your proposal to become an AEI, including the programme(s) you wish to deliver, must be submitted through the QA Link and provide the relevant information required by the NMC.

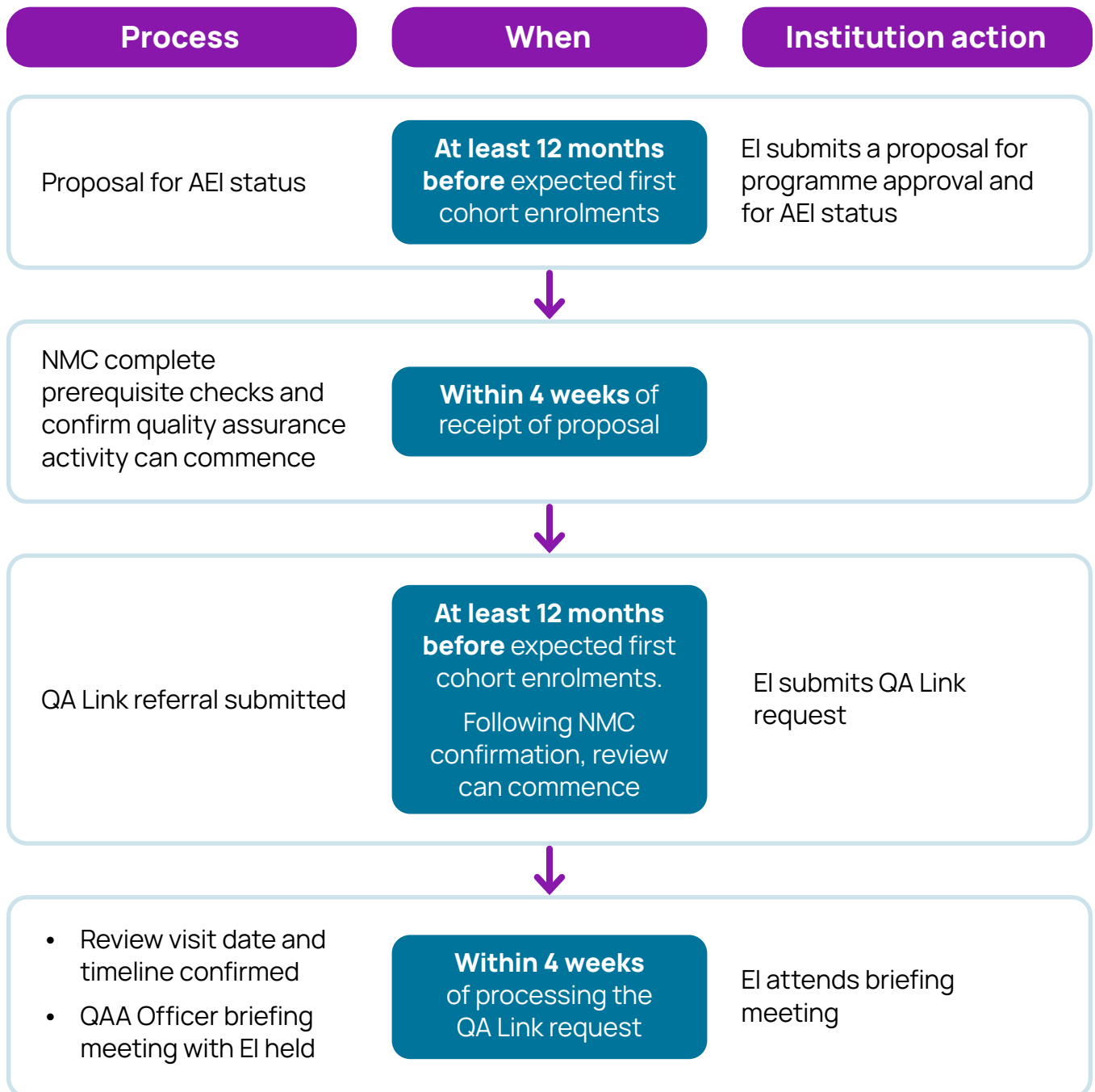
Figure 1: Gateway process for institutional approval and programme approval



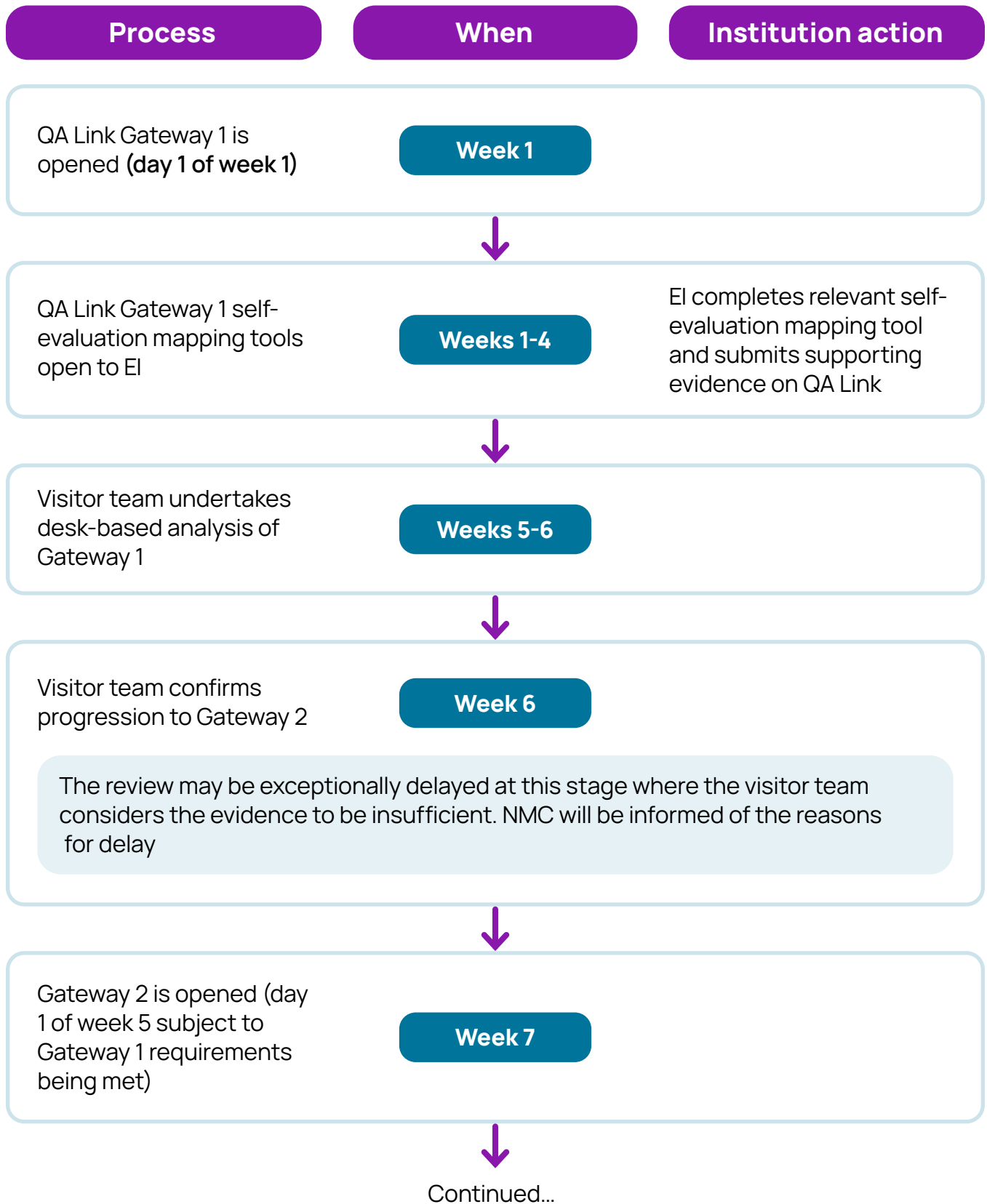
28. Institutions seeking institutional approval (AEI status) will be reviewed against gateways 1-4.
29. The review process supports an institution's internal quality assurance processes and requires a visit to the institution by the visitor team. The visit will take the form of a series of conjoint panel meetings held with stakeholders. The panel is chaired by a senior member from an independent school/faculty within the institution and includes individuals appointed by the institution and the QAA-appointed visitor team. An indicative agenda and suggested panel membership for the institution's appointed panel are available in Annexe 5.
30. The NMC will normally send an observer to represent the Regulator at an institutional approval. Our Observer Policy will be sent to the institution for information.
31. Institutional approval is conducted over a 30-week timeline post scheduling and follows the process outlined below. **Institutions must adhere to all required deadlines as any delays to the process may have an impact on the proposed start date for the programme.**

Institutional approval including programme approval

Pre quality assurance activity: screening and scheduling



Documentary analysis (Gateways 1-2 institutional approval)



QA Link Gateway 2 self-evaluation mapping tools open to EI

Weeks 7-9

- EI completes relevant self-evaluation mapping tool and submits supporting evidence on QA Link
- EI submits draft visit agenda and attendees



Visitor team undertakes desk-based analysis of Gateway 2

Weeks 10-11

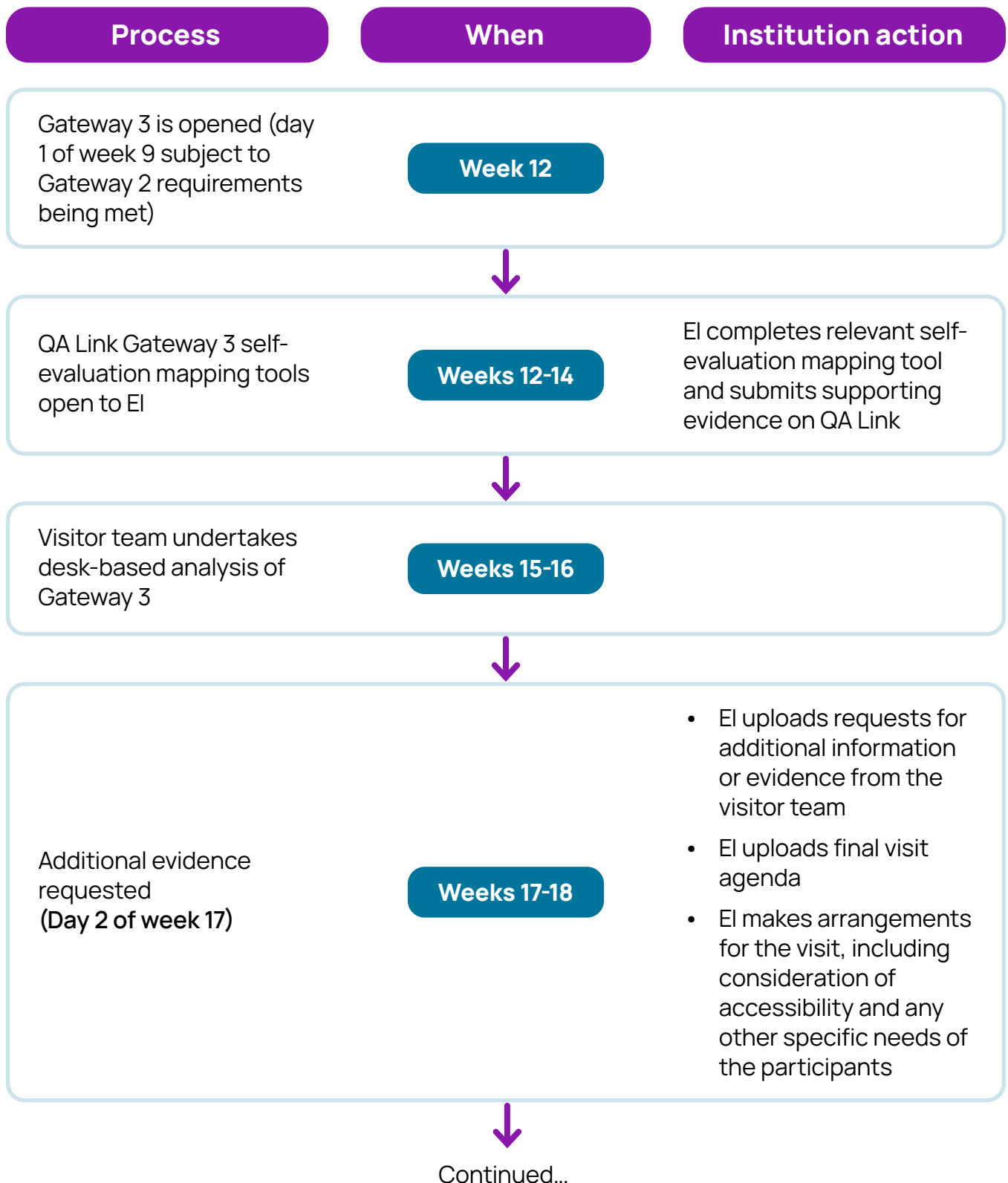


- Visitor team progression to Gateway 3
- Visitor team provides comments on the proposed visit agenda, panel and attendees
- The NMC will determine which practice learning partners will be visited (on site) during the approval process. If applicable, the EI will be notified and support for planning the visit provided

Week 11

The review may be exceptionally delayed at this stage where the visitor team considers the evidence to be insufficient. NMC will be informed of the reasons for delay

Documentary analysis (Gateway 3 programme approval)



- Visitor team considers additional evidence received
- Visitor team and QAA Officer meet to discuss evidence against standards and lines of enquiry

Week 19



- QAA Officer shares lines of enquiry, requests for additional information and outstanding questions with the EI
- QAA Officer confirms the visitor team decision to proceed to visit

Week 20

The review may be exceptionally delayed at this stage where the visitor team considers the evidence to be insufficient. NMC will be informed of the reasons for delay

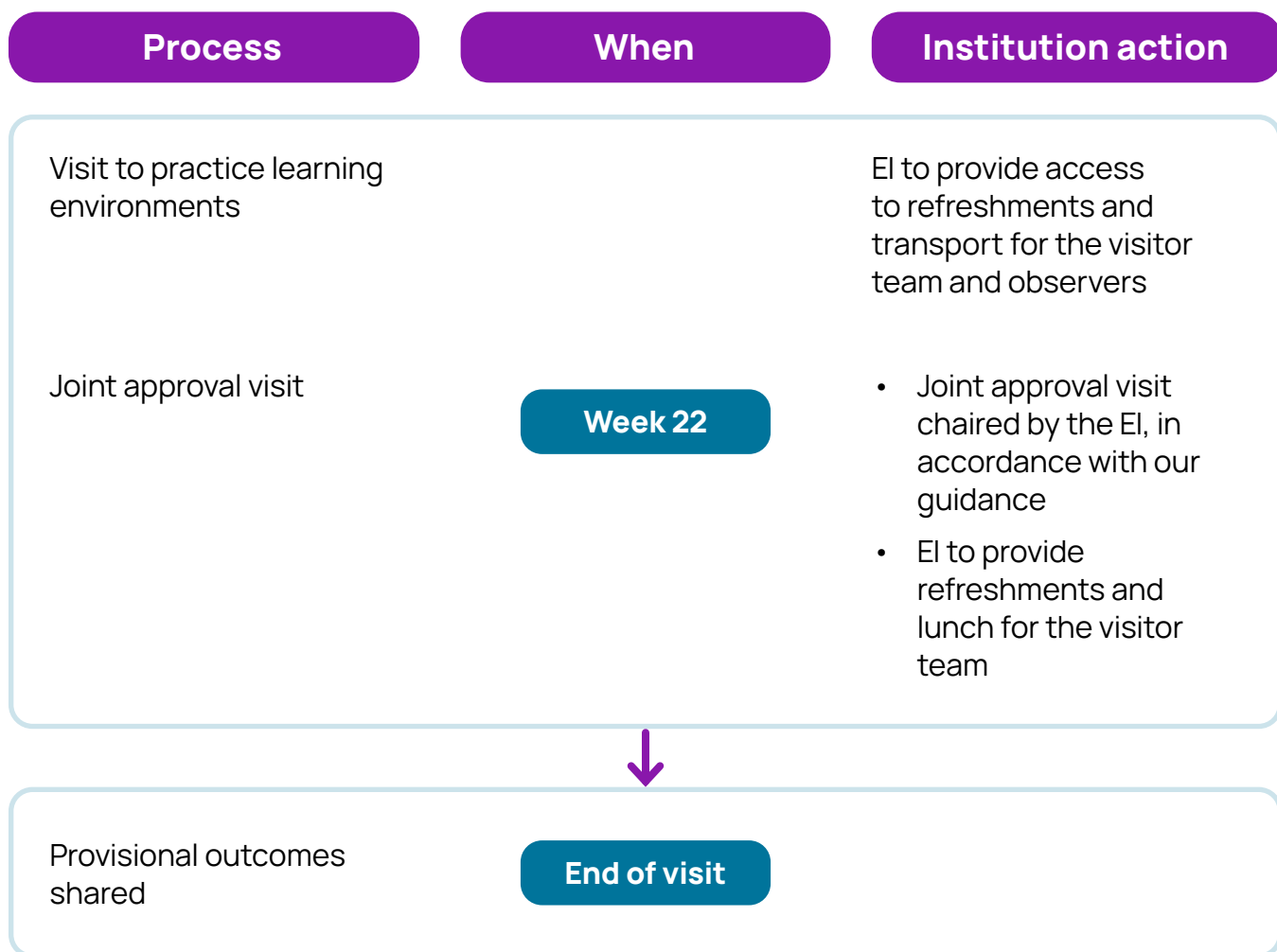


Submission of additional information

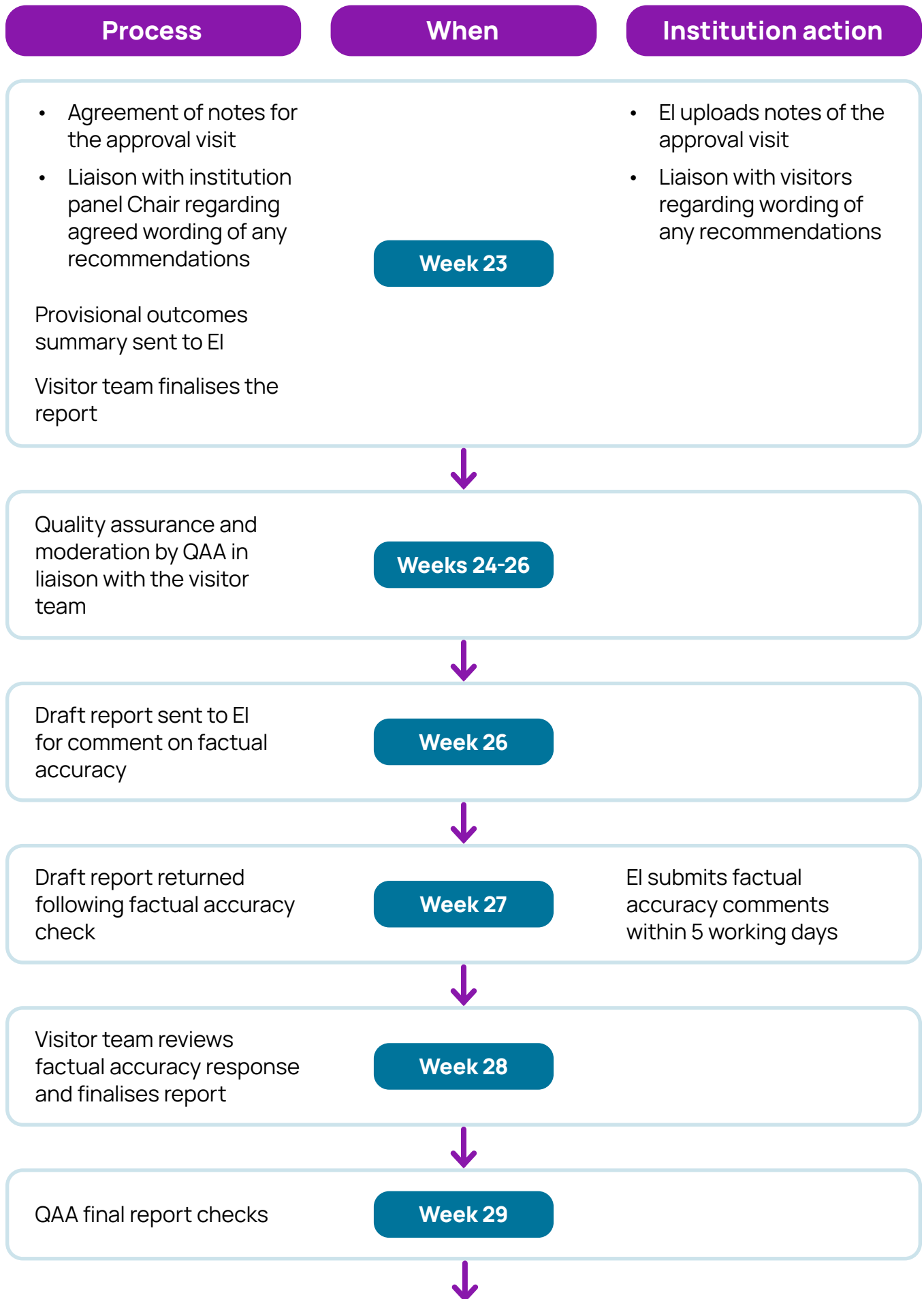
Week 21

EI uploads additional evidence if required

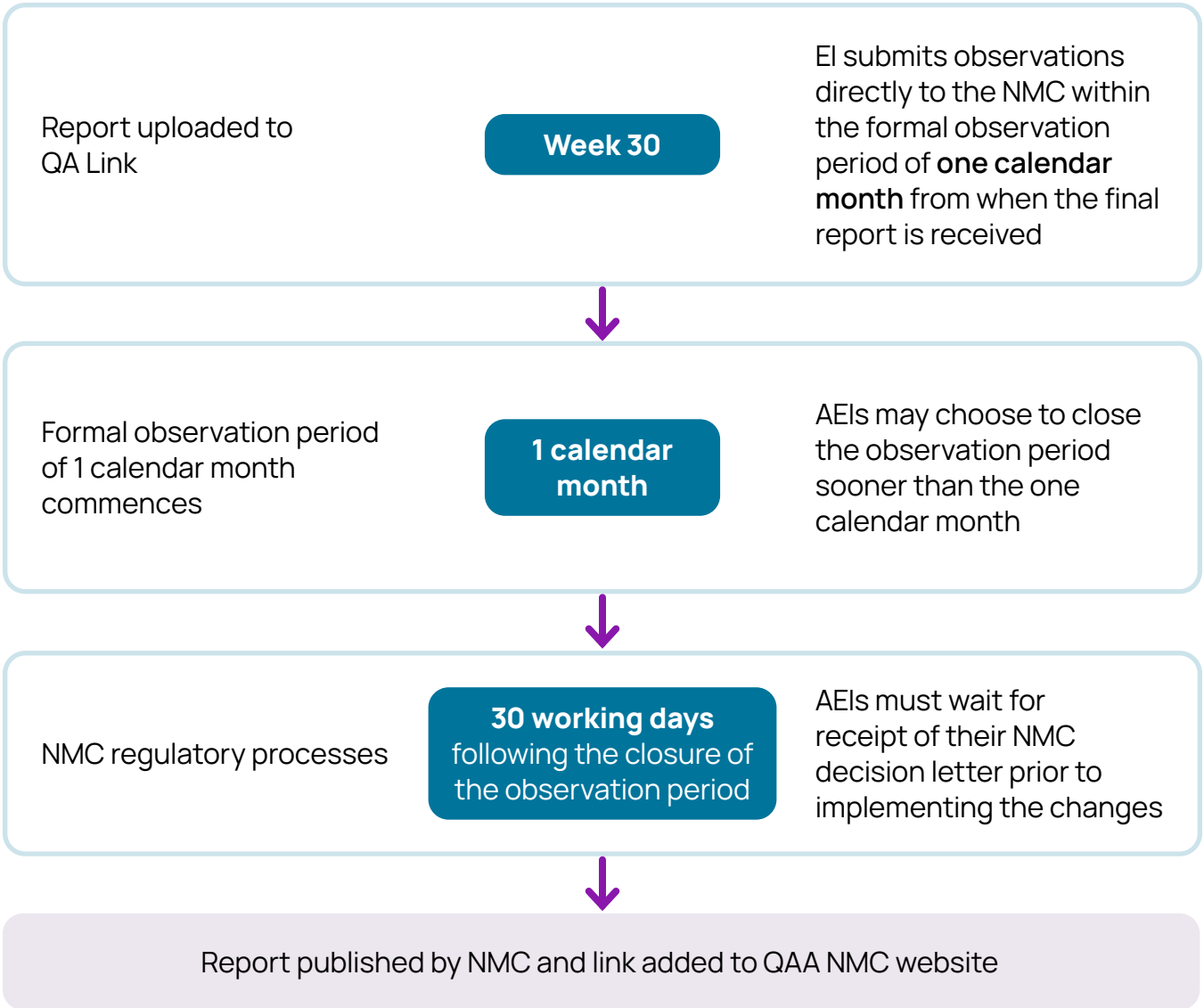
Approval visit (Gateway 4)



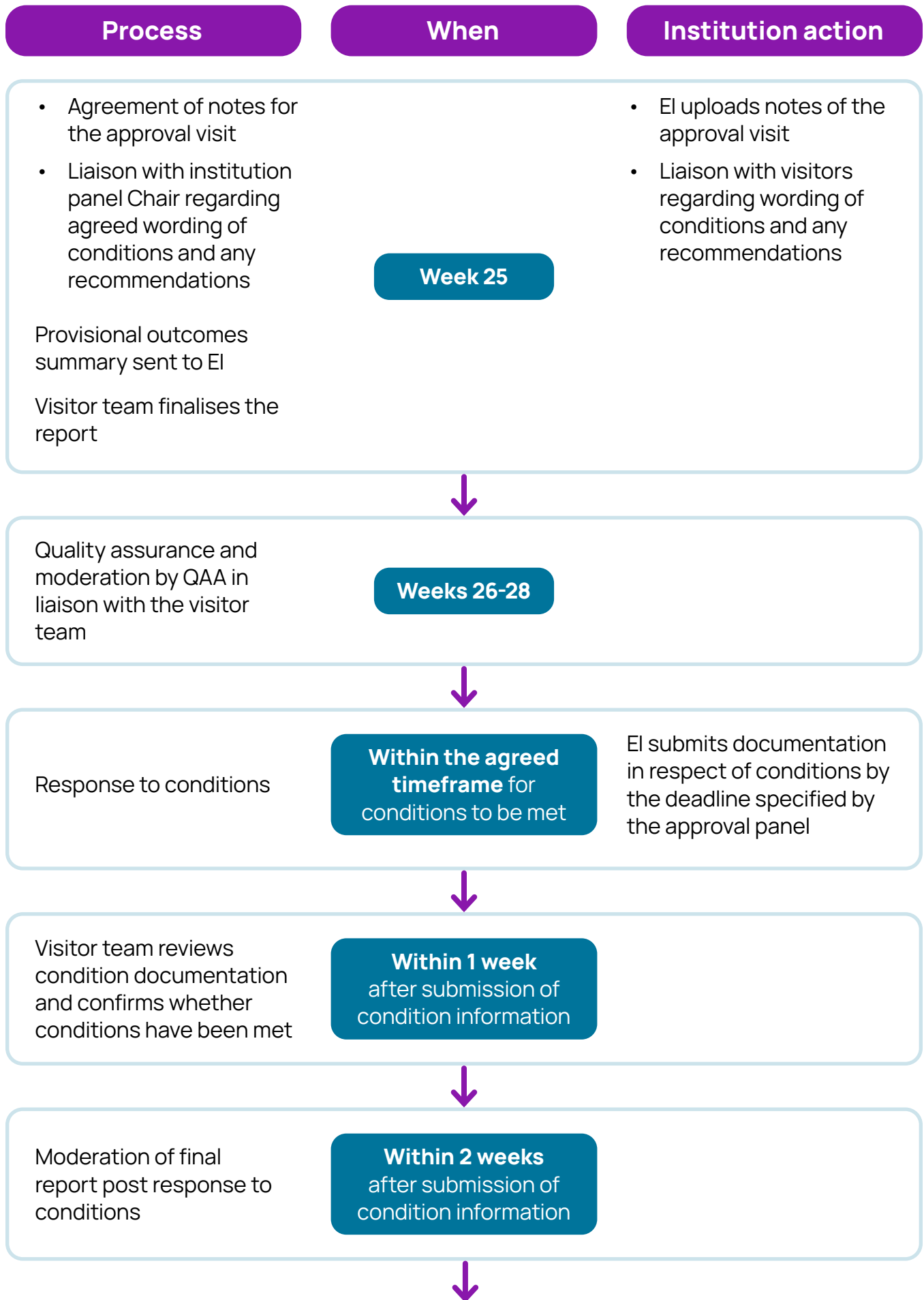
Report and outcomes (no conditions)



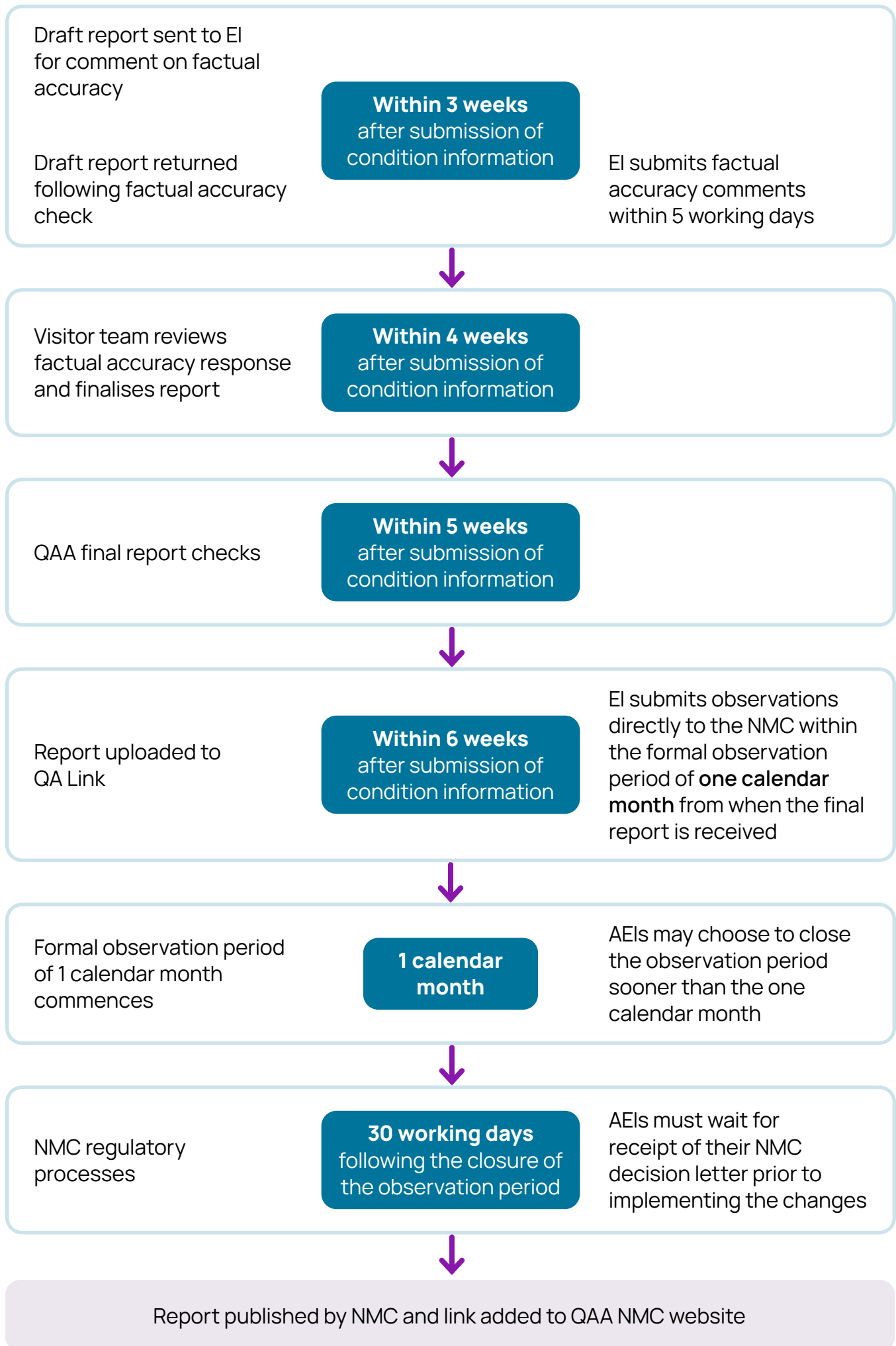
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Report and outcomes (with conditions)



Continued...



32. For planning purposes, institutions are advised that the NMC requires 30 working days following the completion of the observation process for its QA Board process to be complete and to issue the letter that an institution needs to be authorised to enrol students.

Programme approval

33. Programme approval requests are reviewed against the profession-specific NMC Part 3 programme standards.

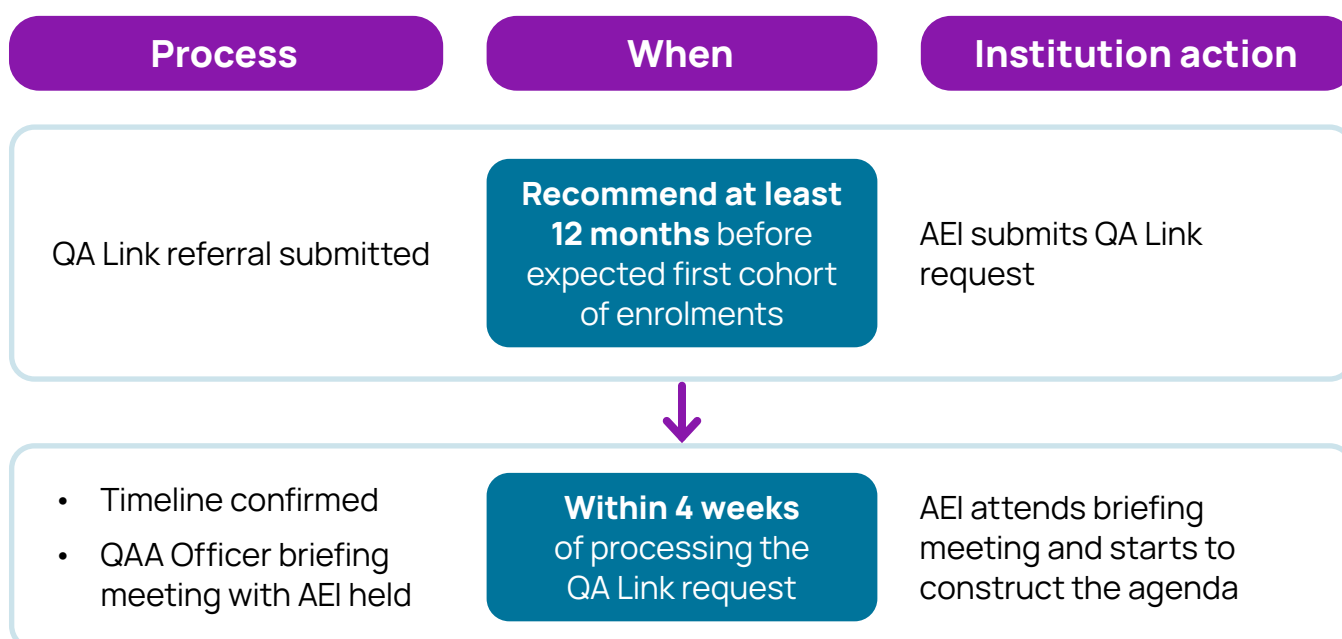
34. Where an established AEI seeks approval for a programme against professional standards that it does not currently deliver programmes against, it must submit a programme approval request through QA Link.⁶

35. The review process supports an institution's internal quality assurance processes for programme approval and requires a visit to the institution by the visitor team. The visit will take the form of a series of conjoint panel meetings held with stakeholders. The panel is chaired by a senior member from an independent school/faculty within the institution and includes individuals appointed by the institution and the QAA-appointed visitor team. An indicative agenda and suggested panel membership for the institution's appointed panel are available in Annexe 5.

36. Programme approvals are conducted over a 20-week timeline post-scheduling and follow the process outlined below. **Institutions must adhere to all required deadlines as any delays to the process may have an impact on the proposed start date for the programme.**

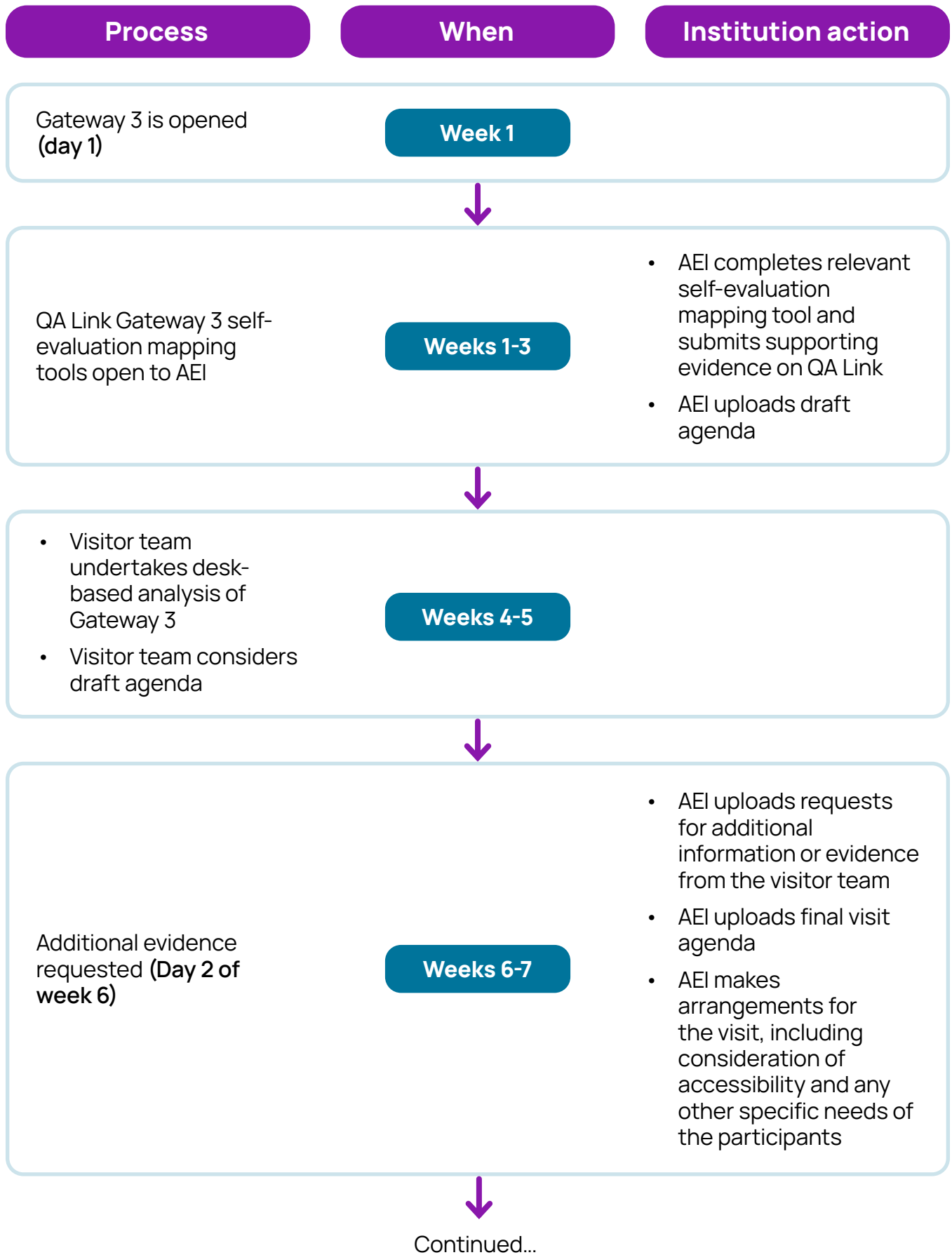
Programme approvals

Pre quality assurance activity: screening and scheduling



6. New programmes within a professional standard that is already delivered by an AEI, such as an additional programme in a new field or at a new academic level, are addressed through the major modification process.

Documentary analysis (Gateway 3)



- Visitor team considers additional evidence received
- Visitor team and QAA Officer meet to discuss evidence against standards and lines of enquiry

Week 8



- QAA Officer shares lines of enquiry, requests for additional information and outstanding questions with the AEI
- QAA Officer confirms the visitor team decision to proceed to visit

Week 9

The review may be exceptionally delayed at this stage where the visitor team considers the evidence to be insufficient. NMC will be informed of the reasons for delay

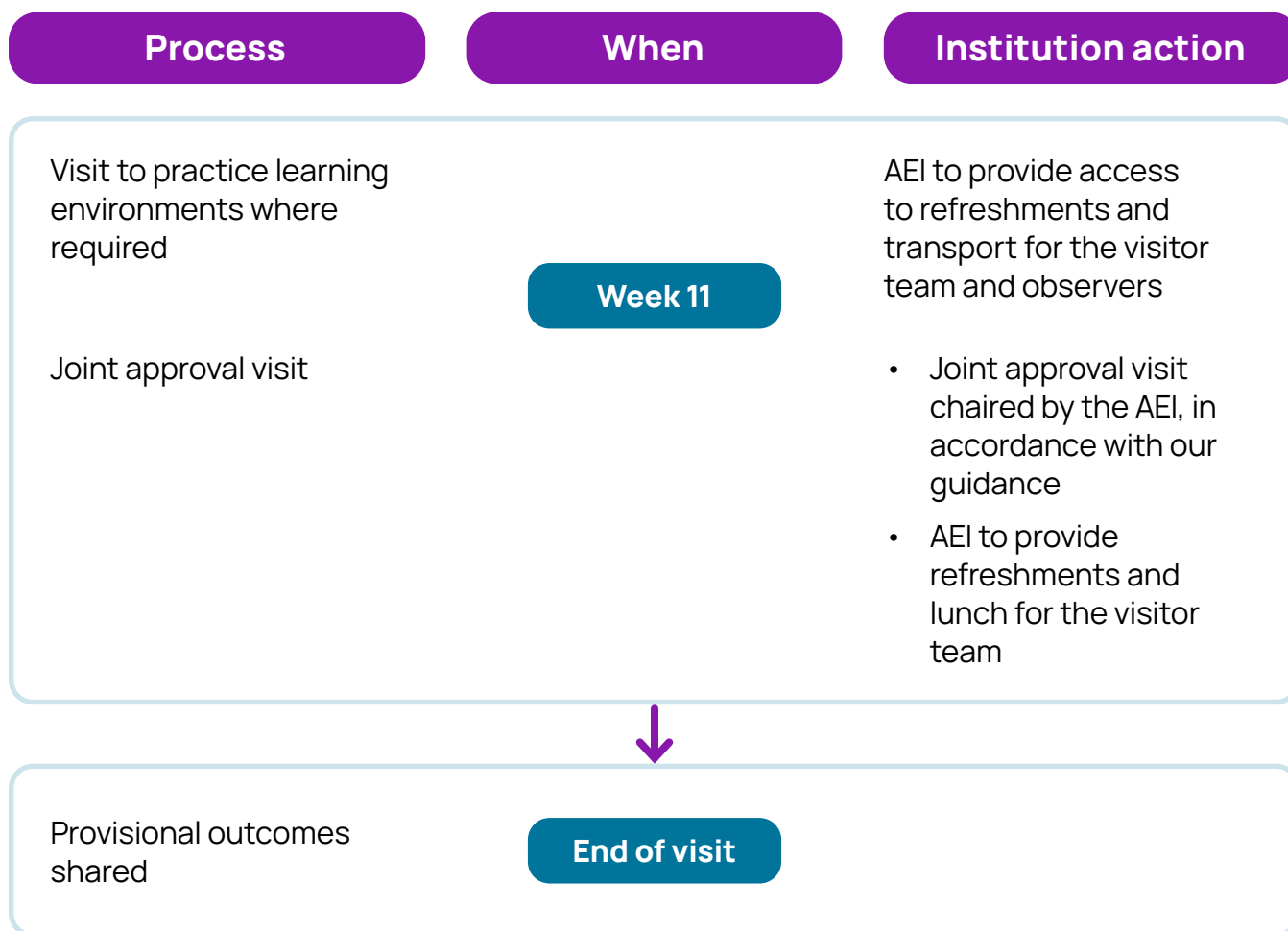


Submission of additional information

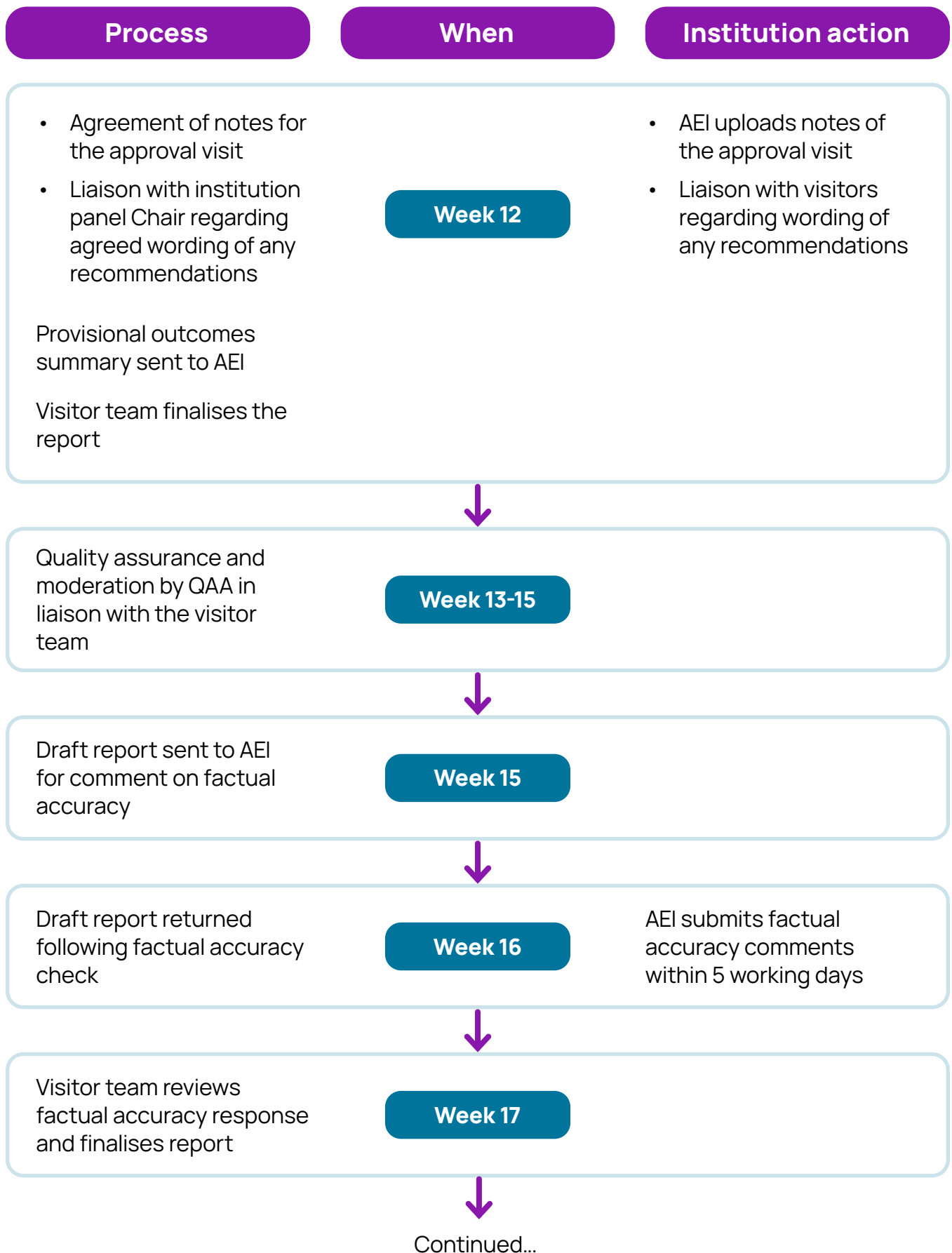
Week 10

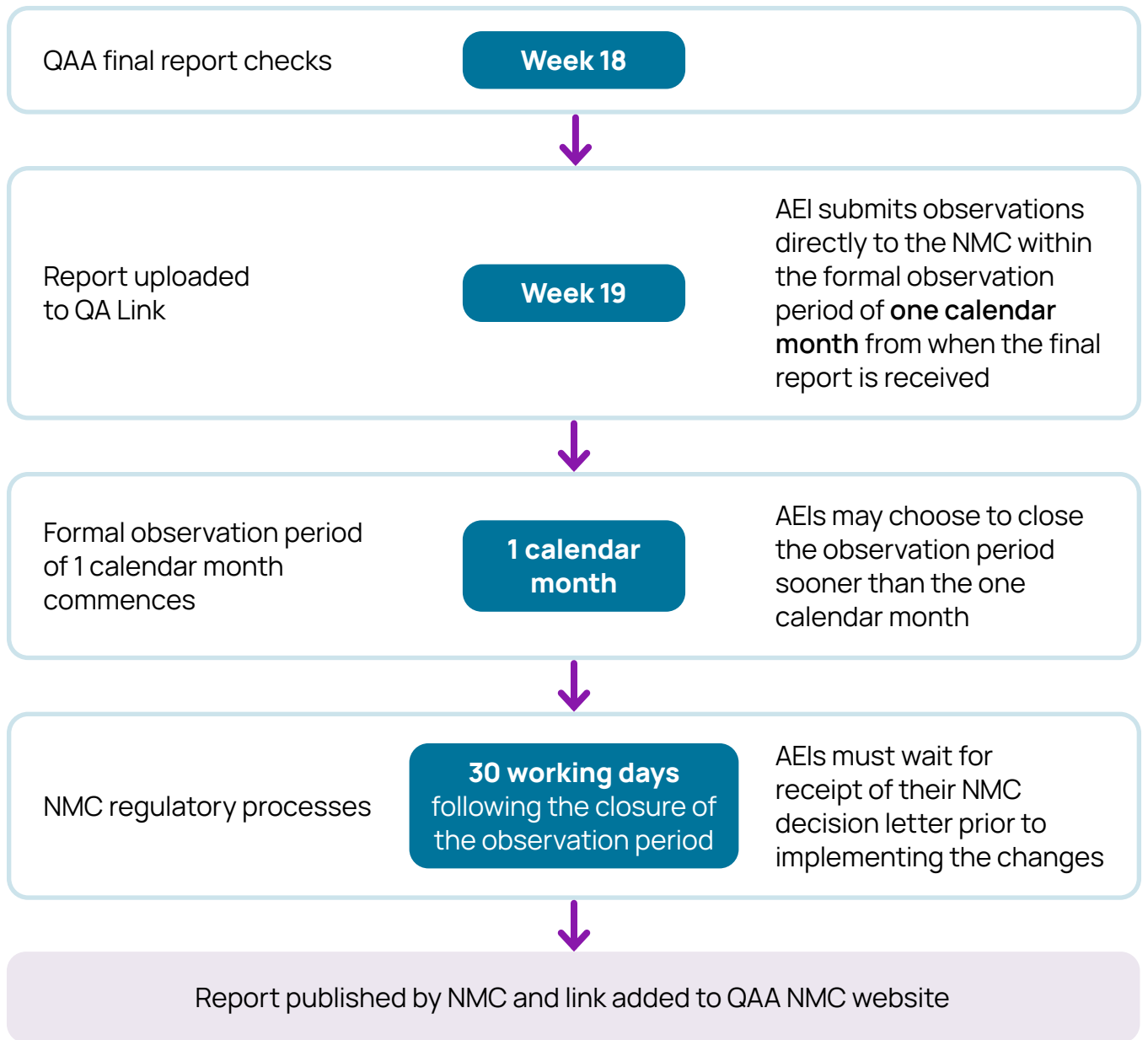
AEI uploads additional evidence if required

Approval visit (Gateway 4)

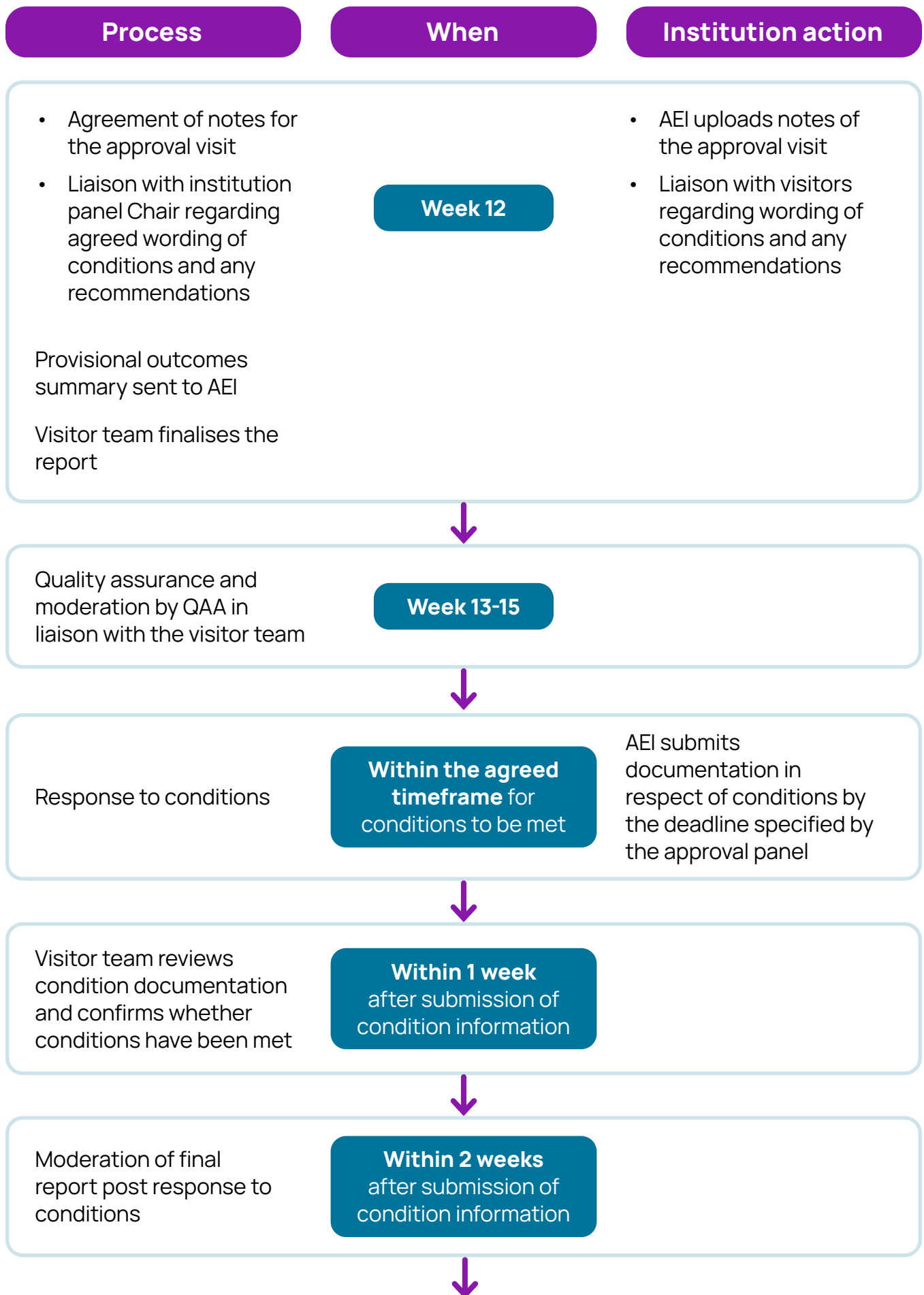


Report and outcomes (no conditions)

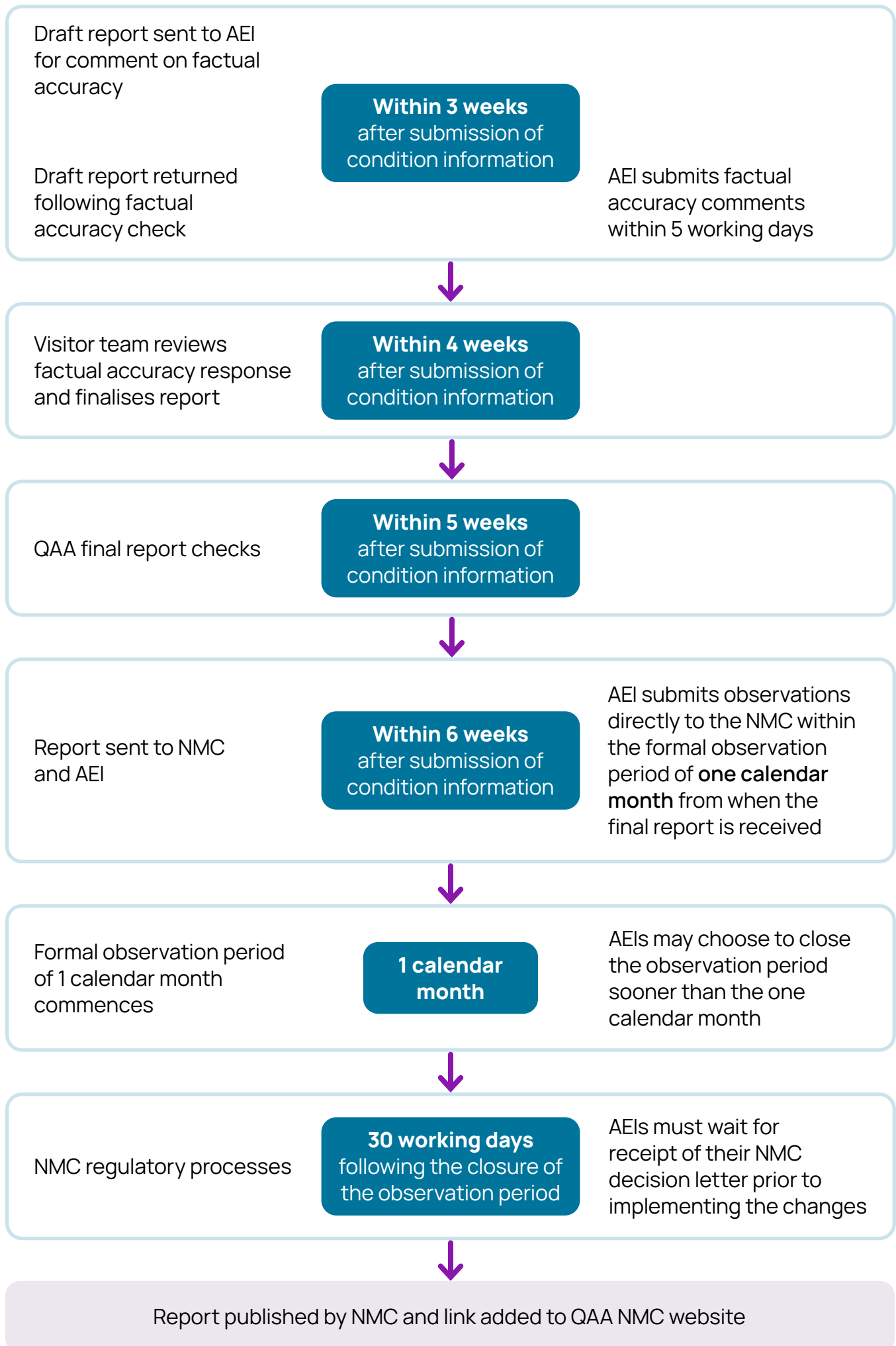




Report and outcomes (with conditions)



Continued...



37. For planning purposes, institutions are advised that the NMC requires 30 working days following the completion of the observation process for its QA Board process to be complete and to issue the letter that an institution needs to be authorised to enrol students.

Programme endorsement

38. A quality assurance visit will be used for 'endorsement' which is the approval to run an NMC-regulated programme (or part of an NMC-regulated programme) outside the UK in the Channel Islands and/or the Isle of Man. To initiate the process, institutions should submit an endorsement proposal request that is considered by the NMC. QAA may then be asked by the NMC to arrange an endorsement visit.
39. Endorsements will be reviewed against the relevant NMC Part 3 programme standards.
40. The review process supports an institution's internal quality assurance processes and requires a visit to the location of the endorsement by the visitor team. The visit will take the form of a series of conjoint panel meetings held with stakeholders. The panel is chaired by a senior member from an independent school/faculty within the institution and includes individuals appointed by the institution and the QAA-appointed visitor team. An indicative agenda and the required panel membership for the institution's appointed panel are available in Annexe 5.
41. Programme endorsements will follow a 20-week timeline post-scheduling. Endorsements follow the same stages and timelines as for programme approval: please therefore see the programme approvals flowchart above for more information. **Institutions must adhere to all required deadlines as any delays to the process may have an impact on the proposed start date for the programme.**
42. The NMC will normally send an observer to represent the Regulator at an endorsement visit. Our Observer Policy will be sent to the institution for information.

Pre quality assurance activity: Screening and scheduling

43. The Institutions are encouraged to submit requests as early as possible. For EIs seeking institutional approval, and for new programme approvals it is recommended that you submit a visit request form through the [QA Link](#) at least 12 months before the anticipated start date⁷ of the proposed programme. Where a request is made significantly in advance of the proposed visit date, your QAA Officer will liaise with you to agree submission times for gateway evidence: there may therefore be a gap between your approval request and the start of the gateway submission process.

7. Requests can be submitted a minimum of nine months prior to enrolment but institutions should be aware that if conditions are set by the panel there would not be sufficient time for conditions to be met prior to the proposed start date.

44. All requests received will be reviewed, screened and scheduled within four weeks of submission. Your request should indicate your preferred dates for a conjoint approval visit based on the published timeline and your proposed programme start date. QAA has produced a scheduling calendar on the QAA NMC webpages for more information on the scheduling of approvals that we recommend you consider ahead of preparing to submit a request.
45. The conjoint approval visit serves both as your institutional approval of the programme attended by a panel appointed by you and as the approval visit attended by the visitor team.⁸ In submitting preferred dates, you are committing that you will be prepared for the visit to go ahead on those dates⁹ and that you will meet the deadlines outlined in this Handbook. **The principle of conjoint approval means that you must not approve a programme internally before a conjoint visit takes place.**
46. When you submit your QA Link request you must ensure that the programme titles included in your request are accurately listed as these will be the programme titles used in the final report for NMC to make an approval decision. This action must be completed prior to your review commencing as the programme titles listed in your QA Link request cannot routinely be changed once your review has started. If there is an unintentional error in your programme titles, please contact the NMC directly via your regional Education QA Officer.
47. When you make the request in QA Link, you will be required to input the details for a named 'Principal Event Lead' to act as a facilitator and main point of contact for your institution. The Principal Event Lead helps to organise and ensure the smooth running of the review and improve the flow of information. We also ask you to notify us at the earliest opportunity of the Chair of the approval panel so that we can liaise with them regarding the arrangements for the visit.
48. Once we have screened your request, we will write to you to confirm and/or allocate a specific timeline for the review as outlined in the QAA scheduling calendar. This will include key dates, including a proposed date for a briefing meeting. We will also confirm the size and composition of the team and inform you about the QAA Officer appointed to coordinate the review process, support the visitor team, and act as your primary point of contact. The Principal Event Lead is welcome to contact the named QAA Officer throughout the review to ask questions and/or seek clarification on the process. The QAA Officer can provide advice about the review process but cannot act as a consultant for your preparation for the review or give advice about the evidence you should present. The NMC's Regional Education QA Officer team can provide advice to institutions regarding the NMC standards and expectations; however, they cannot prejudge the evidence being submitted or influence the independent QA visitors' decision-making process.
49. We will select a visitor team comprising registrant visitor(s), a lay visitor and a student visitor and check potential conflicts of interest with you prior to confirming their appointment.

8. For those without AEI status, you must first submit your proposal to the NMC which will trigger the start of NMC's prerequisite checks.

9. In proposing dates, institutions should note that approval is not guaranteed and that there may be delays at certain gateways if the evidence is deemed insufficient. Institutions should therefore plan timescales which enable conditions to be met and to take into account public holidays.

50. Further details on the composition of visitor teams and on the roles of the Principal Event Lead and QAA Officer are outlined in Annexe 3.
51. A briefing meeting will be held between the Principal Event Lead and the QAA Officer. The briefing meeting is led by the QAA Officer and provides an opportunity to discuss the review method process in more detail including the timelines, process for gateway documentary analysis, the self-evaluation narrative, documentary evidence and the preparatory arrangements for Gateway 4.

Documentary analysis (Gateways 1, 2 and 3)

Upload of QA Link self-evaluation narrative and supporting evidence

52. The Gateway evidence upload section in QA Link enables you to upload documentary evidence and self-evaluation narrative for the relevant standards under review. This section of QA Link enables you, in partnership with your practice learning/employer partners, to demonstrate how you meet the NMC standards by uploading evidence alongside a self-evaluation narrative for each standard.
53. For institutions seeking AEI status alongside new programme approval, you will be expected to upload documentary evidence and self-evaluation narrative for the relevant standards for Parts 1, 2 and 3. This should be uploaded as per the Gateway stages: for example, documentary evidence for Part 1 should be uploaded in the first instance and evidence for Part 2 should be uploaded once the visitor team has confirmed progression to the next Gateway. For more information, please refer to the timeline for institutional approval.
54. For existing AEIs applying for new programme approval, you will be expected to upload documentary evidence and self-evaluation narrative for the relevant standards for Part 3 only.
55. You should upload your self-evaluation narrative and evidence to QA Link.

Review of evidence, lines of enquiry and additional requests

56. The visitor team reviews the initial documentation you submit against the NMC standards, ensuring an evidence-based approach to recording findings, areas for additional information and lines of enquiry.
57. For institutional approval, the visitor team holds a private online meeting following its review of the documentation for Part 1, and again after reviewing the documentation for Part 2, to determine whether the process can proceed as scheduled.
 - Where the visitor team considers, from its analysis, that the evidence for Gateways 1 and 2 is insufficient in demonstrating how the NMC Part 1 and 2 standards are met, it may request that the review be delayed at the relevant gateway. This request will be considered by the QAA management team which will determine actions for the institution and revised timelines: these will be communicated to you at the earliest opportunity. The NMC will be notified of the visitors' reasons for the delay, and failure to make the expected progress through the gateways will be considered by the

NMC's QA Board. Note that a delay to a review may have implications for the proposed programme start date.

- Where the visitor team determines that the review can progress to schedule, the QAA Officer will confirm that the process progresses as planned. At this point, the next Gateway will be opened in QA Link and you will be instructed to submit evidence for Part 2 or Part 3 as applicable.

58. Once the visitor team has conducted its analysis of the initial documentation submitted at Gateway 3 against NMC Part 3 Standards, the QAA Officer will advise you of any requests for additional information required by the team to further assure whether you meet the standards. You will have two weeks to submit this additional evidence via QA Link which the visitor team will then review.

59. Following the visitor team's consideration of the additional evidence requested, the QAA Officer will convene a private online meeting of the visitor team to share its findings at this stage, consider lines of enquiry and any further evidence requests, and discuss the arrangements for the Gateway 4 visit.

- Where the visitor team considers, from its analysis, that the evidence at Gateway 3 is insufficient and the visitor team considers it unlikely that this can be addressed through lines of enquiry, additional evidence and the Gateway 4 visit within the review timeline, the visitor team may request that the visit be delayed. This request will be considered by the QAA management team which will determine actions for the institution and revised timelines: these will be communicated to you at the earliest opportunity. The Principal Event Lead and QAA Officer will discuss the timescales for any delay to Gateway 4. The NMC will be notified of the visitor's reasons for the delay and failure to make the expected progress through the gateways will be considered by the NMC's QA Board. Note that a delay to a review may have implications for the proposed programme start date.
- Where the visitor team determines that the review can progress to schedule, the visitor team will discuss its findings to date and determine the lines of enquiry to be pursued and any further additional evidence requests. Lines of enquiry and additional evidence usually relate to areas of Part 3 of the NMC programme standards where the team requires further assurance that you have met the standards and therefore pursues these areas through further desk-based analysis of information and at the visit. Requests may also be made against standards in Parts 1 and 2 if deemed necessary for the purposes of further testing and triangulation at Gateway 4.

60. Lines of enquiry are likely to be accompanied by an additional request for information. You should respond to the questions raised and requests for additional information and upload your response as indicated in the timeline for your method. You are asked to provide documentation to support the areas raised in the lines of enquiry and may be asked to respond to those as part of a presentation at the visit. This information should be shared by you with the Chair of the approval panel to inform the agenda for the visit.

61. The visitor team will discuss and provide feedback on the proposed visit agenda, panel and required attendees. This will include details of any visits to practice learning environments that will need to be accommodated as part of the visit and who should attend. In the case of new apprenticeship routes, it will also confirm that representatives from all employer partners should be in attendance at the visit. In liaison with the Chair of the approval panel, you should consider these comments and make adjustments and arrangements to the visit as appropriate. The final agenda should be uploaded by you in the Ad-hoc Evidence Request area in the QA Link one week before the visit.
62. The QAA Officer will inform you of the outcome of this private meeting in terms of the decision to proceed, lines of enquiry, additional evidence requests and any requirements for the visit, and will work with you to ensure that all necessary preparations are in place in line with the team's requirements. As noted above, the QAA management team will advise you where a delay to the process is required. In exceptional cases, the QAA management team may convey to the NMC the visitors' recommendation that the institution does not proceed based on the visitor team's analysis, and in such cases will produce a report for the NMC's QA Board.

Visit (Gateway 4)

Conjoint approval visits

63. For the methods outlined in this Handbook, a conjoint approval visit is required. This is undertaken using an approval panel comprising a Chair and panel members from the institution and the QAA-appointed visitor team (see Annexe 5). The QAA Officer will normally attend to support the institution and the visitor team on the process, although do not form part of the team that makes judgements. Other observers may also attend, and in such cases the institution will be informed of our Observer Policy. For institutional approval and endorsement, a representative of the NMC will normally be in attendance as an observer.
64. At the visit, the institution conducts an approval of the programme in line with its regulations and quality assurance processes and visitors make recommendations to the NMC regarding approval in line with the NMC professional standards.
65. The visitor team will agree the agenda and structure of the approval visit with you, the membership of the approval panel and the attendees required at meetings and arrangements for visits to other sites as required (see Annexe 5). The QAA Officer will communicate this information to you after the team's private meeting (see paragraph 62 above) and will liaise with your Principal Event Lead to enable this.
66. The visit will last one day (unless practice learning environment visits are required) and will normally take place onsite at your institution to meet with a range of stakeholders. Meetings held will involve face-to-face meetings and may include meetings where some or all participants attend online. An indicative agenda for the visit is provided at Annexe 5.

67. The visit will further explore the lines of enquiry and documentary evidence provided with the delivery team and other stakeholders. Documentation that is provided to visitors and the institutional-appointed members of the approval panel in respect of the programme must be the same. We would not normally expect you to introduce new information at the visit and would expect that areas raised in the lines of enquiry would be addressed through additional documentation submitted one week prior to the visit or as part of a programme team presentation at the visit.
68. Some approvals may require the visitor team to conduct visits to one or more practice learning locations. Typically, these should be arranged for the day before the main visit. Visits to practice learning environments will always be required for institutional approval and may be required for programme approvals and endorsement reviews where institutions are moving into new programme areas, or where previous reviews or NMC intelligence sources have indicated that issues in practice learning environments may be ongoing.
69. At the end of the visit, the approval panel will discuss findings and reach a collective decision on the provisional outcome. The QAA Officer will be part of this meeting to support and record the findings, conditions and recommendations of the visitor team and ensure that they are evidence-based and consistent. Under each of the findings, the QAA Officer will ask questions of the visitor team regarding their findings and the provisional outcomes from the visit will be agreed. Additionally, members of the institution's approval panel may set conditions that relate to its own institutional requirements as part of the conjoint approval visit. Where conditions are set, the panel will agree a date for completion and agree which of the institutional panel will be responsible for confirming that institutional conditions have been satisfied. It is recommended that a maximum period of four weeks be set by the panel for the submission of evidence that addresses the conditions: any longer than this may have an impact on the proposed programme start date. The visitor team will always be involved as members of the panel in the setting of any conditions relating to NMC standards.
70. The institution will take notes of the approval visit, which must be agreed between all panel members including the visitor team, and will upload the notes into the Ad-hoc Evidence Request area in QA Link. In addition to the institution taking formal notes of the visit, the QAA Officer will record the agreed provisional outcome, including the proposed wording of conditions and recommendations and share these with the institution shortly after the event.

Reporting and outcomes

Draft report

71. At this stage a provisional outcomes summary will provide the following outcomes:
- a clear judgement on whether the visitor team recommends to the NMC that the programme **meets** or **does not meet** each of the NMC standards that have been assessed through the process
 - an overall judgement expressed as one of the following:
 - **programme is recommended for approval** - the programme **meets all standards** and requirements and enables students to achieve stated NMC standards of proficiency and learning outcomes for theory and practice
 - **programme may be recommended for approval after conditions are met** to ensure the programme meets all standards and requirements and enables students to achieve stated NMC standards of proficiency and learning outcomes for theory and practice
 - **programme is recommended for refusal** - the programme **does not meet all standards** and requirements to enable students to achieve stated NMC standards of proficiency and learning outcomes for theory and practice
 - specific conditions (where required)
 - recommendations for enhancement (where appropriate)
 - areas for future monitoring.
72. The visitor team will compile a draft report which will be quality-assured and moderated by QAA. The QAA Officer supports the visitor team in its deliberations to ensure that the decisions and the overall conclusion are securely based on the evidence available and that each review is conducted in a consistent manner. We also use a staged internal quality process to ensure that the judgements reached by the team are aligned to the method and that there is consistent interpretation of the relevant standards to ensure comparable judgements are made across institutions and programmes. This involves QAA colleagues who have not been directly involved in your review and who have expertise in reviews and in producing reports: the final judgements made will represent those of the visitor team.
73. If, in moderation, any suggested wording to conditions or recommendations is amended from the provisional outcomes agreed at the visit, the QAA Officer will liaise with the approval panel through the Chair and Principal Event Lead to agree the final version.
74. In accordance with NMC protocol, the visitor team will recommend the programme for refusal to NMC at this stage where:
- more than five NMC conditions are required
 - the team has determined that conditions would be insufficient to enable the standards to be met
 - in conjoint visits, where the visitors disagree with the institution-appointed members of the approval panel
 - or where there are significant concerns that public safety may be compromised.

75. The meaning of overall judgements is as follows:
- A '**meets all standards**' outcome is a positive judgement and may be accompanied by recommendations for enhancement.
 - A '**can meet standards if conditions are met**' outcome is a provisionally positive judgement. The conditions (as defined at Annexe 6) attached to the judgement will clarify the issues identified and indicate follow-up action that will be required to complete the review. This judgement does not preclude recommendations for enhancement.
 - A judgement of '**does not meet standards**' is considered a negative judgement.
76. The draft report will be sent to you for a factual accuracy check and you will have one week (five working days) to respond. Where the overall judgement finds the programme is 'recommended to the NMC for approval' or 'recommended to the NMC for refusal', following consideration of any comments you make regarding factual accuracy, the report will be considered final and sent on behalf of the visitors to the NMC by QAA, with a copy to you. This will commence the observations period (see below).
77. For the avoidance of doubt, the visitor team makes recommendations on whether the NMC standards have been met but the final decision to approve or refuse a programme is taken by the NMC, in accordance with The Nursing and Midwifery Order 2001, as outlined in the NMC's documentation.
78. Students may not be enrolled until the NMC decision to approve has been confirmed. This is confirmed by an approval decision letter that is sent directly from the NMC. Enquiries about the status of this letter and approval (post observations period) should be directed to the NMC Regional Education QA Officer.

Conditions

79. Visitors may decide to set specific conditions that, when met, are likely to enable a successful outcome to be achieved. Conditions are required actions to be taken by the institution in cases where the visitor team has identified a weakness which needs to be addressed in order to fully meet the NMC standards. The team will only do this if it considers that the weaknesses can be rectified in a short space of time and in a way that can be sufficiently analysed through a brief desk-based exercise following specific actions undertaken by your institution and a subsequent submission of further evidence.
80. If the visitor team considers that programme standards or requirements are not met, it will set conditions. There may also be conditions that do not relate to the NMC standards but relate to the institution's own approval processes. The conditions will clearly state what needs to be addressed to enable a successful outcome to be achieved and will include a realistic date for completion.
81. You will be required to provide information to demonstrate that the conditions have been met within the timeframe specified by the approval panel. Institutions will be required to provide evidence to the visitor team that any joint or institution conditions have been considered and signed off as complete by the institution by the date specified. In doing so, the institution should ensure it has appropriate evidence that would demonstrate how the condition has been met.

82. The visitor team will review evidence related to the conditions set regarding the NMC standards. The team will conduct a follow-up desk-based analysis of your submission to determine whether you have satisfied the conditions and whether, therefore, the standards are now subsequently met.
83. Following consideration of the evidence related to the conditions, or where evidence has not been submitted in line with the deadlines set, the visitor team will update the report to include its final recommendation to the NMC. The updated report will retain the original information regarding the conditions that were set, and will include:
- a clear judgement on whether the visitor team recommends to the NMC that the programme **meets** or **does not meet** each of the NMC standards that have been assessed through the process
 - an overall judgement expressed as one of the following:
 - **programme is recommended for approval** - the programme **meets all standards** and requirements and enables students to achieve stated NMC standards of proficiency and learning outcomes for theory and practice
 - **programme is recommended for refusal** - the programme **does not meet all standards** and requirements to enable students to achieve stated NMC standards of proficiency and learning outcomes for theory and practice.
84. At this stage, the report will be considered final and sent on behalf of the visitors to the NMC by QAA, with a copy to you via QA Link. This will commence the observations period.

Recommendations for enhancement

85. The approval panel may make recommendations to support the enhancement and continuous improvement of the programme. Recommendations will be clearly identified as either institutional or relating to further enhancement in relation to the approach to NMC standards.
86. Further information on the judgements, outcomes and assessment criteria used are available at Annexe 6.

Areas for future monitoring

87. The visitor team may also suggest areas for future monitoring that identify specific areas that may be used for NMC monitoring purposes in the future, for example for new programme monitoring, monitoring through your ASR or selection by the NMC and QAA for a monitoring visit.

Observations period

88. The observations period is required by the Nursing and Midwifery Order 2001¹⁰ during which you may make observations on the final report. This period begins at the point QAA sends the final copy of the report to the NMC and to you, and ends on the date you are given, which will be not less than one month from the date on which a copy of the report is sent to you.

10. www.legislation.gov.uk/ukxi/2002/253/article/16

89. The observations period applies whether or not the final report is considered negative. If the outcome is a positive judgement and you wish the NMC to consider the report before the observations period has concluded, then you must contact the NMC to confirm that you are content it can proceed to a decision before the observations period has concluded. You can do this by closing the observations period, via the QA Link. The NMC will always consider the observations that you submit prior to taking a regulatory decision.

Appeals

90. Where the outcome is negative and a 'does not meet standards' judgement applies, in the observations period you may make observations that QAA would consider as an appeal against the judgement. More details on the process that applies when observations constitute an appeal against the QAA report are published on our [QAA NMC webpages](#).

Publication of the report

91. Once a decision has been made by the NMC, the final report (or an updated version in accordance with the process of considering observations) will be published on the NMC website, with a link added on the QAA website.
92. We also publish reports on the Database of External Quality Assurance Results (DEQAR) which documents activities performed by EQAR-registered quality assurance agencies.

Review follow-up

93. Follow-up activity will take place through the ASR process which will additionally consider progress against any recommendations set. The annual self-report includes a declaration made by you, in partnership with practice learning/employer partners, that all programmes continue to meet NMC standards, that the NMC and QAA has been notified of all programme modifications and all key risks are managed. The report must be submitted on the ASR template issued annually by the NMC. As part of its ASR submission, or as requested by the NMC, institutions must provide commentary and evidence on actions taken following the outcomes of the review.
94. QAA will analyse the self-reports and provide feedback to the NMC and institutions. QAA and the NMC will collaborate on the publication of thematic reporting arising from review activity.

Feedback and continuous improvement

95. We are committed to continuous improvement through the monitoring and evaluation of our review methods. At the end of the process, you will be sent an evaluation form so that we can learn from effective practice and identify the potential for any operational improvements. We also seek feedback from our visitors and the QAA Officer involved in your review.
96. We conduct internal annual monitoring to ensure review methods are working effectively and that improvements are made in a timely manner. We will also conduct cyclical effectiveness reviews of the method and evaluate the overall impact of the review method over time. In addition, we will use the final reports generated to undertake thematic analysis that can feed into the broader sector-wide support that we offer institutions.

Complaints

97. A complaint is an expression of an individual's (or organisation's) dissatisfaction with their experience of dealing with QAA. These can be made by individuals or on behalf of the individual's institution.
98. If a formal complaint is received at the same time as the observations process is being utilised as set out above, the complaint is stayed until the observations process is complete.
99. In common with most complaints procedures, we would encourage anyone dissatisfied with our service to first speak to the person that they have been dealing with at QAA, so that they can try to assist and find a resolution. If you then wish to pursue a formal complaint you should refer to our [Complaints Procedure](#), available on our website. This details who you should contact and how your complaint will be handled, the indicative timescales and potential outcomes.

Annexes

Annexe 1: About QAA

About the Quality Assurance Agency for Higher Education (QAA)

The Quality Assurance Agency for Higher Education (QAA) is the UK's quality body for higher education. QAA was founded in 1997 and is an independent body and a registered charity which is funded through multiple channels of work.

QAA is the NMC Quality Assurance Service Provider and undertakes quality assurance activity on behalf of the NMC as set out in this Handbook.

The purpose of QAA is to safeguard academic standards and ensure the quality and global reputation of UK higher education. We do this by working with higher education institutions, regulatory bodies and student bodies with the shared objective of supporting students to succeed. We offer expert, independent and trusted advice, and address challenges, in a system where there is shared responsibility for the standards and quality of UK higher education.

QAA has a role in the enhancement and regulation of UK higher education and works across all four nations of the UK. In addition, through QAA membership we deliver services, expertise and guidance on key issues that are important to our member universities and colleges and their students.

Internationally, through building strong partnerships, we both enhance and promote the reputation of UK higher education and provide services to higher education institutions, agencies and governments globally, in full alignment with the Standards and Guidelines for Quality Assurance in the European Higher Education Area (ESG).

We are a full member of the European Association for Quality Assurance in Higher Education (ENQA) - the umbrella organisation for quality assurance agencies in the European Higher Education Area. Full membership of ENQA shows that an agency complies with the ESG.

QAA's work and review methods are informed by the fundamental values of the European Higher Education Area. Our approach and methods are designed to meet the standards and reflect the guidelines set out in the ESG. We seek to encourage engagement with other Bologna expectations, including means to enable mobility.

Annexe 2: Mapping of the ESG Standards Part 1

The NMC quality assurance reviews process addresses the requirements of ESG Part 1 on either a programme or institutional level depending on the [NMC standards](#) considered by the visitor team. The mapping is published on the [QAA NMC webpages](#).

Annexe 3: Participants in the review process

The key participants in the review process are your Principal Event Lead, the QAA Officer, visitors, the approval panel members appointed by you, people who use services, and carer representatives and students.

Principal Event Lead

We invite you to nominate a named 'Principal Event Lead' to liaise closely with the QAA Officer to ensure the organisation and smooth running of the review process. The Principal Event Lead should be a member of your staff that can fill the role described below.

The Principal Event Lead's overarching role is to:

- act as the single and primary contact between the QAA Officer and the institution in order to improve the flow of information to the visitor team.

In addition, the role is to:

- support the preparations for the review, including logistical arrangements
- provide advice and guidance to the team on the institution's submission, structures, policies, priorities and procedures
- meet the QAA Officer, and other members of the visitor team if specified, to provide or seek further clarification about particular questions or issues
- help direct the team to additional relevant information or locate the information it is seeking
- seek to clarify items and correct factual inaccuracy
- assist the institution in understanding matters raised by the team.

The Principal Event Lead can observe any of the approval panel's meetings during the visit (including practice learning environment visits) with the exception of some meetings with students or stakeholders and the private panel meetings. When observing, the Principal Event Lead should not participate in the discussion unless invited to do so by the panel. The approval panel has the right to ask the Principal Event Lead to disengage from the process at any time, if it considers that there are conflicts of interest, or that the Principal Event Lead's presence in meetings will inhibit discussions. The Principal Event Lead is not a member of the approval panel and will not make judgements about the provision.

The Principal Event Lead will have regular contact with the QAA Officer so that the Principal Event Lead and the visitor team can seek clarification and/or gain a better understanding of the institution's approach and the team's lines of enquiry. The development of an effective working relationship between the QAA Officer and your Principal Event Lead helps to avoid misunderstandings of what is expected of you and ensure clarity on the nature and scope of your provision.

The Principal Event Lead is required to observe the same conventions of confidentiality as members of the approval panel. In particular, the confidentiality of written material produced by team members must be respected, and no information gained may be used in a manner that allows individuals to be identified.

However, providing that appropriate confidentiality is observed, the Principal Event Lead may make notes on discussions with the panel and report back to other staff, in order to ensure that you have a good understanding of the matters being raised. This can contribute to the effectiveness of the review, and to the subsequent enhancement of quality and standards.

It is helpful if the person you nominate as Principal Event Lead has:

- a good working knowledge of your systems and procedures, and an appreciation of quality and standards matters
- knowledge of the relevant programmes
- the ability to communicate clearly, build relationships and maintain confidentiality
- the ability to provide objective guidance and advice to the visitor team.

It is for the visitor team to decide how best to use any information provided by the Principal Event Lead.

QAA Officer

We will appoint an officer to coordinate and manage the review from start to finish. All QAA Officers are members of QAA staff and are trained in the review method. They are responsible for establishing constructive working relationships with the institution.

The QAA Officer's overarching role is:

- to ensure the integrity of the review in its implementation, and the conduct of the review process according to the published method, including ensuring that the conclusions of the team are evidence-based and robust.

In addition, the role is to:

- liaise with the institution on the method, information required and logistical arrangements
- facilitate communication between the institution, the Principal Event Lead and the visitor team
- maintain a record of the team's decisions
- ensure the team's judgements are aligned to the judgement criteria for the method and informed by the standards
- oversee the production of the review report
- assist, as required, in the investigation of any appeal made by the institution following finalisation of the report.

Visitors

Quality assurance activities are carried out by teams of peer visitors, who are NMC registrants with experience in the relevant field of practice or profession; professionals with senior-level expertise in the provision, management and delivery of higher education in educational and/or practice settings; patients; people who use services and/or carers; and students with experience in representing students' interests.

Registrant visitors are individuals on the NMC Register as a nurse, midwife or nursing associate who are currently, or have been in the last three years working in practice or higher education. Registrant Visitors must not have any restrictions on their practice.

They will be assigned to undertake activities for Parts of the Register in which they hold current registration and, when appropriate, have a recorded qualification – for example, V300.

In addition to registrant visitors, visitor teams will also include a lay visitor and a student visitor.

The lay visitor will provide analysis through the lens of a non-registrant (in that they are not, and have never been, on the NMC register), and as a person who has/may use health and/or care services. The student visitor will provide analysis through the lens of a student. Student visitors will be a registered nursing associate, nurse or midwife that has registered with the NMC in the last three years or a nurse or midwife who is currently completing or has completed an NMC approved post-registration programme within the last three years.

We appoint visitors using a role profile and person specification published as part of the recruitment process. We train all visitors, which consists of generic induction and training, and training on the specifics of the review method prior to engagement in a review.

The visitors' overarching role is:

- to gather and analyse information in order to reach robust, evidence-based conclusions that represent the collective view of the whole team and are consistent with the published method.

In addition, the role is to:

- identify and assess risks to the NMC standards and the quality of student experience
- apply expert knowledge (including of specific NMC standards)
- assimilate, analyse and evaluate a wide range of evidence, including quantitative and qualitative data
- provide input to visitor meetings
- work closely with QAA Officers to draft review reports
- adhere to a set of agreed procedures to ensure consistency of the delivery of review, to specific timescales and deadlines.

For approvals, we will appoint a minimum team of three visitors - comprising one registrant visitor, one lay visitor and one student visitor. The team composition will ensure there is appropriate due regard specific to your modification. Visitors will be involved in all desk-based and Gateway 4 stages.

Approval panel and Chair

The minimum membership of the approval panel is outlined at Annexe 5. The role of the approval panel is to jointly make recommendations regarding approval of the programme.

Approval panel members have specific responsibility for ensuring that the programme proposed meets the requirements of the institution's regulations and requirements, and the institution's programme validation/approval/modification and review processes.

The Chair of the panel has specific responsibilities to:

- liaise with the Principal Event Lead and QAA Officer in respect of arrangements for the visit, agenda setting and participants
- ensure that institutional processes are followed
- ensure the visitor team can outline key contextual information at the start of the visit
- agree which panel members will lead on which lines of enquiry and ensure participation of all panel members
- ensure that visitors can address all lines of enquiry, as required
- ensure that the visit is conjoint and that an outcome is agreed on the day of the visit with deadlines and responsibility for conditions set with provisional wording for conditions, recommendations and good practice agreed
- ensure that the QAA Officer has protected time to test the findings with the visitor team
- liaise with the visitors and QAA Officer regarding finalising wording for conditions, recommendations and good practice
- sign off completion of institution conditions by the date set at the visit.

People who use services and carer representatives

Effective partnership between the institution and key stakeholders is a key principle underpinning the NMC quality assurance framework which seeks to ensure a people-centred approach in the quality assurance of education. People who use services and their carers are individuals or groups who receive services from nurses, midwives or nursing associates. This includes healthy and sick people, parents, children, families, carers, representatives and advocates. Through the process, this partnership is fulfilled through the use of lay visitors. For institutions, this is through people who use services and carer representatives being on the approval panel, forming part of the programme development team and meeting the approval panel as stakeholders.

Students

Students are among the main beneficiaries of external review and therefore have opportunities to inform and contribute to the process throughout.

We encourage you to involve your students in the preparations for review and on an ongoing basis, including working with students to co-create your self-reports.

The NMC request that a student representative is a member of the institution-appointed approval panel.

We will normally expect to meet your students and their representatives where possible during the visit. For approvals, this may include students in cognate areas. At least one meeting with students will be held without any of your staff present. Wherever possible, we would encourage you to work with your representative student body in inviting students to participate in the approval process. We would expect the students we meet to represent the diversity of your student population.

Student visitors are also appointed to all visitor teams that consider institutional approval, programme approval and programme endorsement and are full and equal members of the team.

NMC

Visitors are not permitted to be employees of the NMC. The NMC reserves the right to attend visits as observers. During visits the observer role will be maintained unless there are issues arising from the visit that relate to risks to public protection, in which case the NMC role as representative of the regulator will override their status as an observer.

Conflicts of interest

We work to maintain the highest possible standard of integrity in the conduct of our work and are actively vigilant against any perception of conflict or bias. We seek to ensure that there are no conflicts of interest in the conduct of reviews and have a Conflicts of Interest Policy that recognises the range of potential conflicts to be considered, including direct and indirect, actual and perceived. Our staff and visitors are responsible for declaring conflicts of interest as soon as they are aware of them.

Before visitor teams are finalised, proposed names will be checked with you to ensure that you are not aware of any potential conflict with the individuals selected. Individual visitors will not always be aware of potential institutional-level conflicts - for example, discussions with a collaborative partner - and so it is your responsibility to raise any known connections. The involvement of a visitor in a previous 'negative outcome' for an institution is not automatically considered a conflict of interest; however, in certain circumstances, such as where a formal complaint has been submitted against a QA visitor, this may be considered as a potential conflict of interest.

If there is a dispute between the QAA visitor and the institution regarding a potential conflict of interest, the NMC will be considered the final arbitrator and decision-maker.

Annexe 4: Self-evaluation and supporting evidence

Main functions of the self-evaluation documentation

Self-evaluation supports the emphasis on autonomous institutions bearing responsibility for quality assurance. Evidence of an institution's ability to be critically self-evaluative and to keep its own processes and practices under review, indicates to visitor teams that quality and standards are managed effectively. The completion of the QA Link self-evaluation narrative to the NMC standards and the selection of supporting evidence are part of the self-evaluation process by demonstrating an institution's capacity to reflect and evaluate its quality assurance arrangements by judiciously selecting and presenting only materials that support its claims.

The **self-evaluation narrative** against the NMC standards has several functions:

- to explain to the visitor team how the evidence you have selected demonstrates that your institution meets the NMC standards
- to demonstrate that you have evaluated your institution's approach to quality assurance through the selection of evidence that you consider best presents and explains how you know your approach to quality assurance is effective
- to guide the visitor team through the evidence base.

Your self-evaluation documents are used throughout the review process to inform the work of the visitor team and shape its findings. It is used in the desk-based analysis to identify which standards have been sufficiently demonstrated through the evidence and where further information is required to enable the team to reach a judgement. It is also used to frame the lines of enquiry that will be pursued during the visit. The self-evaluation narrative and supporting evidence continue to be used by the visitor team during the visit, as a source of information.

Producing QA Link self-evaluation mappings

You will upload evidence and a self-evaluation narrative against the NMC standards through the QA Link. The self-evaluation is intended to be reflective, evaluative and focused on the areas of review, with evidence carefully chosen to support the claims made. Descriptive content should be minimised to that which is necessary to provide context.

You are encouraged to consider and reflect on the following quality assurance questions:

- What do you do?
- How does your evidence demonstrate what you do?
- How do you do it?
- Why do you do it that way?
- How do you know how well you do it?
- What do you do to improve?

We encourage you to focus on explaining evidence that shows your evaluation and that demonstrates the outcomes of your quality assurance activity in relation to the NMC standards.

Referencing

The self-evaluation narrative and supporting evidence against the NMC standards on the QA Link should include clear references to the evidence you use to illustrate and/or substantiate its contents. For the visitor team to be able to operate efficiently throughout the review, it is important to ensure that all evidence documents are clearly labelled, numbered and cross-referenced. Please provide as much signposting information as possible, such as the paragraph or page number.

Evidence base

Supporting evidence is essential in enabling a visitor team to determine whether the relevant standards have been demonstrated. The evidence you select to demonstrate how you meet the standards should be specific, proportionate and reasonable. There is not a prescribed evidence base to meet the requirements of the NMC standards.

Indicative examples of the type of documentation to meet the NMC standards Part 1:

- quality assurance policies and procedures
- programme approval, monitoring, modification and review policies and procedures
- confirmation of systems, processes and resources
- partnership processes and agreements for employer partners and practice learning partners, including educational audit documentation

- equality and diversity, admissions and fitness to practise policies and procedures
- public protection policies and procedures, including consent
- safeguarding policies and procedures
- student support policies and procedures
- student feedback mechanisms
- complaints, appeals and mitigating circumstances policies
- assessment and progression policies and regulations
- external examining procedures
- staff recruitment training and continuing professional development policies
- evidence of how policies and procedures are operationalised

Where policies and procedures are provided, these must be uploaded and not provided as links. The scheduled date for the next internal review of policies should also be provided.

Indicative examples of the type of documentation to meet the NMC standards Part 2:

- programme plan detailing student supervision and support arrangements
- student focused information in a practice learning handbook or equivalent - for example, on their role and responsibilities for engaging in learning, reflection, assessment, feedback and evaluation
- practice supervisor focused information in a practice learning handbook or equivalent - for example, on their role and responsibilities for facilitating learning, reflection, contributing to assessment, feedback and evaluation
- academic assessor and practice assessor focused information in a handbook or equivalent - for example, on their role and responsibilities for facilitating learning, reflection, assessment, feedback and evaluation
- supervisor and assessor preparation and training focused information detailing the content of the preparation, training, support, updating and evaluation of practice supervisors, practice assessors and academic assessors
- ongoing achievement records and practice assessment documents
- details of how the Standards for student supervision and assessment are applied to all aspects of the programme and any programme standard specific variations to any of the above.

Indicative examples of the type of documentation to meet the NMC standards Part 3:

- programme document, including proposal, rationale and consultation, and approaches to co-design with students and people who use services and carer representatives
- programme specifications
- module descriptors
- definitive information given to students about the programme - for example, student handbook
- CVs for academic and practice learning staff who contribute significantly to each programme, including the Lead Midwife for Education and registered nurse responsible for directing the intended pre or post-registration programme. This should include the percentage of time spent on the programme under consideration, such as 0.6FTE

- practice learning documentation detailing the range and QA of practice learning environments
- proposed student numbers and frequency of intakes for the proposed programme
- practice assessment documentation for all years of the programme
- ongoing record of achievement (ORA)
- mapping document evidencing how programme standards are met
- strategic plan for practice partnerships and use of practice learning environments
- strategy for people who use services and their families/carers and public involvement in programme design and delivery
- written confirmation by the institution and associated practice learning partners that resources are in place to support the programme intentions, including a sample of signed supernumerary agreements from practice learning partners and protected learning time for nursing associate and post-registration programmes
- signed statements of commitment (such as a memorandum of understanding) from all employer partners demonstrating their commitment to the NMC standards. In the instance whereby an institution is involved in a procurement exercise and it is not possible to undertake the commitment of engagement with an apprenticeship employer partner; a blank copy should be provided and will be discussed with the potential employer partner during the visit. A condition may be set to gain written evidence of their commitment to working with the institution and complying with the NMC standards once the procurement process is complete.
- strategic plan/business plan, if a new education institution
- arrangements for external examiner oversight of all aspects of the programme.

If any of the above documentation has previously been submitted as part of the evidence against the requirements of NMC standards Part 1, explicit reference to it should be made in the Part 3 standards self-evaluation narrative on the QA Link. This documentation does not need to be submitted again. The visitor team will have access to this information via the QA Link.

You must also provide in the QA Link, details of all practice learning/employer partners used for practice learning placements, selected from a drop-down list. If manually uploaded it should include the correct name of the Trust/Health Board/Group/Service as shown on the Care Quality Commission (England), Healthcare Inspectorate (Wales), Care Inspectorate (Scotland) and Regulation and Quality Improvement Authority (Northern Ireland) databases, first line of address and postcode. The information provided should include any practice learning environment which is used for a student placement or employment of apprentices that forms part of the AEI planned programme. Elective placements are not required to be uploaded but assurance around the implementation of the Standards for student supervision and assessment will be sought as part of the approval process and visit.

For approval of apprenticeship routes, you should clearly identify the employer partners with whom you are working, and those with whom you intend to work in future in the delivery of the programme. This information must be submitted along with the other Part 3 information for the visitors to review. Employer partners must be available to attend the approval visit, if they are not selected for a site visit by the NMC.

The QAA Officer will contact you throughout the process with any requests for additional information or evidence. Requests for information and evidence will always be kept to the minimum required to make reliable and sound judgements, and you can always seek clarification and/or explanation from your QAA Officer on the requests made. We aim to ensure that all requests are transparent, specific, proportionate and reasonable.

Annexe 5: Indicative visit agenda for new programme approvals

Attendees

Approvals/endorsements panels should normally include the following, who are all **equal partners** in the decision-making process:

- a Chair, who should be a senior academic from the institution, from an independent faculty who has no direct involvement in the programme
- the visitor team appointed by the QAA on behalf of the NMC normally:
 - a. one or two registrant visitor(s)
 - b. a lay visitor, and
 - c. a student visitor
- a member of academic teaching staff from the institution, who has no direct involvement in delivery of the programme
- an external subject specialist with due regard for the provision under consideration (from a different education institution)
- a representative of people who use services and/or a carer
- a student representative.

Approvals/endorsements panels will be attended by the following, who do not have a role in the decision-making process:

- a note-taker, normally provided by the academic quality office
- the QAA Officer, who attends to support the QAA visitor team and the process
- any official observers who will have been agreed in advance by the institution, the NMC and the QAA.

Indicative **participants** for all types of visits will include:

- Programme development team which may include:
 - lead programme developer
 - lead midwife for education (as appropriate)
 - educators including programme team, lecturers, programme leads, researchers, academic assessors
 - library/learning resources representative.
- Programme team: those with responsibility for planning, managing and delivering the programme.

- Senior representatives of the AEI/education institution: Dean/Head of School/Faculty; QA or governance lead for school/faculty; senior representative from the institution executive team (the latter relates to a new education institution and/or new institution of pre-registration nursing, midwifery, or pre-registration nursing associate education).
- Practice leads: those with responsibility for planning, managing, and delivering the practice learning aspects of the programme and providing support to practice supervisors and practice assessors - for example, placement liaison team, practice education facilitators, interdisciplinary practice leads. For approval of apprenticeship routes, senior members of staff from a selection of apprenticeship employer partners, such as Directors of Nursing, are expected to attend the approval visit or arrangements made for them to be contactable. The QA visitors will select the employer partners they wish to attend in advance of the visit, with a steer provided by the NMC if there are known concerns within the proposed PLPs/EPs.
- Practice supervisors and practice assessors
- People who use services and carers who have been involved in programme development and/or intended delivery.
- Students from other health and/or social care programmes delivered by the institution (if possible)
- Meetings with staff are normally expected to include no more than 10 people plus the panel. Student meetings normally involve no more than 12 students plus the panel. This allows for more in-depth discussion and opportunities for all to take part.

Indicative agenda for approval visits

08:30	Panel arrives	
08:30-09:30	Private meeting of the panel/ briefing meeting	To discuss issues to be explored and leads for each area; visitors to explain their role as set out in the NMC guidance
09:30-10:00	Presentation by programme (development) team and senior managers	To provide overview and address areas identified by panel members prior to the visit; this may also provide an opportunity to tour resources - for example, simulation facilities
10:00-11:00	Meeting with programme (development) team and senior managers	To address all members of the programme development team
11:00-11:15	Break	
11:15-12:00	Meeting with students	Discussion of academic, practice learning and practice support supervision and assessment processes

12:00-12:45	Lunch	
12:45-13:30	Private meeting of the panel	
13:30-14:00	Meeting with people who use services and carers involved in programme development and delivery	Discussion of preparation for their role, involvement in programme development, recruitment of students, delivery and evaluation of programme, assessment of students
14:00-14:30	Meeting with practice supervisors and practice assessors	Discussion of the process of starting a new student on placement, support provided, learning opportunities and assessment, as well as raising concerns and planned collaboration with the academic assessor
14:30-15:30	Meeting with representatives from practice learning partners and employers	Discussion of practice issues, supervision and assessment processes and employers' support for the programme, and resources to support learning in practice
15:30-15:45	Break	
15:45-16:15	Private meeting of the panel	
16:15-16:45	Opportunity for clarifications with programme development team	
16:45-18:00	Private meeting of the panel to agree outcomes	Panel and QAA Officer meet to discuss findings and agree recommendation to the NMC and conditions if necessary

Indicative agenda for practice learning visits (where required)

This agenda would normally be repeated in the afternoon to facilitate visits to multiple locations.

09.00	Panel arrives	
09:00-10:00	Discussion with senior practice learning partners/ managers about relevant strategic issues and organisational commitment to the proposed programme and student placements	Explore how the practice learning partners will work with the institution to meet the requirements in the Standards framework for nursing and midwifery education, and Standards for student supervision and assessment to deliver the programme and enable effective practice learning
10:00-10:45	Meeting with practice learning leads	To address all members of the programme development team
10:45-11:45	Visit to placement areas	Explore with practice supervisors and assessors their understanding of their role and responsibilities; explore how learning opportunities lead to the required standards of proficiency; discuss with people who use services and carers how students have been involved in their care and if feedback is sought
11:45-12:00	Break	
12:00-13:00	Private meeting of the visitor team to discuss findings	

Annexe 6: Judgements, outcomes and assessment criteria

Review judgements are based on evidence and the balance of professional judgement, supported by the information available to the team at the time of the review.

Visitor teams determine the outcome through triangulation, by:

- reading and considering your QA Link self-evaluation narrative and supporting evidence against the NMC standards/annual self-reports/supporting evidence and any further information submitted
- discussing topics with staff and students and other stakeholders during the visit
- analysing and reflecting on those documents and discussions.

The visitor team makes recommendations to the NMC who take the decision on approval.

The judgement matrix below shows how findings are determined by the team:

Step 1: Determine the outcome for each standard/requirement	
Your institution demonstrates that it meets a standard if the following statement is true:	Your institution demonstrates that it does not meet a standard if the following statement is true:
Visitors are able to triangulate evidence that provides reasonable confidence that the NMC standards or requirements have been met and, accordingly, there are no conditions in relation to this standard.	Visitors are unable to identify evidence that provides reasonable confidence that the NMC standards or requirements have been met and accordingly either: <ul style="list-style-type: none"> • that a condition has been set in relation to this standard • that the team has determined that setting a condition would be insufficient in order to enable a successful outcome for this standard to be achieved in a reasonably practical or timely manner.

Step 2: Determine the overall judgement		
Meets all the standards	May meet all the standards subject to meeting specific conditions	Does not meet all the standards
All standards have been met.	Five or fewer conditions are set that need priority action by your institution to ensure the standards are met.	More than five conditions have been set or the team has determined that conditions would be insufficient to enable the standards to be met.

Conditions

Visitors may decide to set specific conditions that enable a successful outcome to be achieved after the event has taken place. Conditions are required actions, to be taken by the institution in cases where the visitor team has identified a weakness which needs to be addressed in order to fully meet the NMC standards.

The team will only do this if it considers that the weaknesses can be rectified in a short space of time and in a way that can be sufficiently analysed through a brief desk-based exercise following specific actions undertaken by your institution and a subsequent submission of further evidence.

Recommendations for enhancement

Visitors may make recommendations where the team agrees that your institution is encouraged to change, or consider changing a practice, policy or a process in order to improve its NMC approved provision. Recommendations are for quality enhancement; they are not essential to meet the NMC standards.

Annexe 7: Review report

Once the team has formed its findings, and these have been considered through our internal quality process, and conditions and recommendations agreed with the approval panel, we will send you a copy of the draft report. This will include the team's judgement, and reasoning for this judgement, against each of the relevant NMC standards. The QAA Officer will ensure that the team supports its judgements and findings with sufficient and identifiable evidence that was available throughout the review and that the report reflects the evidence base. Visitors produce the report and QAA retains editorial responsibility for the final text of the report.

Once you have received the draft report you will be invited to submit any comments you wish to make about factual accuracy or misinterpretations leading from those inaccuracies. The team will consider your response, should you decide to make one, and make any changes it deems necessary before sending you and the NMC the final version. It is important that this process is completed diligently as the NMC statutory observations process is not intended to make changes to the report.

The observations process is a statutory process outlined by The Nursing and Midwifery Order 2001. The observations may constitute an appeal if they refer to the QAA's specific criteria for appeals. The QAA appeals procedure outlined in Annexe 8 relates to the QAA report that will be sent to NMC. QAA appeals apply to approvals and can only be made on the grounds specified in the procedure. The QAA appeals procedure is not an appeal of the regulatory decision by the NMC which outlines its processes separately.

Report publication will be delayed in cases where the review period has been extended to allow for conditions to be addressed and in cases where a negative report is appealed. A delay to the final report will delay the NMC's regulatory decision making process.

Content of the report

A consistent template will be used for all reports generated from each type of event. Reports will include the following information:

- title page and contents
- key institutional and programme details
- A summary including details of the review process conducted, outcomes of the review with cross-references to the relevant sections in the main body of the report, to include:
 - the overall judgement (recommendation to the NMC)
 - specific conditions (where required) and clearly identify to which programme/ field/pathway/route and NMC standard they relate, and if they are NMC conditions, institution conditions or both
 - recommendations for enhancement (where appropriate)
- commentary on the team's findings under each of the NMC standards in scope for the review
- areas for future monitoring
- list of key evidence considered by the visitors.

Annexe 8: Complaints and appeals

QAA distinguishes between appeals and complaints. Appeals and formal complaints procedures are designed to ensure that there is no conflict of interest and are handled by QAA's Governance team. No-one involved in determining the outcome of an appeal or complaint will have had previous involvement with the matter.

Appeals

An appeal is a challenge by an institution to the outcome of a QAA review. Where observations are made by an institution (during the NMC's observations period) that constitute an appeal, these will be referred to QAA by the NMC for consideration. Details of the appeal process applicable to this method, including the criteria, timelines and responsibilities, are available on the [QAA NMC webpages](#).

Complaints

A complaint is an expression of an individual's dissatisfaction with their experience of dealing with QAA. These can be made by individuals or on behalf of the individual's institution. If a formal complaint is received at the same time as an appeal, the complaint is stayed until the appeal has been concluded.

In common with most complaints procedures, we would encourage anyone dissatisfied with our service to first speak to the person that they have been dealing with at QAA, so that they can try to assist and find a resolution. If you then wish to pursue a formal complaint you should refer to our [Complaints Handling Procedure](#), available on our website. This details who you should contact and how your complaint will be handled, the indicative timescales and potential outcomes.

Annexe 9: Data protection

An effective review requires access to a considerable amount of information, some of which may be commercially sensitive or confidential. You can be confident that the information you disclose during a review will not be publicly released or used in an inappropriate manner.

QAA complies with UK data protection legislation and processes personal data solely for the purpose of conducting its review activities. Access to such data is strictly limited to individuals who require it to fulfil the requirements of NMC quality assurance reviews.

The NMC QA Link - which is central for all quality assurance (QA) processes, electronic documents, gateways and report - offers password-protected support to institutions. It provides access to relevant QA activities and the function to upload documentation to support the review processes. The QA Link is made available to QA visitors to complete their work only by arranged permissions set up by NMC QA officers, ensuring information security.

We are committed to safeguarding the security and confidentiality of personal and/or special category data, and all members of our staff are responsible for handling data in accordance with QAA's Data Protection Policy ensuring that personal and special category information is processed lawfully and appropriately. All our staff and visitors undergo data protection and information security training on an annual basis. Details of how QAA collects and processes personal information, the rights of individuals, and QAA's legal obligations are set out in our Privacy Notice. There is a Data Incident Reporting Policy and Procedure to ensure that any data incidents are reported, assessed and managed effectively.

Our review policies and procedures provide the following assurances:

- Information provided by you is used only for the purpose of review.
- Information marked by you as 'confidential' is not disclosed to any other party though it may be used to inform review findings.
- Staff, students or other people who are invited to provide information may elect to do so in confidence, in which case the information is treated in the same way as confidential information provided by your institution.
- Review meetings are confidential - the team does not reveal what has been said by any individual, nor are individuals identified in the review report. You are encouraged to require the same degree of confidentiality from people whom the team meet during the review.
- We store confidential information securely.
- Visitor teams are required to delete or destroy material relating to a review and any notes or annotations they have made, in accordance with QAA's Information Retention Policy.
- Visitor teams make no media or other public comment on reviews in which they participate. Any publicity relating to a review is subject to our policies and procedures and will be managed by our public affairs team.

All review supporting materials are deleted in accordance with our information retention policy. Documents are stored on the QA Link in respect of programme approval and held by the NMC.

Annexe 10: Glossary

Term	Definition
Annual Self Report (ASR)	The report completed annually by an Approved Education Institution to confirm that there have been no changes to their NMC-approved programmes and that they and their practice learning/employer partners have reported and are controlling key risk areas.
Approval	The process whereby the institution and the practice learning/employer partners present their programme for external scrutiny (or validation) which, if successful, leads to conjoint approval by the NMC and the approved education institution.
Approved Education Institutions (AEIs)	The status awarded to an institution, part of an institution, or a combination of institutions that work in partnership with practice learning institutions after the NMC has approved a programme. AEIs will have assured the NMC that they are accountable and capable of delivering approved education programmes.
Condition	Required action to be taken by the institution within a particular timescale in cases where the visitor team has identified a weakness which needs to be addressed in order to fully meet the NMC standards.
Desk-based analysis	An analysis of documentary evidence by the visitor team submitted by the institution that enables the team to identify and develop its review findings.
Employer partner	Practice learning partners with additional responsibilities for the employment of the student while they are on an NMC-approved programme. This might be on an apprenticeship programme in England, or other form of employment or work-based learning model. Institutions are responsible for working with employer partners to manage the quality of their educational programmes. Overall responsibility for the day-to-day management of the quality of any educational programme lies with an institution in collaboration with employer partners, who provide opportunities for practice learning experiences (such as placements) to nursing, midwifery, and nursing associate students. A representative from all employer partners must be present at approval of apprenticeship routes.

Term	Definition
Endorsement approval	QAA review method for making recommendations to the NMC on the approval of an existing programme, or part of a programme, outside the UK, specifically in the Channel Islands and/or Isle of Man.
Institutional approval	QAA review method for making recommendations to NMC regarding education institutions seeking Approved Education Institution (AEI) status and approving their first programmes.
Judgement	The formal recommendation(s) made by a visitor team to the NMC on whether the institution meets the threshold NMC standards.
Lay visitor	A member of the public who is not registered with the NMC, has not been registered with the NMC in the past, or has a qualification enabling registration with the NMC.
Lines of enquiry	Areas that the visitor team intends to explore further during the review process through requests for additional information and/or through obtaining oral testimony during the visit.
Panel	The approval panel comprising institutional members (including the Chair) and QAA-appointed visitors.
People who use services and carers	Individuals or groups who receive services from nurses, midwives or nursing associates. This includes healthy and sick people, parents, children, families, carers, representatives and advocates.
Practice learning partners	Organisations that provide practice learning experiences for students - for example, NHS Trusts or Health Boards, GP surgeries and care homes. Institutions are responsible for working with practice learning partners to manage the quality of their educational programmes. Overall responsibility for the day-to-day management of the quality of any educational programme lies with an institution in collaboration with practice learning partners who provide opportunities for practice learning experiences (such as placements) to nursing and midwifery students.
Principal Event Lead	The member of staff identified by the institution to act as the principal point of contact for the QAA Officer who will be available throughout the review to assist with any planning, questions or requests for additional information.

Term	Definition
Programme approval	QAA review method to make recommendations to NMC on new programme approvals put forward by institutions.
Quality assurance	The systematic monitoring and evaluation of learning, teaching and assessment, and the processes that support them, to make sure that the standards of academic awards meet the necessary standards, and that the quality of the student learning experience is being safeguarded and improved.
QA Link	The NMC's online system that institutions access to submit documentation.
QAA Officer	A member of QAA staff who is responsible for managing all stages of the review, including liaison with the visitor team and the Principal Event Lead.
Registrant visitor	An individual who has current registration on one or more parts of the NMC register and works in or has recently worked in nursing and/or midwifery and/or nursing associate education and/or practice. Registrant visitors assigned to review activity will have due regard for the programme they are assessing.
Recommendation	Recommendation refers to the statement made by the visitor team in its report, directed to the NMC, outlining its overall outcome for NMC consideration.
Recommendation for enhancement	A statement made by the visitor team in its report, directed at the institution, outlining an area where the institution should consider developing or changing a process or a procedure in order to improve its higher education provision.
Student visitor	A nursing associate, nurse or midwife that has registered with the NMC in the last three years or a nurse or a midwife who is completing or has completed an NMC-approved post-registration programme within the last three years.
Visit	A series of meetings held by the panel which include meetings with institution staff, students and other stakeholders to gather oral testimony and private meetings of the team to review documentation and discuss findings.
Visitor team	Team comprising registrant, lay and student visitors who make the recommendations to NMC in relation to quality assurance reviews.

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