Nursing and Midwifery Council quality assurance activities

Handbook for Major Modifications

May 2026



This document is available in both English and Welsh

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Introduction

Overview

1. This document sets out details of the methods utilised by QAA for Approved Education Institutions (AEIs) seeking modification of NMC approved programmes.
2. It is intended to give AEIs the information needed to understand how the process for major modification is conducted and the activities that take place as part of the modification methods for this type of approval. As such, it forms the terms of reference for what is expected of the institution and from QAA during the major modification process.
3. Due to the partnership approach, and the practice learning requirements reflected in the NMC standards, this Handbook may also be of particular interest to these partners to support understanding of the process that AEIs will follow.
4. 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 quality assurance activity.
5. The NMC makes regulatory decisions and is responsible for determining whether to approve a programme as per the Nursing and Midwifery Order 2001 ('the Order'). Where decisions or actions are undertaken by the 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.
6. Separate QAA Handbooks outline the processes for the 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
   - Handbook for Major Modifications (this Handbook)
   - Handbook for Monitoring Visits
   - Handbook for Extraordinary Review Assessments.

1. Throughout this Guidance, the term 'institution' is used to refer to the education provider and its practice learning partners/employer partners. The institution in the case of major modifications will already be an 'Approved Education Institution' (AEI).

Aims and objectives

7. The overall aim of the quality assurance activity for major modifications outlined in this Handbook is to conduct an external, independent assessment of whether any changes an institution is making to already approved NMC 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 continues to enable 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. This is a proportionate approach that only focuses on changes to programmes.
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
    - identifying areas for future monitoring.

The gateway approach

9. The NMC use a gateway approach for approval:
    - 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 which may take the form of a short online panel meeting, online engagement event or quality assurance visit depending on the nature of the modification.

10. Major modifications of programmes only require consideration at Gateway 3 and Gateway 4. Therefore, AEIs seeking modifications will only be required to upload evidence and self-evaluation narrative against the relevant Part 3 programme standards.

11. The upload of an AEI's submission consisting of a self-evaluation narrative and documentary evidence takes place through the NMC's Quality Assurance Link (QA Link). We use the NMC standards for education and training as the criteria against which your institution and programme is assessed:
    - 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.

12. For each applicable 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 these enable you to confidently demonstrate that each standard is met.

Methods for major modifications

Key principles

13. Once a programme is approved by the NMC, an AEI can make changes through a formal programme modification. There are two types of modification - minor and major. How modifications are classified depends on the extent of the changes being made to the programme and the potential impact on compliance with NMC programme standards.
14. **Minor modifications** refer to changes that do not impact the overall structure and delivery of an already approved programme. Minor modifications should not risk non-compliance with any of the NMC standards and AEIs should ensure that they have fully considered all NMC standards this prior to making any changes. Examples of minor modifications include:
    - subtle changes to assessments that do not impact learning outcomes
    - subtle changes to module learning outcomes that do not impact the programme mapping (where the mapping stays within the existing module)
    - subtle changes to programme length and/or structure such as programme planner changes (that do not impact the minimum required length of programmes or achievement of practice learning and/or theory hours).

15. If an AEI is making multiple minor changes to a programme, this has the potential to have an accumulative effect to change the programme delivery to what was originally approved and therefore a 'cluster' of minor changes might constitute a major modification. If AEIs are making multiple minor changes to approved programmes, then they should seek advice from QAA by emailing nmc@qaa.ac.uk so that a decision matrix can be completed.
16. **Minor modifications** are recorded and reported through the Annual Self Report (ASR) that the AEI is required to submit to the NMC each year (or upon request by the NMC). AEIs should ensure they have robust governance processes in place to internally agree, monitor and record these changes. AEIs must keep a record of all minor modifications in case the NMC should determine the need to review the decisions made and the impact on the approved programme.
17. **Major modifications** refer to significant changes that require an assessment to approve that the programme being modified remains compliant with the Part 3 NMC programme standards.
18. **Major modifications** require an assessment undertaken by independent quality assurance visitors arranged by QAA, the process for which is outlined in this Handbook. The process ensures that AEIs maintain compliance with the Part 3 NMC programme standards applicable to the programme being modified and provides the visitors with an opportunity to identify good practice.
19. Consideration of major modifications to approved programmes can be undertaken through one of three methods through which visitors make recommendations regarding approval to the NMC. The NMC makes the final regulatory decision and AEIs cannot implement any changes to their programme(s) without written approval from the NMC to do so. 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.
20. Major modifications will be assessed by a QAA visitor team that represents the NMC. For all of the methods you will be allocated a QAA Officer and you will be asked to identify a Principal Event Lead. Further details on visitor teams and on the role of the Principal Event Lead and QAA Officer are outlined in Annexe 2.
21. The modification methods outlined in this Handbook use a targeted approach and focus on the modifications to the programme under assessment and the changes that affect relevant NMC standards. They do not focus on standards previously outlined as having been met that are not impacted by the changes being proposed. This is to ensure that the modification process is proportionate. You are asked to suggest to us which standards you consider are relevant through your QA Link request and this will be considered by the QAA team and the QA visitors who may confirm this, or identify any further standards they believe to be in scope.
22. AEIs seeking NMC approval of modifications to their programmes must provide the information required to QAA, the visitor team and the NMC. If an AEI refuses a reasonable request for information, then the NMC may refuse approval or take other regulatory action under The Order (2001).

23. Major modifications support an AEI's own internal quality assurance processes and therefore may, or may not, require a conjoint approval panel or a visit depending on the nature of the change proposed and the AEI's internal processes for considering programme modifications. Depending on the nature of the modification it may be necessary to undertake practice learning visits (see paragraph 64).

24. The outcome of a major modification will result in a report that will be published. The purpose of the report is to make recommendations to the NMC regarding the modification and continued compliance with the standards, inform ongoing development and assessment of programmes, including areas for future monitoring and identify areas of good practice. The report will state what the proposed modification is and will only focus on the standards which are affected by the modification; visitors may, on occasion, make recommendations relating to the other standards to assure that the proposed modifications do not impact upon continued compliance. Reports to the NMC are required to clearly demonstrate how the modification will be introduced (AEI readiness and planning) and assure the programme's continued compliance with the NMC's standards for education and training.

25. Follow-up on recommendations made by the visitors as part of an approved modification is conducted by the NMC, normally through the ASR process, which is analysed by QAA in partnership with the NMC.

26. The NMC's quality assurance framework emphasises the importance of education and training underpinned by effective partnerships. The delivery of NMC-approved programmes includes a partnership approach between AEIs and practice learning/ employer partners. These partnerships are integral to ensure the practice learning necessary for ensuring students on NMC-approved programmes meet the required proficiencies and 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. The modification methods therefore may require the involvement of practice learning and employer partners depending on the nature of the change.

27. AEIs make requests for major modifications through the NMC's QA Link portal. Advice to AEIs on making a request can be sought from QAA at nmc@qaa.ac.uk.

Major modifications

28. Major modifications are requested through the process outlined in paragraphs below and are subject to quality assurance activity by QAA.

29. While not an exhaustive list, changes that would require a major modification request to be made by the AEI include:
    - changes to learning outcomes designed to meet NMC outcomes and proficiencies
    - changes to assessment to meet new learning outcomes
    - changes to recognition of prior learning (RPL)

- significant changes to programme length
- changes to programme delivery structure that has the potential to impact on the pattern of delivery of theory and practice learning hours
- the introduction of simulated practice learning in a nursing programme
- making changes to the practice assessment document
- changes to the programme outcomes, programme mapping, modular credits
- introduction of another field of practice
- introduction of another route (such as dual award, integrated MSc, BSc, PgDip)
- introduction of another mode of study (such as part-time, full-time, hybrid, online, distance learning)
- introduction of a work-based learning route including an apprenticeship route in England
- adding a satellite site
- a proposal for partnership delivery
- changes to outcome awards that lead to NMC registration
- other changes that impact on NMC regulatory requirements.

30. If an AEI is approved to deliver simulated practice learning (SPL), within this is a binary decision at approval and the AEI will be approved to run up to the maximum hours of SPL as per the Part 3 Standards for pre-registration nursing programmes. AEIs who are approved to deliver SPL can change (increase or decrease) the amount of SPL they wish to use in their programmes using their internal minor modifications process.
31. AEIs already approved to deliver an apprenticeship route, who want to work with a new employer partner (EP), must follow their own due diligence processes, including an educational learning environment audit and signed agreement. It does not require a major modification process. The NMC requirements for adding a new employer partner process for adding a new employer partner to an apprenticeship route is outlined on the NMC's website. If the employer partner will be taking on responsibility for teaching, learning and assessment this may constitute a partnership delivery model, which would require NMC approval.

Modifications in response to an AEI's Periodic Academic Review or internal reapproval cycle

32. For AEIs that are seeking a modification for the periodic review of an already approved programme you will need to identify the changes you are proposing to make to your programme in your modification request. Therefore, if your institutional approach is to identify changes through the periodic review process, you will need to take a two-stage approach and seek approval through a major modification once the changes have been agreed in principle by the AEI. The NMC will not accept modifications that have already been made without following an NMC process.
33. If the AEI wishes to formalise changes that have been 'agreed in principle' prior to the major modification by the NMC, this ratification process must be completed after the NMC decision letter has been received by the AEI.
34. Failure to follow the NMC's process for making major modifications would mean the AEI is delivering an unapproved programme. This would likely result in regulatory action by the NMC.

Modification method types

35. All QA Link requests for major modifications will be screened by QAA and allocated to one of three major modification methods outlined below:
    - Major modification quality assurance visit (this may be in-person or online)
    - Major modification engagement event
    - Major modification panel.

    When submitting a request for a major modification, AEIs should ensure that this is planned with sufficient time ahead of their scheduled start date; further guidance on this can be found in the pre-quality assurance activity: scheduling and screening section below.

Major modification quality assurance visits

36. Quality assurance visits aim to follow the timeline outlined below, consisting of Gateway 3 and Gateway 4.
37. The Gateway 4 visit is held to meet with a range of stakeholders over a full day and takes place either online or onsite, depending on the nature of modification. On occasion, it may require a two-day visit to provide the opportunity for practice learning visits.
38. Quality assurance visits are usually conducted as a conjoint panel comprising a Chair and panel members from the institution and the QAA-appointed visitor team depending on the nature of the modification and the institution's internal quality assurance processes for considering programme modifications.

39. The steps and timeline for major modification quality assurance visits are outlined in the flowchart below.

Major modifications quality assurance visit

Pre quality assurance activity: screening and scheduling

Quality assurance activity	When	AEI action
QA Link request submitted and considered within the specified scheduling window outlined in QAA scheduling calendar	**Within specified QAA scheduling window**	AEI submits QA Link request
↓		
• Event type timeline confirmed • QAA Officer briefing meeting with AEI held	**Following closure** of the scheduling window	AEI attends briefing meeting and starts to construct the agenda

Documentary analysis (Gateway 3)

Quality assurance activity	When	AEI action
Gateway 3 is opened **(day 1)**	**Week 1**	
QA Link Gateway 3 self-evaluation mapping tools open to AEI	**Weeks 1-3**	• AEI completes relevant self-evaluation mapping tool and submits supporting evidence on QA Link • AEI uploads draft agenda
• Visitor team undertakes desk-based analysis of Gateway 3 • Visitor team considers draft agenda	**Weeks 4-5**	
Additional evidence requested **(normally on day 2 of week 6)**	**Weeks 6-7**	• AEI uploads additional information and/or evidence • AEI uploads final visit agenda • AEI makes arrangements for the visit, including consideration of accessibility and any other specific needs of the participants

Continued...

- 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

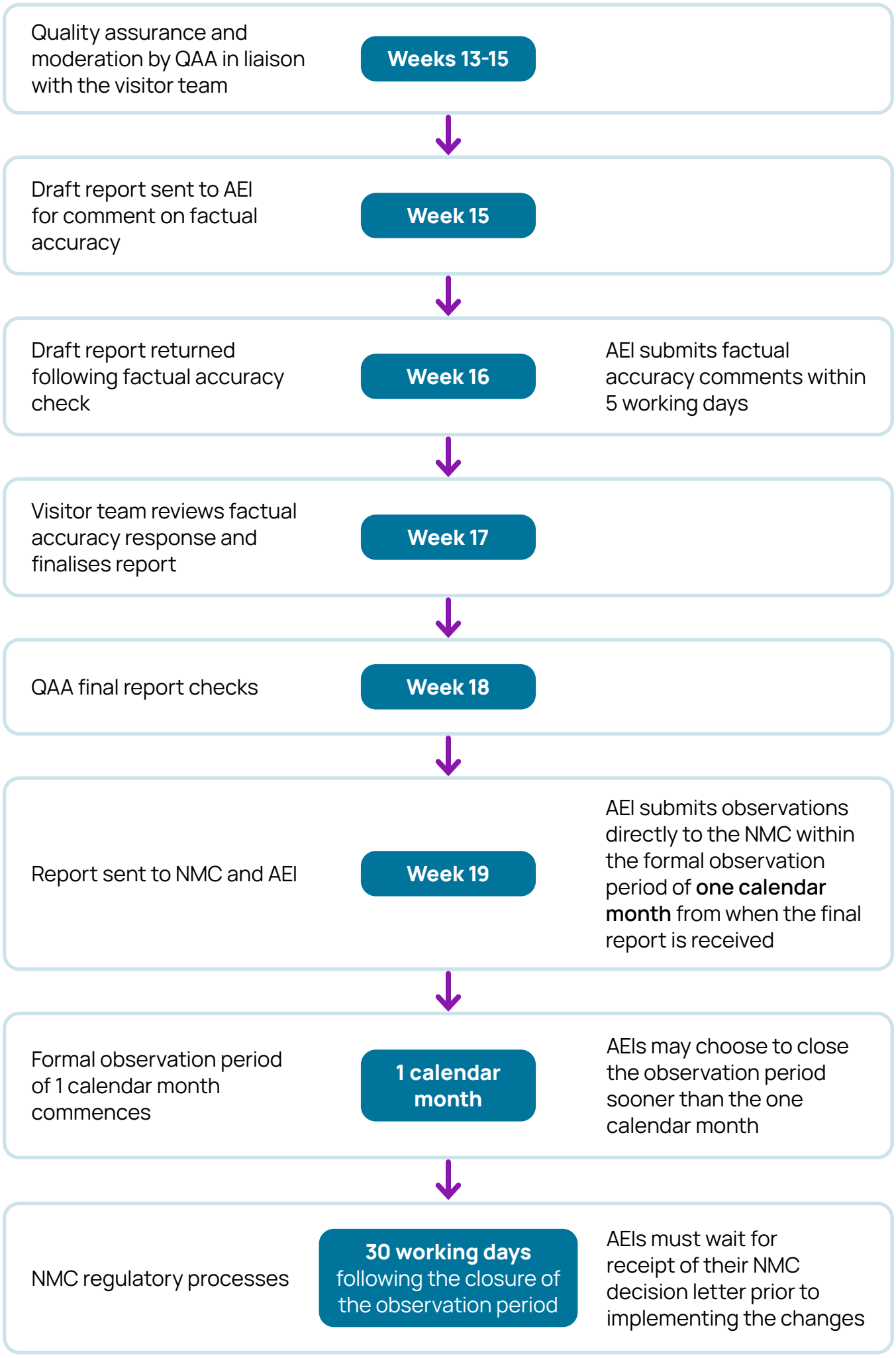
Modification approval visit (online or in person) (Gateway 4)

Quality assurance activity	When	AEI action
Visit to practice learning environments where required Conjoint modification approval visit	Week 11	Conjoint modification approval visit chaired by the AEI
Provisional findings discussed by the panel	End of modification visit	

Report and outcomes (no conditions)

Quality assurance activity	When	AEI action
• Agreement of notes for the approval visit • Liaison with AEI panel Chair regarding agreed wording of any recommendations Provisional outcomes summary sent to AEI Visitor team finalises the report	Week 12	• AEI uploads notes of the approval visit • Liaison with visitors regarding wording of any recommendations

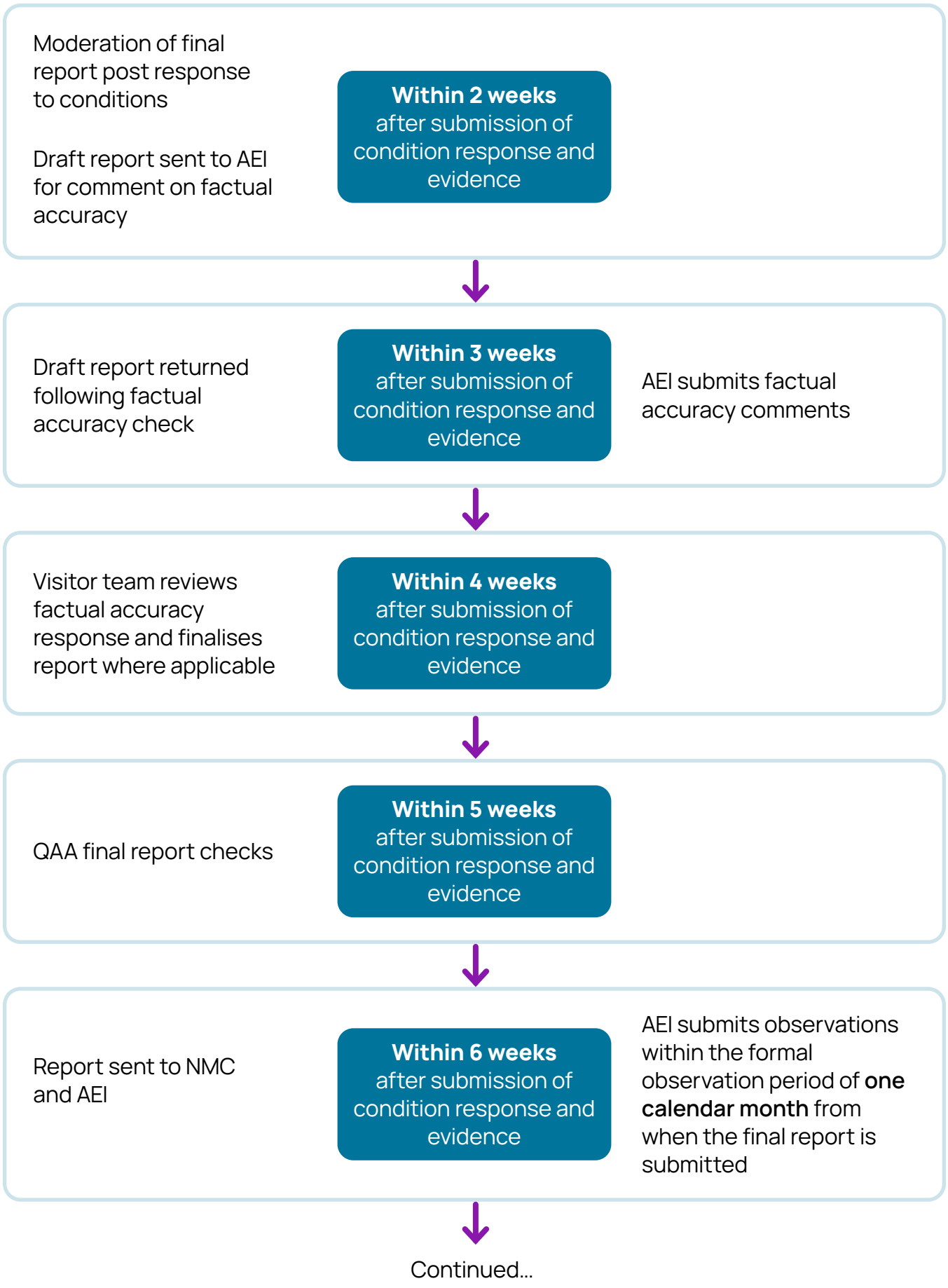
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Quality assurance and moderation by QAA in liaison with the visitor team
Weeks 13-15
Draft report sent to AEI for comment on factual accuracy
Week 15
Draft report returned following factual accuracy check
Week 16
AEI submits factual accuracy comments within 5 working days
Visitor team reviews factual accuracy response and finalises report
Week 17
QAA final report checks
Week 18
Report sent to NMC and AEI
Week 19
AEI submits observations directly to the NMC within the formal observation period of **one calendar month** from when the final report is received
Formal observation period of 1 calendar month commences
1 calendar month
AEIs may choose to close the observation period sooner than the one calendar month
NMC regulatory processes
30 working days following the closure of the observation period
AEIs must wait for receipt of their NMC decision letter prior to implementing the changes

Report and outcomes (with conditions)

Quality assurance activity	When	AEI action
• Agreement of notes for the approval visit • Liaison with AEI panel Chair regarding agreed wording of conditions and any recommendations Provisional outcomes summary sent to AEI Visitor team finalises the report	**Week 12**	• AEI uploads notes of the approval visit • Liaison with visitors regarding wording of conditions and any recommendations
Quality assurance and moderation by QAA in liaison with the visitor team	**Weeks 13-15**	
Response to conditions	**Within the agreed timeframe** for conditions to be met	AEI submits documentation in respect of conditions by the deadline specified by the approval panel
Visitor team reviews condition documentation and confirms whether conditions have been met	**Within 1 week** after submission of condition response and evidence	

Continued...


Moderation of final report post response to conditions
Draft report sent to AEI for comment on factual accuracy
Within 2 weeks after submission of condition response and evidence
Draft report returned following factual accuracy check
Within 3 weeks after submission of condition response and evidence
AEI submits factual accuracy comments
Visitor team reviews factual accuracy response and finalises report where applicable
Within 4 weeks after submission of condition response and evidence
QAA final report checks
Within 5 weeks after submission of condition response and evidence
Report sent to NMC and AEI
Within 6 weeks after submission of condition response and evidence
AEI submits observations within the formal observation period of one calendar month from when the final report is submitted

Continued...

Formal observation period of 1 calendar month commences	**1 calendar month**	AEIs may choose to close the observation period sooner than the one calendar month
NMC regulatory processes	**30 working days** following the closure of the observation period	AEIs must wait for receipt of their NMC decision letter prior to implementing the changes

Major modification engagement events

40. Engagement events aim to follow the timeline below, consisting of Gateway 3 and Gateway 4. Gateway 4 consists of an online event between the visitor team and key stakeholders from your AEI, which will typically last no longer than half a day.
41. Engagement events will typically be applied for major modifications with smaller changes, which are anticipated to have a direct impact on one (or more) key stakeholder groups. Engagement events are not a conjoint method, meaning the AEI does not need to provide a full panel to consider the modification(s) alongside the QA Visitors.
42. The steps and timeline for major modification engagement events are outlined in the flowchart below.

Engagement events for major modifications

Pre-quality assurance activity: screening and scheduling

Quality assurance activity	When	AEI action
QA Link referral submitted and considered within the specified scheduling window outlined in QAA scheduling calendar	**Within specified QAA scheduling window**	AEI submits QA Link request
• Event type timeline confirmed • QAA Officer briefing meeting with AEI held and indicative agenda shared	**Following closure** of the scheduling window	AEI attends briefing meeting

Documentary analysis (Gateway 3)

Quality assurance activity	When	AEI action
QA Link Gateway 3 opened	**Week 1**	
QA Link Gateway self-evaluation mapping tools open to AEI to provide documentation in relation to evidence in scope	**Weeks 1-2**	• AEI completes relevant self-evaluation mapping tool and submits supporting evidence on QA Link • AEI submits draft agenda
• Visitor team undertakes desk-based analysis of gateway(s) • Visitor team considers and finalises the agenda for the event	**Weeks 3-4**	
Additional evidence requested **(Day 5 of week 4)**	**Week 4**	
AEI uploads additional evidence request	**Week 5**	AEI uploads additional information and/or evidence

Continued...

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

Week 6

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

- 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 event

Engagement event (Gateway 4)

Quality assurance activity	When	AEI action
Engagement event	**Week 7**	AEI provides stakeholder representation for the event as specified in the agenda
Provisional findings discussed by the visitor team	**End of event**	

Report and outcomes no conditions

Quality assurance activity	When	AEI action
Provisional outcomes summary sent to AEI Visitor team finalises the report	Week 8	
Quality assurance and moderation by QAA in liaison with the visitor team	Weeks 9-11	
Draft report sent to AEI for comment on factual accuracy	Week 11	
Draft report returned following factual accuracy check	Week 12	AEI submits factual accuracy comments within 5 working days
Visitor team reviews factual accuracy response and finalises report where applicable	Week 13	
QAA final report checks	Week 14	

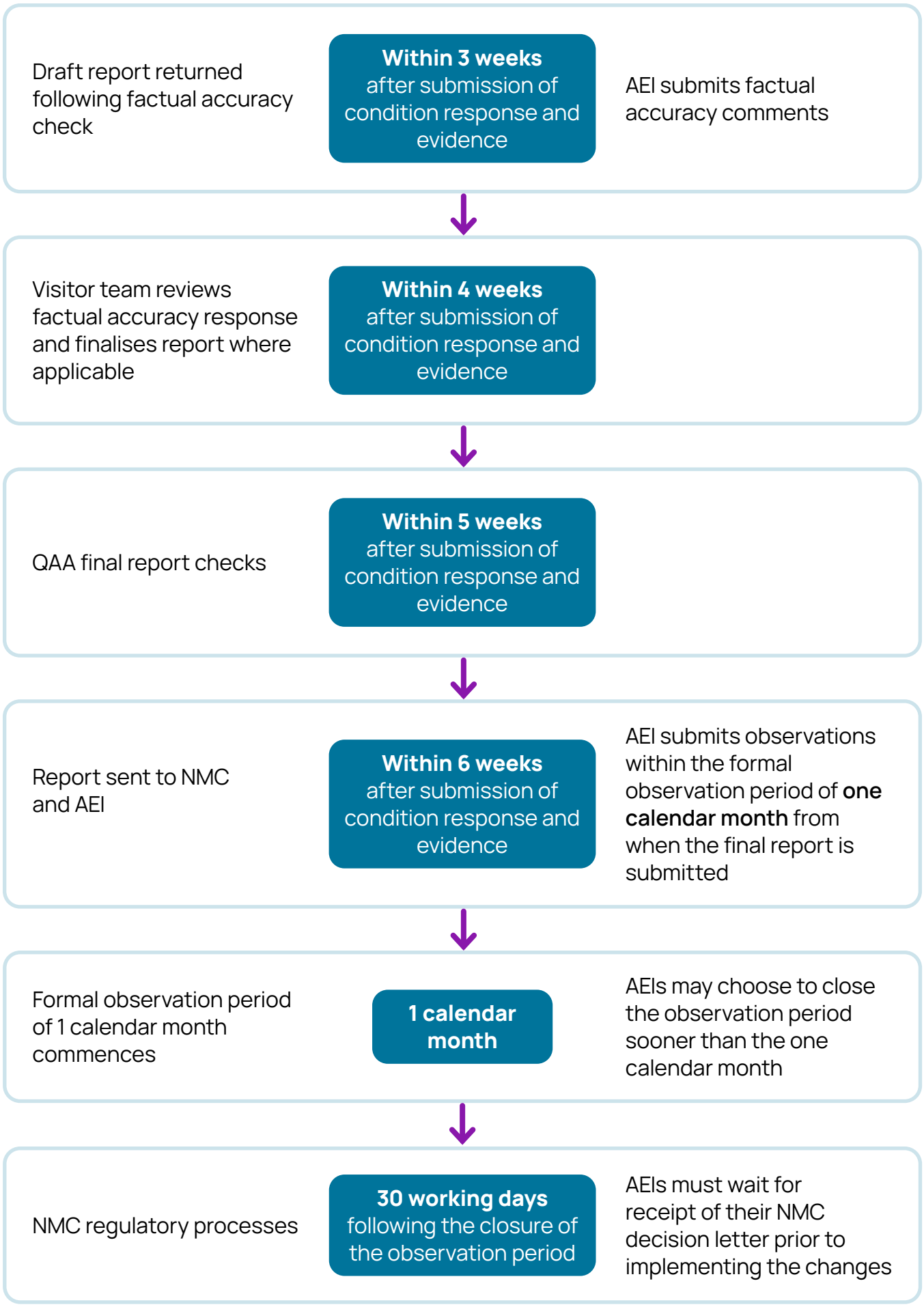
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Report sent to NMC and AEI	**Week 15**	AEI submits observations within the formal observation period of **one calendar month** from when the final report is submitted
Formal observation period of 1 calendar month commences	**1 calendar month**	AEIs may choose to close the observation period sooner than the one calendar month
NMC regulatory processes	**30 working days** following the closure of the observation period	AEIs must wait for receipt of their NMC decision letter prior to implementing the changes

Report and outcomes (with conditions)

Quality assurance activity	When	AEI action
Provisional outcomes summary sent to AEI Visitor team finalises the report	**Week 8**	
Quality assurance and moderation by QAA in liaison with the visitor team	**Weeks 9-11**	
Response to conditions	**Within the agreed timeframe** for conditions to be met	AEI submits documentation in respect of conditions by the deadline specified by the approval panel
Visitor team reviews condition documentation and confirms whether conditions have been met	**Within 1 week** after submission of condition response and evidence	
Moderation of final report post response to conditions Draft report sent to AEI for comment on factual accuracy	**Within 2 weeks** after submission of condition response and evidence	

Continued...


Draft report returned following factual accuracy check
Within 3 weeks after submission of condition response and evidence
AEI submits factual accuracy comments
Visitor team reviews factual accuracy response and finalises report where applicable
Within 4 weeks after submission of condition response and evidence
QAA final report checks
Within 5 weeks after submission of condition response and evidence
Report sent to NMC and AEI
Within 6 weeks after submission of condition response and evidence
AEI submits observations within the formal observation period of one calendar month from when the final report is submitted
Formal observation period of 1 calendar month commences
1 calendar month
AEIs may choose to close the observation period sooner than the one calendar month
NMC regulatory processes
30 working days following the closure of the observation period
AEIs must wait for receipt of their NMC decision letter prior to implementing the changes

Major modification panels

43. Major modification panels will be convened for smaller changes where only a small number of standards are impacted by the change. Major modification panels follow a 14-week timeline, consisting of Gateway 3 and Gateway 4. Gateway 4 consists of an online meeting between the visitors and, if necessary, key individuals from your programme/practice team. This meeting will typically last no longer than two hours.
44. Major modification panels are not a conjoint method, meaning the AEI does not need to provide a full panel to consider the modification(s) alongside the QA Visitors. Major modification panels consist primarily of desk-based analysis with the option of a short meeting with the AEI's programme/practice team if required by the QA Visitors. Major modification panels aim to follow the timeline below.

Major modification panels

Pre quality assurance activity: screening and scheduling

Quality assurance activity	When	AEI action
QA Link referral submitted and considered within the specified scheduling window outlined in QAA scheduling calendar	**Within specified QAA scheduling window**	AEI submits QA Link request
↓		
• Event type timeline confirmed • QAA Officer briefing meeting with AEI held and provisional times for modification panel meeting discussed	**Following closure** of the scheduling window	AEI attends briefing meeting

Documentary analysis (Gateway 3)

Quality assurance activity	When	AEI action
QA Link Gateway 3 opened	**Week 1**	
QA Link Gateway self-evaluation mapping tools open to AEI to provide documentation in relation to evidence in scope	**Weeks 1-2**	AEI completes relevant self-evaluation mapping tool and submits supporting evidence on QA Link
Visitor team undertakes desk-based analysis of gateway(s)	**Weeks 3-4**	
Additional evidence requested **(Day 5 of week 4)**	**Week 4**	
AEI uploads additional evidence request	**Week 5**	AEI uploads additional information and/or evidence

Continued...

- Visitor team considers additional evidence received
- Visitor team and the QAA Officer meet to discuss evidence against standards and lines of enquiry
- Visitor team and QAA Officer to finalise agendas for the event

Week 6

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

- 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 event

Modification panel (Gateway 4)

Quality assurance activity	When	AEI action
Modification panel	**Week 7**	AEI provides representation for the panel if required
Provisional findings discussed by the panel	**End of panel meeting**	

Report and outcomes no conditions

Quality assurance activity	When	AEI action
Provisional outcomes summary sent to AEI Visitor team finalises the report	**Week 8**	
Quality assurance and moderation by QAA in liaison with the visitor team	**Weeks 9-10**	
Draft report sent to AEI for comment on factual accuracy **(day 5 of week 10)**	**Week 10**	
Draft report returned following factual accuracy check **(day 5 of week 11)**	**Week 11**	AEI submits factual accuracy comments **(by end of week 11)**
Visitor team reviews factual accuracy response and finalises report where applicable	**Week 12**	
QAA final report checks	**Week 13**	

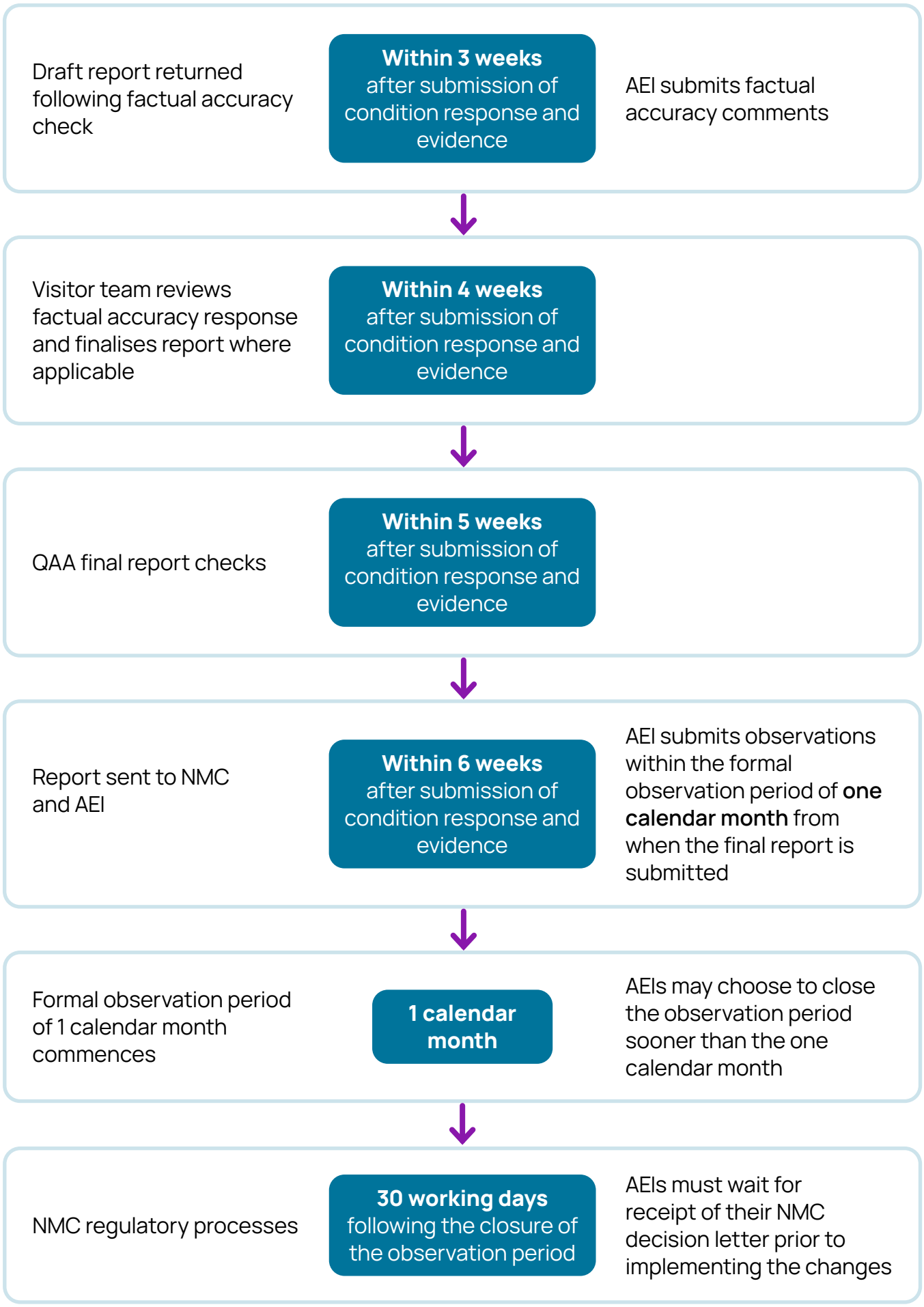
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Report sent to NMC and AEI	**Week 14**	AEI submits observations within the formal observation period of **one calendar month** from when the final report is submitted
Formal observation period of 1 calendar month commences	**1 calendar month**	AEIs may choose to close the observation period sooner than the one calendar month
NMC regulatory processes	**30 working days** following the closure of the observation period	AEIs must wait for receipt of their NMC decision letter prior to implementing the changes

Report and outcomes with conditions

Quality assurance activity	When	AEI action
Provisional outcomes summary sent to AEI Visitor team finalises the report	**Week 6**	
Quality assurance and moderation by QAA in liaison with the visitor team	**Weeks 7-8**	
Response to conditions	**Within the agreed timeframe** for conditions to be met	AEI submits documentation in respect of conditions by the deadline specified by the approval panel
Visitor team reviews condition documentation and confirms whether conditions have been met	**Within 1 week** after submission of condition response and evidence	
Moderation of final report post response to conditions Draft report sent to AEI for comment on factual accuracy	**Within 2 weeks** after submission of condition response and evidence	

Continued...


Draft report returned following factual accuracy check
Within 3 weeks after submission of condition response and evidence
AEI submits factual accuracy comments
Visitor team reviews factual accuracy response and finalises report where applicable
Within 4 weeks after submission of condition response and evidence
QAA final report checks
Within 5 weeks after submission of condition response and evidence
Report sent to NMC and AEI
Within 6 weeks after submission of condition response and evidence
AEI submits observations within the formal observation period of one calendar month from when the final report is submitted
Formal observation period of 1 calendar month commences
1 calendar month
AEIs may choose to close the observation period sooner than the one calendar month
NMC regulatory processes
30 working days following the closure of the observation period
AEIs must wait for receipt of their NMC decision letter prior to implementing the changes

Pre quality assurance activity: screening and scheduling

45. AEIs seeking major modifications should submit a QA Link request ahead of the scheduling window within the timeframe specified on the QAA scheduling calendar which is included on our website. When submitting a request for a major modification, AEIs should ensure that this is planned with sufficient time ahead of their scheduled start date.

46. The QAA are responsible for the decision regarding which major modification method will be used for gateway four, using a screening matrix that is agreed with the NMC. The AEI are unable to influence this decision making process and should therefore apply for all major modifications in a timely way.

47. Once an AEI has submitted a request for a major modification the AEI cannot change the proposed scope of the modification, without written agreement from the QAA. This is to ensure the planned method remains suitable and that the visitors will have the opportunity to fully consider the proposed modifications.

48. AEIs will not be offered a timeline for a major modification that does not allow for conditions to be set with sufficient opportunity to meet conditions and that do not have sufficient time for the NMC to fulfil their regulatory processes. AEIs should consider the additional time that may be required to meet conditions when requesting a timeline for a major modification and note that this lengthens the modification process. AEIs should note when submitting requests that following submission of the final report by QAA the NMC's process includes the one calendar month for the statutory observation period as per the 'the Order' and following the closure of the observation period a further 30 working days for NMC regulatory processes to conclude.

49. AEIs must factor into their planning the statutory one month observation period the NMC are required by the Order (2001) to provide, followed by up to 30 working days for the NMC's QA Board to consider and take a regulatory decision, prior to processing and approval of the modification being granted.

50. When you submit your QA Link request, you will be required to identify what programme standards you consider are in the scope of the modification and state these in your request.

51. **Before** any QA activity, please take a moment to check your programme records in the QA Link. It is important to make sure the programmes you would like included in the activity are listed correctly, including:
    - programme titles
    - academic routes
    - qualification routes.

    What is listed in the QA request on QA Link is exactly what will appear on the list of NMC approved programmes list once approved, modified or endorsed, so it is vital that you make sure everything is accurate. If your programme title, academic route or qualification routes are not correct or you would like to formally request to change them, please contact your NMC regional officer mailbox as soon as possible so the NMC can look into this for you. The NMC regional contacts can be found here.

The NMC-approved programme titles are a fixed part of your approved programme and cannot be changed, shortened or misrepresented to applicants/students.

52. Your QA Link request should also include the details for a named 'Principal Event Lead' to act as a facilitator and main point of contact for your AEI. The Principal Event Lead helps to organise and ensure the smooth running of the activity and improve the flow of information. More information on the role of the Principal Event Lead is found in Annexe 2. All requests received through the QA Link will be reviewed, screened and scheduled within the scheduling window. You will normally be invited to a meeting with the QAA Lead Nurse and/or Midwife in advance of the screening to discuss your proposed modification in more detail, which supports the screening process. You will be given a provisional indication of which modification method is appropriate at this stage.
53. Once we have fully screened your request, we email to confirm the details of the allocated modification method. This will include key dates, including a proposed date for a briefing meeting. We will also confirm the QAA Officer appointed to coordinate the 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 process to ask questions and/or seek clarification on the process. The QAA Officer can provide advice about the quality assurance activity process but cannot act as a consultant for your preparations or assess the evidence.
54. We will select a visitor team as appropriate to the modification method and check potential conflicts of interest with you prior to their appointment. More information on conflicts of interest is in Annexe 2. 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 process, timelines and the arrangements for Gateway 3 and 4 in detail. If your major modification is to be conducted through a quality assurance visit (online/or in person) this must be conjoint. Engagement events are not normally expected to be conjoint; however, you may wish to perform this event conjointly if this aligns with your normal internal quality assurance processes. In such cases, the arrangements and preparations for enabling a conjoint approach will be discussed at this meeting.
55. The QAA Officer will discuss the submission of evidence and the standards that are in scope for the modification. This will be informed by your own assessment of the standards affected (as outlined in your QA Link request) and information from the meeting with the QAA Lead Nurse and/or Midwife. You will only be required to upload documentary evidence and self-evaluation narrative against the standards that are identified as being in scope and you will be provided with a self-evaluation mapping tool at this stage that makes clear the standards in scope of the modification which will be confirmed with the QA visitors.

Upload of QA Link self-evaluation narrative and supporting evidence

56. The Gateway evidence upload section in the QA Link enables you to upload documentary evidence and self-evaluation narrative for the relevant Part 3 programme standards. This section of QA Link enables you and your practice learning/employer partners to demonstrate how you meet the NMC standards by uploading evidence alongside a self-evaluation narrative for each standard in scope.
57. The QA Link automatically populates with the last narrative you provided for the standard. You can choose to amend or replace this narrative to ensure it is correct and provides the context of the modification.
58. You should upload your self-evaluation narrative and evidence to QA Link in accordance with the self-evaluation mapping tool provided by the QAA Officer.
59. The visitor team assesses the narrative and initial documentation you submit against the NMC standards, ensuring an evidence-based approach to recording findings. Following the initial assessment of the evidence, the visitor team may identify areas where additional information is required or additional lines of enquiry to provide clarity based on the documentary evidence to date.
60. Additional evidence requests and lines of enquiry will relate to areas where the team particularly wishes to see further assurance that you maintain compliance with the standards and therefore wish to pursue these areas through further desk-based analysis of information and through Gateway 4. This may also include requests for evidence against additional standards that the visitor team brings into scope based on the evidence assessed.
61. The QAA Officer will advise you of any requests for additional information. You should submit your additional evidence to QA Link in line with the timelines identified above for your allocated modification method.
62. Following consideration of the additional information, the visitor team will hold a private online meeting to consider the findings to date and identify the final lines of enquiry. In the case of engagement events and quality assurance visits, the team may also identify further additional evidence requests. The timing of this meeting differs depending on the allocated modification method (see timelines above).
63. At this meeting, the visitor team will determine whether the process can proceed as scheduled to Gateway 4. At this point, the visitor team is likely to comment on the preparation for Gateway 4, which would include confirmation of those individuals required to attend Gateway 4 (see below for more details).

64. Where the analysis at this stage indicates that the NMC standards are likely to be met, we will confirm that the process progresses as planned and share lines of enquiry and, in the case of engagement events and quality assurance visits, any further requests for additional information. Where the analysis indicates that a significant number of standards are unmet and are unlikely to be met through lines of enquiry, additional evidence and Gateway 4 within the quality assurance activity timeline, the visitor team may request that Gateway 4 is deferred. This request will be escalated to the QAA management team who will liaise with the NMC to agree next steps which will be communicated to you at the earliest opportunity. The NMC will be notified of the visitors' reasons for the deferral request. If a visit is deferred, AEIs should note there is a risk at this stage that the deferral may impact your programme start. The QAA management team will keep you informed and discuss next steps with you at this stage.

65. The QAA Officer will inform you of the outcome of this private meeting in terms of the decision to proceed, lines of enquiry, any additional evidence requests and any requirements for Gateway 4 and will work with you to ensure that all necessary preparations are in place in line with the team's requirements.

Major modification quality assurance visits, engagement events and panels (Gateway 4)

66. At this stage, the nature of engagement between the visitor team and the AEI (and any practice learning/employer partners) will differ depending on the allocated modification method and are outlined below.

Major modification quality assurance visit (in-person/online)

67. A quality assurance visit is a one or two full-day event conducted in person or online. These visits involve the visitor team meeting with a range of key stakeholders involved in the delivery and support of the programme. More information on the visitor team role and composition is provided in Annexe 2.

68. In some cases, practice learning environment visits may be required, for example if the AEI is seeking approval to deliver pre-registration or post-registration nursing for a new field of practice or delivering a new work-based learning model. If visits to practice learning environments are planned, these should typically be arranged on the day prior to the conjoint panel meeting part of the visit. An indicative agenda is provided at Annexe 4.

69. The visitor team will agree the agenda and structure of the 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 4). The QAA Officer will liaise with your Principal Event Lead (see Annexe 2) to enable this. The QAA Officer will normally attend the visit to support the AEI and the visitor team on the process, although they do not form part of the team that will make judgements. Other observers may also attend, and in such cases the AEI will be informed.

70. Where a conjoint event has been agreed, the visit is undertaken with an approval panel comprising a Chair and panel members from the AEI and the QAA-appointed visitor team (see Annexe 2). The AEI makes the decision to approve the modifications in line with

its regulations and quality processes and QA visitors make recommendations to the NMC regarding approval of the major modification in line with professional standards. Additionally, members of the AEI's approval panel may set conditions that relate to its own requirements as part of the conjoint approval visit.

71. At the end of the visit, the panel will discuss findings and reach a collective decision on the outcome. The QAA Officer will normally be part of this meeting to support the visitor team as they determine the findings, conditions and recommendations and ensure that they are evidence-based and consistent. Where conditions are specified, a date for completion will be set. It is recommended that a maximum period of four weeks be set for submission of evidence that addresses the conditions - any longer than this may have an impact on the proposed programme start date. Where the visit is conjoint, it should be agreed which of the AEI panel members will be responsible for confirming that AEI conditions have been satisfied.
72. Where the visit is conjoint, the AEI will take notes of the event which must be agreed between all panel members including the visitor team and uploaded into the Ad-hoc Evidence Request area in the QA Link. In addition to the AEI 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 AEI shortly after the event.

Engagement events

73. An engagement event is normally a half day activity conducted online. This event involves the visitor team meeting with key stakeholders pertinent to the changes proposed to the programme. More information on the visitor team role and composition is provided in Annexe 2.
74. The QAA Officer will normally attend the event to support the AEI and the visitor team, although they do not form part of the team that will make judgements. Other observers may also attend, and in such cases the AEI will be informed.
75. Following the engagement event, the visitor team and QAA Officer meet privately to determine the findings, conditions and recommendations. Where conditions are specified, a date for completion will be agreed. It is recommended that a maximum period of four weeks be set for the submission of evidence that addresses the conditions: any longer than this may have an impact on the proposed programme start date. The QAA Officer will record the agreed provisional outcome, including the proposed wording of conditions and recommendations and share these with the AEI shortly after the event.

Modification panels

76. Modification panels may consist of a short online meeting (normally no longer than two hours) between the visitor team and key members of the programme/practice team, for example the programme leader and module leader, supported by the Principal Event Lead and/or senior manager. More information on the visitor team role and composition is provided in Annexe 2.
77. The QAA Officer will normally attend the modification panel to support the AEI and the visitor team, although they do not form part of the team that will make judgements. Other observers may also attend, and in such cases the AEI will be informed.

78. Following the modification panel, the visitor team and QAA Officer meet privately to determine the findings, conditions and recommendations. Where conditions are specified, a date for completion will be agreed. It is recommended that a maximum period of four weeks be set for the submission of evidence that addresses the conditions - any longer than this may have an impact on the proposed programme start date. The QAA Officer will record the agreed provisional outcome, including the proposed wording of conditions and recommendations and share these with the AEI shortly after the event.

Reporting and outcomes

79. 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
    - A provisional outcome judgement expressed as one of the following:
        - **The modified 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.
        - The **modified programme may be recommended for approval if conditions are met** to ensure the proposed programme amendments meet all standards and requirements, and enables students to achieve stated NMC standards of proficiency and learning outcomes for theory and practice
        - **The modified 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 improvement (where appropriate)
    - areas of good practice
    - areas for future monitoring.

80. The visitor team will compile the draft report which will be quality assured and moderated by QAA. The QAA Officer supports the visitor team to ensure that the correct process is followed and guides 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 method is conducted in a consistent manner.

81. QAA uses a staged internal quality assurance 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 AEIs and programmes. This includes moderation which involves QAA colleagues who have not been directly involved in your quality assurance activity and who have expertise in the methods and in producing reports, although the final judgements made will represent those of the visitor team.

82. If, in moderation, any suggested wording to conditions or recommendations is required from the provisional outcomes agreed by a conjoint panel at the visit, the QAA Officer will liaise with the approval panel through the Chair and to agree and confirm the final version.

83. 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 or student safety may be compromised.

84. The final outcome judgement (post any conditions applied) will be as follows:
    - '**The modified programme is recommended for approval – the programme meets all standards and requirements'** outcome is a positive judgement and may be accompanied by several recommendations for programme enhancement
    - '**The modified programme is recommended for refusal** - the programme **does not meet** all standards and requirements' is considered a negative judgement. This may also be accompanied by recommendations for future programme enhancement

85. 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 is '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).

86. For the avoidance of doubt, the visitor team can make recommendations on whether the NMC standards have been met but the final decision to approve or refuse a programme is taken by the NMC as outlined in the NMC's documentation.

87. Students may not be enrolled until the NMC decision to approve the modification has been confirmed. This is confirmed by an approval decisions letter that is sent directly from the NMC. If you have not received the decision letter 30 working days after the closure of the statutory observations period, then please contact the NMC directly, via your regional EdQA Officer inbox and named contact.

Conditions

88. 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 AEI in cases where the visitor team has identified a weakness which needs to be addressed in order to meet the NMC standards. The team will only do this if they consider that the weaknesses can be rectified in a short space of time and in a way that can be sufficiently analysed through a desk-based analysis following specific actions undertaken by your institution and a subsequent submission of further evidence.

89. If the visitor team has considered that the relevant programme standards or requirements are not met, it will set a condition for each issue identified, against specific unmet standard(s). One condition may relate to multiple standards. In the instances where a quality assurance visit has been conducted by a conjoint panel there may also be conditions that do not relate to the NMC standards but relate to the AEI'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. The NMC will not undertake approval until all conditions (AEI only, NMC only or joint conditions) have been met.

90. You will be required to provide information to demonstrate that the conditions have been met within the timeframe specified. AEIs will be required to provide evidence to the visitor team that any joint or AEI conditions have been considered and signed off as complete by the AEI by the date specified. In doing so, the AEI should ensure it has appropriate evidence that would demonstrate how the condition has been met. This evidence may be requested by the NMC as part of their monitoring processes.

91. The visitor team will review evidence related to the conditions set regarding the NMC standards (including joint conditions). The team will conduct a desk-based analysis of your conditions evidence submission to determine whether you have satisfied the conditions and whether, therefore, the standards are now consequently met.

92. 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 a final recommendation. 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 modified 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:
        - **The modified 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
        - **The modified 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.

93. 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 NMC Statutory Observations period.

Recommendations

94. The visitor team may additionally make recommendations to support the enhancement and continual improvement of the programme. Recommendations will be clearly identified as either AEI or relating to further enhancement in relation to the approach to NMC standards.

95. Further information on the judgements, outcomes and assessment criteria used are available at Annexe 5.

Areas for future monitoring

96. 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 during a monitoring visit.

Observations period

97. The Observations period is a period of time required by the Nursing and Midwifery Order 2001[2] 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 notified, which shall be not less than one month from the date on which a copy of the report is sent to you.

98. 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 through the QA Link confirm that you are content it can proceed to a decision before the Observations period has concluded. In effect, you can choose to close the observations period and the NMC will commence their decision-making process.

99. The NMC will consider all observations made against the processes for approval of major modifications.

Publication of the report

100. Once a decision has been made by the NMC, the final report (or an updated version in accordance with the process of considering observations and NMC feedback) will be published on the NMC website, with a link added on the QAA website.

2. www.legislation.gov.uk/uksi/2002/253/article/16

Quality assurance activity follow-up

101. Follow-up activity will take place through the ASR process which may 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, and that the NMC has been notified of all minor programme modifications. The report must be submitted on the ASR template issued annually by the NMC.
102. QAA will analyse the self-reports and provide feedback to the NMC. The NMC consider this analysis by QAA and provide individual feedback to each AEI. QAA and the NMC may choose to collaborate on the publication or sharing of thematic learning arising from quality assurance activity.

Feedback and continuous improvement

103. We are committed to continuous improvement through the monitoring and evaluation of our 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 QA visitors and the QAA Officer involved in your activity.
104. We conduct internal annual monitoring to ensure the 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 method over time.

Complaints

105. 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.
106. 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 Observation process is complete.
107. In common with most complaint 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: Participants in the quality assurance activity

The key participants in the quality assurance process are your Principal Event Lead, the QAA Officer, visitors, the approval panel members appointed by you in the cases of conjoint panels, people who use services and carer representatives, and students for major modification quality assurance visits.

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 may also include a lay 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.

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.

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 for Major Modification Quality Assurance Visits

The minimum membership of the approval panel is outlined at Annexe 4. 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 quality assurance activity and therefore have opportunities to inform and contribute to the process throughout.

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

We will normally expect to meet your students and their representatives where possible during the visit. For modifications, we will expect to meet current students. 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 to support the opportunity for them to participate in meeting s with the visitor team as required. We would expect the students we meet to represent the diversity of your student population.

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 3: 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 4: Indicative visit agenda for major modification quality assurance visits

Attendees

For major modification quality assurance visits which are managed conjointly 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
- 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.

Major modification quality assurance visits which are managed conjointly panels will normally 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 major modification 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 5: 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: • 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 6: Quality assurance 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 7: Data protection

An effective review requires access to a considerable amount of information, some of which may be 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 ensuring, and safeguarding and maintaining, 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 compliantly, lawfully and appropriately. All our staff and visitors undergo GDPR data protection and information security training on an annual basis. Details of how QAA collects and processes personal information, the rights of individuals, and how we gather and process personal information, the individual's rights and QAA's legal obligations are set out in our Privacy Notice. There is a Data Protection Incident Reporting Policy and Procedure to ensure that any data incidents are reported, assessed and managed for reporting, assessing and managing incidents 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 8: 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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