

Nursing and Midwifery Council Quality Assurance Reviews

Guidance for Approved Education
Institutions and Education Institutions

Comprising processes for:

- Approved Education Institution Status
- Programme Approval and Endorsements
- Modifications

September 2024



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Introduction

Overview

1 This document sets out details of the review method utilised by QAA for institutions seeking Nursing and Midwifery Council (NMC) programme approval. It also outlines the process for modification of programmes. It is intended to give institutions the information needed to understand how the process will be conducted and the activities that will take place as part of the review method. As such, it forms the terms of reference for what is expected of the institution¹ and from QAA during the process. In this document, 'you' refers to the institution and 'we' or 'our' refers collectively to QAA, including the managers, visitors and professional support services involved in delivery of the review method.

2 The NMC 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 institutions 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. Due to the partnership approach, and the practice learning requirements reflected in the NMC standards, this Guidance may also be of particular interest to these partners to support understanding of the process of NMC Quality Assurance Reviews (NMCQAR) that institutions will follow.

3 The NMC makes regulatory decisions and is responsible for determining whether to approve a programme. Where decisions or actions are undertaken by NMC, this will be outlined in this Guidance. This document should be read in conjunction with the [NMC Code](#), the [NMC quality assurance framework](#) and linked documents.

4 Separate QAA guidance outlines matters arising from concerns raised to the NMC and the processes that QAA will follow in such cases where these matters are referred to us. This includes the process for listening events, extraordinary reviews and monitoring visits related to a specific concern.

5 Our work and review methods are informed by the fundamental values of the European Higher Education Area and Bologna process.² This means a commitment to the fundamental values of institutional autonomy, academic freedom and integrity, participation of students and staff in higher education governance, and public responsibility for and of higher education. Our approach and methods are designed to meet the standards and reflect the guidelines set out in the Standards and Guidelines for Quality Assurance in the European Higher Education Area (ESG). NMC Quality Assurance Reviews are designed to

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

² <https://eua.eu/issues/10:bologna-process.html>

align with the Standards for external quality assurance outlined in the ESG, by being reliable, useful, predefined, implemented consistently and published.

Aims and objectives

6 The overall aim of NMC Quality Assurance Reviews (NMCQARs) is to conduct an external, independent review of whether an institution and its programmes align with the *NMC Standards framework for nursing and midwifery education*, the *NMC Standards for student supervision and assessment*, and the relevant *NMC Programme standards*. This ensures that the education and training of nursing, midwifery and nursing associate students enables them to achieve the relevant standards of proficiency to complete their programme, for registration and/or for annotation on the NMC register, and to deliver high standards of care to people.

7 The objectives of NMCQARs 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 external scrutiny
- adding value through the identification and sharing of good practice.

8 The review also considers alignment to the European Higher Education Area (EHEA) expectations in:

- how institutions set and maintain academic standards
- how institutions maintain a high-quality academic experience and excellent outcomes for students
- supporting continuous improvement of student outcomes and the enhancement of the student learning experience.

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

Reference points for the review

10 NMCQARs use a gateway approach to programme approval:

- Gateway 1 is a desk-based analysis by a visitor team of an institution's self-evaluation narrative and 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 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 evidence against NMC standards Part 3 - *Programme standards*
- Gateway 4 is a conjoint approval visit with the institution.

11 The upload of supporting documentation will take place through the NMC Quality Assurance link (QA Link).

12 NMC Quality Assurance Reviews use the NMC Standards for education and training as the criteria against which your institution and programme is reviewed:

- [Part 1: Standards framework for nursing and midwifery education](#)
- [Part 2: Standards for student supervision and assessment](#)
- Part 3: Programme standards:
 - [Standards for pre-registration nursing programmes](#)
 - [Standards for pre-registration midwifery programmes](#)
 - [Standards for pre-registration nursing associate programmes](#)
 - [Standards for prescribing programmes](#)
 - [Standards for return to practice programmes](#)
 - [Standards for post-registration programmes.](#)

13 The standards used for review will depend on the programme the institution wishes to approve and whether the institution already has NMC Approved Education Institution (AEI) status. The review will be proportionate, and institutions will be asked to upload evidence and provide a self-evaluation narrative for the relevant standards only. In this review method, evidence and self-evaluation narrative for Part 1 of the standards (Gateway 1) will only be required to enable an institution to become an AEI. Future programme approvals for that institution will not normally require evidence and a self-evaluation narrative for Part 1 but the information will remain available to visitors as part of the activities outlined in this Guidance. A similar approach may be undertaken for Part 2 (Gateway 2) depending on whether the institution takes an institutional or programme-specific approach to Part 2.

14 The approach taken by an institution varies regarding whether to apply the same approach to NMC Part 2 standards across all NMC-approved programmes in an institution or whether to tailor the approach to each programme. If an institution and their practice learning partners decide to take an organisation-wide approach to student supervision and assessment across all NMC-approved programmes, they should demonstrate how they will ensure consistency in the approach taken and responsibility for:

- management of the approach across the partnership(s)
- management of systems and processes
- assessment of practice and theory and moderation processes

15 For each standard (and associated requirement where these occur), we will analyse evidence that includes policies, procedures and systems, and the outputs from these, to decide whether these enable you to confidently demonstrate that each standard is met.

16 NMCQARs additionally align to the standards for internal quality assurance, set out in the ESG. A reference mapping has been provided by QAA (see Annexe 2) to demonstrate how the NMC standards will form the basis for NMCQAR's alignment with the ESG.

17 The scope of review and Standards applicable for each Gateway is summarised below:

Gateway 1 Part 1: Standards framework for nursing and midwifery education	Gateway 2 Part 2: Standards for student supervision and assessment	Gateway 3 Part 3: Programme standards
In scope for institutions without AEI status seeking institutional approval.	In scope for institutions without AEI status seeking institutional approval or institutions with AEI status who have opted for a programme-level approach to alignment.	Relevant programme standards in scope for the programme being approved.

Review

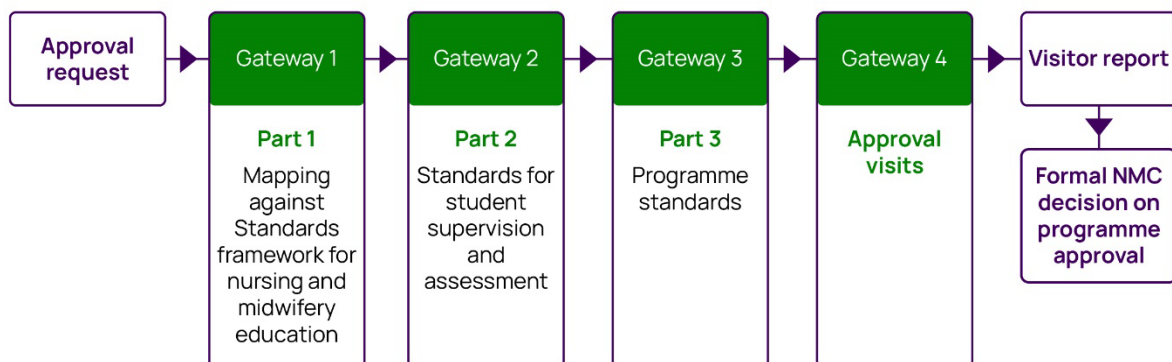
Key stages of the process

18 NMCQARs include a core review element through which visitors make recommendations regarding approval to the NMC. The NMC makes the final regulatory decision. Follow-up to review is conducted through annual self-reporting analysed by QAA as the NMC's Quality Assurance Service Provider (QASP). Institutions seeking approval of programmes must provide the information required to QAA, the visitor team and the NMC. If an institution refuses a reasonable request for information, then the NMC may refuse approval.

19 The NMC approves programmes indefinitely. As per the programme improvement approach outlined in the NMC standards, it is expected that programmes will be kept under review. Changes to programmes will be considered under the major modifications process outlined in this Guidance and the NMC also makes provision for monitoring visits outside of concerns raised. Accordingly, we anticipate that you will engage in external review on a periodic basis and within eight years of original programme approval. This would demonstrate ongoing compliance with the internal quality assurance standards outlined in the ESG and enable an enhancement-led continual improvement approach to programmes. QAA is committed to a proportionate approach. When an institution submits a request for major modifications on any programme, this will form the basis of an external cyclical review focused on the changes identified. The review will additionally enable consideration of enhancement opportunities across the programme.

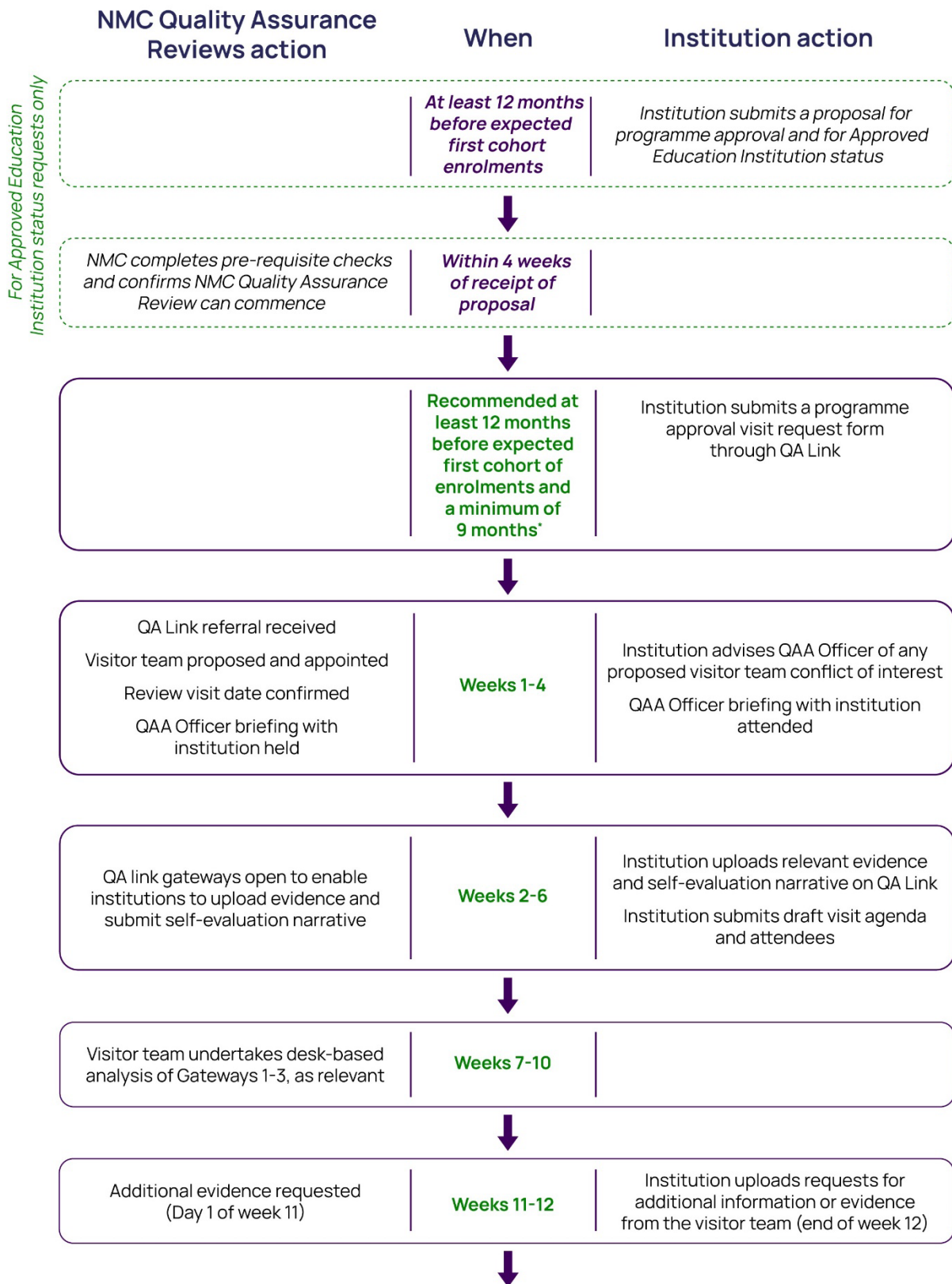
20 Alignment with the ESG is demonstrated through a combination of institutional and programme information, and therefore cyclical review is not required for each programme. The NMC quality assurance framework set outs an approach to monitoring when a provider does not submit a major modification in a period, and, in these cases, we anticipate this monitoring activity will fulfil the function of cyclical review.

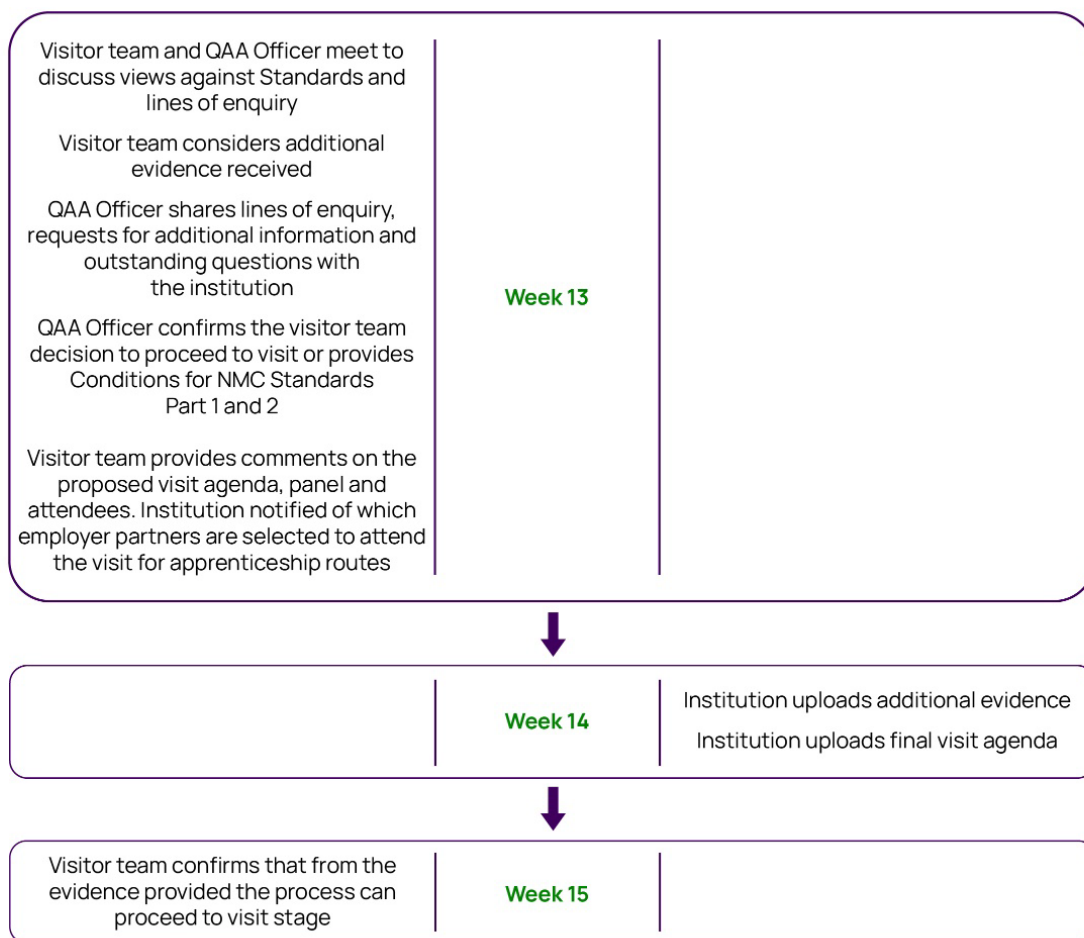
Figure 1: Process of programme approval



21 The process stages can be broken down into three stages: pre-visit quality assurance activity that includes planning, the upload of documentary evidence and self-evaluation narrative by you and desk-based analysis by the visitor team; the approval visit which takes place as a conjoint approval event involving the visitor team and the programme approval panel appointed by you; and the reporting of outcomes. The timelines for each stage are outlined in the diagrams below.

Figure 2: Pre-visit quality assurance activity (Gateways 1-3)





* It is recommended that the request is submitted as early as possible to ensure that the institution has sufficient time to ensure that any conditions set as part of the approval visit can be met in advance of the proposed cohort enrolment. Institutions will not be able to enrol students until NMC approval is received.

Approved Education Institution status

22 To deliver nursing, midwifery, or nursing associate³ education programmes approved by the NMC, you must be or become an Approved Education Institution (AEI). Proposals to become an AEI must be submitted through the QA Link and provide the relevant information outlined by the NMC. Process stages that relate to becoming an AEI are marked in italics in the diagram above.

Programme approval request

23 It is recommended that you should submit a visit request form through the QA Link at least 12 months before the anticipated start date⁴ of the proposed programme. The request should indicate preferred dates when a conjoint approval event could take place; this event serves both as your institutional approval of the programme attended by a panel appointed

³ Nursing Associate applies only in England.

⁴ Requests can be submitted a minimum of nine months prior to enrolment but institutions should be aware that this would not provide sufficient time for conditions to be met.

by you and as the approval visit attended by the visitor team.⁵ In doing so, you are committing that you will be prepared for the visit to go ahead on those dates⁶ and that you will meet the deadlines outlined in this Guidance. Institutions are encouraged to submit requests as early as possible; where a request is made significantly in advance of the proposed visit date, your QAA Officer will liaise with you to agree submission times for gateway evidence - there may, therefore, be a gap between approval request and the gateway submission process. The process is one of conjoint approval with institutions and therefore you cannot request approval of a programme that has already been approved by your institution or will be considered as approved by your institution before the conjoint event takes place.

24 We will commence the process for appointing a visitor team (comprising registrant and lay visitors as outlined at Annexe 3) and checking potential conflicts of interest with you, and will confirm the date of the approval visit.

25 We will allocate a QAA Officer to coordinate the review process, support the visitor team, and act as your primary point of contact as outlined at Annexe 3. The QAA Officer can provide advice about the review process but cannot act as a consultant for your preparation for the review.

26 When you make the request in the QA Link, you will be required to input the details for a named 'Principal Event Lead' to act as a facilitator and main point of contact for your institution (see Annexe 3). The Principal Event Lead helps to organise and ensure the smooth running of the review and improve the flow of information. We will also ask you to notify us at the earliest opportunity of the Chair of the approval panel so that the QAA Officer can liaise with them regarding the arrangements for the visit. The Principal Event Lead is welcome to contact the named QAA Officer throughout the review to ask questions and/or seek clarification on the process. A briefing meeting will be held between the Principal Event Lead and the QAA Officer to discuss the process stages and timelines.

Upload of QA Link self-evaluation narrative and supporting evidence

27 The Gateway evidence upload section in the QA Link enables you to upload documentary evidence and self-evaluation narrative for the relevant standards. This section of the 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.

Review of evidence

28 The visitor team will review the initial documentation you submit against the NMC standards, ensuring an evidence-based approach to recording findings, areas for additional information and lines of enquiry. At this stage we will advise you of any requests for additional information to meet the standards and you will have two weeks to submit it via the QA Link.

⁵ For those without AEI status, this request will also trigger the start of NMC's pre-requisite checks.

⁶ In proposing dates, institutions should note that approval is not guaranteed and that the gateway approach may result in conditions being set. Institutions should therefore plan timescales which enable conditions to be met and to take into account public holidays.

29 Following consideration of the additional information, the visitor team will hold an online meeting to determine whether the process can proceed as scheduled.

- Where the analysis at this stage confirms that the NMC standards have been met, we will confirm that the process progresses as planned and share lines of enquiry, requests for additional information and outstanding questions with you to inform the conjoint approval visit (see below).
- Where the analysis of evidence does not confirm that the NMC Part 1 (where applicable) and 2 standards have been met, the visitor team will set conditions and the visit will likely be deferred to allow for these to be addressed. The Principal Event Lead and QAA Officer will discuss the timescales for the deferred visit. NMC will be notified of the visitor's reasons for deferral.

Lines of enquiry, further information and visit agenda

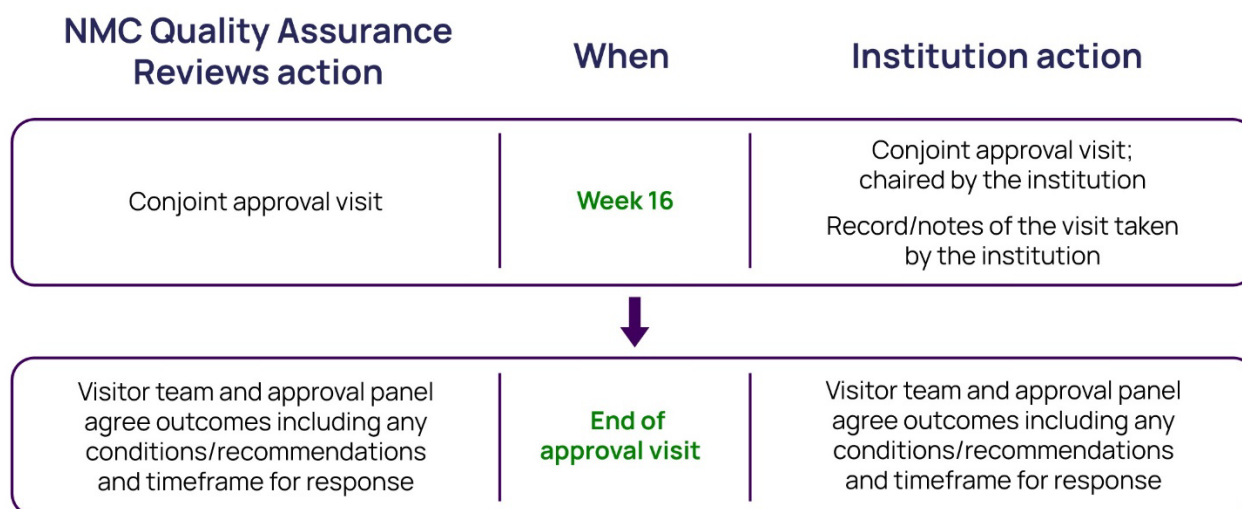
30 Lines of enquiry will normally be provided two weeks before the visit. These will relate to areas of Part 3 of the NMC *Programme standards* where the team particularly wishes to see further assurance that you have met the standards and therefore wishes to pursue these areas through further desk-based analysis of information and at the visit. Lines of enquiry are likely to be accompanied by an additional request for information. You should respond to the questions raised and requests for additional information, and upload your response one week prior to the approval visit. You are asked to provide documentation to support the areas raised in the lines of enquiry and to respond to those as part of your presentation at the approval visit. This information should be shared by you with the Chair of the approval panel to inform the agenda for the visit.

31 At this point, the visitor team may also include comments on the proposed visit agenda, panel and attendees. For apprenticeship routes, all employer partners must be present. In liaison with the Chair of the approval panel, you should consider these comments and make adjustments and arrangements as appropriate. The final agenda should be uploaded by you in the Ad-hoc Evidence Request area in the QA Link one week before the visit.

Confirmation that the visit can proceed

32 Following receipt of additional information requested by the visitor team, the team will confirm whether it is evident from the evidence provided that the process can proceed to visit. A visit may be exceptionally deferred at this stage where it is apparent that a number of standards have not been evidenced as having been met and it cannot be reasonably expected that these can be addressed within the judgement parameters of an approval visit (see Annexe 6). The Principal Event Lead and QAA Officer will discuss the timescales for a deferred visit. The NMC will be notified of the visitor's reasons for deferral.

Figure 3: Approval visit (Gateway 4)



33 To enable consideration of academic and professional aspects of programmes, Gateway 4 involves a conjoint approval visit held by the institution's approval panel members and the visitor team with key stakeholders involved in delivery of the programme. In some cases, this may also involve practice learning environment visits.

Practice learning environment visits

34 Exceptionally, visits may be required to practice learning environments in addition to the conjoint approval visit with the institution. This may happen:

- if the institution is seeking AEI approval status or has not previously provided a pre-registration nursing (or new field of practice), midwifery or nursing associate programme
- where previous reviews have indicated concerns in practice learning environments that may be ongoing.

35 Visitors are not normally expected to undertake visits to practice learning partners for new post-registration programmes. If visits to practice learning environments are planned, they will need to be arranged on dates prior to the approval visit. An indicative agenda is provided at Annexe 5.

Conjoint approval visit

36 A conjoint approval visit is undertaken with an approval panel comprising a Chair and panel members from the institution and the QAA-appointed visitor team (see Annexe 5). The QAA Officer may also attend, although they do not form part of the team that will make judgements, as may other QAA staff in QAA's sole discretion. The institution approves the programme in line with its regulations and quality processes and visitors will make recommendations to the NMC regarding approval in line with professional standards. The visitor team will agree the agenda and structure of the approval visit with you, the membership of the approval panel and the attendees required at meetings and arrangements for visits to other sites as required (see Annexe 5). The QAA Officer will liaise with your Principal Event Lead (see Annexe 3) to enable this.

37 The visit will last one day (unless practice learning environment visits are required) and will normally take place onsite at your institution to meet with stakeholders. Meetings held will involve face-to-face meetings and may include meetings where some or all participants attend online. An indicative agenda for the visit is provided at Annexe 5.

38 The approval visit will further explore the lines of enquiry and documentary evidence provided with the delivery team and other stakeholders. Documentation that is provided to visitors and the institutional-appointed members of the approval panel in respect of the programme, must be the same. We would not normally expect you to introduce new information at the approval visit and would expect that areas raised in the lines of enquiry would be addressed through additional documentation submitted one week prior to the visit or as part of your programme team presentation at the visit.

39 At the end of the visit, the approval panel will discuss findings and reach a collective decision on the outcome. In addition to the approval panel, where the QAA Officer is not attending in person, the meeting will be joined virtually by the QAA Officer whose role will be to oversee the findings, conditions and recommendations of the visitor team to ensure that they are evidence-based and consistent. Under each of the findings, the Chair will invite the QAA Officer to ask questions of the team and the provisional outcomes from the visit will be agreed (see paragraphs 41-56). Additionally, members of the institution's approval panel may set conditions that relate to its own institutional requirements as part of the conjoint approval visit. Where conditions are set, the panel will agree a date for completion and agree which of the panel will be responsible for confirming that conditions have been satisfied. The visitor team will always be involved as members of the Programme Approval Panel in the setting of any conditions relating to NMC standards.

40 The institution will take notes of the approval visit which must be agreed between all panel members including the visitor team and will upload the notes into the Ad-hoc Evidence Request area in the QA Link. In addition to the institution taking formal notes of the visit, the QAA Officer will record the agreed provisional outcome, including the proposed wording of conditions and recommendations.

Outcomes

41 The visitor team will draft the report which will be edited and moderated by QAA. The QAA Officer advises 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 review is conducted in a consistent manner. We also use a staged internal quality process to ensure that the judgements reached by the team are aligned to the method and that there is consistent interpretation of the relevant standards to ensure comparable judgements are made across institutions and programmes. This involves QAA colleagues who have not been directly involved in your review and who have expertise in reviews and in producing reports, although the final judgements made will represent those of the visitor team.

42 If, in moderation, any suggested wording to conditions or recommendations is amended from the provisional outcomes agreed at the visit, the QAA Officer will liaise with the approval panel through the Chair and Principal Event Lead to agree the final version.

43 At this stage, NMCQAR reports provide the following outcomes:

- a clear judgement on whether the visitor team recommends to the NMC that the programme **meets** or **does not meet** each of the NMC standards that have been assessed through the process

- an overall judgement expressed as one of the following:
 - **programme is recommended to the NMC for approval** - the programme **meets all standards** and requirements and enables students to achieve stated NMC standards of proficiency and learning outcomes for theory and practice
 - **programme is recommended to the NMC for approval after conditions are met** to ensure the programme **meets all standards** and requirements, and enables students to achieve stated NMC standards of proficiency and learning outcomes for theory and practice
 - **programme is recommended to the NMC 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).

44 The visitor team will recommend programme for refusal to NMC where more than five NMC standards or requirements are not met and conditions are set; the team has determined that conditions would be insufficient to enable the standards to be met; where the visitors disagree with the institution-appointed members of the approval panel; or where there are significant concerns that public safety may be compromised.

45 A '**meets all standards**' outcome is a positive judgement and may be accompanied by several recommendations.

46 A '**meets standards after conditions are met**' outcome is a provisionally positive judgement. The conditions (as defined at Annexe 6) attached to the judgement will clarify the issues identified and indicate follow-up action that will be required to complete the review. This judgement does not preclude recommendations.

47 A judgement of '**does not meet standards**' is considered a negative judgement.

48 The draft report will be sent to you for a factual accuracy check and you will have one week to respond. Where the overall judgement is the programme is recommended to the NMC for approval / the programme is 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).

49 For the avoidance of doubt, the visitor team can recommend 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. Students may not be enrolled until the NMC decision to approve has been confirmed.

Conditions

50 If the visitor team has considered that the relevant programme standards or requirements are not met, it will set a condition for each unmet standard. There may also be conditions that do not relate to the NMC standards but relate to the institution's own approval processes. The conditions will clearly state what needs to be addressed to enable a successful outcome to be achieved and will include a realistic date for completion.

51 You will be required to provide information to demonstrate that the conditions have been met within the timeframe specified by the approval panel. Institutions will be required to provide evidence to the visitor team that any joint or institution conditions have been

considered and signed off as complete by the institution by the date specified. In doing so, the institution should ensure it has appropriate evidence that would demonstrate how the condition has been met.

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

53 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 programme **meets** or **does not meet** each of the NMC standards that have been assessed through the process
- an overall judgement expressed as one of the following:
 - **programme is recommended to the NMC for approval** - the programme **meets all standards** and requirements and enables students to achieve stated NMC standards of proficiency and learning outcomes for theory and practice
 - **programme is recommended to the NMC 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.

54 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. This will commence the Observations period

Recommendations

55 The approval panel may additionally make recommendations to support the enhancement and continual improvement of the programme. Recommendations will be clearly identified as either institutional or relating to further enhancement in relation to the approach to NMC standards.

56 Further information on the judgements, outcomes and assessment criteria used are available at Annexe 6. Note that the outcomes from NMC Quality Assurance Reviews are separate to any regulatory consideration of your quality and standards.

Observations period

57 The Observations period is a period of time required by the Nursing and Midwifery Order 2001⁷ 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.

⁷ www.legislation.gov.uk/uksi/2002/253/article/16

58 The Observations period applies whether or not the final report is considered negative. If the outcome is a positive judgement, and you wish the NMC to consider the report before the Observations period has concluded, then you must contact the NMC to confirm that you are content it can proceed to a decision before the Observations period has concluded.

59 Where the outcome is negative and a 'does not meet standards' judgement applies, in the Observations period you may make observations that QAA would consider as an appeal against the judgement.

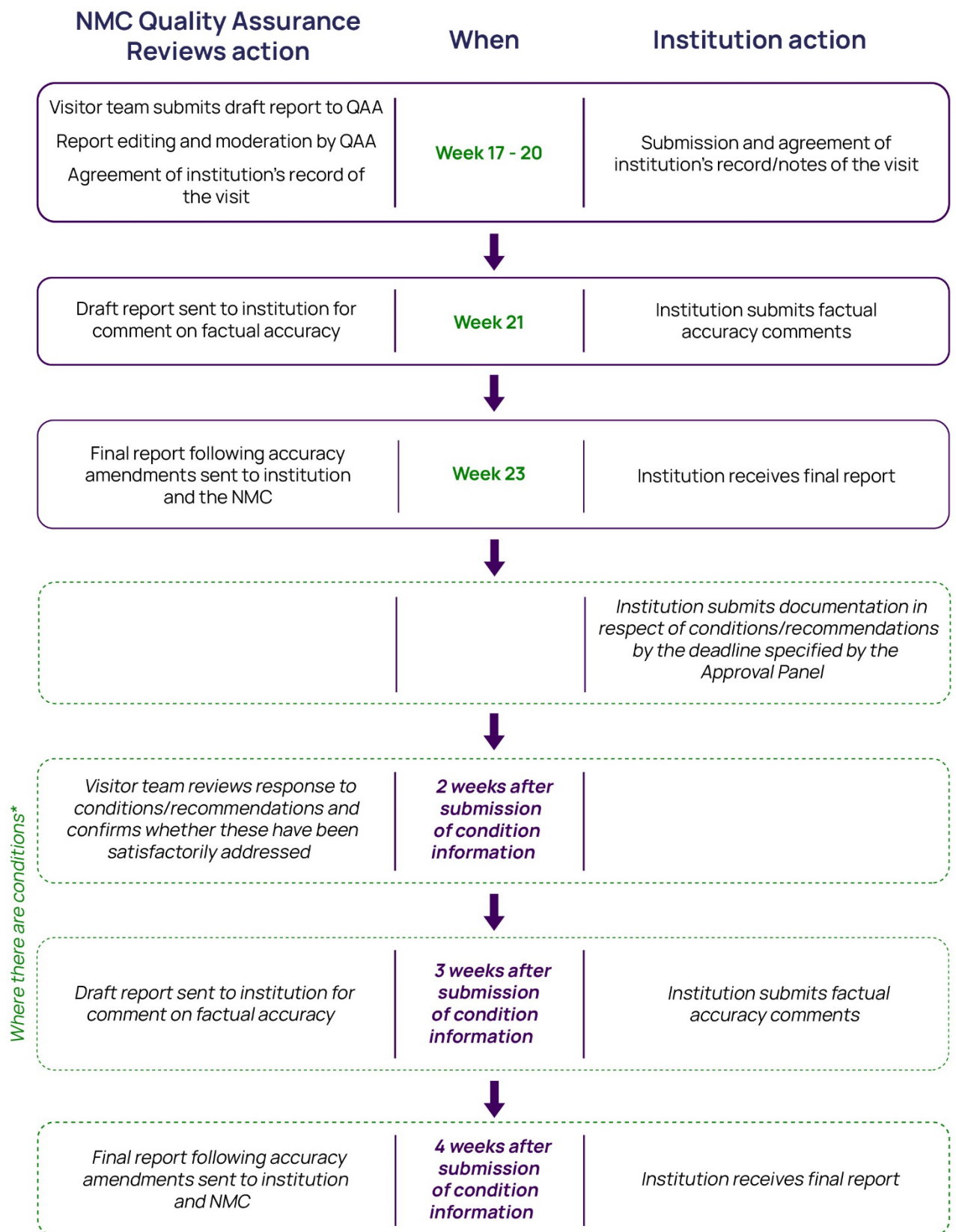
Therefore, if you make an observation that:

- there was a procedural irregularity in the conduct of the review, such that the legitimacy of the decision or decisions reached is called into question, and/or
- there is material that was in existence at the time the visitor team made its decision which, had it been made available before the review had been completed, would have influenced the judgement(s) of the team, and in relation to which there is a good reason for it not having been provided to the visitor team,

the NMC shall refer the report back to QAA, and QAA's 'Process for consideration of observations for NMC reports' shall apply. This process applies to approval and modifications and is set out in Annexe 8. This process can take several weeks to resolve and this should be factored into your timescale for application.

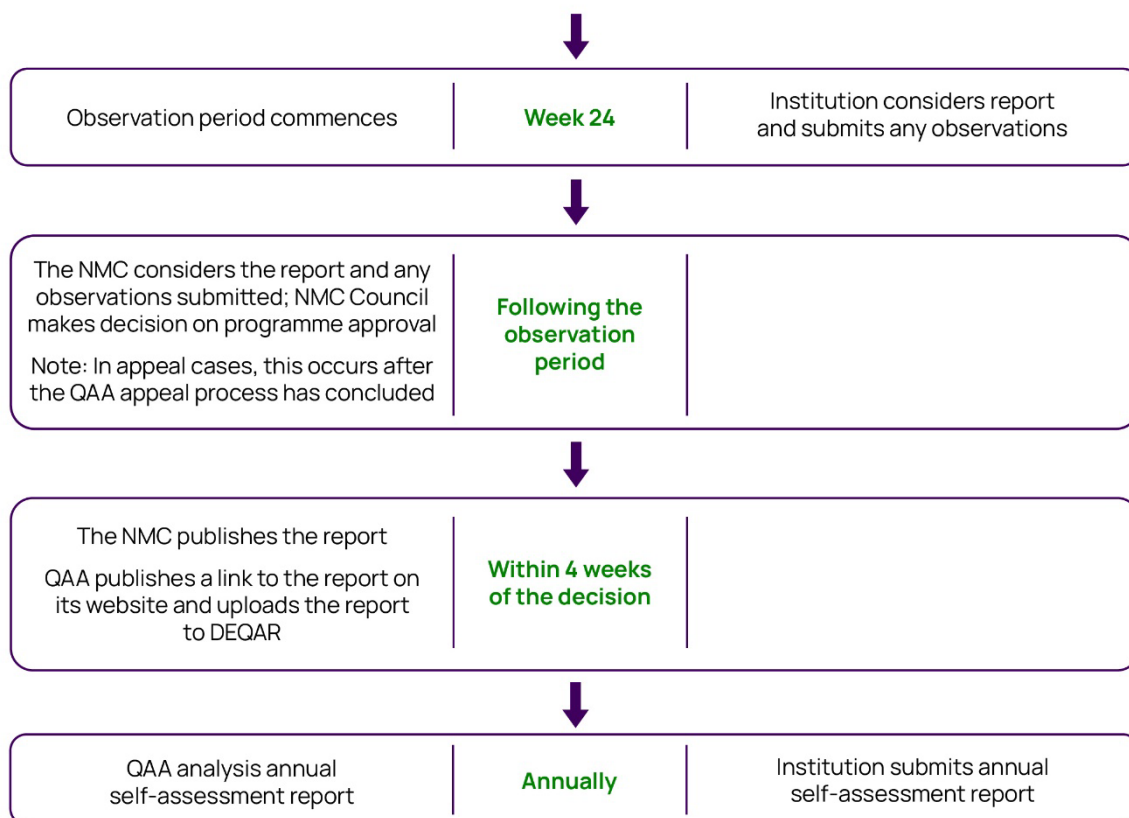
60 For observations in relation to any other matter, the NMC will consider these observations.

Figure 4: Report and outcomes



Where there are conditions*

* Where conditions are set, the above process may be extended from week 21 onwards in line with the timeframes below to reflect the deadline for conditions



Publication of the report

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

62 We also publish reports on the Database of External Quality Assurance Results (DEQAR) which documents activities performed by EQAR-registered quality assurance agencies.

Endorsement

63 The same process as outlined above will be used for 'endorsement' which is the approval to run an NMC programme (or part of an NMC programme) in another UK country or other specified locations outside the UK. To initiate the process, institutions should submit an endorsement proposal request that is considered by the NMC. QAA may then be asked to arrange an endorsement visit which will follow the same process as outlined above. The institution will additionally need to provide information as directed by the NMC Modifications

Modifications

64 An institution may need to request a programme modification to an approved programme. There are two types of modification - minor and major.

65 Minor modifications are recorded and reported through the annual self-report that the institution is required to submit each year. Institutions should ensure they have robust governance processes in place to internally agree, monitor and record these changes. Institutions 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 approval of the programme.

66 Major modifications are requested through the process outlined here and are subject to quality assurance activity by QAA. Significant changes that would require a major modification request to be made by the institution include:

- changes to learning outcomes designed to meet NMC outcomes and proficiencies
- changes to assessment to meet new learning outcomes
- other changes that impact on NMC regulatory requirements
- introduction of another field of nursing 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, distance learning)
- introduction of an apprenticeship route in England
- adding a new employer partner to an apprenticeship route in England
- adding a satellite site or additional campuses.

67 QAA will assess the nature of the modification to enable a proportionate approach to be taken. Modifications will always involve an engagement with institutions. This may be through a site visit or online engagement and will reflect a proportionate approach that fully enables the visitor team to assess the evidence. Exceptionally, modifications may be reviewed using a desk-based process (this would normally be in instances where the modification proposed does not require engagement with stakeholders other than the programme team and the institution has undertaken other modifications that required a site visit). QAA may consult with the NMC on the approach to be taken.

68 QAA will normally make the final decision with regard to the approach to be taken, unless specifically directed by the NMC under the terms of the contract between them. In making the decision, QAA will consider factors related to the modification, and from time to time will publish a summary of these factors on its website.

69 Modification assessments will check your ongoing compliance with applicable NMC standards and will provide an opportunity to identify good practice. The visit will use a targeted approach and will focus on the modifications to the programme under review and the changes that affect relevant NMC standards. It will **not** focus on standards previously outlined as having been met that are not impacted by the changes. It will be the role of the visitors to determine which standards are impacted; we cannot rely on any statements made by the institution in this regard, although you are asked to suggest to us which standards you consider are relevant. You should upload your self-evaluation narrative and evidence to the QA Link in accordance with your suggestions and the visitor team will confirm at the point of additional evidence requests, whether information on any further standards is required. The visit will also enable the visitor team to provide an enhancement focus by outlining opportunities for improvement beyond the threshold requirements of the standards. The visitor team will consider the documentation relating to the changes, annual self-reports since the programme was last approved or modified and where appropriate the self-evaluation narrative and evidence to the NMC standards previously submitted on the QA Link.

70 The outcome of the modification visit results in a published report. The main purpose of the report is to make recommendations to the NMC regarding the modification and continued compliance with the standards, inform ongoing development and review of programmes and support enhancement activity.

71 For modifications, the outcomes will be determined in line with the process for programme approvals, as set out above in paragraphs 41-49.

72 The key process stages and timelines for a major modification follow the stages for programme approval outlined in paragraphs 18-62 with the following exceptions:

73 That at the initial stage of the process you should submit a major modification visit request through the QA Link, providing a rationale and summary of the proposed change(s) and impact on the NMC standards. This should be submitted sufficiently in advance to enable the process stages outlined above to take place and to account for the need to comply with any potential conditions. The proposal should indicate whether the changes relate to (Part 2) *Standards for student supervision and assessment* and (Part 3) *Programme standards*.

74 Evidence upload and self-evaluation narrative updates on the QA Link will only be required for the relevant programme standards and student supervision and assessment standards (where applicable). For the *Standards for student supervision and assessment*, updates should only be those directly related to the proposed modification. Where apprenticeship routes are proposed, details of apprentice employer partners should be included.

75 The modification visit will support an institution's internal quality assurance processes and will normally be chaired by a senior member of the school/faculty. An indicative agenda and panel are available at Annexe 5.

76 If the modification is to introduce a new field of practice in the approved pre-registration nursing programme or to propose a satellite site or partnership for delivery of a programme, it may be necessary to undertake placement visits relevant to the field of nursing practice.

77 Modification reports will identify good practice as appropriate in addition to conditions and recommendations. Good practice is defined as a process or way of working that makes a particularly positive contribution to the student learning experience within the context of the institution.

78 The report will clearly state the proposed modification and will clearly focus on the standards which are affected by the modification; visitors may, however, make recommendations relating to the other standards to support enhancement. Reports to the NMC will clearly demonstrate how the modification has been introduced, and how action has been taken to maintain the programme's fitness-for-purpose and award, and continued compliance with the NMC's Standards for education and training.

Review follow-up

79 Follow-up activity will take place through the annual self-reporting process which will additionally consider progress against any recommendations set through prior NMC Quality Assurance Reviews. The annual self-report includes a declaration made by you, in partnership with practice learning/employer partners, that all programmes continue to meet NMC standards, that the NMC/QAA has been notified of all programme modifications and all key risks are managed. The report must be submitted on the annual self-reports template issued annually by the NMC.

80 QAA will analyse the self-reports and provide feedback to the NMC and institutions. QAA and the NMC will collaborate on the publication of thematic reporting arising from review activity.

Feedback and continual improvement

81 We are committed to continuous improvement through the monitoring and evaluation of our review methods. At the end of an NMC Quality Assurance Review, you will be sent an evaluation form so that we can learn from effective practice and identify the potential for any operational improvements. We also seek feedback from our visitors and the QAA Officer involved in your review.

82 We conduct internal annual monitoring to ensure review methods are working effectively and that improvements are made in a timely manner. We will also conduct cyclical effectiveness reviews of the method and evaluate the overall impact of the review method over time. In addition, we will use the final reports generated to undertake thematic analysis that can feed into the broader sector-wide support that we offer institutions, such as that available through our membership services.

83 We have formal processes for receiving complaints about the operation of our services and for appeals against unsatisfactory judgements. Further details of the QAA complaints and appeals procedures are included at Annexe 8.

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. We were founded in 1997 and are 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 Guidance.

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

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

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

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

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

Annexe 2: Mapping of the ESG Standards Part 1

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

Annexe 3: Participants in the review process

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

Principal Event Lead

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

The Principal Event Lead's overarching role is to:

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

In addition, the role is to:

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

The Principal Event Lead can observe any of the approval panel's meetings during the visit (including practice learning environment visits) with the exception of some meetings with students 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 close and 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 evidenced 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 relevant external reference points
- produce the review report
- assist, as required, in the investigation of any appeal made by the institution following finalisation of the report.
- support follow-up through analysis of the annual self-report and provide advice.

The QAA Officer reserves the right to observe meetings conducted as part of the review.

Visitors

The review is 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 include those who are currently or in the last three years have been practicing in nursing, midwifery, as nursing associates and/or in education and will be assigned to undertake activities for parts of the register in which they hold registration and have a recorded qualification. We appoint visitors using a job description and person specification published as part of the recruitment process. We train all visitors, which consists of generic induction and training, and training

on the specifics of the review method prior to engagement in a review.

The visitors' overarching role is:

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

In addition, the role is to:

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

For approvals and modifications, we will normally appoint a team of three visitors - comprising two registrant visitors (at least one of the visitors will be on the NMC register for the specific field⁸ of the programme under approval) and one lay visitor - supported by a QAA Officer. We may, from time to time, amend the number of visitors that may be assigned to an activity in order to maintain proportionality. Visitors will be involved in all desk-based and visit stages.

Approval panel and Chair

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

Approval panel members have specific responsibility for ensuring that the programme proposed meets the 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

⁸ For nursing and post-registration programmes (excluding prescribing)

- ensure that visitors can address all lines of enquiry 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 the opportunity 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 NMC Quality Assurance Reviews process, this partnership is fulfilled through the use of lay visitors. For institutions, this is through people who use services and carer representatives being on the approval panel, forming part of the programme development team and meeting the approval panel as stakeholders.

Students

Students are among the main beneficiaries of external review and therefore have opportunities to inform and contribute to the process throughout. The NMC and QAA are committed to the involvement of students as part of NMCQAR visitor teams. During 2025, QAA, in partnership with the NMC, will pilot various approaches to the inclusion of students as visitors. Following the completion of the pilot of approaches, the NMC and QAA will determine an agreed approach at which point this Guidance will be updated.

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

We will normally expect to meet your students and their representatives where possible during the visit. For approvals, this may include students in cognate areas. 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 in selecting the students to meet the team. 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 institutional-level conflicts - for example, discussions with a collaborative partner - and so it is your responsibility to raise any known connections.

Annexe 4: Self-evaluation and supporting evidence

Main functions of the self-evaluation documentation

Self-evaluation supports the emphasis on autonomous institutions bearing responsibility for quality assurance. Evidence of an institution's ability to be critically self-evaluative and to keep its own processes and practices under review itself, 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 materials that supports 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.

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
- equality and diversity, admissions and fitness to practice policies and procedures
- public protection policies and procedures
- 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
- outcomes from relevant policies and procedures.

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 uploaded.

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
- curricula vitae 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
- 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 programmes
- signed statements of commitment from all employer partners demonstrating their commitment to the NMC standards (in the instance whereby an institution is involved in a procurement exercise and engagement with an apprentice employer partner therefore is not possible to understand their commitment, a condition will 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 programme for a minimum of four weeks duration. Elective placements are not required to be uploaded but assurances around the implementation of the *Standards for student supervision and assessment* may 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 selected.

The QAA Officer will additionally 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 seek to ensure that all requests are specific, proportionate and reasonable.

Annexe 5: Indicative visit agenda

Attendees

Approval/endorsement panels should normally include:

- a senior academic representative for the institution who has no direct involvement in the programme (Chair)
- administrator for teaching and quality at the institution
- academic staff at institution (not directly involved in the programme)
- visitors appointed by QAA on behalf of the NMC
- external subject specialist(s)
- people who use services and carer representative(s) where possible
- student representative(s).

Modifications panels will follow the institution's processes but should be guided by the above.

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.
- AEI/education institution: Dean/Head of School/Faculty; QA 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).
- Programme team: those with responsibility for planning, managing and delivering the programme.
- 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 or modifications 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 visitor will select the employer partners they wish to attend in advance of the visit.
- Practice supervisors (NMC registrants and/or other registered health and social care) and NMC registrant practice assessors.
- People who use services and carers who have been involved in programme development and delivery.
- Students: from all years of the existing programme (where applicable). If more than one field of nursing is being explored, then each field should be represented.

Meetings with staff are normally expected to include no more than 10 people plus the panel. Student meetings normally involve no more than 12 students plus the panel. This allows for more in-depth discussion and opportunities for all to take part.

Indicative agenda for approval/modifications 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
09:30–10:15	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
10:15–11:30	Meeting with programme (development) team and senior managers	To address all members of the programme development team
11:30–11:45	Break	
11:45–12:45	Meeting with students (where applicable)	Discussion of academic, practice learning and practice support supervision and assessment processes
12:45–13:15	Lunch	
13:15–14:00	Private meeting of the panel	
14:00–14:30	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
14:30–14:45	Break	
14:45–15:45	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
15:45–16:15	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)

09.00	Panel arrives	
09:00–09:30	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 <i>Standards framework for nursing and midwifery education</i> , and <i>Standards for student supervision and assessment</i> to deliver the programme and enable effective practice learning
09:30–10:00	Meeting with practice learning leads	To address all members of the programme development team
10:00–11:00	Visit to placement area, observation of learning environment	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
11:00–11:15	Break	
11:15–12:00	Meeting with students on similar or related programmes	Discuss their experience of programme delivery, practice and educational support arrangements and any concerns they might have
12:00–13:00	Private meeting of the visitor team to discuss findings	

Annexe 6: Judgements, outcomes and assessment criteria

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

Visitor teams determine the outcome 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.

In making the visitor team recommendations to the NMC, 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 identify 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 standard or requirements has been met and accordingly either: <ul style="list-style-type: none"> • that a condition has been set in relation to this standard • that the team has determined that setting a condition would be insufficient in order to enable a successful outcome for this standard to be achieved in a reasonably practical or timely manner. 	
Step 2		
Determine the overall judgement		
Meets all the standards	Meets all the standards subject to meeting specific conditions	Does not meet all the standards
All standards have been met.	Five or less 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. 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 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 brief desk-based exercise following specific actions undertaken by your institution and a subsequent submission of further evidence.

Recommendations

Visitors may make recommendations where the team agrees that your institution should change, or consider changing a practice, policy or a process in order to improve its higher education provision.

Good practice

For modifications, visitors may identify good practice which is a process or way of working that makes a particularly positive contribution to the student learning experience within the context of the institution.

Annexe 7: Review report

Once the team has formed its findings, and these have been considered through our internal quality process, and conditions and recommendations agreed with the approval panel, we will send you a copy of the draft report. This will include the team's judgement, and reasoning for this judgement, against each of the relevant NMC standards. The QAA Officer will ensure that the team supports its judgements and findings with sufficient and identifiable evidence that was available throughout the review and that the report reflects the evidence base. The QAA Officer compiles the report using the findings presented to them by the visitors 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. The observations process is a statutory process outlined by the Nursing and Midwifery Order 2001. Separate from this is the QAA appeals procedure outlined in Annexe 8 which relates to the QAA report that will be sent to NMC. QAA appeals apply to approvals and modifications 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.

Content of the report

A consistent template will be used for all reports generated from the NMC Quality Assurance Reviews process. Reports will be structured using the following standard headings:

- title page and contents
- key institutional and programme details
- executive 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 improvement (where appropriate)
 - good practice (for modifications)
- commentary on the team's findings under each of the NMC standards
- list of evidence.

Annexe 8: Process for consideration of observations for NMC reports and complaints

QAA distinguishes between the process for consideration of observations that constitute an appeal against the QAA report, and complaints.

The consideration of observations, and formal complaints procedures are designed to ensure that there is no conflict of interest and are handled by QAA's Governance team. No one involved in the consideration of observations, or a complaint, will have had previous involvement with the matter.

Consideration of observations

When a final report is sent to the NMC, you have the opportunity to make observations regarding the contents of that report. In the event that the report contains a negative outcome, and the observation relates to your view that:

- there was a procedural irregularity in the conduct of the review, such that the legitimacy of the decision or decisions reached is called into question, and/or
- there is material that was in existence at the time the visitor team made its decision which, had it been made available before the review had been completed, would have influenced the judgement(s) of the team, and in relation to which there is a good reason for it not having been provided to the visitor team

then the NMC will ask QAA to consider these observations under this process. Where you make additional observations not related to these points, these will be considered by the NMC.

The observation must be lodged within the observations period notified to you when you receive the copy of the final report. The observations will be acknowledged within three working days of receipt and will be forwarded to QAA's Governance team. Unless specified otherwise, we will treat the Principal Event Lead as the contact for all matters related to the observations. QAA will not discuss the observations with any other person than the Principal Event Lead, Official Correspondent, or Lead Midwife for Education (for midwifery programmes only).

The QAA contact person will normally be the Head of Governance or their nominee who will keep the institution informed of progress. All contact with QAA further in relation to the observations must be made through the Governance team.

Normally, the process for consideration of observations that constitute an appeal against the QAA report will be completed within 12 weeks of receipt of the observations. In some circumstances, it may be necessary to extend this period. The Governance team will inform the institution of the likely timescales at the outset of the consideration of the observations and will keep the NMC updated on progress.

When submitting observations, we ask that the institution should set out clearly and concisely the ways in which it considers the review to be flawed based on the possible grounds set out above. In so doing, the institution should explicitly identify the alleged deficiencies that led to the judgement. The institution may submit evidence to substantiate its claim which we ask to be focused on the specific reason for the observations, including directly relevant supporting documentation which should be clearly labelled and referenced. It is the institution's responsibility to ensure that the observations are completed in a clear fashion and that all relevant evidence is supplied. QAA will process all observations in the form that they are originally submitted and will not seek any clarification or amplification.

The final report, observations and any associated evidence will be considered by two independent reviewers. These are NMC visitors trained in the methodology of the review being appealed who have had no prior involvement in the review process and have no conflicts of interest with the institution.

The independent reviewers (separately) will consider the documentary materials and reach one of the following judgements:

- The case made in the observations related to the matters to be considered by QAA does not appear to represent a procedural irregularity and/or demonstrate the presence of material that would have altered any judgements made.
- The case made in the observations related to the matters to be considered by QAA does appear to represent a procedural irregularity and/or demonstrate the presence of material that would have altered any judgements made and:
 - a recommendation is made (with reasons) to the visitor team to reconsider the judgements in the final report
 - a recommendation is made (with reasons) that all or part of the review process should be repeated (with a new team of NMC visitors) and a new final report prepared.

If the two reviewers do not reach the same judgement, a third reviewer will be asked to consider the documentary materials, and the final outcome shall be whatever this reviewer determines (that is, a majority rule).

The NMC shall be notified of the outcome of this process. QAA will seek to follow the recommendations made by the independent reviewers and a revised or new final report will be prepared.

This will result in the institution having a further opportunity to make observations in line with the statutory requirements at the appropriate time.

The NMC will not make a decision on programme approval until QAA, in line with the ESG, has concluded its consideration of any observations that constitute an appeal under this process and has sent a revised or new final report to the NMC. This process is not an NMC-statutory right to challenge the NMC decision on approval and applies to the QAA report only.

Complaints

A complaint is an expression of an individual's dissatisfaction with their experience of dealing with QAA. These can be made by individuals or on behalf of the individual's institution.

If a formal complaint is received at the same time as the observations process is being utilised as set out above, the complaint is stayed until the recommendations have been made by the independent reviewers.

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

Annexe 9: 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.

We comply with the General Data Protection Regulation (GDPR) (EU) 2016/679, the *Data Protection Act 2018* and any other applicable Data Protection legislation in relation to personal data. We store personal data and non-personal data securely and ensure the data is only processed for the purposes of conducting our review activities and is only accessible to those who require access to conduct the requirements of the review.

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 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 so that personal and special category information is processed compliantly. All our staff and visitors undergo GDPR training on an annual basis. How we gather and process personal information, the individual's rights and our obligations are set out in [QAA's Privacy Notice](#). There is a Data Protection Incident Reporting Policy and procedure for reporting, assessing and managing incidents.

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 destroy material relating to a review and any notes or annotations they have made, once the review is complete.
- 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 relations team.
- All review supporting materials are deleted in accordance with our records retention policy. Documents are stored on the QA Link in respect of programme approval and held by the NMC.

Annexe 10: Glossary

Annual Self Report (ASR)

The report completed annually by an Approved Education Institution to confirm that there have been no changes or challenges to their NMC-approved programmes and that they and their practice learning/employer partners are controlling key risk areas.

Approval

The process whereby the Approved Education 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 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 by the visitor team of evidence, 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. AEIs 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 AEI in collaboration with employer partners, who provide opportunities for practice learning experiences (such as placements) to nursing and midwifery students. A selection of these will have to be present at approval of apprenticeship routes. Addition of any further employer partners requires an apprenticeship modification.

Endorsement

The process of approving the delivery of an already approved programme outside the UK.

Enhancement

Using evidence to plan, implement and evaluate deliberate steps intended to improve the student learning experience within an institution.

Good practice

A process or way of working that makes a particularly positive contribution to the student learning experience within the context of the institution.

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 does not have 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 or modifications 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. AEIs 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 AEI 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.

Quality assurance (QA)

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 online portal that institutions will 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.

Recommendation

A statement made by the visitor team on an area where the institution should consider developing or changing a process or a procedure in order to improve its higher education provision.

Visit

A series of meetings held by the panel which includes 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 and lay visitors who make the recommendations to the NMC in relation to the NMC Quality Assurance Reviews.

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Southgate House, Southgate Street, Gloucester GL1 1UB
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+44 (0)1452 557 000
www.qaa.ac.uk