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NMC Key Changes to Future programme standards in Nursing: An opportunity in waiting?

Across the United Kingdom (UK), the Nursing and Midwifery Council (NMC) determine how programmes should be delivered to ensure that students meet the standards of proficiency for safe and effective practice (NMC 2018a). Brexit presented the opportunity for the NMC to 'uncouple' from the outdated EU Directive (2005) and, following a two-year programme of work, proposals were developed which included changes to the nature of placement settings and amendments to the use of simulation in pre-registration programmes. In this paper we explore the opportunities created by these amendments and considerations for practice learning.

Data held by Health Education England showed that, over the past two years, 75% of all placement activity for adult nursing occurred in NHS secondary care trusts, 80% for Children's Nursing, 65% for Mental Health Nursing and 54% for Learning Disabilities Nursing. The volume of activity is unsurprising, as the acute NHS trusts are viewed as having greater capacity and stability than other sectors, supporting both the Article 31 placement requirements of the EU Directive (2005), and the need for pre-registration learners to be assessed against Annex B of the NMC standards (NMC 2018b). With an increasing emphasis on integrated care, an increase in community-based placements might have been expected but this does not appear to be the case.

Importantly, this pattern of placement activity is not necessarily representative of the longer-term plans to meet the healthcare needs of the population (NHS Long term plan 2019) and could be perpetuating a pathogenic focus on care (Leigh, Borwell et al 2022). During the COVID-19 pandemic new models for practice learning began to emerge. Coupled with an increase in UCAS applications at this time, the need to expand and transform placement opportunities became a national priority (Knight, Leigh et al 2021).

The social care sector is an area that is receiving much attention regarding pre-registration nursing learning experiences (DHSC 2022) and is a strong theme of this year's RCN Education Forum conference. The development of in-direct models of supervision (Knight, Whaley et al 2022) and a national strategic focus on the sector are enabling rich learning environments to be accessed as part of a more accurate representation of the individuals' health journey. Lord Crisp states that Health is made at home (2020) and assumptions should be set aside and 'NHS spectacles' removed. The bias towards placements in the acute sector should be challenged and healthcare learners should be offered greater access to placements that sees an individual as part a complex ecosystem within a salutogenic paradigm (Antonovsky, 1979; 1996; Howarth and Leigh, 2020). This shift will enhance student learning and prepare future registrants for practice in both health and social care settings.

Several key changes implemented by the NMC (2023) relate to simulation:

- an increased number of hours for simulated practice learning (up to 600 hours),
- that simulation is embedded across the curriculum
- a new definition of simulation was introduced:

'an educational method which uses a variety of modalities to support students in developing their knowledge, behaviours and skills, with the opportunity for repetition, feedback, evaluation and reflection to achieve their programme outcomes and be confirmed as capable of safe and effective practice'.

(NMC, 2023)

This definition warrants further consideration for two reasons. Firstly, the core concepts of fidelity or authenticity and experiential learning have been removed. These elements are fundamental to simulation-based education (SBE) and are represented as such in the NLN/Jeffries theoretical framework for simulation design (Jeffries, 2012). Authenticity and active learning promote student engagement in simulation and ultimately learning (Garrow, 2014).

The second amendment to the definition introduces that simulation will be utilised to confirm that learners are 'capable of safe and effective practice'. This addition appears to shift the onus of assessment from practitioners in placement settings to those in Higher Education who typically deliver the SBE. If academic staff are to act as practice supervisors, the student: staff ratio must be carefully considered as typically this will be far greater in simulation than in practice. Evidence suggests that student satisfaction is high, and simulation is perceived by students to prepare them for practice (Williams, Murphy & Garrow, 2022). However, an evaluative survey collated practice educators' views on the implementation of these NMC standards; they voiced staffing issues, workload pressures, and time constraints inhibiting the ability to expend sufficient time to support learners (Whaley, Hey and Knight, 2023). It is therefore questionable, how such large numbers of learners' assessments can be accommodated. This was confirmed in a unpublished small-scale study at a HEI in the North West of England when registrant: student ratio was raised as a student concern.

Whilst defining simulation, the NMC (2023) have introduced a new term: 'simulated practice learning' (SPL) and in a recent webinar clear distinctions were made between SBE and SPL. Indeed, many activities currently delivered in SBE would not be considered SPL. Examples provided by the NMC included virtual reality simulation and online learning. Clarification of this new terminology would be helpful for those considering applying for the additional hours as this clearly has implications for resourcing.

A shift in this direction highlights the need to monitor the quality of SBE which is delivered in AEIs. The NMC proposes to explore '*ways in which quality practice learning experiences can be assured and optimised*'. It is argued that there is a need to consult on how SPL can be optimised and assured. To date, the modalities of SBE have not been scrutinised, nor has a minimum standard been set.

Simulation is not and cannot be a panacea for the challenges presented in finding quality placements. It is costly and resource intensive (Cant et al., 2019) and requires facilitators who are equipped to deliver these sessions and optimise student learning. Students must feel psychologically safe; failure to promote this may have a negative impact on learner engagement and ultimately on their learning (Garrow, 2014). The International Nursing Association for Clinical Simulation and Learning (INACSL) Standards of Best Practice (INACSL, 2011) provide a framework for educators to develop SBE and could be utilised as a minimum standard for UK AEIs, but to date it is not known how many providers of SBE use the INACSL framework. As highlighted by INACSL (2011) poorly designed simulation will lead to ineffective assessment. Students could be set up to fail and consequently have a detrimental impact on public safety. By embedding best practice in simulation delivery, there is an opportunity for AEIs to gain recognition and accreditation with established organisations such as the Society for Simulation in Healthcare.

The changes made by the NMC offer the potential of significant flexibility to modernise and enhance the practice learning experience and present transformational opportunities. We embrace the potential that exists for the future development of high-quality experiences, with strong models of supervision and facilitation to optimise the learning available. However, these revised standards are not a quick fix to a

pressing problem. A careful, considered, and well-resourced approach, developed in collaboration with all stakeholders will be vital to secure and sustain quality placements in a meaningful way.

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