

# Standards of proficiency for pre-registration nursing education



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Protecting the public through professional standards

## Introduction

This booklet has been developed from *Requirements for pre-registration nursing programmes* which was published by the former United Kingdom Central Council for Nursing, Midwifery and Health Visiting (UKCC) in April 2001, and by incorporating some content previously published in *Statutory Instruments* and *Council policy*. The publication *Requirements for pre-registration nursing programmes* was revised in April 2002, following the establishment of the new Nursing and Midwifery Council (NMC), and again in August 2004 to bring it in line with changes to the rules brought about by the Nursing and Midwifery Order 2001. The standards and guidance for pre-registration nursing education, which are contained in this booklet, have been developed by combining all of these resources into one comprehensive publication.

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# Section 1 – Standards of proficiency for pre-registration nursing education

## Introduction

The Nursing and Midwifery Council (NMC) is required by the Nursing and Midwifery Order 2001<sup>1</sup> (the Order) to establish and maintain a register of qualified nurses and midwives [Article 5(1)], and from time to time to establish standards of proficiency to be met by applicants to different parts of the register, being the standards it considers necessary for safe and effective practice [Article 5(2)(a)].

This booklet provides the standards of proficiency and standards of education required for pre-registration nursing education programmes. These have been developed in support of the Nursing and Midwifery Council (Education, Registration and Registration Appeals) Rules<sup>2</sup> 2004 (the Registration Rules). These rules and standards of proficiency replace all previous requirements for pre-registration nursing programmes of education issued by the NMC or previously the UKCC and the four National Boards for Nursing, Midwifery and Health Visiting for England, Northern Ireland, Scotland and Wales (National Boards). Their status is mandatory, in accordance with statutory legislation.

## Establishment of the NMC

The NMC was established under the Order and came into being on 1 April 2002 as the successor to the UKCC and the four National Boards. At that time the NMC adopted the existing rules and standards of the UKCC and, where relevant, those of the National Boards. In addition to the Registration Rules, new rules for fees, midwifery and fitness to practise<sup>3-5</sup> have also been developed. These all came into force on 1 August 2004.

## The NMC register

The NMC has determined that there shall be three parts to the register for nurses, midwives and specialist community public health nurses. Additionally that the nurses' part will be divided into two sub-parts to distinguish first and second level nurses, and that a further distinction will be applied in respect of nursing registrants to indicate – by mark of the entry – the branch in which the standards of proficiency have been met.

## Standards of proficiency for nursing

The standards of proficiency define the overarching principles of being able to practise as a nurse; the context in which they are achieved defines the scope of professional practice<sup>a</sup>. Applicants for entry to the nurses' part of the register must achieve the standards of proficiency in the practice of adult nursing, mental health nursing, learning disabilities nursing or children's nursing. They are specified on the following page.

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<sup>a</sup> The standards of proficiency for the first level of the nursing register were initially defined as competencies in SI 2004/254<sup>6</sup>

- ▶ Manage oneself, one's practice, and that of others, in accordance with *The NMC code of professional conduct: standards for conduct, performance and ethics*<sup>7</sup> (the Code), recognising one's own abilities and limitations.
- ▶ Practise in accordance with an ethical and legal framework which ensures the primacy of patient and client interest and well-being and respects confidentiality.
- ▶ Practise in a fair and anti-discriminatory way, acknowledging the differences in beliefs and cultural practices of individuals or groups.
- ▶ Engage in, develop and disengage from therapeutic relationships through the use of appropriate communication and interpersonal skills.
- ▶ Create and utilise opportunities to promote the health and well-being of patients, clients and groups.
- ▶ Undertake and document a comprehensive, systematic and accurate nursing assessment of the physical, psychological, social and spiritual needs of patients, clients and communities.
- ▶ Formulate and document a plan of nursing care, where possible in partnership with patients, clients, their carers and family and friends, within a framework of informed consent.
- ▶ Based on the best available evidence, apply knowledge and an appropriate repertoire of skills indicative of safe nursing practice.
- ▶ Provide a rationale for the nursing care delivered which takes account of social, cultural, spiritual, legal, political and economic influences.
- ▶ Evaluate and document the outcomes of nursing and other interventions.
- ▶ Demonstrate sound clinical judgement across a range of differing professional and care delivery contexts.
- ▶ Contribute to public protection by creating and maintaining a safe environment of care through the use of quality assurance and risk management strategies.
- ▶ Demonstrate knowledge of effective inter-professional working practices which respect and utilise the contributions of members of the health and social care team.
- ▶ Delegate duties to others, as appropriate, ensuring that they are supervised and monitored.
- ▶ Demonstrate key skills.
- ▶ Demonstrate a commitment to the need for continuing professional development and personal supervision activities in order to enhance knowledge, skills, values and attitudes needed for safe and effective nursing practice.
- ▶ Enhance the professional development and safe practice of others through peer support, leadership, supervision and teaching.

The second level of the nurses' part of the register is open only for those nurses previously qualified in the UK who continue to practise as second level nurses, and to second level nurses from the European Economic Area (EEA) who wish to exercise their right to freedom of movement. The Council no longer approves educational programmes for entry to the second level of the nurses' part of the register.

The standards of proficiency for second level nursing are known as threshold standards; they enable second level nurses to undertake care under the direction of a first level registered nurse, but do not imply an immutable limit on the practice of second level registered nurses. The second level standards of proficiency provide opportunities for these registrants to:

- ▶ assist in carrying out comprehensive observation of the patient and help in assessing their care requirements
- ▶ develop skills to enable them to assist in the implementation of nursing care under the direction of a person registered as a first level nurse
- ▶ accept delegated nursing tasks
- ▶ assist in reviewing the effectiveness of the care provided
- ▶ work in a team with other nurses, and with medical and para-medical staff and social workers related to the care of the particular type of patient with whom they are likely to come into contact when registered at this level of the nurses' part of the register. The standards of proficiency must have been achieved within the context of the area of practice in which the student has qualified.

## Rules, standards and guidance

Rules are established through legislation and they provide the legal strategic framework from which the NMC develops standards. The standards support the rules being put into practice. The standards are mandatory and gain their authority from the legislation, in this case the Order and the rules. The guidance is provided by the NMC to enable interpretation of the rules and standards, supporting their implementation.

All of the content of the standards in this booklet has either been consulted on, in accordance with article 3(14) of the Order, or has been transferred from previous rules, standards and guidance. Where appropriate, terminology has been updated to bring it in line with the requirements of the Order.

The standards reflect the requirements of the European Community (EC) Second Nursing Directive 77/453/EEC (updated by 89/595/EEC) in relation to those intending to register as adult nurses. Detailed information of such requirements is in Schedule 1 of the Registration Rules, and within Standard 6 in this booklet.

The standards of proficiency should be read in conjunction with the Registration Rules, and the relevant Schedules to these rules. The relevant part of Rule 3, education leading to registration and re-registration, is reproduced below:

- 3 – (1)** *Where an approved programme of education leads to the award of a qualification listed in the Annex to the Nursing Directive or Midwifery Directive, it shall comply with the training requirements in articles 1 and 2 of the second Nursing Directive or articles 1 and 3 of the second Midwifery Directive (the requirements of which are reproduced in paragraphs 1, 2(b), 3, 4, A and B of Schedule 1 and paragraphs 1, 2, 3, 4, A and B of Schedule 2).*
- (2)** *The requirements for entry to an approved programme of education shall include the requirements of article 1.2(a) of the second Nursing Directive or article 1.2 of the second Midwifery Directive, (the requirements of which are reproduced in paragraph 2(a) of Schedule 1 and paragraph 2 of Schedule 2).*

## Summary of the standards for pre-registration nursing

There are eight standards related to pre-registration nursing education. These cover admission to, and continued participation in, educational programmes; the structure and nature of programmes and standards of proficiency. The standards, and the section of this document in which they may be found, are as follows:

### Standards for admission to, and continued participation in, pre-registration nursing programmes: in Section 2

Standard 1	Age of entry
Standard 2	General entry requirements for admission to approved pre-registration programmes for nursing education and entry to the register
Standard 3	Accreditation of prior (experiential) learning (AP(E)L)
Standard 4	Admission with advanced standing
Standard 5	Transfer with AP(E)L

### Standards for the structure and nature of pre-registration nursing programmes: in Section 3

Standard 6	Structure and nature of educational programmes
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### Standards of education to achieve the NMC standards of proficiency: in Section 4

Standard 7	First level nurses – nursing standards of education to achieve NMC standards of proficiency
Standard 8	Second level nurses – nursing standards of proficiency

## Section 2 – Standards for admission to, and continued participation in, pre-registration nursing programmes

### Introduction

This section provides the standards and guidance related to admission to, and continued participation in, NMC approved pre-registration nursing programmes, in accordance with Article 15(1)(b) of the Order, which requires the NMC from time to time to establish:

*'the requirements to be satisfied for admission to, and continued participation in, such education and training which may include requirements as to good health and good character;'*

### Standard 1 – Age of entry

UK and overseas applicants, including from the EEA, must meet the Council's requirements for age of entry. This is in keeping with the requirements of the EEA.

Standards	Guidance
<p>Those entering a programme of pre-registration nursing education at an approved educational institution shall be not less than 17 years and six months of age on the first day of the commencement of the programme.</p> <p>In exceptional circumstances, and related to specific programmes, the Council may agree to an earlier age of entry, but this may not be less than 17 years of age.</p>	<p>The current age of entry has been agreed to comply with the completion of secondary education, which is set at 17 years and six months in England, Wales and Northern Ireland and 17 years in Scotland.</p> <p>The minimum age is in keeping with the European Directive 77/453/EEC, applicable to those following the adult branch, that states that applicants must have completed secondary school education, and be able to show that they have acquired the relevant qualifications before entering a nursing education programme (see Standard 6). The NMC is required to comply with the EC Directives as they change from time to time.</p>



## Standard 2 – General entry requirements for admission to approved pre-registration programmes for nursing education and entry to the register

UK and overseas applicants, including from the EEA, must meet the Council’s general entry requirements for literacy, numeracy, good health and good character as shall from time to time be determined. Approved educational institutions shall set the educational requirements for entry and these should be comparable to entry to other diploma of higher education programmes or meet an institution’s requirements for non-standard entrants. Approved educational institutions and their service partners must have systems in place that can be quality assured by the NMC, to satisfy the NMC that applicants meet the following requirements:

Standards	Guidance
<p><b><i>Literacy and numeracy</i></b></p> <p>Approved educational institutions are required to ensure that applicants for pre-registration education have provided evidence of literacy and numeracy sufficient to undertake nursing education and practice at a minimum of diploma of higher education level.</p> <p>The NMC requires access to information about, and evidence of application of, the systems and policies developed to assess literacy and numeracy of applicants to nursing pre-registration education programmes for quality assurance purposes.</p> <p>Applicants to pre-registration programmes who hold an existing NMC registration may be deemed to have met the Council’s requirements at their initial registration.</p> <p><b><i>Good health and good character</i></b></p> <p>Applicants must demonstrate that they have good health<sup>e</sup> and good character, sufficient for safe and effective practice as a nurse, on entry to, and for continued participation in, programmes leading to registration with the NMC<sup>8</sup>.</p>	<p><b><i>Literacy and numeracy</i></b></p> <p>Evidence of literacy and numeracy may be deduced from academic or vocational qualifications, through evidence to meet key skills abilities, or through the approved educational institutions’ own processes, which may include portfolios or tests for those without formal qualifications.<sup>b</sup></p> <p>Where the International English Language Testing System (IELTS) is offered as evidence<sup>c</sup>, programme providers should apply the NMC requirements for overseas applicants to the register. For these applicants, the NMC accepts the IELTS examination (academic or general version) with an overall score of 6.5 and not less than 5.5 in any one section.</p> <p>The NMC requirements are to ensure, in the interests of public protection, that entrants to pre-registration programmes have a foundation of literacy and numeracy skills from which to develop, for example, proficiency in communication<sup>d</sup> and drug calculation skills relevant to professional requirements.</p> <p>Approved educational institutions are entitled to set their own specific educational entry requirements.</p> <p><b><i>Good health and good character</i></b></p> <p>The NMC requires programme providers<sup>f</sup> to ensure that processes are in place for assessment of an applicant’s/student’s good health and good character at admission to, during, and on completion of pre-registration nursing programmes.</p>

<sup>b</sup> These examples are for guidance only, approved educational institutions have the right to set their own standards but must satisfy the NMC that there is sufficient evidence to meet its requirements

<sup>c</sup> This would only apply to overseas applicants outside of the EEA

<sup>d</sup> Those wishing to practise in Wales must be able to demonstrate proficiency in the use of Welsh language where this is required

<sup>e</sup> Overseas applicants must meet the good health and good character requirements as defined for UK applicants and additionally those requirements set by the UK government for health care workers from overseas

<sup>f</sup> The approved educational institutions and their service partners

Applicants must declare any conviction or caution related to criminal offences that they might hold.

Approved educational institutions shall obtain evidence of the applicant's good health and good character as part of their selection, admission and ongoing monitoring processes.

#### ***Entry to the register***

The NMC requires a self-declaration of good health and good character [Rule 5(1)(a)] from all of those entering the register for the first time. On successful completion of an NMC approved programme of education, students will submit this self-declaration. Rule 6(1)(a)(i) requires that this declaration be supported by the registered nurse, whose name has been notified to the Council, who is responsible for directing the educational programme at the approved educational institution, or her designated registered nurse substitute.

Such processes may involve a combination of self-assessment health questionnaires, self-declaration of good character, routine health screening, occupational health assessment, character references, Criminal Record Bureau checks and other measures agreed between the programme providers.

Students who declare on application that they have a disability should submit a formal assessment of their condition and specific needs, from a GP or other medical or recognised authority, to the relevant Occupational Health department. The programme providers should apply local policy in accordance with the Disability Discrimination Act 1995<sup>9</sup>, for the selection and recruitment of students/ employees with disabilities. Where appropriate, the institution's student support services should also be involved. The NMC would require evidence of how such students would be supported in both academic and practice environments to ensure safe and effective practice sufficient for future registration.

#### ***Entry to the register***

The registered nurse, confirming the student's declaration of good health and good character on completion of the programme must have knowledge of the student. She is accountable for her decision to sign the declaration. Approved educational institutions should put systems in place demonstrating the audit trail of evidence to support the signed declaration.

Throughout the programme, the NMC would expect that students develop their practice in accordance with the Code and that they will work toward achieving the Council's requirements for accountability.

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<sup>9</sup> Amended by the Special Educational Needs and Disability Act 2001<sup>10</sup> with effect from October 2004

### Standard 3 – Accreditation of prior (experiential) learning (AP(E)L)

The Council will permit accreditation of prior learning against any part of the programme where the applicant is able to demonstrate relevant prior learning to the satisfaction of the approved educational institution and in accordance with the Council’s requirements and guidance on AP(E)L.

Standards	Guidance
<p><b><i>Length of programmes</i></b></p> <p>A student may undertake a shorter programme of education where credit is given by an approved educational institution for previous academic or experiential learning. The Council has determined that this may, normally, be to a maximum of one-third of the normal length of the programme. Accreditation of prior (experiential) learning (AP(E)L) may be awarded provided that, through a combination of study and AP(E)L, the student meets all of the requirements and standards of proficiency that Council may from time to time determine.</p>	<p><b><i>AP(E)L processes</i></b></p> <p>The NMC recognises that approved educational institutions will have processes in place that comply with their internal policies and the QAA Code of Practice. The NMC requires that such processes, where necessary, be developed, to include a mapping process of how prior learning meets NMC outcomes and standards of proficiency.</p> <p>Such processes will be approved by the NMC as part of programme approval, and monitored through NMC quality assurance processes in relation to programmes leading to registration with the NMC.</p> <p>Such an award of credit must be supported by verifiable evidence, mapped against the outcomes and standards of proficiency of the pre-registration nursing programme. The Council requires robust quality assurance processes to monitor the implementation of this standard, both internally at the approved educational institution, adhering to the QAA Code of Practice and associated guidance, and externally by the NMC.</p>

### Standard 4 – Admission with advanced standing<sup>h</sup>

Where AP(E)L processes have been applied, or where applicants are entitled to a shortened programme by virtue of previous registration with the NMC, applicants may enter programmes with ‘advanced standing’ and undertake a shortened programme of preparation for registration as identified in the circumstances below.

Standards	Guidance
<p><b><i>Application of AP(E)L to shorten programmes:</i></b></p> <p>(a) direct entry applicants with qualifications and/or experience in a relevant field of health or social study, or from a degree with relevant content and experience, that can be mapped against the outcomes and standards of proficiency defined by the Council, may be awarded AP(E)L by the approved educational institution, and undertake a programme which is a minimum length of two years (or 3,066 hours).</p>	<p><b><i>Prior learning and experience</i></b></p> <p>Appropriate prior learning may include National Vocational Qualifications at level 3, Cadet Nurse Schemes or Health Care Assistant programmes and experience where learning has been assessed, e.g. apprenticeship schemes, and relevant degrees which the approved educational institution can justify maps against the NMC outcomes and standards of proficiency.</p>

<sup>h</sup> Advanced standing is where a student enters a programme, normally beyond the initial start point, as a result of the award of AP(E)L or prior registration, thus being able to undertake a shortened programme.

(b) there is no required minimum length of a programme for those holding UK registration with the NMC as a nurse (level 1 or level 2) - the length of the programme should be determined following an assessment for AP(E)L.

(c) the minimum length of a programme for those holding UK registration as a midwife is two years (or 3,066 hours).

(d) the minimum length of a programme for those undertaking a dual nursing registration programme, where common content may contribute to either award, is four years (or 6,133 hours).

#### **Quality assurance**

The NMC will seek evidence of effective AP(E)L systems as part of its quality monitoring process. Where AP(E)L processes are applied, then evidence must be available to demonstrate how the common foundation programme outcomes and branch standards of proficiency are met.

#### **Length of programmes**

The minimum lengths of programmes, where indicated in the standards, are carried forward from previous Statutory Instruments. Applicants with prior nursing experience may be awarded credit across the whole programme within the constraints identified in the standards.

## **Standard 5 – Transfer with AP(E)L**

Students may transfer their programme with credit for prior learning in the circumstances detailed below.

Standards	Guidance
<p>(a) the transfer is both from, and to, an NMC approved educational institution, and from and to an NMC approved pre-registration programme.</p> <p>(b) the NMC requirements for good health and good character for continued participation in an approved pre-registration nursing programme are met.</p> <p>(c) their prior learning has been mapped against the programme to be completed to confirm that all the NMC requirements and the standards of proficiency for registration will be met.</p>	<p><b>Decisions on transfer of programme</b></p> <p>Approved educational institutions have full responsibility for deciding whether to accept an application for transfer based on their capacity to accommodate such a request.</p> <p><b>Good health and good character</b></p> <p>Where such an application is accepted for processing, the student applying for transfer should be assessed to ensure compliance with the good health and good character requirements of the new programme.</p> <p><b>Accreditation of prior learning</b></p> <p>Assessment of prior learning should be made to ensure that, through transfer to a new institution, the student will continue to meet all of the NMC required outcomes and standards of proficiency. The approved institution will then agree a programme of study that will meet both NMC requirements and their own programme outcomes.</p>

## Section 3 – Standards for the structure and nature of pre-registration nursing programmes

### Introduction

This section provides the standards for education for pre-registration nursing programmes, in accordance with Article 15(1)(a) of the Order which requires the NMC to from time to time establish:

*‘the standards of education and training necessary to achieve the standards of proficiency it has established under article 5(2);’*

The standards are underpinned by guiding principles that establish the philosophy and values of the NMC’s requirements for programmes leading to entry to the register as a registered nurse. These principles provide the foundation for the outcomes/standards of proficiency for entry to the branch programmes and to the register and should be reflected in the pre-registration nursing programmes. The guiding principles relate to professional standards of proficiency and fitness for practice. As practice takes place in the real world of health care delivery it is inextricably linked to other aspects of fitness, that is – fitness for purpose, professional academic awards and professional standing.

### Guiding principles

#### *Preparation: fitness for practice*

The primacy of practice underpins the requirements for standards of proficiency and must be reflected in all programmes of preparation for entry to the register.

#### **Practice-centred learning**

The primary aim in pre-registration nursing programmes is to ensure that students are prepared to practise safely and effectively to such an extent that the protection of the public is assured. On this basis, it is a fundamental principle that programmes of preparation are practice-centred and directed towards the achievement of professional proficiency.

#### **Theory and practice integration**

Safe and effective practice requires a sound underpinning of the theoretical knowledge, which informs practice, and is in turn informed by that practice. Such knowledge must therefore be directly related to, and integrated with, practice in all programmes leading to registration as a nurse. The standards of proficiency must therefore reflect a breadth of practice and of learning.

#### **Evidence-based practice and learning**

Within the complex and rapidly changing health care environment, it is essential that the best available evidence informs practice. This commitment is reflected in the standards of proficiency. It includes searching the evidence base, analysing, critiquing and using research and other forms of evidence in practice, disseminating research findings and adapting practice where necessary. This must be reflected throughout all programmes of preparation.

### *Service: fitness for purpose*

Nursing must relate to the changing needs of the health services and the communities that they serve, responding to current and future need.

#### **Provision of care**

Orientation must be towards practice that is responsive to the needs of various client groups across different care settings. This will be reflected in the capacity to assess needs, diagnose and plan, implement and evaluate care in such circumstances. Care practice must not only reflect collaborative working with other members of the care team but must also empower patients and clients, and their carers, actively to participate in the planning, delivery and evaluation of care. These principles must be reflected in all programmes of preparation leading to entry to the register.

#### **Management of care**

The nursing role involves a capacity not only to participate actively in care provision but also to accept responsibility for the effective and efficient management of that care, practised within a safe environment. This involves the capacity to accept accountability, to take responsibility for the delegation of aspects of care to others, and effectively to supervise and facilitate the work of such carers. It also involves the capacity to work effectively within the nursing and wider multi-disciplinary team, to accept leadership roles within such teams, and to demonstrate overall competence in care and case management.

#### **A health for all orientation**

In keeping with the orientation towards holistic care, the emphasis must be one that avoids a narrow disease-orientated perspective and instead encompasses a health promotion and health education perspective. This extends beyond a disease orientation to a commitment to health for all irrespective of class, creed, age, gender, sexual orientation, culture or ethnic background. Principles of equity and fairness are fundamental professional values that must be reflected in the standards of proficiency and addressed directly in all programmes of preparation.

#### **Lifelong learning**

The rapidly changing nature of health care reflects a need for career-wide continuing professional development and the capacity not only to adapt to change but to identify the need for change and to initiate change. The provision of safe and effective health care and appropriate responsiveness to the changing needs of services and patients or clients cannot be achieved by adhering to rigid professional boundaries. The standards of proficiency must, therefore, include the capacity to extend the scope of practice and to address lifelong learning skills within all programmes of preparation.

#### **Quality and excellence**

The practice-centred standards essential in nursing are not separate and insular professional aspirations. They are directly linked to the wider goals of achieving clinical effectiveness within health care teams and agencies, with the ultimate aim of achieving high quality health care. In this respect, assuring the quality of nursing care is one of the fundamental underpinnings of clinical governance. It is therefore necessary that nursing standards of proficiency encompass the capacity to contribute to this wider health care agenda and quality must be addressed within all programmes of preparation.

### ***Recognition: fitness for award***

Education for practice must be established at the level and pace of learning commensurate with the demands of complex and professional practice. Education for practice must be designed to meet the needs of the health services and communities and be structured to meet the specific needs of the profession.

#### **Level of learning**

The level of learning must be such as to facilitate the achievement of knowledge, understanding and skill acquisition, and the development of critical thinking, problem-solving and reflective capacities essential to complex professional practice. The NMC has set the level of learning essential for underpinning the achievement of the identified proficiencies to be at a minimum of diploma of higher education standard.

#### **Nature of learning**

Given the primacy of practice as the required focus of programmes of preparation, learning must involve the integration of relevant and sound theoretical knowledge with knowledge and experience derived from practice. The NMC values such learning as being the essence of professional education. Therefore, the NMC expects that the philosophy explicit in programmes of preparation reflects the value of practice-centred education.

#### **Access and credit**

All programmes of preparation should value prior learning and, by so doing, provide wide access to programmes and advanced standing through appropriate accreditation of relevant prior learning and experience for a maximum of one-third of the programme. Those already holding a registration as a nurse with the NMC may be entitled to a greater amount of credit according to the relevance of their prior learning and experience when mapped against the programme they undertake as a second registration.

#### **Flexibility, integrity and progression**

Programmes of preparation should provide flexibility without compromising overall integrity and progression. This is achieved through modular design and the structuring of the programme into a common foundation and branch element. The three conditions (flexibility, integrity and progression) serve to ensure that modularisation does not compromise cumulative learning, leading to progression to the branch at the end of year one and entry to the register at the end of year three. This allows for maximum flexibility and provides opportunities for stepping on or off the programme.

#### **Educational quality**

Programmes of preparation must be established upon sound academic and professional quality assurance processes that address professional learning and, in particular, the standard of proficiency to be achieved. In this respect, the NMC recognises that professional nurse education must be academically rigorous. Educational quality will be achieved through partnership and collaboration involving all stakeholders, including service users, education purchasers, service providers, educational institutions, higher education quality assurance agencies and the statutory regulatory system.

### ***Responsibility: fitness for professional standing***

The NMC values the rights implicit in the social contract between the profession and society to participate in the health care of individuals, families and communities. Such rights also carry obligations. These include not only the responsibility to provide competent, safe and effective care but, also responsibility for the highest standards of professional conduct and ethical practice.

### ***Adherence to The NMC Code of professional conduct: standards for conduct, performance and ethics***

An essential condition of entry to the profession is the acceptance and internalisation of the Code that all registered nurses and midwives must uphold. This code provides the foundation for the standards of proficiency and must be reflected at all stages of programmes of preparation.

### **Responsibility and accountability**

As members of a profession, registered nurses must take personal responsibility for their actions and omissions, and fully recognise their personal accountability. Each individual practitioner must be able to make sound decisions in respect of: their personal professional development; practising within the scope of their personal professional competence and extending this scope as appropriate; delegating aspects of care to others and accepting responsibility and accountability for such delegation; and working harmoniously and effectively with colleagues, patients and clients and their carers, families and friends.

### **Ethical and legal obligations**

The Code requires all practitioners to conduct themselves and practise within an ethical framework based fundamentally upon respect for the well-being of patients and clients. While various rule-orientated and principle-based ethical models may assist in informing ethical decisions, within modern health care settings ethical dilemmas are by definition complex. Practitioners must recognise their moral obligations and the need to accept personal responsibility for their own ethical choices within specific situations based on their own professional judgement. In making such choices, practitioners must be aware of, and adhere to, legal as well as professional requirements.

### **Respect for individuals and communities**

All members of the profession must demonstrate an inviolable respect for persons and communities, without prejudice, and irrespective of orientation and personal, group, political, cultural, ethnic or religious characteristics. Care must be provided without prejudice and in an anti-discriminatory fashion. No member of the profession should convey any allegiance to any individual or group affiliations which oppose or threaten the human rights, safety or dignity of individuals or communities, irrespective of whether such individuals or groups are recipients of care.



## Standard 6 – Structure and nature of educational programmes

Standards	Guidance
<p><b><i>Length of programmes</i></b></p> <p>In accordance with EU agreements, programmes shall be no less than three years or 4,600 hours in length. Where delivered as a full time programme, they shall be completed in not more than five years, including interruptions, and where delivered part time, in not more than seven years, including interruptions.</p> <p><b><i>Structure of programmes</i></b></p> <p>Programmes shall comprise a Common Foundation Programme (CFP) of twelve months and a branch programme of two years in adult nursing, mental health nursing, learning disabilities nursing or children’s nursing. Where the programme is delivered part time, each part of it shall be increased pro-rata up to the overall maximum length specified under length of programmes.</p> <p><b><i>Balance of theory and practice</i></b></p> <p>The balance of learning shall be 50% practice<sup>i</sup> and 50% theory in both CFP and branch programmes. A period of clinical practice of at least three months, towards the end of the pre-registration programme, is required to enable students to consolidate their education and their competence in practice<sup>i</sup>.</p> <p><b><i>Teaching and learning strategies</i></b></p> <p>A variety of approaches should be used which may include simulation, but ensuring that the practice part of the programme involves direct patient care, as required by legislation for those following the adult branch.</p> <p><b><i>Academic standard of programmes</i></b></p> <p>As a minimum, pre-registration nursing programmes must culminate in the award of a diploma of higher education.</p>	<p>The NMC will not accept less than three years and 4,600 hours in order to ensure that sufficient time is spent in practice to achieve the standards of proficiency for safe and effective practice.</p> <p>Opportunities should be provided to enable students to step on and off programmes. Such decisions should be made using appropriate AP(E)L processes (see Standard 3).</p> <p>Where AP(E)L has been awarded, students will normally spend most of their time in the branch programme, only accessing the CFP where it is necessary to achieve any unmet outcomes of this part of the programme.</p> <p>The practice part of the programme should provide the opportunities to experience 24-hour/7-day care to enable students to develop understanding of users’ experiences of health care. The length of placements should be sufficient to enable students to achieve the standards of proficiency required, whilst also gaining a broad perspective of care environments.</p> <p>The final placement will benefit from as few interruptions as possible in order to ensure continuity. The placement might include study days, be interspersed with study blocks and/or be divided into a number of different placements, although none of these should be less than four weeks duration.</p> <p>It is a matter for programme providers (approved educational institutions and their service partners) to determine higher academic qualifications where appropriate.</p>

<sup>i</sup> This is consistent with the requirements of EC Directive 77/453/EEC and 89/595/EEC that require 50% practice in direct patient care and at least one-third theoretical instruction

<sup>j</sup> Programmes preparing students to be registered as adult nurses must meet the requirements of European Directive 77/453/EEC as updated by 89/595/EEC

### **Content**

The content of the curriculum shall be sufficient in depth and breadth to enable students to achieve the outcomes for entry to a branch programme; and subsequent achievement of the standards of proficiency sufficient for safe and effective practice for entry to the nurses' part of the register. The outcomes and standards for proficiency are set out in Section 3 of this document and should be read in conjunction with the guiding principles in this section.

### **Student support**

The NMC requires lecturers, practice educators and mentors to have been prepared to meet the outcomes defined in its *Standards for the preparation of teachers of nursing and midwifery*<sup>11</sup>.

### **Nature of programmes**

The CFP should provide the foundation for entry to any branch programme. Students should have experience of each designated area of practice (branch) during the CFP. The branch programme should further develop the theory and practice of nursing commenced during the CFP and, while specific to the area of practice (branch) in which registration is sought, provide opportunities for shared learning between the branches.

### **Branch programmes – area of practice**

Each branch programme should be directed towards a specific area of nursing practice; adults, people with mental health problems, people with learning disabilities, or children, and provide learning opportunities to enable students to become proficient in the practice of nursing in that area.

### **Content**

The curriculum should provide opportunities to gain contemporary knowledge and skills within the changing context of health care delivery. It needs to prepare students for future practice roles and responsibilities, providing foundation knowledge and skills that will enable further development through lifelong learning, such as foundation knowledge for nurse prescribing and child protection.

### **Programme design**

Programmes should reflect the requirements of the NMC, commissioners, service providers and academic award.

### **Programme leadership**

The NMC would expect the programme leader to be registered with the NMC in an appropriate area of practice, to have a teaching qualification recorded with the NMC and relevant academic qualifications commensurate with the level of the programme.

### **Student support**

Students should be supported in both academic and practice learning environments. Audits of practice learning environments should identify the number and nature of students that may be effectively supported.

### **Programme learning experiences**

The programme should provide varied experiences commensurate with the range, level and context of the programme. In particular students should be able to access interprofessional learning and working. An introduction to the experiences of all four branches should be provided in the CFP to inform branch choice.

Learning for the specific area of practice chosen by the student should commence in the CFP and be developed in the branch programme, enabling achievement of the standards of proficiency within the context of the area of practice.

### ***Knowledge underpinning practice***

To provide a knowledge base for practice, contemporary theoretical perspectives should be explored with regard to:

- ▶ professional, ethical and legal issues
- ▶ the theory and practice of nursing
- ▶ the context in which health and social care is delivered
- ▶ organisational structures and processes
- ▶ communication
- ▶ social and life sciences relevant to nursing practice
- ▶ frameworks for social care provision and care systems.

### ***Assessment***

A range of assessment strategies should be used throughout the programme to test knowledge and standards of proficiency in all aspects of the nursing curriculum. These must include at least one unseen examination.

### ***Student status***

Students undertaking programmes of preparation for nursing will be directed throughout by the approved educational institution and shall have supernumerary status in practice settings to enable them to achieve the required standards of proficiency. Supernumerary status means that the student shall not as part of their programme of preparation be employed by any person or body under a contract of service to provide nursing care.

### ***Curriculum content***

The curriculum should reflect contemporary knowledge and enable development of evidence-based practice. Strategies for integrating knowledge and skills gained in both academic and practice environments should be evident.

The principle of an unseen examination is for the students to demonstrate their own learning under invigilated conditions. It may be defined as an unseen piece of work that appropriately tests the students' theoretical knowledge, practical skills and attitudes, demonstrating their abilities to achieve the standards of proficiency for nursing. The form may vary, for example, for students with specific needs, e.g. those with dyslexia; or to meet subject needs, e.g. the use of Objective Structured Clinical Examinations.

### ***Personal Tutors and Mentors***

Students should have named registrants (from the same part of the register) to support their learning in both academic and practice environments. These persons would be involved in assessing their standards of proficiency to enter the register. Other members of the teaching and health care team may contribute to learning and assessment in both environments but would not undertake summative assessment of standards of proficiency for entry to the register.

### ***Supernumerary status***

Experiences should be educationally led and the supernumerary status of students maintained. Registrants acting as mentors are responsible for ensuring that public protection is paramount and are accountable for their decisions to delegate work to students.

## European Directives

### Programmes for registration as an adult nurse

The requirements of the European Directives 77/453/EEC and 89/595/EEC apply to all nurses undertaking programmes for adult nursing. These requirements have mandatory status. This includes those undertaking their first pre-registration nursing programme, overseas nurses undergoing retraining in the UK (those registered in their home country but who do not meet NMC requirements for UK registration) and those accessing a shortened programme due to previous registration as a nurse practising in a different branch or as a midwife (see Standard 4).

### Content of programmes

Article 1 of 77/453/EEC requires that awards (certificates and diplomas) be made to general nurses subject to their passing an examination, which guarantees that during education the person has acquired:

- a) adequate knowledge of the sciences on which general nursing is based, including sufficient understanding of the structure, physiological functions and behaviour of healthy and sick persons, and of the relationship between the state of health and physical and social environment of the human being
- b) sufficient knowledge of the nature and ethics of the profession and of general principles of health and nursing
- c) adequate clinical experience; such experience which should be selected for its training value, should be gained under the supervision of qualified nursing staff and in places where the number of qualified staff and equipment are appropriate for the nursing care of the patients
- d) the ability to participate in the practical training of health personnel and experience of working with such personnel
- e) experience of working with members of other professions in the health sector.

### Practice experiences

The directive specifies that nursing programmes comprise a programme of three years or 4,600 hours, with a balance of theoretical and practical instruction. The latter must include nursing in relation to:

- ▶ general and specialist medicine
- ▶ general and specialist surgery
- ▶ child care and paediatrics
- ▶ maternity care
- ▶ mental health and psychiatry
- ▶ care of the old and geriatrics
- ▶ home nursing.

### Balance of theory and practice

Directive 89/595/EEC qualifies the balance of theoretical and clinical instruction as not less than one-third theory and one-half practice<sup>k</sup>, and amends the definitions of theoretical and clinical instruction as follows:

- (a) 'theoretical instruction' shall be defined as:

*that part of nursing training whereby student nurses acquire the knowledge, understanding and professional skills needed to plan, provide and assess total nursing care. This teaching is provided in nursing schools and*

<sup>k</sup> The NMC would expect that a programme would contain 2,300 hours of practice

*other teaching environments chosen by the training institution, and given by a staff of nursing teachers and other competent persons.*

(b) 'clinical instruction' shall be defined as:

*that part of nursing training whereby student nurses as part of a team and in direct contact with a healthy or sick individual and/or a community learn to plan, provide and assess the required total nursing care on the basis of their acquired knowledge and skills. The student nurse learns not only to be a member of the team, but to be a team leader organizing total nursing care, including health education for individuals and small groups in the health institutions or the community*

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### **Nature of experience**

The Directive clarifies that clinical instruction takes place in hospitals and other health institutions and in the community, under the responsibility of teachers who are nurses and with the co-operation and assistance of other qualified nurses and other personnel.

## Section 4 – Standards of education to achieve the NMC standards of proficiency

### Introduction

This section presents the NMC standards of education to achieve the NMC standards of proficiency for nursing. These are provided for both first and second level nurses. The NMC sets the standards for pre-registration nursing programmes for the UK and, in assessing overseas nurses from outside of the European Economic Area, ensures that they have attained a comparable standard for entry to the NMC register as a nurse. There is no recognition of second level qualifications that have been gained outside of the EEA.

The standards of proficiency define the overarching principles of being able to practise as a nurse; the context in which they are achieved defines the scope of professional practice. Those undertaking education in the UK have the choice of four branch programmes, adult nursing, mental health nursing, learning disabilities nursing and children's nursing. They must achieve the NMC standards of proficiency in the context of practice in their chosen branch. The adult nursing branch must meet the requirements agreed by Member States of the European Community. Overseas nurses normally follow a programme of general nursing that is assessed on application to the NMC for its comparability to the adult nursing branch. Overseas nurses who have qualified and practised in mental health nursing, learning disabilities nursing or children's nursing are required to provide comparable evidence of achievement of proficiency in their area of practice when applying to the NMC for UK registration.

The NMC no longer approves programmes for entry to the second level of the nurses' part of the register. This level remains open only for those nurses in the UK who are already qualified and working at that level, and also for European nurses who may access it through their right to freedom of movement. The second level standards of proficiency are presented to inform employers and registrants of the standard that will have been achieved for entry to the register. The NMC expects that, through continuing professional development, second level nurses will advance their knowledge, skills and proficiency beyond that of initial registration.

All nurses on the second level of the nurses' register, who wish to do so, are able to enter a pre-registration nursing programme to enable them to become a first level nurse. They may seek appropriate accreditation of prior learning, in accordance with nursing Standards 3 and 4, to enable them to undertake a shortened programme of preparation.

### First level nurses – nursing standards of education to achieve NMC standards of proficiency

Article 5(2)(a) of the Order requires the NMC to:

*'establish the standards of proficiency necessary to be admitted to the different parts of the register being the standards it considers necessary for safe and effective practice under that part of the register;'*

There are three parts of the register: nurses, midwives, and specialist community public health nurses. The nurses' part of the register has two sub-parts for level 1 and level 2 nurses. The nurses' part has marks to identify the branch of nursing practice in which the nurse has achieved the standards of proficiency. The NMC has previously used the term competency to describe "... the

skills and ability to practise safely and effectively without the need for direct supervision ...” (*Fitness for practice*<sup>12</sup>, 1999). These competencies have, after consultation, been adopted as standards of proficiency by the NMC.

Article 15(1)(a) of the Order requires the Council from time to time to establish:

*‘Standards of education and training necessary to achieve the standards of proficiency it has established under article 5(2)’* (to be admitted to the register).

The standards of education enable the NMC standards of proficiency to be achieved for entry to the nurses’ part of the register. They must be achieved within the context of practice in the branch programme followed by the student. This provides comparability of proficiency at the point of entry to the register, whilst ensuring that the specific knowledge, skills and proficiencies pertaining to each field of nursing are achieved for safe and effective practice.

The pre-registration nursing programme should be designed to prepare the student to be able, on registration, to apply knowledge, understanding and skills when performing to the standards required in employment and to provide the nursing care that patients and clients require, safely and effectively, and so assume the responsibilities and accountabilities necessary for public protection.

The development of nursing programmes arises from the premise that nursing is a practice-based profession, recognising the primacy of patient and client well-being and respect for individuals, and is founded on the principles that:

- ▶ evidence should inform practice through the integration of relevant knowledge
- ▶ students are actively involved in nursing care delivery under supervision
- ▶ *The NMC code of professional conduct: standards for conduct, performance and ethics* applies to all practice interventions
- ▶ skills and knowledge are transferable
- ▶ research underpins practice
- ▶ the importance of lifelong learning and continuing professional development is recognised.

The outcomes and standards of education expressed will be achieved under the direction of a registered nurse. This support will enable the standards of proficiency to enter the register as a nurse to be achieved within the practice of the branch programme studied.

### **The context of practice**

Practice may be within one of four areas of nursing – adult, mental health, learning disabilities or children’s. The NMC recognised that there was comparability between the standards of proficiency achieved by all nursing students and that it was the application of these standards to practise within different contexts of nursing that defined the scope of professional practice. The particular focus of each branch may be described as follows:

#### *Adult nursing*

This area requires the care of adults, from 18 year olds to elder people, in a variety of settings for patients with wide ranging levels of dependency. The ethos of adult nursing is patient centred and acknowledges the differing needs, values and beliefs of people from ethnically diverse communities. Nurses engage in and develop therapeutic relationships that involve patients and their carers in on-going decision-making that informs nursing care. Adult nurses have skills to meet the physical, psychological, spiritual and social needs of patients, supporting them through care pathways and working with other health and social care professionals to maximise opportunities for recovery, rehabilitation, adaptation to ongoing disease and disability, health education and health promotion. New ways of working provide enhanced opportunities for adult nurses to provide safe and effective

care that meets the defined needs of this group in partnership with them. Their ability to be self-directed throughout their professional careers to support lifelong learning, in turn, contributes to continuous quality improvement in care delivery.

#### *Mental health nursing*

Mental health nurses care for people experiencing mental distress, which may have a variety of causative factors. The focus of mental health nursing is the establishment of a relationship with service users and carers to help bring about an understanding of how they might cope with their experience, thus maximising their potential for recovery. Mental health nurses use a well developed and evidence-based repertoire of interpersonal, psychosocial and other skills that are underpinned by an empathetic attitude towards the service user and the contexts within which their distress has arisen. Mental health difficulties can occur at any age and service users may be cared for in a variety of settings, including the community and their own homes. They may require care for an acute episode or ongoing support for an enduring illness. Mental health nurses work as part of multi-disciplinary and multi-agency teams that seek to involve service users and their carers in all aspects of their care and treatment.

#### *Learning disabilities nursing*

The focus of learning disabilities nursing is influencing behaviours and lifestyles to enable a vulnerable client group to achieve optimum health, and to live in an inclusive society as equal citizens, and where their rights are respected. Learning disabilities nurses have the knowledge, skills, attitudes and abilities to work in partnership with people of all ages who have learning disabilities, their families and carers, to help individuals to develop individually and fulfil their potential in all aspects of their lives irrespective of their disabilities. In particular, they use expert communication skills to engage with vulnerable people and to interpret and understand behaviour to develop individual care packages. They work in a variety of residential, day and outreach service settings, adapting the level of support they provide according to the complex needs of individuals, families, carers and the settings they are in. Risk assessment and risk management are key components of their work and enable individuals to exercise their individual rights and choices. Learning disabilities nurses have a critical role in supporting the agenda for equality and equal access to all community and public services.

#### *Children's nursing*

The philosophy of children's nursing is based upon the principle of family centred care and the belief that children should be cared for by people they know and, wherever possible, within their home environment. Children's nurses understand the complex relationships between personal, socio-economic and cultural influences upon child health and child rearing practices. They develop nursing and technological competence through the application of professional knowledge, skills, values and attitudes in order to empower children and families in health decisions, promoting and providing safe, effective and informed care. Children's nurses work in a variety of settings, across and beyond traditional boundaries, and within a multi-disciplinary and multi-agency team. In particular they contribute to child protection, in collaboration with other key professionals, respecting and promoting the rights of the child.

#### *Achieving the NMC standards of proficiency within the context of practice*

The standards of proficiency provide high level outcomes that are developed as standards of education in programmes that are 50% theory and 50% practice. The NMC, through its quality assurance processes, approves the detailed programmes that demonstrate how the standards of education enable the NMC standards of proficiency to be achieved within the context of practice in each of the four branches of nursing. NMC quality assurance annual monitoring processes confirm that the standards of proficiency are being met in practice, and that the standards of education, as



developed into a detailed NMC approved programme, enable acquisition of the particular knowledge, skills, values and attitudes pertaining to the area of practice. On completion of the programme, registrants, who have ensured that students have been supported and assessed in both academic and practice settings, confirm that students have met the required standards of proficiency within the practice of the particular area of nursing – adult, mental health, learning disabilities or children's.

### **Standards of education**

The standards of education are those that have been approved to meet the previous 'competencies' for UK pre-registration nursing education. All nursing students study together for the first part of their programme, known as the Common Foundation Programme (CFP), and the standards of education include outcomes of the CFP required for entry to the second part of the programme which is called the branch programme. The standards of proficiency are reproduced in the section of outcomes of the branch programme, achievement of which allows entry to the register, in order to define the relationship between them and the standards of education necessary to achieve proficiency. The outcomes of the CFP are aligned to the requirements for entry to the register to demonstrate how proficiency is developed in particular domains of practice throughout the whole programme of education.

### **Format of Standard 7**

The overarching standard of proficiency is presented above the standards of education, with related domains being identified. The domains may apply to one or more standards of proficiency. The outcomes to be achieved for entry to the branch programme include defined standards of education, in italics, with associated outcomes. These allow progress towards achieving the standards of proficiency that are the ultimate outcome of the whole programme. Outcomes that demonstrate achievement of these standards of proficiency are those identified for entry to the register.

## Standard 7 – First level nurses – nursing standards of education to achieve the NMC standards of proficiency

### Standard of proficiency for entry to the register: professional and ethical practice

Manage oneself, one's practice, and that of others, in accordance with *The NMC code of professional conduct: standards for conduct, performance and ethics*, recognising one's own abilities and limitations

Domain	Outcomes to be achieved for entry to the branch programme	Standards of proficiency for entry to the register: professional and ethical practice
Professional and ethical practice	<p><i>Discuss in an informed manner the implications of professional regulation for nursing practice</i></p> <ul style="list-style-type: none"> <li>▶ demonstrate a basic knowledge of professional regulation and self-regulation</li> <li>▶ recognise and acknowledge the limitations of one's own abilities</li> <li>▶ recognise situations that require referral to a registered practitioner.</li> </ul> <p><i>Demonstrate an awareness of The NMC code of professional conduct: standards for conduct, performance and ethics</i></p> <ul style="list-style-type: none"> <li>▶ commit to the principle that the primary purpose of the registered nurse is to protect and serve society</li> <li>▶ accept responsibility for one's own actions and decisions.</li> </ul>	<ul style="list-style-type: none"> <li>▶ practise in accordance with <i>The NMC code of professional conduct: standards for conduct, performance and ethics</i></li> <li>▶ use professional standards of practice to self-assess performance</li> <li>▶ consult with a registered nurse when nursing care requires expertise beyond one's own current scope of competence</li> <li>▶ consult other health care professionals when individual or group needs fall outside the scope of nursing practice</li> <li>▶ identify unsafe practice and respond appropriately to ensure a safe outcome</li> <li>▶ manage the delivery of care services within the sphere of one's own accountability.</li> </ul>

### Standard of proficiency for entry to the register: professional and ethical practice

Practise in accordance with an ethical and legal framework which ensures the primacy of patient and client interest and well-being and respects confidentiality

Domain	Outcomes to be achieved for entry to the branch programme	Standards of proficiency for entry to the register: professional and ethical practice
Professional and ethical practice	<p><i>Demonstrate an awareness of, and apply ethical principles to, nursing practice</i></p> <ul style="list-style-type: none"> <li>▶ demonstrate respect for patient and client confidentiality</li> <li>▶ identify ethical issues in day to day practice.</li> </ul> <p><i>Demonstrate an awareness of legislation relevant to nursing practice</i></p> <ul style="list-style-type: none"> <li>▶ identify key issues in relevant legislation relating to mental health, children, data protection, manual handling, and health and safety, etc.</li> </ul>	<ul style="list-style-type: none"> <li>▶ demonstrate knowledge of legislation and health and social policy relevant to nursing practice</li> <li>▶ ensure the confidentiality and security of written and verbal information acquired in a professional capacity</li> <li>▶ demonstrate knowledge of contemporary ethical issues and their impact on nursing and health care</li> <li>▶ manage the complexities arising from ethical and legal dilemmas</li> <li>▶ act appropriately when seeking access to caring for patients and clients in their own homes.</li> </ul>

## Standard of proficiency for entry to the register: professional and ethical practice

Practise in a fair and anti-discriminatory way, acknowledging the differences in beliefs and cultural practices of individuals or groups

Domain	Outcomes to be achieved for entry to the branch programme	Standards of proficiency for entry to the register: professional and ethical practice
<b>Professional and ethical practice</b>	<p><i>Demonstrate the importance of promoting equity in patient and client care by contributing to nursing care in a fair and anti-discriminatory way</i></p> <ul style="list-style-type: none"> <li>▶ demonstrate fairness and sensitivity when responding to patients, clients and groups from diverse circumstances</li> <li>▶ recognise the needs of patients and clients whose lives are affected by disability, however manifest.</li> </ul>	<ul style="list-style-type: none"> <li>▶ maintain, support and acknowledge the rights of individuals or groups in the health care setting</li> <li>▶ act to ensure that the rights of individuals and groups are not compromised</li> <li>▶ respect the values, customs and beliefs of individuals and groups</li> <li>▶ provide care which demonstrates sensitivity to the diversity of patients and clients.</li> </ul>

## Standard of proficiency for entry to the register: care delivery

Engage in, develop and disengage from therapeutic relationships through the use of appropriate communication and interpersonal skills

Domain	Outcomes to be achieved for entry to the branch programme	Standards of proficiency for entry to the register: care delivery
<b>Care delivery</b>	<p><i>Discuss methods of, barriers to, and the boundaries of, effective communication and interpersonal relationships</i></p> <ul style="list-style-type: none"> <li>▶ recognise the effect of one's own values on interactions with patients and clients and their carers, families and friends</li> <li>▶ utilise appropriate communication skills with patients and clients</li> <li>▶ acknowledge the boundaries of a professional caring relationship.</li> </ul> <p><i>Demonstrate sensitivity when interacting with and providing information to patients and clients.</i></p>	<ul style="list-style-type: none"> <li>▶ utilise a range of effective and appropriate communication and engagement skills</li> <li>▶ maintain and, where appropriate, disengage from professional caring relationships that focus on meeting the patient's or client's needs within professional therapeutic boundaries.</li> </ul>

## Standard of proficiency for entry to the register: care delivery

Create and utilise opportunities to promote the health and well-being of patients, clients and groups

Domain	Outcomes to be achieved for entry to the branch programme	Standards of proficiency for entry to the register: care delivery
Care delivery	<p><i>Contribute to enhancing the health and social well-being of patients and clients by understanding how, under the supervision of a registered practitioner, to:</i></p> <ul style="list-style-type: none"> <li>▶ contribute to the assessment of health needs</li> <li>▶ identify opportunities for health promotion</li> <li>▶ identify networks of health and social care services.</li> </ul>	<ul style="list-style-type: none"> <li>▶ consult with patients, clients and groups to identify their need and desire for health promotion advice</li> <li>▶ provide relevant and current health information to patients, clients and groups in a form which facilitates their understanding and acknowledges choice/individual preference</li> <li>▶ provide support and education in the development and/or maintenance of independent living skills</li> <li>▶ seek specialist/expert advice as appropriate.</li> </ul>

## Standard of proficiency for entry to the register: care delivery

Undertake and document a comprehensive, systematic and accurate nursing assessment of the physical, psychological, social and spiritual needs of patients, clients and communities

Domain	Outcomes to be achieved for entry to the branch programme	Standards of proficiency for entry to the register: care delivery
Care delivery	<p><i>Contribute to the development and documentation of nursing assessments by participating in comprehensive and systematic nursing assessment of the physical, psychological, social and spiritual needs of patients and clients</i></p> <ul style="list-style-type: none"> <li>▶ be aware of assessment strategies to guide the collection of data for assessing patients and clients and use assessment tools under guidance</li> <li>▶ discuss the prioritisation of care needs</li> <li>▶ be aware of the need to reassess patients and clients as to their needs for nursing care.</li> </ul>	<ul style="list-style-type: none"> <li>▶ select valid and reliable assessment tools for the required purpose</li> <li>▶ systematically collect data regarding the health and functional status of individuals, clients and communities through appropriate interaction, observation and measurement</li> <li>▶ analyse and interpret data accurately to inform nursing care and take appropriate action.</li> </ul>

## Standard of proficiency for entry to the register: care delivery

Formulate and document a plan of nursing care, where possible, in partnership with patients, clients, their carers and family and friends, within a framework of informed consent

Domain	Outcomes to be achieved for entry to the branch programme	Standards of proficiency for entry to the register: care delivery
<p><b>Care delivery</b></p>	<p><i>Contribute to the planning of nursing care, involving patients and clients and, where possible, their carers; demonstrating an understanding of helping patients and clients to make informed decisions</i></p> <ul style="list-style-type: none"> <li>▶ identify care needs based on the assessment of a patient or client</li> <li>▶ participate in the negotiation and agreement of the care plan with the patient or client and with their carer, family or friends, as appropriate, under the supervision of a registered nurse</li> <li>▶ inform patients and clients about intended nursing actions, respecting their right to participate in decisions about their care.</li> </ul>	<ul style="list-style-type: none"> <li>▶ establish priorities for care based on individual or group needs</li> <li>▶ develop and document a care plan to achieve optimal health, habilitation, and rehabilitation based on assessment and current nursing knowledge</li> <li>▶ identify expected outcomes, including a time frame for achievement and/or review in consultation with patients, clients, their carers and family and friends and with members of the health and social care team.</li> </ul>

### Standard of proficiency for entry to the register: care delivery

Based on the best available evidence, apply knowledge and an appropriate repertoire of skills indicative of safe and effective nursing practice

Domain	Outcomes to be achieved for entry to the branch programme	Standards of proficiency for entry to the register: care delivery
Care delivery	<p><i>Contribute to the implementation of a programme of nursing care, designed and supervised by registered practitioners</i></p> <ul style="list-style-type: none"> <li>▶ undertake activities that are consistent with the care plan and within the limits of one's own abilities.</li> </ul> <p><i>Demonstrate evidence of a developing knowledge base which underpins safe and effective nursing practice</i></p> <ul style="list-style-type: none"> <li>▶ access and discuss research and other evidence in nursing and related disciplines</li> <li>▶ identify examples of the use of evidence in planned nursing interventions.</li> </ul> <p><i>Demonstrate a range of essential nursing skills, under the supervision of a registered nurse, to meet individuals' needs, which include:</i></p> <p>maintaining dignity, privacy and confidentiality; effective communication and observational skills, including listening and taking physiological measurements; safety and health, including moving, and handling and infection control; essential first aid and emergency procedures; administration of medicines; emotional, physical and personal care, including meeting the need for comfort, nutrition and personal hygiene.</p>	<ul style="list-style-type: none"> <li>▶ ensure that current research findings and other evidence are incorporated in practice</li> <li>▶ identify relevant changes in practice or new information and disseminate it to colleagues</li> <li>▶ contribute to the application of a range of interventions which support and optimise the health and well-being of patients and clients</li> <li>▶ demonstrate the safe application of the skills required to meet the needs of patients and clients within the current sphere of practice</li> <li>▶ identify and respond to patients and clients' continuing learning and care needs</li> <li>▶ engage with, and evaluate, the evidence base that underpins safe nursing practice.</li> </ul>

### Standard of proficiency for entry to the register: care delivery

Provide a rationale for the nursing care delivered which takes account of social, cultural, spiritual, legal, political and economic influences

Domain	Outcomes to be achieved for entry to the branch programme	Standards of proficiency for entry to the register: care delivery
Care delivery		<ul style="list-style-type: none"> <li>▶ identify, collect and evaluate information to justify the effective utilisation of resources to achieve planned outcomes of nursing care.</li> </ul>

## Standard of proficiency for entry to the register: care delivery

Evaluate and document the outcomes of nursing and other interventions

Domain	Outcomes to be achieved for entry to the branch programme	Standards of proficiency for entry to the register: care delivery
Care delivery	<p><i>Contribute to the evaluation of the appropriateness of nursing care delivered</i></p> <ul style="list-style-type: none"> <li>▶ demonstrate an awareness of the need to assess regularly a patient's or client's response to nursing interventions</li> <li>▶ provide for a supervising registered practitioner, evaluative commentary and information on nursing care based on personal observations and actions</li> <li>▶ contribute to the documentation of the outcomes of nursing interventions.</li> </ul>	<ul style="list-style-type: none"> <li>▶ collaborate with patients and clients and, when appropriate, additional carers to review and monitor the progress of individuals or groups towards planned outcomes</li> <li>▶ analyse and revise expected outcomes, nursing interventions and priorities in accordance with changes in the individual's condition, needs or circumstances.</li> </ul>

## Standard of proficiency for entry to the register: care delivery

Demonstrate sound clinical judgement across a range of differing professional and care delivery contexts

Domain	Outcomes to be achieved for entry to the branch programme	Standards of proficiency for entry to the register: care delivery
Care delivery	<p><i>Recognise situations in which agreed plans of nursing care no longer appear appropriate and refer these to an appropriate accountable practitioner</i></p> <ul style="list-style-type: none"> <li>▶ demonstrate the ability to discuss and accept care decisions</li> <li>▶ accurately record observations made and communicate these to the relevant members of the health and social care team.</li> </ul>	<ul style="list-style-type: none"> <li>▶ use evidence based knowledge from nursing and related disciplines to select and individualise nursing interventions</li> <li>▶ demonstrate the ability to transfer skills and knowledge to a variety of circumstances and settings</li> <li>▶ recognise the need for adaptation and adapt nursing practice to meet varying and unpredictable circumstances</li> <li>▶ ensure that practice does not compromise the nurse's duty of care to individuals or the safety of the public.</li> </ul>

### Standard of proficiency for entry to the register: care management

Contribute to public protection by creating and maintaining a safe environment of care through the use of quality assurance and risk management strategies

Domain	Outcomes to be achieved for entry to the branch programme	Standards of proficiency for entry to the register: care management
<b>Care management</b>	<p><i>Contribute to the identification of actual and potential risks to patients, clients and their carers, to oneself and to others, and participate in measures to promote and ensure health and safety</i></p> <ul style="list-style-type: none"> <li>▶ understand and implement health and safety principles and policies</li> <li>▶ recognise and report situations that are potentially unsafe for patients, clients, oneself and others.</li> </ul>	<ul style="list-style-type: none"> <li>▶ apply relevant principles to ensure the safe administration of therapeutic substances</li> <li>▶ use appropriate risk assessment tools to identify actual and potential risks</li> <li>▶ identify environmental hazards and eliminate and/or prevent where possible</li> <li>▶ communicate safety concerns to a relevant authority</li> <li>▶ manage risk to provide care which best meets the needs and interests of patients, clients and the public.</li> </ul>

### Standard of proficiency for entry to the register: care management

Demonstrate knowledge of effective inter-professional working practices which respect and utilise the contributions of members of the health and social care team

Domain	Outcomes to be achieved for entry to the branch programme	Standards of proficiency for entry to the register: care management
<b>Care management</b>	<p><i>Demonstrate an understanding of the role of others by participating in inter-professional working practice</i></p> <ul style="list-style-type: none"> <li>▶ identify the roles of the members of the health and social care team</li> <li>▶ work within the health and social care team to maintain and enhance integrated care.</li> </ul>	<ul style="list-style-type: none"> <li>▶ establish and maintain collaborative working relationships with members of the health and social care team and others</li> <li>▶ participate with members of the health and social care team in decision-making concerning patients and clients</li> <li>▶ review and evaluate care with members of the health and social care team and others.</li> </ul>



## Standard of proficiency for entry to the register: care management

Delegate duties to others, as appropriate, ensuring that they are supervised and monitored

Domain	Outcomes to be achieved for entry to the branch programme	Standards of proficiency for entry to the register: care management
Care management		<ul style="list-style-type: none"> <li>▶ take into account the role and competence of staff when delegating work</li> <li>▶ maintain one's own accountability and responsibility when delegating aspects of care to others</li> <li>▶ demonstrate the ability to co-ordinate the delivery of nursing and health care.</li> </ul>

## Standard of proficiency for entry to the register: care management

Demonstrate key skills

Domain	Outcomes to be achieved for entry to the branch programme	Standards of proficiency for entry to the register: care management
Care management	<i>Demonstrate literacy, numeracy and computer skills needed to record, enter, store, retrieve and organise data essential for care delivery</i>	<ul style="list-style-type: none"> <li>▶ literacy – interpret and present information in a comprehensible manner</li> <li>▶ numeracy – accurately interpret numerical data and their significance for the safe delivery of care</li> <li>▶ information technology and management – interpret and utilise data and technology, taking account of legal, ethical and safety considerations, in the delivery and enhancement of care</li> <li>▶ problem-solving – demonstrate sound clinical decision-making which can be justified even when made on the basis of limited information.</li> </ul>

### Standard of proficiency for entry to the register: personal and professional development

Demonstrate a commitment to the need for continuing professional development and personal supervision activities in order to enhance knowledge, skills, values and attitudes needed for safe and effective nursing practice

Domain	Outcomes to be achieved for entry to the branch programme	Standards of proficiency for entry to the register: personal and professional development
Personal and professional development	<p><i>Demonstrate responsibility for one's own learning through the development of a portfolio of practice and recognise when further learning is required</i></p> <ul style="list-style-type: none"> <li>▶ identify specific learning needs and objectives</li> <li>▶ begin to engage with, and interpret, the evidence base which underpins nursing practice.</li> </ul> <p><i>Acknowledge the importance of seeking supervision to develop safe and effective nursing practice</i></p>	<ul style="list-style-type: none"> <li>▶ identify one's own professional development needs by engaging in activities such as reflection in, and on, practice and lifelong learning</li> <li>▶ develop a personal development plan which takes into account personal, professional and organisational needs</li> <li>▶ share experiences with colleagues and patients and clients in order to identify the additional knowledge and skills needed to manage unfamiliar or professionally challenging situations</li> <li>▶ take action to meet any identified knowledge and skills deficit likely to affect the delivery of care within the current sphere of practice.</li> </ul>

### Standard of proficiency for entry to the register: personal and professional development

Enhance the professional development and safe practice of others through peer support, leadership, supervision and teaching

Domain	Outcomes to be achieved for entry to the branch programme	Standards of proficiency for entry to the register: personal and professional development
Personal and professional development		<ul style="list-style-type: none"> <li>▶ contribute to creating a climate conducive to learning</li> <li>▶ contribute to the learning experiences and development of others by facilitating the mutual sharing of knowledge and experience</li> <li>▶ demonstrate effective leadership in the establishment and maintenance of safe nursing practise.</li> </ul>

## Access to the register by European second level nurses

Second level nurses trained in a European Economic Area country are eligible to apply for entry to the NMC register. Those who wish to work in the UK must first apply to the registering body (competent authority) in their own country who will confirm their eligibility under European Law to work in the UK. They may then apply to the NMC providing copies of their certificates, confirmation of good health and good character, verification in accordance with EU Directives, photocopy of passport or identity card and Register extract where appropriate. Nurses who are registered in another EEA State but who are not nationals of an EEA State will be treated as overseas applicants, taking into account that they have been registered in another EEA State.

Such nurses who register with the NMC will be deemed to have met the standards of proficiency for second level nurses. Once registered, they will have the right to access continuing professional development to advance their knowledge, skills and proficiency beyond that of initial registration. They may also enter a pre-registration nursing programme to enable them to become a first level nurse. They may seek appropriate accreditation of prior learning, in accordance with NMC nursing standards 3 and 4, to enable them to undertake a shortened programme of preparation.

## Standard 8 – Second level nurses – nursing standards of proficiency

These standards of proficiency are known as threshold standards. They enable second level nurses to undertake care under the direction of a first level registered nurse, and provide opportunities for the student to develop proficiency to:

- ▶ assist in carrying out comprehensive observation of the patient and help in assessing her care requirements
- ▶ develop skills to enable her to assist in the implementation of nursing care under the direction of a person registered as a first level nurse
- ▶ accept delegated nursing tasks
- ▶ assist in reviewing the effectiveness of the care provided
- ▶ work in a team with other nurses, and with medical and para-medical staff and social workers

related to the care of the particular type of patient with whom they are likely to come into contact when registered at this level of the nurses' part of the register. The standards of proficiency must have been achieved within the context of the field of practice in which the student has qualified.

## References

- 1 *The Nursing and Midwifery Order 2001* (SI 2002/253). The Stationery Office, Norwich, [www.hmso.gov.uk](http://www.hmso.gov.uk)
- 2 *Nursing and Midwifery Council (Education, Registration and Registration Appeals) Rules 2004* (SI 2004/1767). The Stationery Office, Norwich, [www.hmso.gov.uk](http://www.hmso.gov.uk)
- 3 *Nursing and Midwifery Council (Fees) Rules 2004* (SI 2004/1654). The Stationery Office, Norwich, [www.hmso.gov.uk](http://www.hmso.gov.uk)
- 4 *Nursing and Midwifery Council (Midwives) Rules 2004* (SI 2004/1764). The Stationery Office, Norwich, [www.hmso.gov.uk](http://www.hmso.gov.uk)
- 5 *Nursing and Midwifery Council (Fitness to Practise) Rules 2004* (SI 2004/1761). The Stationery Office, Norwich, [www.hmso.gov.uk](http://www.hmso.gov.uk)
- 6 *Nurses, Midwives and Health Visitors (Training) Amendment Rules Approval Order 2000* (SI 2004/2554). The Stationery Office, Norwich, [www.hmso.gov.uk](http://www.hmso.gov.uk)
- 7 *The NMC code of professional conduct: standards for conduct, performance and ethics* (2004). Nursing and Midwifery Council, London, [www.nmc-uk.org](http://www.nmc-uk.org)
- 8 *NMC guidance: requirements for evidence of good health and good character* (2004). Nursing and Midwifery Council, London, [www.nmc-uk.org](http://www.nmc-uk.org)
- 9 *Disability Discrimination Act 1995*. The Stationery Office, Norwich, [www.hmso.gov.uk](http://www.hmso.gov.uk)
- 10 *Special Educational Needs and Disability Act 2001*. The Stationery Office, Norwich, [www.hmso.gov.uk](http://www.hmso.gov.uk)
- 11 *Standards for the preparation of teachers of nursing and midwifery* (2002). Nursing and Midwifery Council, London, [www.nmc-uk.org](http://www.nmc-uk.org)
- 12 *Fitness for practice: The UKCC Commission for Nursing and Midwifery Education 1999*. Nursing and Midwifery Council, London, [www.nmc-uk.org](http://www.nmc-uk.org)

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