NMC Quality Assurance Reviews

Analysis of Stakeholder Feedback Responses and Decisions

September 2024

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Introduction

What we consulted on

From 1 September 2024, the Quality Assurance Agency for Higher Education (QAA) is contracted as the Quality Assurance Service Provider (QASP) for the Nursing and Midwifery Council (NMC) and will conduct Nursing and Midwifery Council Quality Assurance Reviews (NMCQAR) for:

- Approved Education Institution (AEI) status
- programme approval and endorsements
- modifications.

Our stakeholder feedback events introduced information from the proposed Guidance for NMCQARs and provided an opportunity for consultation through the Menti platform. There were 161 participants across the sessions.

Where questions were raised during the stakeholder sessions, these have been collated to support the development of FAQs and are not included in this document. The responses from the stakeholder sessions will be used to inform both the Guidance and future developments.

Analysis of responses and decisions

Question 1: Lines of enquiry

We asked participants what the lines of enquiry would need to include to help them to prepare for the visit.

General comments

1 60 participants responded to this question with responses relating to lines of enquiry including or being supported by:

- clear topics, themes and questions to be addressed at the visit and for those to be linked specifically to the NMC standards
- clear indication and explanation of what standards are not being met and additional evidence or information required
- guidance and examples of evidence requirements
- points for clarification (including relating to practices across the four nations)
- information on expected participants
- clear timescales.

2 Positive comments were made around associated process changes that would enhance the approach, including the introduction of lines of enquiry and support from a designated QAA Officer.

Our response

3 We are committed to providing specific, proportionate and reasonable information and evidence requests and this has been articulated in the Guidance. In addition, the feedback provided will be utilised to inform the lines of enquiry template which is under development.

4 Information on indicative evidence examples (noting that there is not a prescribed evidence base to meet the requirements of the NMC standards) and timescales for the process stages are included in the Guidance.

Question 2: Process timelines

We asked participants if the key process timelines were reasonable.

General comments

5 90 participants responded to this question as follows:

- Yes - 15
- No - 21
- Not sure - 54

6 66 participants provided further reasons for their response. Overall, concerns were raised in respect of the 12-month lead time, particularly in comparison to the previous approach and the consequent impact on agility to develop and modify programmes in response to practice learning partners and workforce needs. Comments also noted the need

to balance what the visitors can achieve and the requirements of the institution. Other participants reflected that the timescales allowed institutions the time to submit a considered response and that the process stages were clear to enable an institution to progress through the stages. Comments were made on the clarity and benefit of the flow chart.

7 Participants commented that the timelines between approval request and evidence submission were short. A small number of participants raised individual concerns about submission of gateway documentation (five participants), timescales for additional evidence requests (two participants), visit agenda finalisation (one participant) and factual accuracy (one participant).

8 One participant requested clarity on approval visit notes requirements and for modifications timescales.

9 Participants commented that regular review of Gateways 1 and 2 could support expedited timescales.

10 Some participants indicated that they were unable to comment due to lack of experience of the process.

Our response

11 In considering the responses, the Guidance has been revised to recommend a 12-month lead time with a minimum time of nine months - noting that within those timescales, outcomes could not be guaranteed to meet enrolment dates where conditions are set. To provide context, the previous 20-week lead time referred to the timescales from the submission of a request to the approval event, and did not factor in report, observations and decision stages, as well as leeway for conditions to be met, appeals and any public holidays. Requests, particularly for modifications, will be considered proportionately and based on the individual request.

12 In respect of the timeframes relating to approval requests and evidence submission, a statement has been added to the Guidance that institutions are encouraged to submit requests as early as possible - where a request is made significantly in advance of the proposed visit date - that the QAA Officer will liaise with institutions to agree submission times for gateway evidence and that there may therefore be a gap between approval request and the gateway submission process.

13 In considering the responses relating to agility, further changes have not been made extending individual process stages as outlined in paragraph 7. As outlined in paragraph 11, the clarification added to the Guidance reflects institutions preparing for submission of gateways in advance of the deadline which accordingly could provide more time for submission of gateways.

14 The Guidance contains information on requirements for notes of approval visits and timescales for modifications.

15 The suggestions for regular review of Gateways 1 and 2 will form part of future development discussions with the NMC.

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

Question 3: Approval visit arrangements

We asked participants if the arrangements for approval visits enable them to represent the work of their institution and demonstrate how they are meeting the NMC standards.

General comments

17 85 participants responded to this question as follows:

- Yes - 69
- No - 0
- Not sure - 16

18 52 participants provided further reasons for their response with positive comments on the revised timescales for meetings with stakeholders and to enable programme teams to present and clarify. Further comments noted that the range of stakeholders remains appropriate with one respondent noting challenges with the inclusion of lay participants and reflects existing institutional practice. Additional comments were made on the length of the day, logistics arrangements and resource implications. Institutions provided feedback on their previous experience of the process in respect of visitor teams and approaches. Comments were made on the length and order of specific meetings within the indicative agenda. Suggestions were also made about inviting observers and the variation in the number of meeting participants due to the nature of the event.

19 A small number of comments were made in respect of proportionality of modifications and approvals having the same indicative agenda and proportionality for apprenticeship programmes.

20 Clarification was requested as to whether the panel will report back at the end of the day.

Our response

21 In response to positive comments on the approach and individual comments on aspects of the agenda, the Guidance outlines that the agenda is indicative and will be discussed as part of the conjoint approval approach.

22 Where institutions have reported on experiences with the previous provider, QAA has listened carefully and will support our visitor teams through our own training and we have established processes in order that institutions can provide feedback after each review.

23 In response to modifications and approvals having the same indicative agenda, this reflects the fact that the processes follow the same gateways, and we intend to keep the issue of proportionality in respect of apprenticeships under review.

24 In respect of feedback to be provided at the end of the day, due to the timescales of the proposed agenda, it is not anticipated that there will be a separate session and the institution panel will report internally. The draft report will be sent to the institution to comment on factual accuracy.

Question 4: Approach to modifications

We asked participants if the approach to modifications was appropriate.

General comments

25 81 participants responded to this question as follows:

- Yes - 50
- No - 0
- Not sure - 31

26 50 participants provided further reasons for their response, with the introduction of good practice being noted as a positive development, as well as the opportunity to share good practice. The targeted approach and formalisation of the process for identifying standards was noted as particularly useful, with some concerns about particular interests of visitors influencing the process.

27 As identified above, concerns were raised about the timescales for modifications.

28 Clarification was requested for the timescales for visitor teams identifying impacted standards and on the classification of minor and major modifications.

Our response

29 In respect of the sharing of good practice, QAA will establish an approach to thematic reporting, and this has been referenced in the Guidance.

30 As outlined above in respect of experience of visitors, QAA is undertaking training of the new visitor pool and the role of the QAA Officer will also support consistency.

31 The Guidance contains information on what constitutes a major modification and has been revised following feedback on timescales, as referenced above, and to clarify the point at which visitor teams will confirm the standards impacted by the modification.

Question 5: Composition of the visitor team

We asked participants if the proposed composition of the visitor team was suitable to assess whether NMC standards have been met.

General comments

32 78 participants responded to this question as follows:

- Yes - 62
- No - 2
- Not sure - 14

33 38 participants provided further reasons for their response. There was a mixed response to the number of registrant visitors, with some participants outlining that this would enable robust discussion and a balanced approach to quality assurance and others noting that this was additional resource and that the number of registrant visitors may be

disproportionate for modifications. Additional comments were made in respect of specialisms of registrant visitors in nursing fields. Suggestions were also made for approaches to registrant visitors working together.

34 As identified above, comments were shared on the institution's previous experience of visitors.

35 There was positive feedback on the piloting of student visitors but some concerns relating to student time and support and parity of experiences in a pilot approach.

36 Comments were received on opportunities to undertake conjoint approvals with other regulators.

Our response

37 In response to comments on the number of registrant visitors, QAA intends to be proportionate in the appointment of teams. In respect of modifications, there is significant variability in the type of modification that could include a complete change or new programme; our understanding is that the predominant nature of modifications are in this more significant category and, accordingly, the visitor team size should echo that of approvals.

38 In respect of the visitor pool, the pool of lay and registrant visitors had been refreshed following a QAA application process and training had been scheduled to support visitors in their role. We will conduct evaluations after each review and welcome institutions' feedback.

39 The comments on the student visitor inclusion will be used to help to inform the pilot approaches developed with the NMC.

40 In respect of joint regulator approval, our understanding is that there would be few occasions when this would apply and we would consider the appropriateness of this on a case-by-case basis and in discussion with the NMC.

Question 6: Judgements

We asked participants whether the judgements and how they will be reached are clear.

General comments

41 66 participants responded to this question as follows:

- Yes - 60
- No - 0
- Not sure - 6

42 39 participants provided further reasons for their response with a number of comments confirming that the judgements are clear, criterion-based and transparent. Points of clarification were raised in respect of the number of conditions and the role of the QAA Officer and approaches to ensure consistency.

Our response

43 In response to the points for clarification, the Guidance contains information on the

maximum number of conditions and the role of the QAA Officer. The approach to consistency is supported by the visitor application process and training, and further supported by the role of the QAA Officer and moderation processes.

Question 7: Review follow-up

We asked participants if the process of follow-up through annual self-assessment reports was appropriate.

General comments

44 59 participants responded to this question as follows:

- Yes - 46
- No - 2
- Not sure - 11

45 43 participants provided further reasons for their response with overall comments on the clarity and appropriateness of the approach. Points of clarification were requested on the annual self-report process (including template, timings content and timelines for receiving feedback). Additional feedback was provided on the use and operation of the QA Link.

Our response

46 The annual self-report process will have separate templates and guidance issued by the NMC. Feedback on the annual self-report process and QA Link will be discussed with the NMC.

Concluding question

We asked participants if they had any further views in relation to the process and points outlined in the session.

General comments

47 44 participants provided comments in response to this question which included further comments on resource challenges and the importance of a collegial approach to reviews.

48 A number of suggestions for developments for QAA and the NMC were provided as follows:

- approach to regular review of Gateways 1 and 2
- development of approaches to conjoint events with other regulators
- QA Link review and changes
- review of the self-reporting template and process
- forums, training and support networks
- provision of worked examples and guidance
- good practice and in-person events
- sharing of good practice
- review of the process as a whole.

49 In addition to points of clarification, participants requested:

- guidance on areas for discussion at the visit
- guidance on major and minor modifications
- information on roles and responsibilities
- suggestions on number of evidence uploads.

Our response

50 In respect of resource challenges, the method has been designed to be proportionate to meet the NMC requirements and the introduction of the role of QAA Officer is intended to support the process. QAA is additionally committed to refining and developing the method and welcomes institutional feedback as part of this and evaluation is incorporated into the review process.

51 At present, QAA's current priority is working through the current approval and modification requests, but we are committed to working with the NMC to further improve the process and very committed to also discussing and addressing some of the wider challenges identified.

52 Points of clarification will be addressed through the frequently asked questions. The Guidance includes information on modifications and roles and responsibilities. Generic areas for discussion are not included in the Guidance to ensure that there is flexibility to tailor the event, furthermore the lines of enquiry approach has been designed to enable institutions to prepare and support participants for their individual review. The Guidance also contains information on indicative evidence, noting that NMC standards can be met in different ways and, accordingly, the flexibility should be provided to institutions while being judicious in its selection of appropriate evidence.

Conclusion

We would like to thank all stakeholders who engaged with this process.

On the basis of our analysis of the responses, we have decided to implement our proposals for the new review method in substantially the same format that we had proposed.

We have made minor changes to the Guidance document in response to the feedback we have received as part of this feedback. These amendments are highlighted in this document and reflected in the revised Guidance document that we have published alongside this consultation response.

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Southgate House, Southgate Street, Gloucester GL1 1UB
Registered charity numbers 1062746 and SC037786

+44 (0)1452 557 000
www.qaa.ac.uk/nmc