



Future Programme Standards Nursing & Midwifery (FPSNM) User Testing Report

Nursing and Midwifery Council

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Executive Summary

The UK's departure from the European Union (EU) removed the requirement to incorporate the EU's Directive within the NMC's education programme standards. With the help of external research and subject experts, the NMC undertook work to understand the impact of the EU standards and whether there would be any benefit to strengthening, replacing or develop additional programme standards. That work identified key changes to explore through public consultation and user testing.

The user testing was carried out with different audiences who might use or be affected by the proposed new standards. Public consultation began at the same time as the user testing. This report presents the findings from the user testing element which, together with the report of the public consultation, will be considered by the Council.

Broadly, the users testing the proposed new standards welcomed the changes and found them to be easy to interpret and accessible. In general, they were felt to be outcome-focused, future-focused and assessable, and there was consensus amongst AEI users that they enabled the development of creative curricula.

Admissions

Overall, the users felt that the proposed new standards relating to admissions were clear and understandable and would provide greater flexibility for AEIs to widen participation in their pre-registration nursing and midwifery programmes. Almost half the users questioned the inclusion of younger students on the programmes, particularly those in midwifery, and had concerns about their emotional maturity to cope with the demands of the role. Users recognised the need to introduce additional measures to support a young student cohort and to help meet that proposed new standard they wanted more guidance on appropriate safeguarding measures to implement.

Knowledge and skills – midwifery

In general, users were comfortable and familiar with the practice learning opportunities for midwifery students. However, a regular comment from users was the missed opportunity to be more outcome-focused within the language and content of the proposed new standards, instead of replicating many of the EU requirements.

Placements – midwifery

Users welcomed the introduction of the proposed new standard about placements and the opportunity it would offer to midwifery students. For those that needed additional information to implement changes to their curricula and introduce systems to support the students in different

placements, they welcomed further guidance from the NMC or other AEIs already implementing this approach.

Simulation

Overall, users were positive about the inclusion of technology and simulation opportunities within the curriculum sections of all five standards, recognising the increasing scope and opportunity to use technology and simulation to increase the flexibility and creativity of the curricula and to further support the development of knowledge and skills. Users consistently raised the importance of understanding the interpretation of ‘proportionately’ when applying the proposed new standard to pre-registration nursing associate programmes, prescribing programmes and return to practice.

There was a mixed response to the increase in simulated practice learning for nursing across the users. It was welcomed by the majority of students but there was no consensus amongst AEI staff, practice and service users. There was agreement on the clarity of the language and recognition that it was a future-proofing exercise, but users wanted more information, specifically in relation to when and how these simulated practice learning hours could be used, to support the development of appropriate curricula.

The majority of users were positive about the proposed definition of simulation, again allowing for creative interpretation when designing the curricula and the approaches that could be used. Although the language was clear for many users, more guidance and illustrative examples around simulation were requested to aid interpretation and application in practice.

Other content changes

In the proposed new standards describing programme length, users queried the potential ambiguity of including the term ‘academic’ as part of the description of the three-year programmes and suggestions were made about how this could be clarified.

Although not a new definition, the addition of the term woman in the glossary of the Standards for pre-registration midwifery programmes was enthusiastically welcomed as inclusive and appropriate.

Conclusion

The majority of users consulted did not believe that the proposed new standards would result in significant unintended consequences, and no-one identified issues with the proposed changes that would create unlawful barriers to groups with protected characteristics.

With some small caveats noted above, users also felt that the proposed new standards could be applied to a range of contexts across the four nations.

There were a number of key issues raised during the testing and they are noted below. These could be considered in any further amendments made to the standards or in producing supplementary guidance to assist implementation:

- guidance on appropriate safeguarding measures to implement to help meet the proposed new standard within the educational and quality governance section of the education framework;
- information on when and how to use the 600 hours of simulated practice learning proposed in the Standards for pre-registration nursing programmes;
- guidance on introducing systems and supporting midwifery students in different placements proposed in the Standards for pre-registration midwifery programme;
- support to interpret 'proportionately' when applying the proposed new standards relating to technology and simulation opportunities in the pre-registration nursing associate programmes, prescribing programmes and return to practice standard;
- clarity on what and when to use simulated practice learning in place of practice and some illustrative examples; and
- review of the use, and potential implications, of the term 'academic' in describing the length of the three-year programmes.

1. Introduction and context

- 1.1 The Nursing and Midwifery Council (NMC) has a vision of safe, effective, and kind nursing and midwifery that improves everyone's health and wellbeing. As the independent regulator of more than 758,000 nursing and midwifery professionals, the NMC has an important role to play in making this a reality.
- 1.2 The NMC's core role is to regulate. It does this through setting and maintaining high professional standards for nurses and midwives across the UK, and nursing associates in England. The NMC maintains the register of professionals eligible to practise and investigates concerns about nurses, midwives, and nursing associates – something that affects less than one percent of professionals each year.

The Education Programme

- 1.3 As part of its role, the NMC sets education programme standards which ensure that nurses, midwives, and nursing associates have the necessary skills and knowledge to deliver safe, kind, and effective care. These standards set out how courses should be delivered so that programmes leading to registration are fit for purpose.
- 1.4 Some of the content in the current education programme standards is underpinned by European Union (EU) law – specifically an EU Directive (EU Directive 2005/36/EC 'on the recognition of professional qualifications'). The UK's departure from the EU has given the NMC the flexibility to change some of the requirements within their education programme standards.
- 1.5 In 2021, the NMC commissioned Harlow Consulting to carry out a desk-based evidence review, and Traverse Ltd to conduct stakeholder engagement. These two pieces of independent research helped the NMC understand:
 - the impact of the EU Directive's requirements
 - their stakeholders' views
 - whether there would be any perceived benefit to changing the standards
 - the degree of consensus about making any changes

Proposed changes to the standards

- 1.6 The findings from the independent research provided little evidence to support changes to many areas of the existing education programme standards, and stakeholder support was patchy between different groups of stakeholders. As a result, the NMC decided to progress with the areas that had enough evidence and stakeholder support. A programme of work was approved by the NMC to explore the changes to the standards in relation to:
 - The Directive's requirements for student selection and admission for both nursing and midwifery.

- Removing the Directive’s knowledge and skills requirements from within the education programme standards, where these are now incorporated in the NMC standards of proficiency for registered nurses and midwives.
 - Prescription of placement settings, and whether these could be retained, modernised or removed for nursing and midwifery.
 - Increasing the flexibility regarding the use of simulation, with the potential to explore increasing simulated practice learning using a range of modalities to up to 600 hours for nursing only.
 - Exploring specific areas where there is an appetite for more radical change in nursing only where there are currently evidence gaps and a lack of consensus (specifically exploration of the context of overseas programmes which are delivered using less practice learning hours).
- 1.7 The NMC worked closely with stakeholders to co-produce proposed changes to its education programme standards. The proposed changes were the subject of full public consultation between July and September 2022 to seek wider views from people and organisations.

The scope of this report

- 1.8 The NMC also wanted to undertake some preliminary testing with a variety of groups of people who will use the standards as part of their work. The standards tested are contained within:
- [Part 1: Standards framework for nursing and midwifery education](#)
 - [Part 3: Standards for pre-registration nursing programmes](#)
 - [Part 3 Standards for pre-registration midwifery programmes](#)
 - [Part 3: Standards for prescribing programmes](#)
 - [Standards for pre-registration nursing associate programmes](#)
 - [Return to practice standards](#)
- 1.9 The NMC commissioned Blake Stevenson Ltd to conduct the user testing. It was carried out at the same time as a wider public consultation on the proposed changes to the standards. The research took place between 5 July and 5 October 2022, and the findings from the user testing are presented in this report.

Methodology

Aim

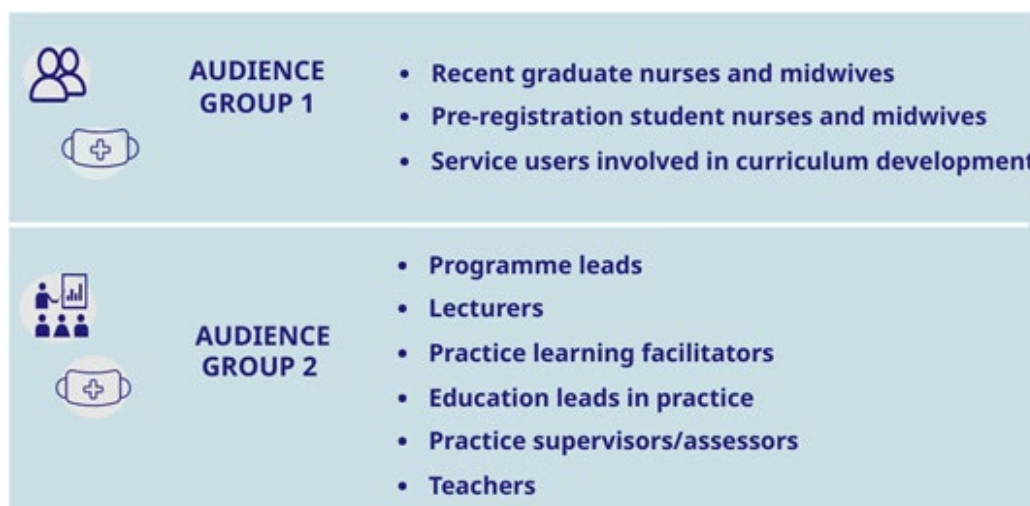
1.10 This qualitative research with a range of users was designed to:

- test usability in terms of developing new curricula;
- test whether the pre-registration proficiencies are outcomes-focused, future-focussed, measurable and assessable;
- test the language, ease of interpretation, navigation and accessibility of the standards;
- explore the potential for unintended consequences in the practical implementation of the standards for pre-registration programmes to meet the standards of proficiency and explore with participants potential solutions;
- explore if there are any areas in terms of usability in the proposed programme standards that create potentially unlawful barriers for groups that share protected characteristics; and
- explore the agility of the proposed programme standards in terms of their applicability to a range of contexts across the four UK countries.

1.11 This scope of the concept of 'usability' was based on a framework first defined by the Blake Stevenson team for the testing of the draft version of *Future nurse: Standards of proficiency for registered nurses* and the associated programme standards in 2017 and continued into the user testing of the draft version of *Future midwife: Standards of proficiency for midwives* and the associated programme standards and continued into the revised post-registration education standards.

1.12 The user testing was carried out with different audiences who might use or be affected by the various standards;

Figure 1.1 Groups involved in user testing



- 1.13 A greater number of users from audience group 2 were involved in this qualitative research because the proposed changes relate to programme structure and delivery and this group is more heavily involved in developing and delivering the curricula and could provide detailed insight to the changes.

Approach

- 1.14 This was a qualitative study using semi-structured questions based on the factors being tested and the themes being explored. It involved group and one-to-one, web-based discussions and a few telephone interviews, depending on the individual participant's preference.
- 1.15 For this qualitative user testing study, the sample size, detailed in the appendices, was not intended to be statistically significant but rather to gather the different views and perspectives from a small sample.

Recruitment process

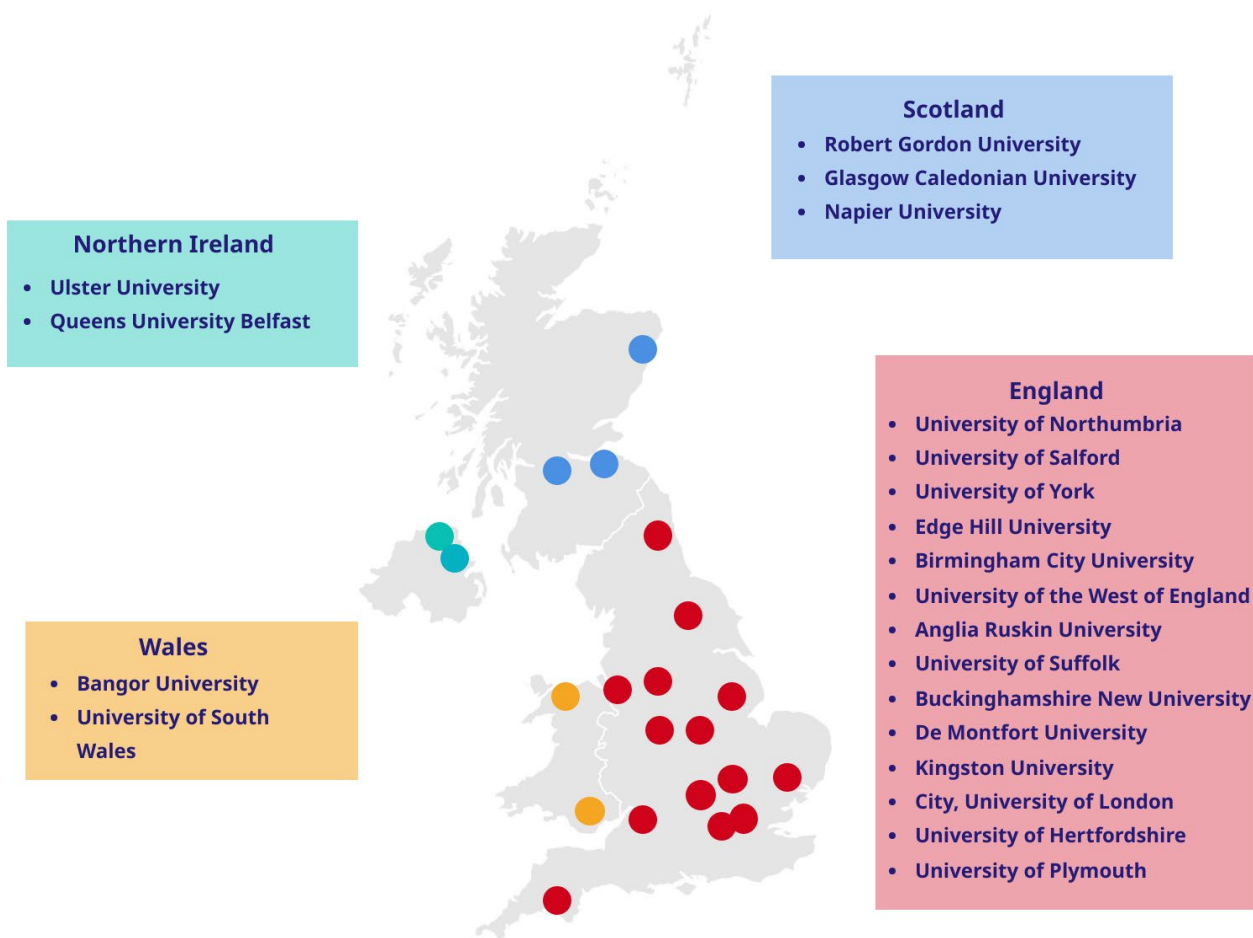
- 1.16 Previous user testing studies had demonstrated the effectiveness of inviting approved education institutions (AEIs) to participate in the study and asking key contacts within the participating institutions to support the recruitment process. These key contacts provided the necessary route for recruiting pre-registration student nurses and midwives, recent graduate nurses and midwives, lecturers, programme leads, quality leads, teachers and some members of the public involved in curriculum development. They were also the source of access to practice education facilitators, practice assessors, practice supervisors and education leads in practice.

Figure 1.2: Recruitment approach



- 1.17 The AEIs were selected in liaison with the NMC so that the sample covered the breadth of nursing and midwifery programmes on offer across the four nations of the UK.

Figure 1.3: AEs involved in the user testing



1.18 Some users received an incentive to encourage their participation:

- Students and recent graduates had the choice of a £20 voucher, a £20 donation to a charity of their choice or one of two stationery packs; and
- members of the public had the choice of a £50 voucher or the combination of a £30 voucher and a choice of one of three stationery packs.

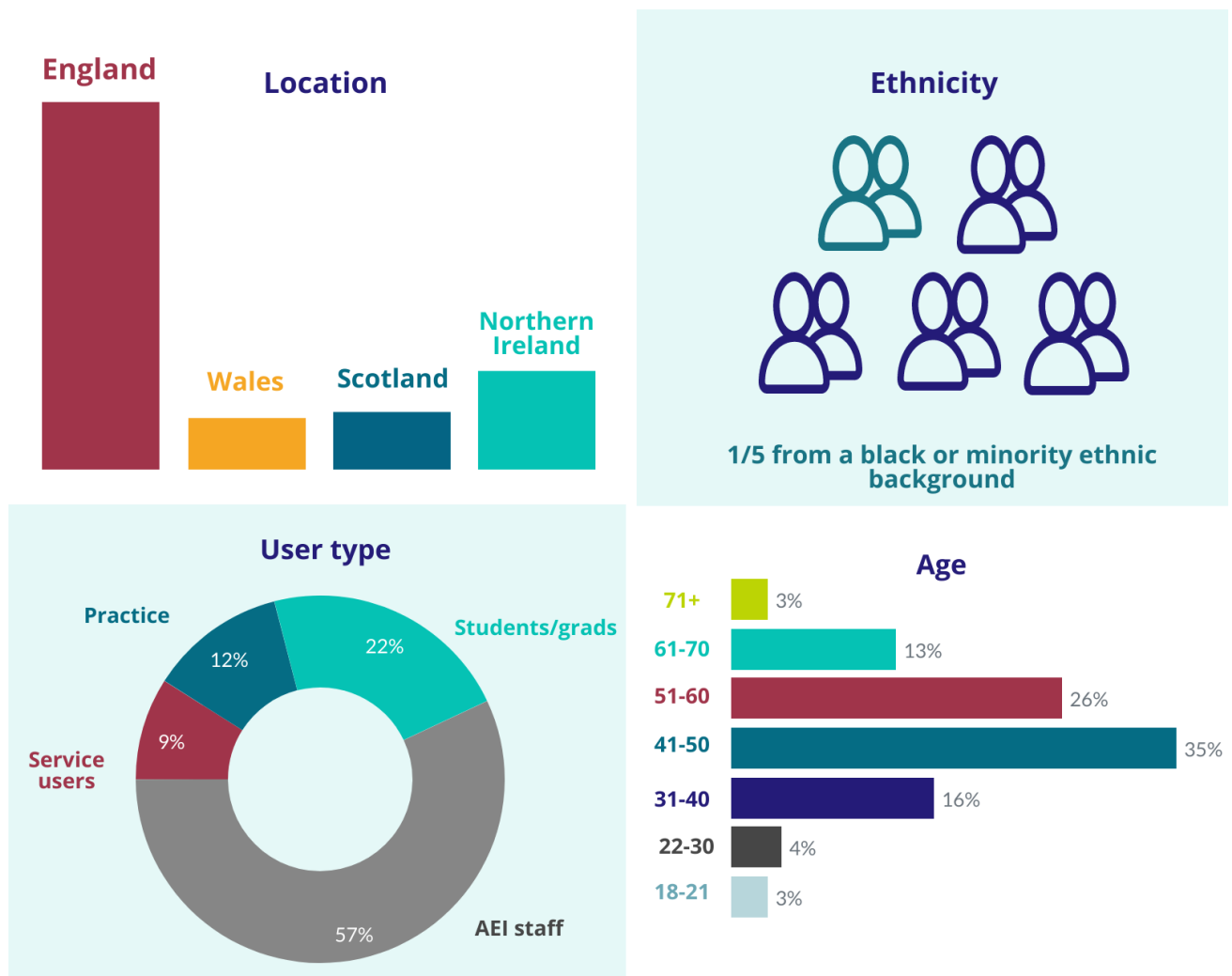
1.19 The stationery packs were supplied by ^{BUSBY}**B** and the vouchers were for Amazon.

1.20 Once recruited, and when interviews were confirmed, users were sent a combination of documents to read in advance of the discussion. The correspondence from the Blake Stevenson team was translated into Welsh for communication with participants in Wales.

Sample

1.21 A total of 123 participants contributed to the user testing of these standards. An overview of the profile of participants is presented in figure 1.4 and a more detailed profile of the participants is included in the appendix.

Figure 1.4: Profile of users



Research findings: structure and content

1.22 In the remainder of the report, we present the users comments about the proposed changes to the standards under the following chapter headings:

- Admissions
- Knowledge and skills
- Placements
- Simulation
- Other content changes

1.23 Throughout the report when the term majority is used, this indicates that more than half the users shared that view. When the term minority is used, less than half those interviewed held this view. If the term 'few' is used, this refers to two or three responses. Where relevant, different views by user type, profession or context are identified.

2. Research findings – Admissions

Introduction

- 2.1 In this chapter we explore the user views of the changes in programme entry requirements for the Standards for pre-registration nursing programmes and the Standards for pre-registration midwifery programmes as well as the educational governance and quality section in the Standards framework for nursing and midwifery education.
- 2.2 The pre-registration nursing and midwifery students, new graduates, service users, AEI staff, practice assessors/supervisors, and education leads were asked about the usability of the proposed new standards and to consider the application and implementation of the proposed changes.:

AEI set entry requirements

- 2.3 In the selection, admission, and progression sections of the Standards for pre-registration nursing programmes and the Standards for pre-registration midwifery programmes, the proposed change is for the entry criteria to be set by the AEI. This proposed new standard addresses the removal of the EU admission criterion that required students to have completed 12 years of general education.
- 2.4 Across all user types, the language of the proposed new standard was considered to be clear and easy to interpret. The majority of users viewed the proposed new standard as a positive change that would improve accessibility to nursing and midwifery programmes. With more flexibility, the AEIs could widen participation which they felt could lead to greater diversity in the student cohort.
- 2.5 Other AEI users described the challenges with the current 12-year general education requirement and how the proposed change would remove barriers for potential students including those who enter the programmes from less traditional education routes, overseas students who do not have the paperwork trail to evidence the 12 years of education and potentially more discretion with the approach to recognising prior learning.

“We want to recruit students passionate about the profession regardless of status, age, or background. This standard makes the programme more accessible.” (Programme lead)

- 2.6 In contrast, a minority of students raised the issue of fairness and transparency in accessing programmes, highlighting that, instead of widening participation, AEIs that determine the entry criteria for their students had the potential to exclude students if requirements are more extensive than the current standards. These students also felt that it could introduce uncertainty to the application process if the entry criteria differed from one institution to the next.
- 2.7 For a minority of users that raised concerns about the proposed new standard, most common was the inconsistency that would result. AEI users felt that, without some basic

requirements across all programmes, entry criteria could vary significantly, and the overall standard for entering the programmes could be eroded.

2.8 These AEI users believed that variable entry requirements across institutions would result in students 'shopping around' and applying to those AEIs viewed as a 'softer' option. Aside from the increased competition between AEIs, these users also felt that there would be medium-term consequences for nursing and midwifery with a higher rate of attrition from those students who had entered programmes without the necessary grounding and the eventual lowering in the skill level of the workforce.

2.9 The other concern, more prevalent amongst practice and AEI users in midwifery, was the potential for younger students to enter the pre-registration programmes. These users felt that, for their profession, it was important that under 18s did not enter a programme of study that was too emotionally demanding:

"It's not about education but about emotional intelligence and experience and capacity to cope with challenging situations – even students who are older have been traumatised by what they see in the delivery room, they need to be a certain level of maturity to cope."

(Practice, midwifery)

2.10 The users that held this minority view of the potential consequences of the proposed new standard felt that a solution that could maintain local flexibility but prevent wide variation was the minimum entry criteria advised by the NMC.

Meeting the needs of under 18s

2.11 In the educational governance and quality section of the Standards framework for nursing and midwifery education a new standard is proposed:

ensure that for students below the age of 18 on admission to their intended programme, appropriate safeguarding measures are in place to support them and people in their care

2.12 Users recognised the need for this proposed new standard with the change in the entry criteria, however this standard resulted in much discussion from all user types about the potential to accommodate younger students on the pre-registration nursing and midwifery programmes.

2.13 In terms of the usability of the proposed new standard, users felt that the language within the standard was understandable but, across all user types, they sought more clarity and detail on 'appropriate safeguarding measures' so that nursing and midwifery students understood what that meant, and AEIs knew what they needed to put in place to support the students on their programmes.

2.14 The users who expressed most reservations about the proposed new standard were those participants in AEIs or practice who felt that, currently, this proposed change could not be applied in their context. They provided examples from their AEIs of under 18s who were not permitted on campus and age restrictions in clinical areas of their Trusts and Boards.

- 2.15 To support these AEs to develop appropriate curricula and work with their practice partners to implement relevant changes, users suggested that a comprehensive list of the types of safeguarding measures would ensure that their respective institutions could consider the adjustments and modifications that needed to be made.
- 2.16 This need for support was not reflected in the comments from the minority of AEI users who already had systems in place to accommodate younger students and ensure that under 18s on their programmes could access the full learning experience. They welcomed the proposed new standard and viewed it as supporting a more inclusive approach.
- 2.17 The user testing dialogue often strayed into a wider discussion centred on:
- the emotional maturity and competence of under 18s to take on the role;
 - the view that young people under 18 are still classed as a child and therefore it was not appropriate for them to be in particular settings;
 - whether patients would be comfortable being treated by or cared for by someone of that age; and
 - concerns that the profession and other nurses would be exposed to more risks from a younger workforce with less life experience.
- 2.18 In reflecting on the unintended consequences of the proposed new standard, a few AEI users identified the need for additional measures and greater responsibilities for those delivering courses and those supervising in practice and the impact this could have on their workloads.
- 2.19 Other AEI users, again in the minority, were concerned that some institutions, or their own institution, would view the lower age range as the opportunity to increase the volume of students and get 'more bums on seats'. They felt that this, along with the younger students with potentially a less realistic understanding of nursing /midwifery practice, would result in lower retention rates on programmes.

3 Research findings – Knowledge and skills

Introduction

- 3.1 In this chapter we explore the user views of the proposed new standards in the practice learning section of the programme standards for pre-registration – midwifery. Again, users were asked to test the usability of these proposed new standards and consider the application and implementation of these standards.

Practice learning opportunities for midwifery students

- 3.2 In the practice learning section of the Standards for pre-registration midwifery programmes, there are proposed new standards that identify the learning opportunities that students need to experience to gain the relevant knowledge and skills. These standards reflect some of the training conditions in the EU directive and retain specific experiences, like the number of births required during midwifery education.
- 3.3 For AEI and practice staff who were conversant with the knowledge and skills requirements within the EU Directive, these staff were comfortable with the proposed new standards detailing the practice learning opportunities for midwifery students and they were viewed as clearly described and using familiar language.
- 3.4 These users also welcomed the use of the word birth rather than delivery but there were a few queries about the task-driven language that was used in these proposed new standards rather than language that reflected the focus of midwifery care on the whole patient pathway.
- 3.5 There was a lot of debate about retaining some of the numbers, particularly the 40 births and the minimum of 30 births and 20 assists. For some, this discussion was about the importance of maintaining similar requirements to European institutions to enable their students to practise outside the UK, this was particularly important for the Northern Irish AEIs who had students from Ireland and Northern Ireland and so their programmes needed to remain compatible with Europe.
- 3.6 For a few others, the inclusion of the numbers was questioned. They felt that one number for supporting and caring for women in labour and facilitating the birth would provide clarity and remove any uncertainty around what needed to be achieved:
- “We would really like to see the ‘when 40 births cannot be achieved’ caveat removed – it is very confusing and time consuming in practice we would far rather there was one figure that needed to be achieved – makes it less complex. If people need extra births, then they have to do extra practice – simple.”* (Lead Midwife Educator)
- 3.7 In contrast, and echoing the earlier comments about language, others wanted to move away from the task driven approach and ensure that the proposed new standards were outcome focused and that a student’s competency was achieved from the depth and level of their experiences across the whole continuum of care rather than the number of activities.

“Setting criteria by numbers means students are ‘shoved from room to room to rack up the required number of births and types of births.’ (Practice Assessor, midwifery).

4. Research findings – Placements

Introduction

- 4.1 As part of the amendments to the standards, it is proposed that the list of practice learning placements be removed from the Standards for pre-registration nursing programmes. For those that had a view, they were content with the proposal to remove the placement requirements for nursing programmes.
- 4.2 For midwifery, there is a proposed new standard that ensures students gain experience of different maternity placement providers. This chapter focuses on the placement elements within the practice learning section of the Standards for pre-registration midwifery programmes.
- 4.3 Again, users were asked to test the usability of these proposed new standards and consider the application and implementation of them.

Placements for midwifery students

- 4.4 Across all users, the opportunity for midwifery students to gain experience in different placement providers was recognised as a valuable prospect, particularly by those AEs and practice users who already offer that element within their programmes.
- 4.5 The language of the proposed new standard was clear and succinct, and the emphasis was on the experience rather than the number of placements, in line with an outcome-focused approach.
- 4.6 To help develop, plan and deliver the curricula, AEI and practice users wanted more clarity as to whether the proposed new standard intended students to experience:
 - different elements of maternity care like neonatal and gynaecology wards;
 - different models of care – like midwifery-led units and obstetric-led settings; or
 - different Trusts/Boards.
- 4.7 As part of this user testing discussion, there were many examples of AEs who provided their students with opportunities with different placement providers and the systems in place to support those arrangements.

“I don’t see problems working between trusts – reciprocal agreement means they accept each other’s standards and induction processes. If you do one induction programme then it counts for any other placement.” (Lecturer, midwifery)
- 4.8 For those AEs not currently offering this opportunity to their students, when they considered how they could apply this proposed new standard, some contexts made it more challenging for them to deliver the proposed changes and they identified the barriers and unintended consequences of trying to meet it:

- limited partner opportunities – as a result of their geographical location or local relationships which impacted on who the AEI could work with to enable this placement opportunity
- travel and costs – they felt that this could put extra pressure on students in terms of cost and time travelling between trusts/boards
- working arrangements between trusts/boards – those that could identify partners, envisaged additional administration to establish exchange and service level agreements to enable the exchange of placement experiences
- age – the proposed change to entry requirements and potential for younger students needs further consideration and additional safeguarding measures which will again increase the volume of policies and support
- consistency and quality of supervision and support – users reflected on the impact of building new relationships when moving from one placement to another versus a one placement setting for a longer period where students can experience a better sense of belonging and a more supportive environment.

4.9 For these AEI users, additional guidance on the sharing of effective practice would support them in their readiness to address these future changes.

5. Research findings – Simulation

Introduction

- 5.1 In this chapter we explore user views of the proposed new standards relating to technology and simulation opportunities, and the revised definition of simulation in the five documents – programme standards for pre-registration nursing, pre-registration midwifery, pre-registration nursing associate and prescribing and return to practice standards and, the proposed increased in the use of simulation for nursing within practice learning.
- 5.2 As with the other proposed changes, all users were asked to test the usability of these proposed new standards in terms of the of the language, ease of interpretation and accessibility, the extent to which they were outcome focussed, future focussed and assessable and if they supported the development of creative curricula. Users were also asked if the proposed new standards had the potential for unintended consequences in practical implementation, if they created unlawful barriers to groups with protected characteristics and if they could be applied to a range of contexts.

Technology and simulation opportunities

- 5.3 The standard relating to the effective and proportionate use of technology and simulation is proposed in the curriculum design section of all five sets of standards. The shift in the location of this standard from practice learning to curriculum was viewed as appropriate, with users acknowledging that the curriculum encompasses the whole programme, that technology and simulation opportunities are not just for the area of practice learning and are increasingly being used as a learning aid.

“Since the pandemic, there’s hardly an area of nursing or midwifery that has not been touched by technology.”(Programme lead, nursing)

- 5.4 Users considered the language clear and easy to understand. Those involved in delivering programmes viewed the proposed new standard as providing them with increased flexibility to design creative and future-proofed curricula. However, to further assist curricula development these users wanted to explore how ‘proportionately’ should be defined.
- 5.5 The users that wanted more clarity on what would be considered proportionate wanted a steer in particular on how that would translate for the programmes standards for pre-registration nursing associate, prescribing and return to practice. A few users suggested that with some parameters, for example not exceeding the proportion of simulated hours proposed for pre-registration nursing programmes, this proposed new standard would be more usable and able to be applied in their institutions.
- 5.6 The clarity that was repeatedly sought from the majority of users to further aid understanding of this proposed new standard was how, when and what simulation should be used. These issues are explored and discussed as part of the next section – defining simulation.

Increased use of simulation for nursing

- 5.7 The proposed new standard in the practice learning section for pre-registration nursing programmes increased the maximum number of hours of simulation.
- where simulation is used in developing and assessing proficiency in the knowledge and skills required to provide safe and effective care, it does not exceed 600 hours of the 2300 hours for practice learning*
- 5.8 This proposed new standard resulted in a lot of discussion about the number of hours and there was a mixed response to its inclusion. The majority of students welcomed it, viewing the higher number of hours as a useful backstop for alleviating the pressure on placements and for ‘making up’ hours that they had not achieved in practice.
- 5.9 *“it can become demotivating when you are doing long hours on a ward and not getting support to practise your clinical skills – simulated practice was a godsend!”* (Student, nursing)
- 5.10 AEI and practice staff queried the evidence base for identifying 600 hours, the significance of up to a quarter of practice learning being simulated and the potential impact that might have on the learning experience of students and their eventual skillset and knowledge. A few of the service users questioned how students would have the experience in real life situations if such a high proportion of their practice was simulated.
- 5.11 When the discussion focussed on user testing, the majority of users of all types felt the language within this proposed new standard was clear. For those users involved in the development and delivery of programmes, they recognised that the increase in simulated practice hours provided more flexibility but they wanted more clarity to understand how this should be applied. They felt that in developing appropriate curricula it would be helpful to have more information on:
- when simulated practice hours should be used;
 - what counts as a place of practice;
 - whether there are particular conversion rates applied for an hour of simulation versus an hour of practice, for example the Health Education England definition; and
 - if or how the simulation is assessed.
- 5.12 Although much of the debate was about the increase in the number of hours, a minority of AEI users expressed disappointment at the inclusion of any number. They felt that focussing on counting what students had done (simulated practice or practice hours) rather than the skills and knowledge they had developed was a shift away from the outcome-based approach of the standards.
- 5.13 The AEI and practice staff viewed the proposed new standard as a move to future-proof the approach to support the development of skills and knowledge amongst pre-registration

nursing students and reduce the pressure on practice. However, for AEI users the majority felt that the unintended consequence of this change would be to shift the pressure on to their institutions because of the considerable amount of time and investment needed to deliver simulation worthy of replacing practice.

“Upping the number of possible hours of simulation is problematic – it is far more resource intensive than having students in placement and places more pressure on the university. We also need to be careful that simulation is not seen as a catch all replacement for practice – it doesn’t always allow students to build up therapeutic relationships and become part of a clinical team for example.” (Lecturer, nursing)

Defining simulation

- 5.14 In the glossary of all five documents a new definition of simulation is proposed, which is described as:
- an educational method which uses a variety of modalities to support student in developing their knowledge, behaviours and skills, with the opportunity for repetition, feedback, evaluation and reflection to achieve their programme outcomes and be confirmed as capable of safe and effective practice.*
- 5.15 The proposed definition was greeted with a mixed response. The majority of AEI users liked the definition and considered it to be clear and easy to understand. These users were familiar with the language and felt it was broad enough to capture the wide range of simulation approaches that they used whilst allowing for the rapid growth in this field. A few of these users explained that removing the word ‘artificial’ was also helpful in future-proofing the definition because it shifted perceptions from ‘looking after a mannequin’ to an undefined range of approaches.
- 5.16 For these AEI users, the proposed definition provided them with the flexibility and breadth to pursue creative means of curricula design.
- 5.17 In contrast, a minority of AEI users, the majority of practice staff and the majority of students were not comfortable with the new definition and did not fully understand what it encompassed. The word modalities was an unfamiliar term for the majority of practice staff and students and the definition was described as ‘woolly’ and difficult to interpret. Suggestions for how this could be improved included using wording like ‘real-world practice’.
- 5.18 Users suggested that additional guidance about simulation would aid understanding and applicability of the amended definition. It would be helpful if this guidance covered:
- what counts as simulation
 - the fidelity of the simulation
 - when and where to use simulation in place of practice

- confirmation of how/if abilities would be assessed during simulation to evidence safe and effective practice
- examples across the spectrum of simulation approaches

- 5.19 This proposed new standard was the only one where AEI users questioned whether the standard was assessable. Once there is clarification on evidencing practice and the need for an assessor or supervisor to be present, then this will address these concerns.
- 5.20 The comments from users show that additional guidance on simulation would help manage the expectations of students and practice to effectively use and experience simulation and support AEIs to make the decision about how and when to use simulation to support development of students' skills and knowledge.
- 5.21 When considering any unintended consequences of the implementation of the new definition, a minority of users highlighted that the simulation on offer in different AEIs will vary and this will attract or discourage some students. As a result, they felt that this would increase competition between AEIs where some have access to more simulation and resources than others.
- 5.22 With such an open interpretation, simulation would be used differently by different institutions creating inequality and inconsistency across programme delivery.

6. Research findings – Other content changes

Introduction

- 6.1 In the curriculum section of the of the programme standards for pre-registration nursing and pre-registration midwifery the length of full-time programmes is clarified.
- 6.2 The glossary in the Standards for pre-registration midwifery programmes has been updated with the addition of the definition of 'woman'. This is not a new definition; it is in the glossary of the Standards of proficiency for midwives and so for consistency it is now included in this document.
- 6.3 In this final chapter we report on these content changes. Again, users were asked to test the usability of these changes and consider the application and implementation of them.

Three (academic) years for full time programmes

- 6.4 The slight change in the wording of the proposed new standard received mixed responses across all user types. Some felt that the language was clear and helpful to include the term 'academic' to reflect the different lengths of education programmes.
- 6.5 In contrast, others found the use of 'academic' ambiguous for several reasons:
 - universities can deliver through two semesters and others through three terms
 - the term could lead students to think that they were following the same pattern as students on other programmes.
 - It could potentially impact on access to bursaries if programme delivery takes place through the summer
 - it could also infer that students are going to be studying and only looking at academic parts of the programme for three years.
- 6.6 In connection to the specified time, the other change that users identified as improving understanding and therefore application, related to the 'and 4600 hours'. Users consistently suggested it should change to 'equivalent to 4600 hours' to ensure that it was not misinterpreted as 3 years plus 4600 hours. For greater clarity this amount could show the split of 2,300 hours of practice and 2,300 hours of theory.

Definition of woman

- 6.7 As explained earlier, the definition of woman in the glossary of the Standards for pre-registration midwifery programmes is an approved definition already in use. Nevertheless, the majority of users did not make this connection and there was unanimous welcome of this appropriate and inclusive addition.

- 6.8 The positive praise for the succinct but encompassing definition centred on retaining the word woman and recognising the identity of those who may access services and be cared for by midwives.

“clear and concise, fair and succinct and handles issues of identity with sensitivity.”

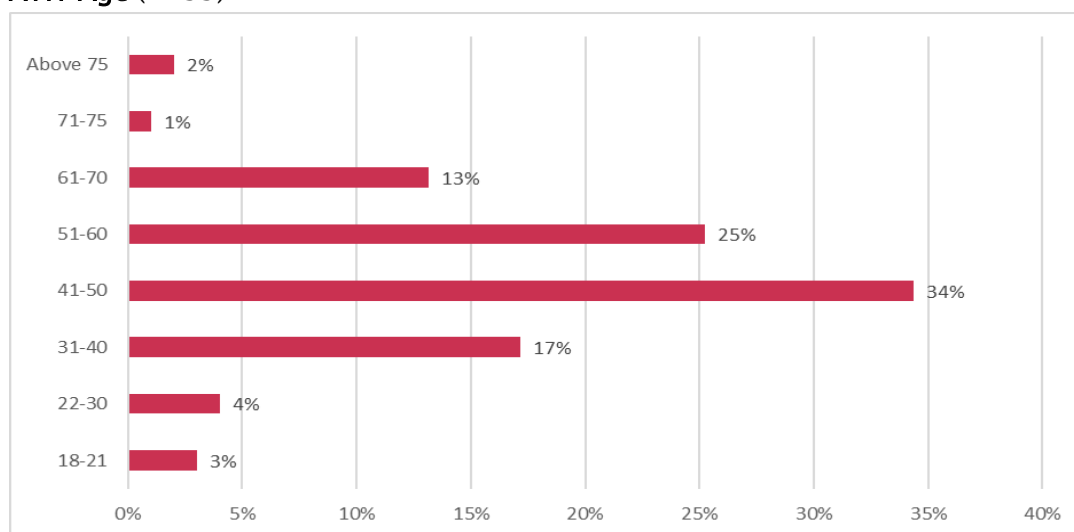
(Practice Education Facilitator)

APPENDIX 1 – ALL USERS PROFILE

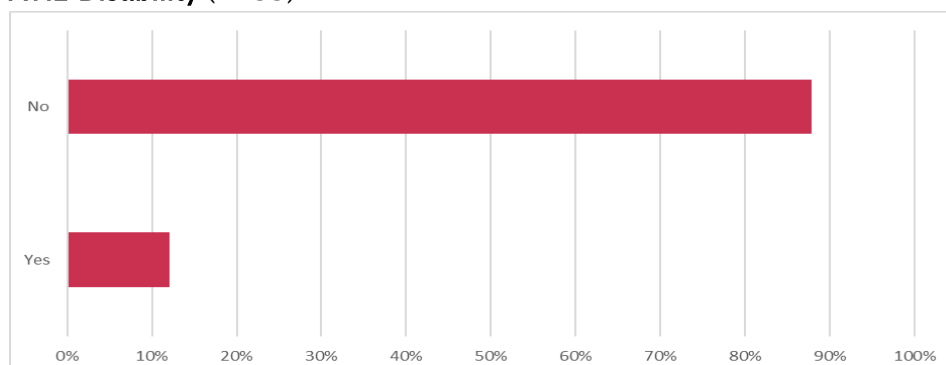
Audience	User type	Number
Group 1	Recent graduate nurses and midwives, pre-registration student nurses and midwives	21
	Service users involved in curriculum development	10
Group 2	Lecturers/teachers/programme leads/quality leads/academic assessors	80
	Practice assessors/supervisors/ practice education facilitators/ education leads in practice	12
TOTAL		123

All users were asked to complete proformas to provide demographic information about themselves. Of the 123 users, 99 provided this information. This is presented in tables A1:1 to A1:4 and, although not a complete picture of those who contributed to this user testing, it does provide an insight into the diversity of the contributors.

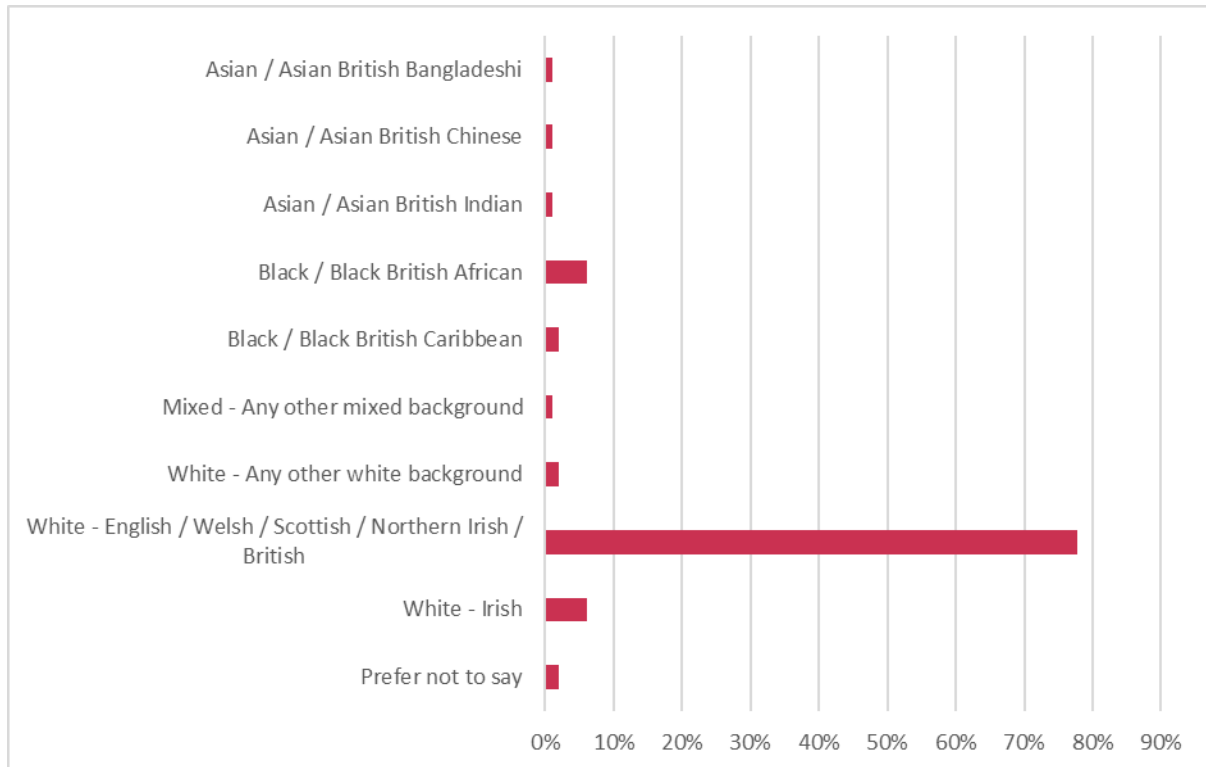
A1:1 Age (n=99)



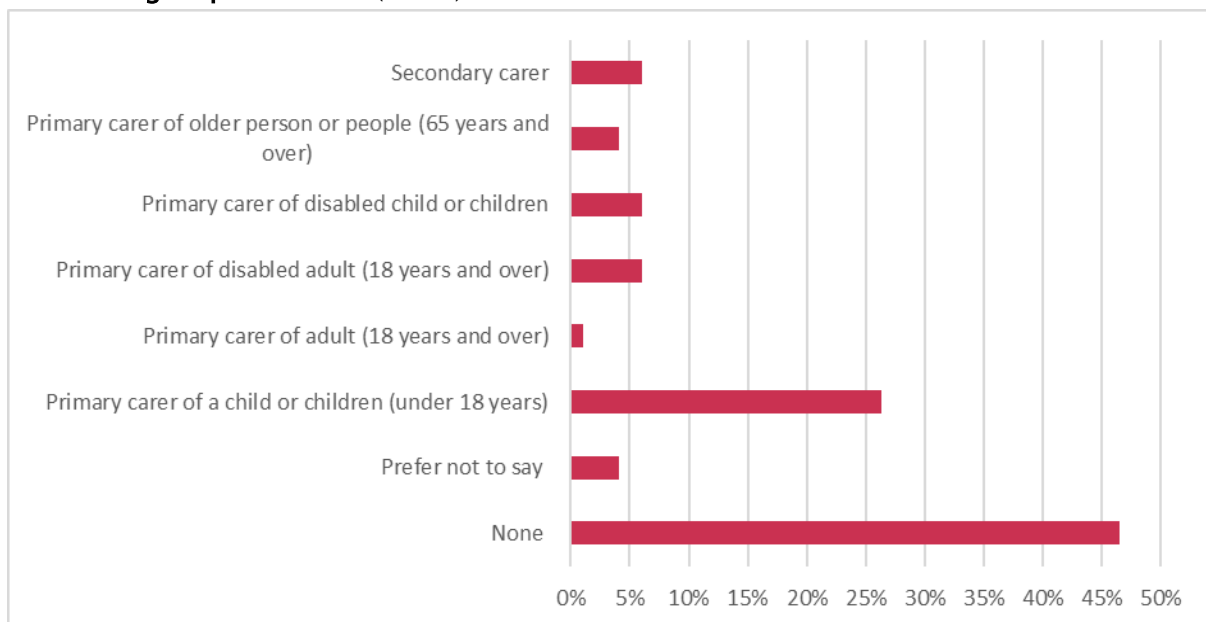
A1:2 Disability (n=99)



A1:3 Ethnicity (n=99)



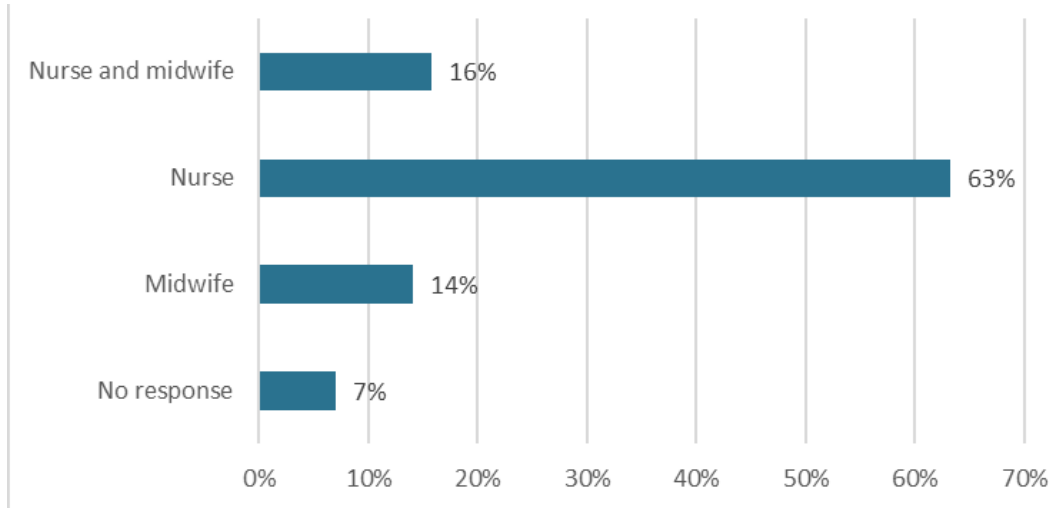
A1:4 Caring responsibilities (n=99)



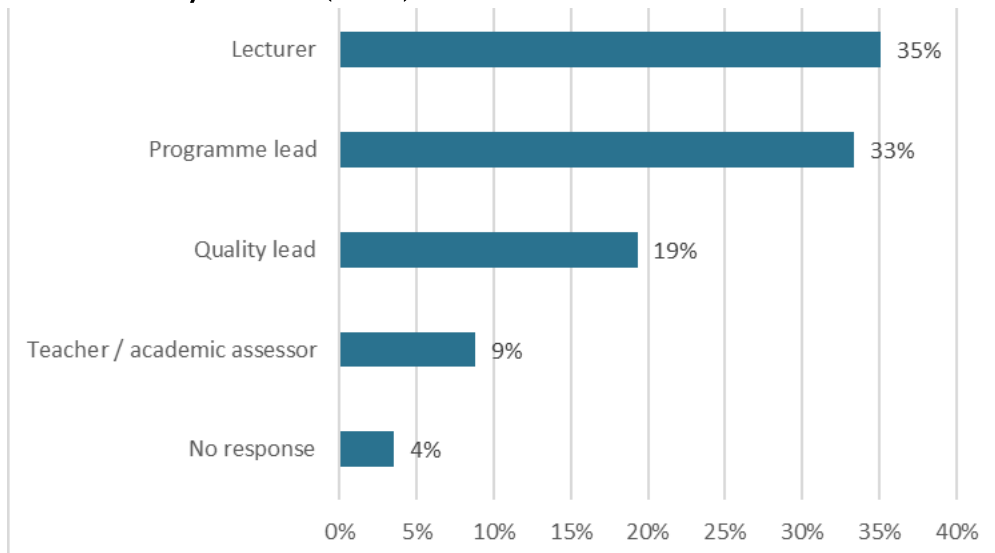
APPENDIX 2 PROFILE OF AEI STAFF

AEI staff were asked to provide profile information. 57 out of 80 staff completed the proformas, and whilst the data in the tables is not a complete reflection of the diversity of the AEI staff who contributed to this user testing, it does provide a good indication of the range of professional backgrounds, AEI roles and demography amongst the cohort.

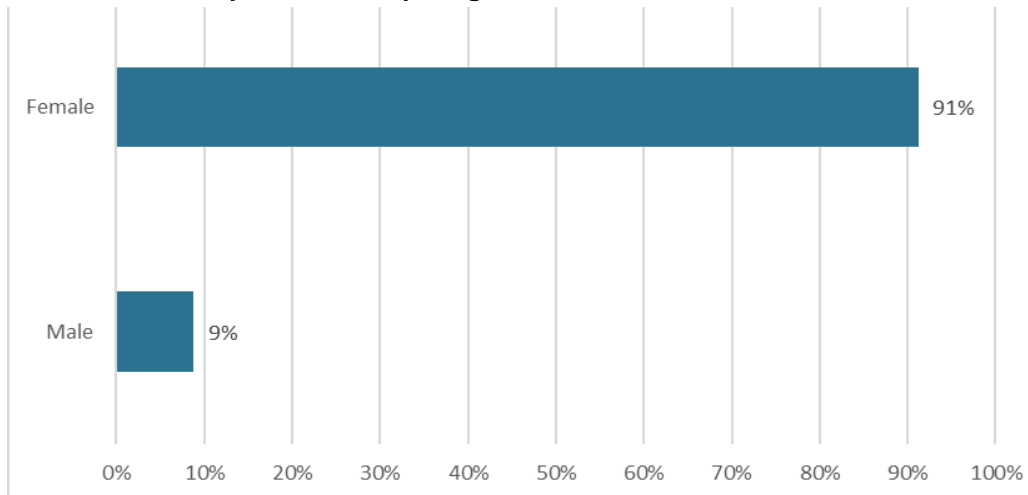
A2:1 What is your professional background? (n=57)



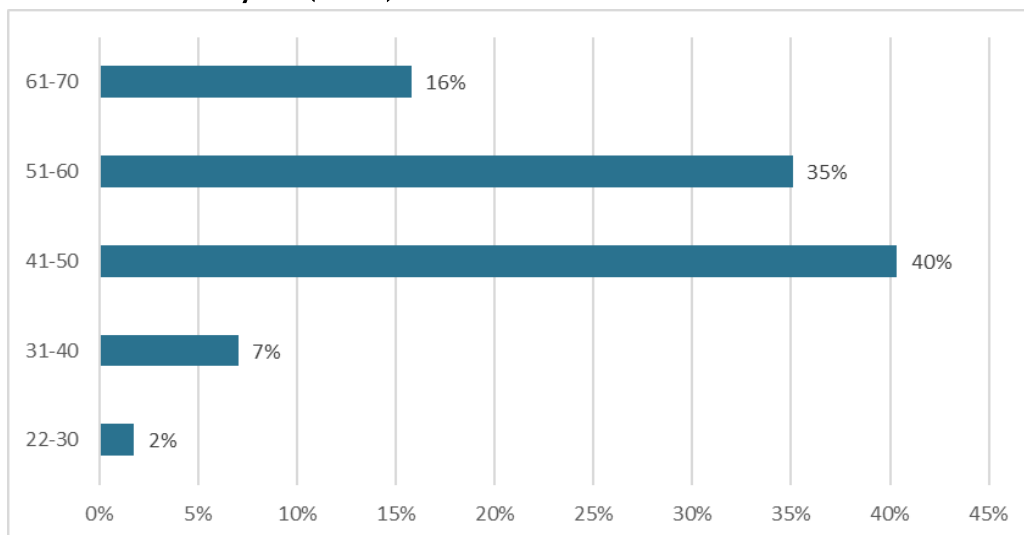
A2: 2 What is your role? (n=57)



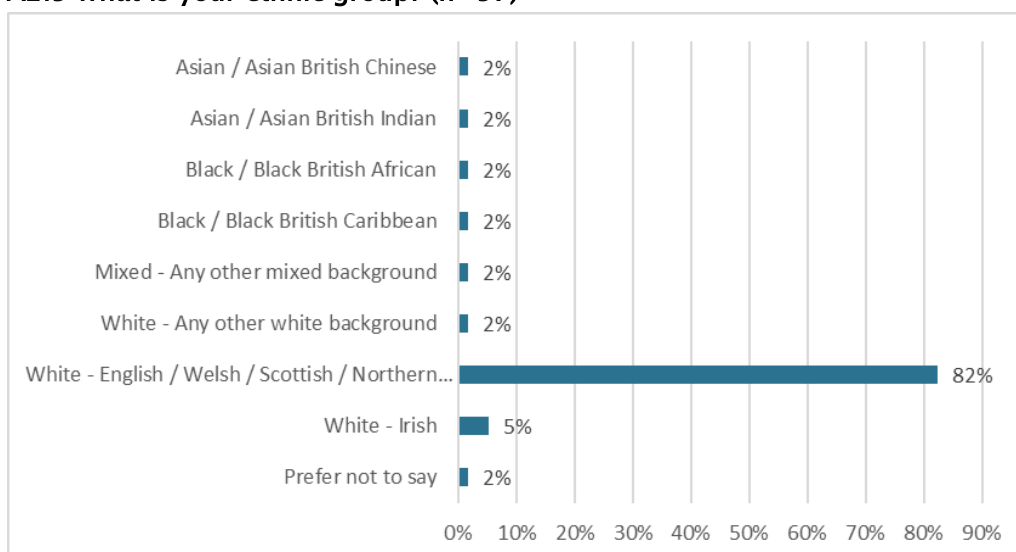
A2:3 How would you describe your gender? (n=57)



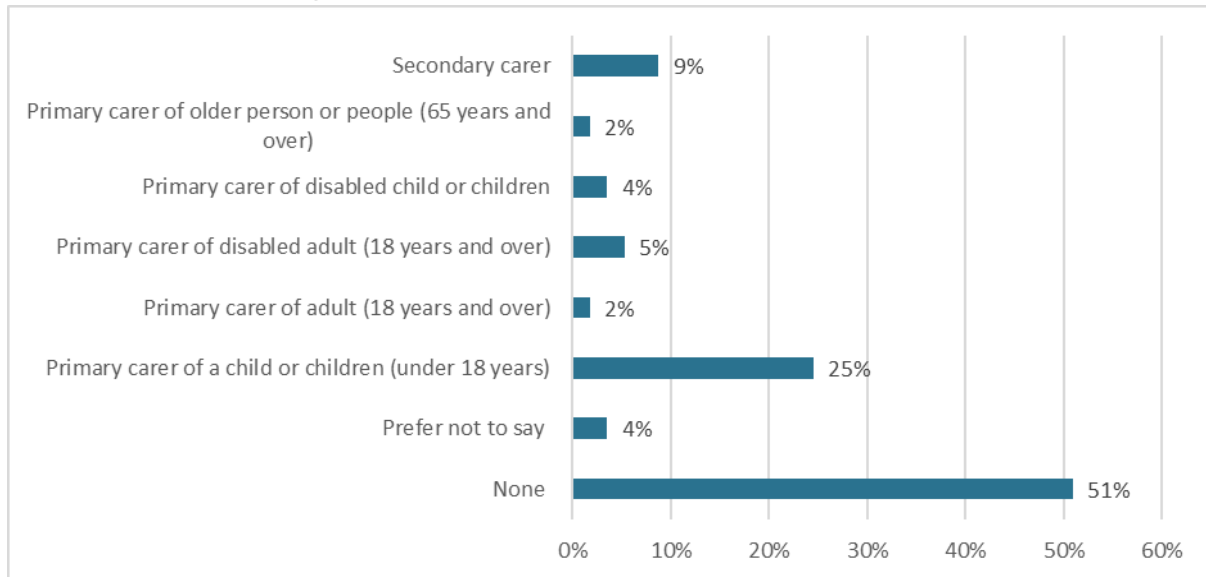
A2:4 How old are you? (n=57)



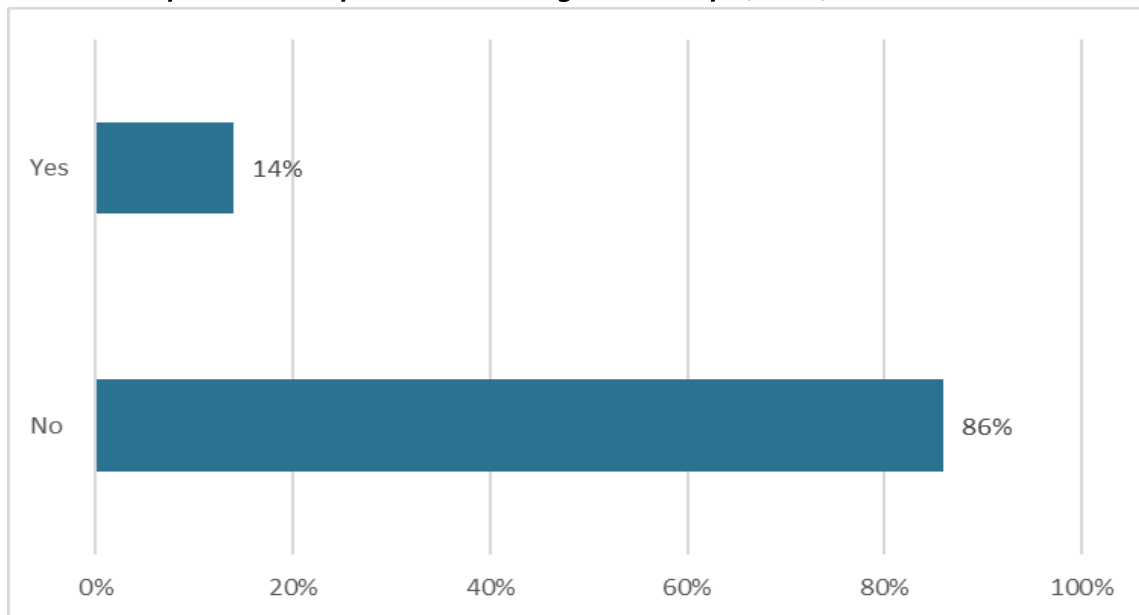
A2:5 What is your ethnic group? (n=57)



A2:6 Do you have caring responsibilities? (n=57)



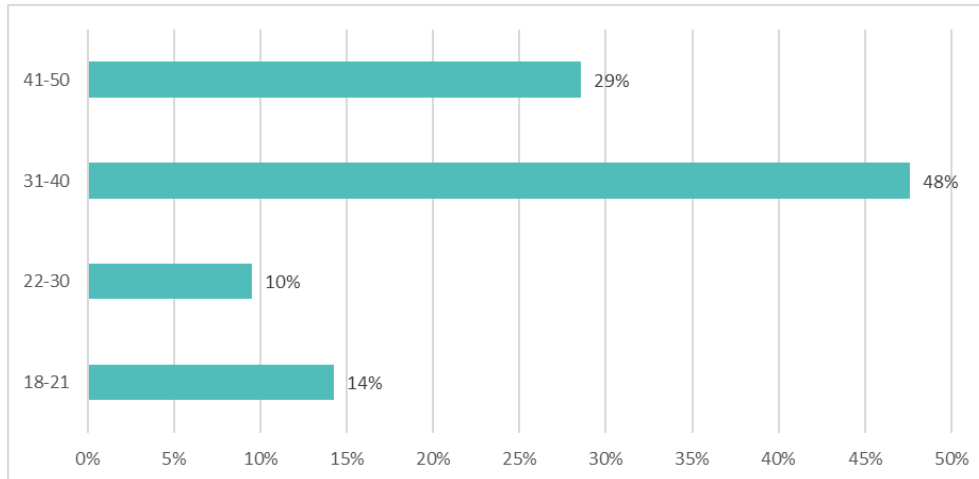
A2:7 Would you describe yourself as having a disability? (n=57)



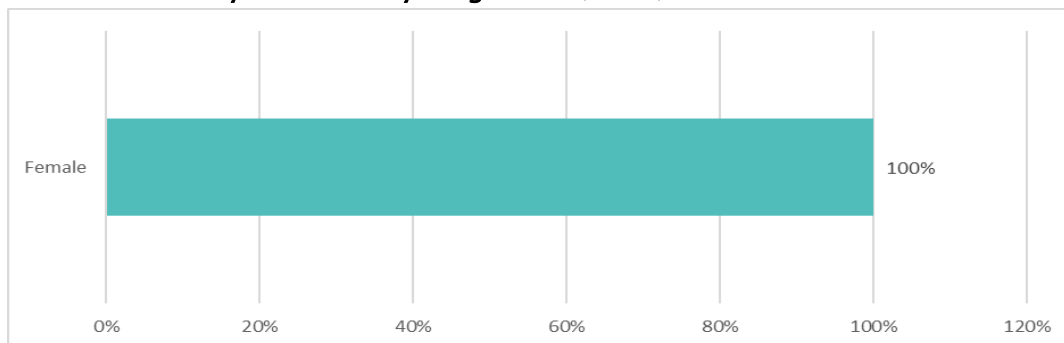
APPENDIX 3 – PROFILE OF STUDENTS AND RECENT GRADUATES

Pre-registration student nurses and midwives and recent graduates were asked to provide profile information. All 21 students/recent graduates completed the proformas and tables A3:1 to A3:6 provide details of the demographic profile of this cohort.

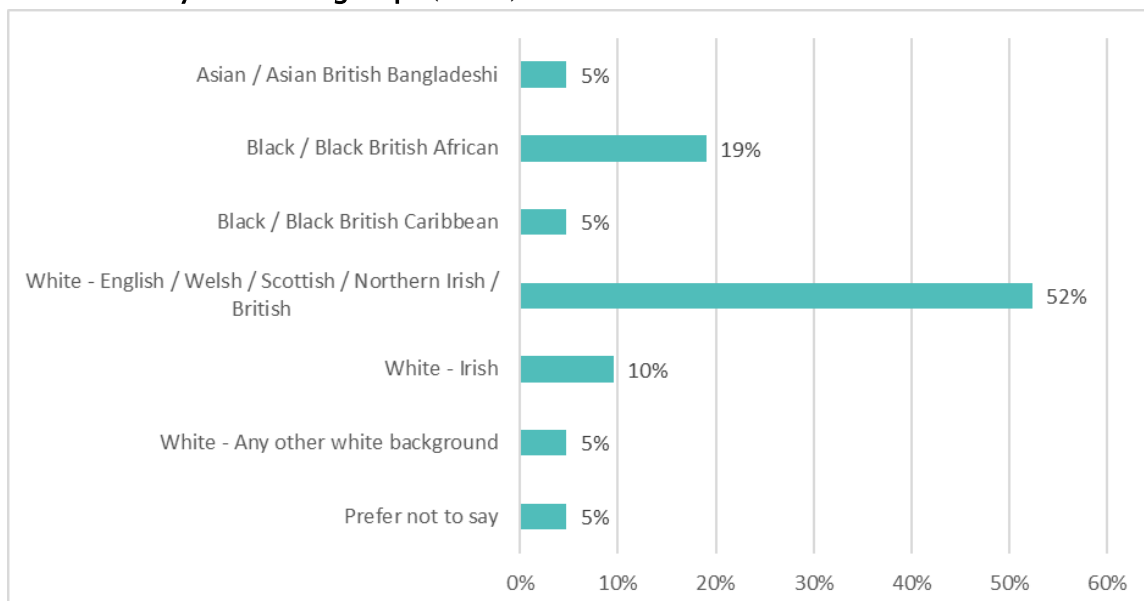
A3:1 How old are you? (n=21)



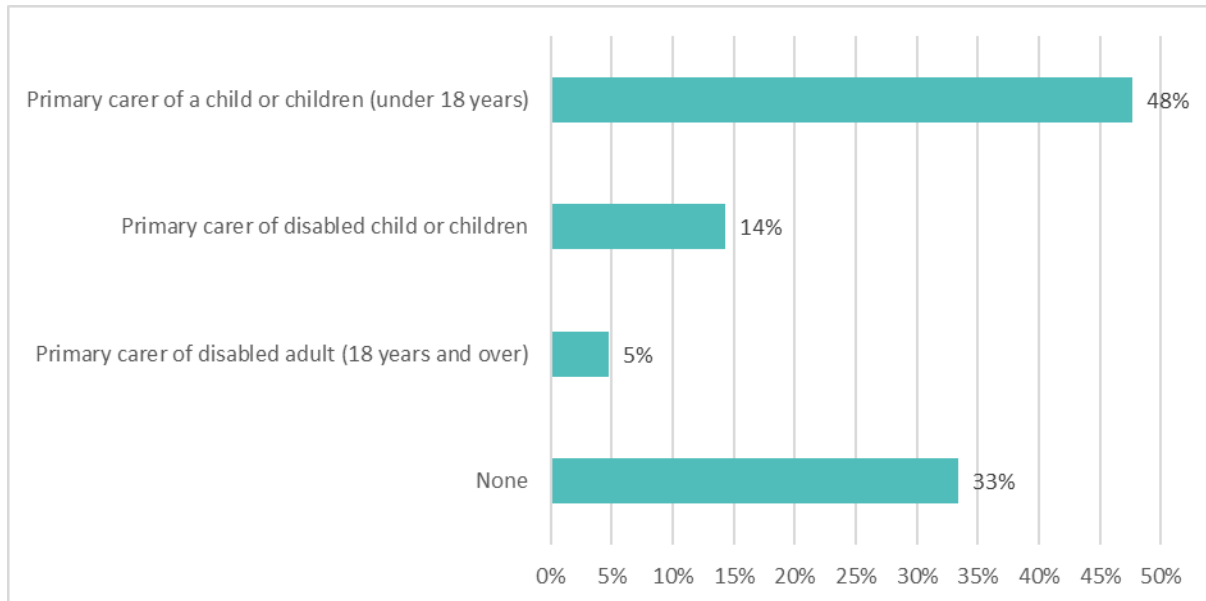
A3:2 How would you describe your gender? (n=21)



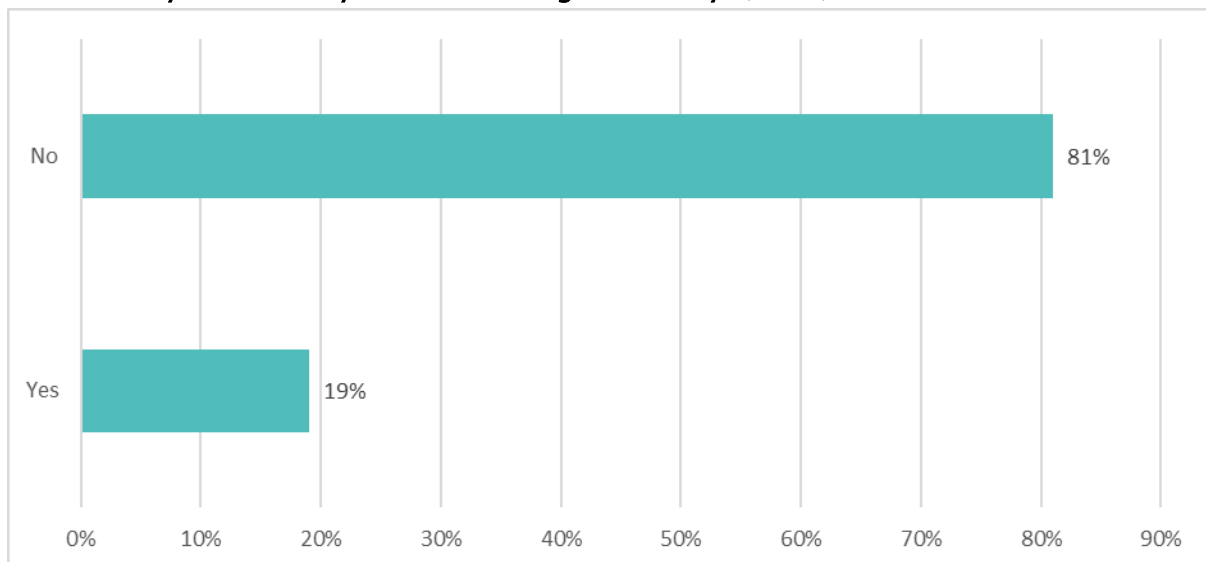
A3:3 What is your ethnic group? (n=21)



A3:4 Do you have caring responsibilities? (n=21)



A3:5 Would you describe yourself as having a disability? (n=21)



A3:6 What is your registration status? (n=21)

