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The new NMC standards: Changes to student supervision and assessment

Sam Pearson, Maureen Wallymahmed

In 2018, the Nursing and Midwifery Council published several documents relating to new standards of proficiency for registered nurses, standards for student supervision and assessment, and standards for non-medical prescribing programmes. In addition, the Code of conduct for nurses and nursing associates was updated. This article explains the changes that have been made both to pre-registration student supervision and assessment and to non-medical prescribing programmes, and discusses how this may affect diabetes specialist nursing services. These changes need to be implemented by September 2020.

In 2015, the Nursing and Midwifery Council (NMC) published a strategy document looking at the changing face of healthcare (NMC, 2015). The challenges facing nursing practice were acknowledged, as was the increasingly complex needs of an ageing population who often presented with multiple health and social care needs. The NMC's aim was to respond to and regulate for future demands on the nursing profession. Following a two-year consultation process, the Code of conduct for nurses and nursing associates was updated (NMC, 2018a). In addition, new standards of proficiency for registered nurses, standards for student supervision and assessment, and standards for prescribing programmes were published (NMC, 2018b; 2018c; 2018d).

This article will explain the changes that have been made both to pre-registration student supervision and assessment and to non-medical prescribing programmes, and will discuss how this may affect diabetes specialist nursing services.

The standards

The new standards for pre-registration student supervision and assessment (NMC, 2018c) replace

the previous *Standards to support learning and assessment in practice* document published by the NMC in 2008. Changes include the move from mentorship to supervision and the removal of the requirement for students to spend 40% of their time in practice with those assessing them. The new roles of Practice Assessor, Practice Supervisor, Nominated Person and Academic Assessor have been introduced and are supported by changes to the education standards for pre-registration nursing, non-medical prescribing and return to practice (NMC, 2020b). Practice learning for students is now the responsibility of all practice staff and the need for formal mentorship training to support students in practice is no longer required (NMC, 2018c).

The knowledge and skills expected of newly qualified nurses have also been reviewed. Seven key areas of proficiency, referred to as platforms, have been identified (NMC, 2018b):

- Being an accountable professional.
- Promoting good health and preventing ill health.
- Assessing needs and planning care.
- Providing and evaluating care.
- Leading and managing nursing care and working in teams.

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Article points

1. New standards of proficiency for registered nurses, standards for student supervision and assessment, and standards for prescribing programmes were published in 2018, and the changes need to be implemented by September 2020.
2. Changes to the standards for pre-registration student supervision and assessment include the move from mentorship to supervision and the removal of the requirement for students to spend 40% of their time in practice with those assessing them.
3. The knowledge and skills expected of newly qualified nurses have also been reviewed.

Key words

- Competencies
- NMC standards
- Workforce issues

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Box 1. Quick summary of changes.

- The term mentor has been phased out.
- New roles of Practice Assessor, Practice Supervisor, Nominated Person and Academic Assessor have been introduced.
- Practice supervisors will support students in practice.
- Practice supervisors will feed back to practice assessors to inform decision-making.
- Practice assessors and academic assessors will liaise to confirm progression of students.
- Triennial review has been phased out; this will be reviewed as part of validation.
- All registered nurses are responsible for contributing to the supervision and support of students in practice.
- All registered healthcare professional can act as supervisors for students.
- Experienced non-medical prescribers can act as practice assessor for student non-medical prescribers.

- Improving safety and quality of care.
- Coordinating care.

Each of these platforms is accompanied by specific outcomes which the student is expected to achieve at the point of registration. In addition, the document includes two annexes – communication and relationship management skills, and nursing procedures – which outline the skills and procedures the student should be able to safely demonstrate at the point of registration; for example, using caring conversational techniques and undertaking chest auscultation and interpreting results.

These new standards for proficiency replace the previous *Standards for competence for registered nurses* (NMC, 2014).

Summary of changes

A quick summary of the changes made is listed in *Box 1*. The changes have been detailed in *Standards for education and training part 2: Standards for student supervision and assessment* (NMC, 2018c), and include changes to student learning, support and supervision while in practice. Each student will be allocated a practice assessor and practice supervisor during their practice experience. These roles cannot be fulfilled by the same person. The document outlines expectations of practice supervision and how students are assessed in practice and in theory. It highlights the need for effective practice learning, supervision of students and assessment of students, including confirmation of proficiency. Mentorship is no longer

a requirement and the need for triennial review will be absorbed into the revalidation process.

Effective practice learning

The NMC expressed a desire to understand the needs of different practice areas and, through collaboration, to promote improvement and greater innovation in student supervision and assessment (NMC, 2015; 2018c). Supporting partnership working between universities and practice partners will enable students to engage with safe, inclusive and effective learning. Additionally, students should actively participate in their own learning, and this should involve a range of people in a variety of settings.

By using a team approach to learning, students should be empowered to achieve the proficiencies required of them during their training and receive support from peers, service users and a range of staff (both registered and non-registered) to enable them to develop autonomy in their roles. Each practice area should have a nominated person to support students and address their concerns.

Supervision

In order to achieve proficiency and autonomy as professionals, students need to be supervised in practice. Supervision can be provided by registered nurses, midwives and nursing associates, who can act as role models for safe and effective practice (NMC, 2018c). This means that all registered nurses will be expected to supervise students in practice. The NMC has also identified that other registered health and social care professionals can provide supervision to students, with the level of supervision required being tailored to meet the students' learning needs at the appropriate stage in their training.

The role of the practice supervisor is to role-model safe and effective practice in keeping with the NMC Code (NMC, 2018a). Students should be empowered to become independent learners to fulfil the proficiencies of their training, taking into account their scope of practice (NMC, 2018b).

Feedback is an integral element of the NMC's desire to ensure that students become reflective practitioners. Supervisors will contribute to the assessment of students (discussed later in this article) by recording observations of conduct, proficiency

and achievement. It is by these contributions that a decision can be made on progression for individual students.

Practice supervisors should be prepared and supported to fulfil this role and have confidence to raise concerns as appropriate. This will enable practice assessors to make an informed decision about the students' ability to progress. All students completing their training should receive preparation to become practice supervisors prior to qualification. This is a requirement of the Code (NMC, 2018a), which identifies that supporting the learning of students and colleagues is integral to partnership working and, as such, clinical practice.

Assessment of students (including confirmation of proficiency)

The use of evidence-based, objective and robust assessment of students continues to be a requirement of the *Standards for student supervision and assessment* (NMC, 2018c). Within this document, two assessor roles have been identified: practice assessor and academic assessor. Whilst no requirement for annual updates has been specified, the NMC has identified that assessors will require ongoing support in completing their role.

During each part of the students' programme, they will be assigned to a different academic assessor, and for each practice experience or series of practice experiences they will also be assigned a practice assessor.

The practice assessor must be a registered nurse with appropriate equivalent experience for the students' field of practice. This allows for greater flexibility by allowing practice assessors to use their expertise without the restrictions of the previous *Standards to support learning and assessment in practice* (NMC, 2008). The responsibilities of the practice assessor include:

- Having sufficient opportunities to observe the student in order to determine whether they possess the appropriate level of proficiency and are suitable to progress.
- Assessment to confirm achievement of proficiencies and programme outcomes following feedback from practice supervisors.
- Working with academic assessors to evaluate and recommend student progression.
- Maintaining their own knowledge and expertise

relevant to the proficiencies and programme outcomes they are assessing.

As with practice supervisors, practice assessors must be empowered to raise concerns that may arise in relation to the students' conduct, achievements or competence.

The responsibilities of the academic assessor include:

- Collating and confirming the students' achievement of proficiencies and programme outcomes in the academic environment.
- Making and recording objective, evidence-based decisions on conduct, proficiency and achievement, as well as recommendations for progression, drawing on student records and other resources.
- Working with practice assessors to evaluate and recommend student progression.
- Maintaining their own knowledge and expertise relevant to the proficiencies and programme outcomes they are assessing.

It is key that practice assessors and academic assessors work in partnership to have a meaningful discussion about progression at the relevant points in the students' programme.

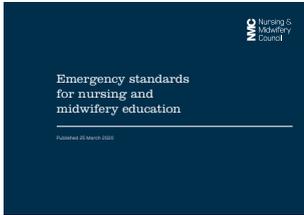
In normal circumstances, the practice assessor and practice supervisor cannot be the same person (NMC, 2018c). However, recent emergency standards, in response to the COVID-19 pandemic, changed this on a temporary basis (NMC, 2020a). The NMC has developed guidance for practice assessors, practice supervisors and academic assessors to provide additional support for these roles (NMC, 2018e).

COVID-19 and emergency standards

Due to the recent COVID-19 pandemic, the NMC has issued *Emergency Standards for nursing and midwifery education* (NMC, 2020a), which make temporary changes to the *Standards for student supervision and assessment* (NMC, 2018c). These emergency standards allow the practice assessor and practice supervisor roles to be completed by the same person. This person, however, must continue to have suitable equivalent qualifications for the student. Individuals previously identified as practice supervisors may fulfil the role of practice assessor.



The changes made have been detailed in: *Realising Professionalism: Standards for Education and Training. Part 2: Standards for student supervision and assessment*. Available at: <https://bit.ly/37juVJp>



Emergency standards for nursing and midwifery education have been published in response to the COVID-19 crisis. Available at: <https://bit.ly/2YLT65J>

In addition, students can now spend up to 80% of their time in practice (formerly 50%) and can be given more time to achieve outstanding outcomes.

Non-medical prescribing programmes

Within its *Standards for prescribing programmes* (NMC, 2018d), the NMC has identified that all future prescribing programmes must meet the outcomes of the Royal Pharmaceutical Society (RPS) competency framework (RPS, 2016). These must be achieved prior to the qualification being awarded and must be maintained throughout any future prescribing practice.

All students on prescribing programmes must follow the *Standards for student supervision and assessment* (NMC, 2018c) as previously discussed. This means students studying on prescribing programmes under the new standards must be allocated:

- A practice assessor.
- A practice supervisor.
- An academic assessor.

The practice assessor and practice supervisor may only be the same person in exceptional circumstances.

The practice assessor must be a registered healthcare professional and experienced prescriber who holds suitable equivalent qualifications. This means that nurses undertaking prescribing programmes are no longer limited to using a Designated Medical Practitioner who is a registered medical professional. Their practice assessor can be any registered healthcare professional with appropriate experience and qualifications (NMC, 2018d).

Implications for diabetes specialist nurse services

In view of the ever-increasing prevalence of diabetes in the UK, it is heartening to see that diabetes is specifically mentioned in both annexes of the *Standards of proficiency* document (NMC, 2018b). Annex A relates to communication and relationship management skills, and focuses on the importance of students demonstrating evidence-based approaches to communication to enable them to support people with diabetes (and other medical conditions) and their families and carers. Such skills include use of

clear language and appropriate written materials, awareness of sensory impairment and assessing motivation for behavioural change. All of these skills contribute to improving the experience and quality of care for people with diabetes.

Annexe B concentrates on nursing procedures and specifically refers to the ability to use a blood glucose meter, including interpreting the results, and assessing individuals' capacity for self-administration of medication. These are essential skills for the clinical care and education of people with diabetes across all settings, particularly bearing in mind that over 30% of hospital inpatients with diabetes experience at least one medication management error, including glucose management errors, during their hospital stay (NHS Digital, 2017).

Currently, many diabetes specialist services based in acute or community settings offer practice placements for student nurses on either a hub or spoke basis. In the future, due to plans to increase the number of student nurses, there is likely to be an increased demand for placements. Practice placements in diabetes specialist services can offer a wealth of experience for undergraduate nurses honing in on the patient experience of living with a long-term condition, including self-management and working within a multidisciplinary team. Diabetes Specialist Nurses (DSNs) are ideally placed to act as practice supervisors and practice assessors, encouraging the next generation of DSNs.

Non-medical prescribing is a well-established and essential role for the majority of DSNs. Changes to the *Standards for student supervision and assessment* (NMC, 2018c) now mean that DSNs who are experienced non-medical prescribers can expand their prescribing role further by acting as practice assessors for student non-medical prescribers. To some this may appear daunting to begin with; however, support can be sought from Trust non-medical prescribing leads and local higher education institutes. In addition, experienced DSN non-medical prescribers can use the RPS (2016) competency framework as a tool for continuing professional development.

Conclusion

This new approach to supervision and assessment is aimed at changing nurse education to ensure

that future nurses are equipped to manage the increasingly complex environments in healthcare. These changes should allow, within the legal and regulatory frameworks, for further innovation in student supervision and assessment, and empower student nurses to access a range of learning opportunities. Through the use of positive learning cultures, students will be able to practise honestly, effectively, compassionately and safely. ■

NHS Digital (2018) *National Diabetes Inpatient Audit England and Wales, 2017*. NHS Digital, Leeds. Available at: <https://bit.ly/2AJBhMQ> (accessed 17.06.20)

Nursing and Midwifery Council (2008) *Standards to support learning and assessment in practice: Preparation for mentors, practice teachers and teachers*. NMC, London. Available at: <https://bit.ly/30Sm06T> (accessed 17.06.20)

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Nursing and Midwifery Council (2018d) *Realising professionalism: Standards for education and training. Part 3: Standards for prescribing programmes*. NMC, London. Available at: <https://bit.ly/3hBorRg> (accessed 17.06.20)

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Nursing and Midwifery Council (2020b) *How we develop our standards*. NMC, London. Available at: <https://bit.ly/2YcEa1l> (accessed 17.06.20)

Royal Pharmaceutical Society (2016) *A competency framework for all prescribers*. RPS, London. Available at: <https://bit.ly/2Y8hsrf> (accessed 17.06.20)

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