Do nursing degree curricula meet students’ needs?

Critics of the NMC’s 2018 education standards say field-specific learning has been edged out by generic courses

It is five years since the Nursing and Midwifery Council (NMC) overhauled its nurse education standards. The publication of Future Nurse: Standards of Proficiency for Registered Nurses was meant to herald a new dawn for the profession. But have they had the intended impact – and unintended consequences?

The NMC published the standards in May 2018, setting out the knowledge and skills that must be demonstrated to become a registered nurse. The standards created a generic set of proficiencies designed to apply across all fields of practice. Previously, the standards had listed separate competencies for each of the four fields.

The 2018 standards are grouped under seven key areas, known as platforms. These are:
» Being accountable.
» Promoting health and preventing ill health.
» Assessing needs and planning care.
» Providing and evaluating care.
» Leading and managing care and working in teams.
» Improving safety and quality of care.
» Coordinating care.

For each, there is a list of outcomes that are expected to be achieved. These are followed by two annexes, which outline the skills nurses need to be able to demonstrate at the point of registration:

» Annex A Communication and relationship management skills.
» Annex B Nursing procedures.

Supervision and assessment of nursing students

Education providers have been free to develop their own curricula based on the standards, but need to secure approval from the NMC before they implement them.

Alongside this, a new set of standards for the supervision and assessment of students was produced. Changes included 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.

New roles of practice assessor, practice supervisor, nominated person and academic assessor were introduced, with the idea of spreading responsibility for supervision and support of students across the workforce.

Why were the new NMC education standards introduced?

In the intervening years since the previous (2010) standards had been published, there had been the Francis Inquiry into failures in care at Mid Staffordshire NHS Foundation Trust, as well as the Shape of Caring review of education and training for nurses and healthcare assistants.

The latter stressed the need for nurses to develop greater decision-making, research and innovation skills more quickly. It said more needed to be expected from nurses – with nursing now a graduate profession – to meet the requirements of 21st century healthcare and the ageing population.

The 2018 standards say the key to this is equipping nurses to provide person-centred, holistic care to patients, meeting all their ‘physical, mental, cognitive and behavioural’ needs.

The first nurses to be educated using the Future Nurse standards only qualified last year – it was 2019 before degree programmes had adopted them fully.

Children’s nursing perspective

University of Plymouth lecturer in child health nursing Danielle Edge has concerns about the impact the new standards have had, but warns it is too early to come to a firm conclusion.

‘The truth is we simply don’t know because they have not been evaluated. It’s time we had a full and thorough evaluation,’ she says.

‘There is a lot of variety in how universities are running courses for the different fields. Some are doing standard life-course modules in the first two
years and then offering field-specific options in the third, while others offer field-specific modules throughout.’

She says this has led to concern about dilution and genericism, and the impact on nurses when they qualify. A research project called Fit for Children and Young People (Fit4CYP) is already under way at the University of Plymouth, looking at how the structure and content of preregistration educational programmes are influencing the readiness for practice of newly registered children’s nurses.

But she says the situation is undoubtedly complicated by what else has been happening since the standards were introduced, with the pandemic causing major disruption to clinical placements and, more recently, front-line pressures compromising the quality of placements since.

‘One of the major issues is turnover of staff – there is a constant cycle of having to train nurses to support students on placement.’

Mental health nursing perspective
Mental health nurses have been among the most vociferous critics of the new standards, describing them as an assault on the field.

Grassroots campaign #MHDedeservesBetter has sprung up. It published an open letter to the NMC and the profession’s wider leadership earlier this year, calling for an urgent inquiry into how mental health nursing students are being educated.

The group, made up of academics, nurses and students, believes the mental health element of training is being diluted to such an extent that students are not being equipped with the skills they need.

A major problem, the group says, is the use of generic modules for the first two years, leaving the few mental health-specific modules to be rushed in the last year.

Mental health nursing lecturer and campaign member Dan Warrender says mental health nursing has effectively been marginalised.

The NMC responded to the concerns expressed by the campaign with its own letter, stating the standards are always under review and the feedback had been considered. It said while the standards stressed the need for nurses to develop the skills to provide holistic care, there was still a requirement for more advanced skills needed for the specific fields.

Mr Warrender found this response disappointing. ‘I don’t think we’ve seen any real shift with the NMC,’ he says. ‘It’s a case of “wait and see”.

Future Nurse standards: the NMC view
The NMC says the standards are kept under constant review and points out this has led to changes.

Earlier this year, education providers were given increased flexibility to include simulated learning to count towards placement hours.

NMC executive director of professional practice Alexander Rhys says the regulator is determined to keep pace with the ‘constantly evolving landscape’ in health and care.

‘That’s why our standards of proficiency set out the knowledge and skills all professionals must demonstrate in order to join our register, providing a basis on which to grow and develop,’ he says.

‘Taking an holistic approach to our nursing standards allows education institutions to develop creative and innovative programmes, and our robust quality assurance process ensures these programmes meet our standards.’

‘What I want from the NMC is for them to assert and promote mental health nursing, rather than leaving it to a lottery of university interpretation. My personal view is that mental health-specific standards would be a step forward.’

Adult nursing perspective
Tyler Warburton, associate dean of nursing and midwifery at the University of Central Lancashire, readily admits he has been a critic of the standards. He says it is worth remembering the previous standards were hardly perfect. ‘They were super-prescriptive and that was not always welcomed,’ he says. ‘The new standards were designed to offer more creativity – that’s to be commended.’ But, he adds, he can see why the non-adult nursing fields feel they have caused education to become generic.

‘Part of the problem is with how education providers have interpreted them – in some respects they have not made the most of them,’ says Mr Warburton.

‘There is flexibility to take into account the field-specific needs of students, but that has not been done as much as it should. That is related to the approach taken to annexes A and B.

‘Annex B is really a long list of procedures – it has created a tick-box attitude to training. It can be difficult to achieve everything on the list – PEG feeding, for example.

‘As soon as you have things signed off on the practice assessment document, it’s like the stress melts away and your mind becomes more focused on learning’

Chloe Jackson, recent nursing graduate
‘Less emphasis has been given to annex A, which sets out the values nurses need to develop – partly because the list in annex B is much more tangible,’ he says.

‘It’s probably time for a refresh that provides a bit more specific guidance for the different fields.’

Mr Warburton is also concerned about the support nursing students receive on placement.

He says the old-style mentors, given they had to complete university courses to support students on placements, were better supported than the new practice assessors, who are having to contend with intensifying pressure on budgets and staffing.

‘Unfortunately, it has led to the support in place for students being diminished,’ he adds.

**Learning disability nursing perspective**

Learning and Intellectual Disability Nursing Academic Network chair Jo Welch believes there have been advantages and disadvantages with the new standards.

She says her field has been particularly affected by the requirement that clinical placement supervision be carried out by a registered nurse or accredited healthcare practitioner.

‘It’s meant we’ve lost lots of great settings and opportunities that are the epitome of person-centred care, such as horticultural services, voluntary sector services, and schools and colleges.

‘There’s flexibility for indirect supervision, but it’s complex and time-consuming to organise,’ she says. ‘Like the mental health field, we share concerns about the direction of travel with some aspects too generic.

‘The list of skills in annex B has created a culture where training and placements have become too task-orientated. One of the requirements, for example, is around blood transfusions – but that’s a skill only very few nurses will need.

‘We’ve ended up trying to be too wide rather than focusing on those basic skills nurses need.’ But she says this may be more a matter of interpretation than a fundamental flaw in the standards.

She adds that they have provided an opportunity to do things differently too, which has benefited learning disability nurses.

‘It’s time we had a full and thorough evaluation of the standards’

**Danielle Edge, child health nursing lecturer**

‘In some universities, we are aware they have merged the fields – there are mixed tutor groups even,’ says Ms Welch. ‘It means we are able to absorb years where we do not have many learning disability students and it is helping create well-rounded nurses, which was the aim of the standards after all.’

Overall, she believes there have been more benefits than negatives. ‘We’ve moved to a system that is more about education than training – and in doing so we are moving towards producing nurses who can be more innovative, and develop in a way we could not in previous decades.’

**Nursing student perspective**

Chloe Jackson has just completed her adult nursing degree at Robert Gordon University in Aberdeen – an experience she enjoyed, but one that came with challenges. She describes her placements in hospital, mental health and children’s settings as varied and valuable.

But Ms Jackson, a member of the RCN students committee, says: ‘Every single student has had a different experience. Sometimes the allocated placements may not be suitable because of the nature of the area or because they are away from home and, of course, some nurses have families.’

She believes there should be more planning to fit courses around students’ needs.

Securing sign-off for the competencies and skills on the practice assessment document (PAD) was stressful and took the focus away from learning.

‘As soon as you have things signed off, it’s like the stress melts away from you and your mind becomes more focused on learning what is in front of you.’

She says she has mixed thoughts about whether the training is too generic. ‘We should all be trained in core nursing in line with the NMC code, because we work with people across the life span. But perhaps there does need to be a field-specific section to ensure we are all competent in our chosen field.’

She also thinks practice supervisors and assessors need better training. ‘Some have an awareness of the PAD and how it works, but some don’t.’ And as a neurodivergent student, she feels they also need better awareness and understanding in how to adapt their support to students with specific needs.

‘Many don’t understand what neurodivergence is or how to support neurodivergent nurses. There’s stigma and discrimination as a result.’

**The new standards were designed to offer more creativity – that’s to be commended, but education providers have not made the most of them**

**Tyler Warburton, associate dean of nursing and midwifery at the University of Central Lancashire**

‘The new standards were designed to offer more creativity – that’s to be commended, but education providers have not made the most of them.’

Danielle Edge, child health nursing lecturer