Submission from the Royal College of Nursing to the Nursing and Midwifery Council consultation on proposals to change Nursing and Midwifery practice learning education standards

Executive Summary

Background

The Nursing and Midwifery Council (NMC) is consulting on a range of proposed changes to pre-registration nursing and midwifery practice learning education standards, including reducing programme hours for nursing by up to 1,000; extending the length of the midwifery programme, mandating a community placement and strengthening anti-racism and bias awareness within nursing and midwifery education.

Nursing and midwifery programmes are currently required to be 4,600 hours in length, with a strict 50:50 ratio of theory (academic) to practice (placement). The NMC is proposing that a reduction in overall programme hours to a minimum of 3,600 hours for nursing would enable more "flexible and focused routes into practice", while an extension of the midwifery programme length, keeping the current hours requirement at 4,600, would support midwifery students to attain the breadth of experience and the reflective learning needed to meet the complex needs of women, babies and families.

This is in response to a series of challenges facing nursing and midwifery education, such as inconsistency in experiences of students on practice learning placements, and variation in the quality of placement experience. When the UK left the EU, this presented an opportunity for the NMC to have greater flexibility in standard setting for pre-registration nursing and midwifery programmes in relation to theory and practice hours.

The Royal College of Nursing (RCN) as the voice of nursing across the United Kingdom and the largest professional union of nursing staff in the world, representing over half a million registered nurses, midwives, health visitors, nursing students, health care assistants and nurse cadets, welcomes the opportunity to respond to the NMC consultation on the proposed changes on nursing and midwifery practice learning education standards. We remain committed to nursing and midwifery as safe, evidence-led, degree-level professions, and this response sets out our position on each of the relevant proposals in turn.

The RCN's response

This paper serves as the RCN's substantive UK-wide response to the consultation. It provides additional context, discussion and nuance on the RCN's position that cannot be fully captured through the consultation survey. The RCN has also submitted a response via the NMC's online survey, this response is reproduced in the Appendix to this document.

The RCN developed this response based on UK-wide member engagement including:

- Online targeted engagement events across RCN UK Governance Committees and Professional Forums.
- A UK RCN member survey.
- A review of existing RCN member evidence including a student survey of 2,504 participants in late 2025 and student responses to the RCN's Last Shift Survey 2026.

- A comprehensive literature review, desk research, international comparisons and stakeholder engagement.

While the RCN has engaged members in this response, we also encouraged members to respond to the NMC directly, using the survey.

Key issues and risks

Following our member engagement and analysis of data collected, as outlined above, several critical, consistent themes emerged.

- Concerns regarding the strength of the evidence underpinning proposed reductions in nursing programme practice learning and theory hours.
- The NMC proposals focus on practice hours and have not given sufficient consideration to the wider assurance arrangements, including entry requirements, curricula and assessment.
- There remains a critical need to protect time for supervisors and assessors to ensure high-quality support and assessment in practice learning environments no matter the number of placement hours.
- Educational reform must be shaped by evidence-based educational and professional rationale.
- Broad support exists for strengthening anti-racism, cultural safety, and community-based learning, but only if matched by clear standards, infrastructure, and accountability.
- Perceived inequities exist in the proposal to extend midwifery programmes while simultaneously proposing to reduce nursing hours, risking the creation of an unwarranted tier between the two professions. The same rationale the NMC gives for extending midwifery training – managing increasing complexity and safeguarding quality – applies equally to nursing, and this inconsistency potentially impacts how much nursing is valued as a safety-critical profession.

The burden of responsibility for making the case to enact these proposals is with the NMC, and they have not presented sufficient evidence to support their position. The RCN has therefore arrived at the following positions in response to each of the proposals.

Nursing programme hours

The NMC is proposing to reduce the minimum nursing programme hours from 4,600 to 3,600 (retaining the 50:50 theory/practice split) and to maintain Nursing Associate hours at 2,300.

The RCN disagrees with reducing nursing programme hours due to the lack of evidence-base for the proposal and the risks posed by a reduction.

The RCN is concerned about the quality of placements, and we do not believe that the NMC has demonstrated how reducing programme hours will address these concerns. Nor has credible evidence been presented to demonstrate that a reduction in hours would maintain or improve the outcomes for nursing students, registered nurses, or patients.

RCN member feedback demonstrates that without a strong evidence base and robust quality assurance safeguards in place, there is a strong opposition to reducing programme hours within the profession.

The RCN agrees that it is the quality of nursing education that should determine whether a nurse is fit to register and practise and accept that the current quantity of programme hours is not evidence based (Kenny, A et al 2025) with a lack of robust evidence either way on the optimal number of hours required. This absence of evidence strengthens the case for robust quality assurance processes across the entire education pathway from recruitment and curriculum design through to revalidation.

While proposing that programme hours be reduced by just under 22%, the NMC will retain the requirement for a 50:50 split between theory and practice learning. While the NMC has informed the RCN that universities will continue to have the flexibility to offer above the minimum requirement of 1,800, the current context of financial and workforce pressures on universities, additional to the reduction in faculty, makes this extremely unlikely and we expect institutions will deliver the required minimum number of hours. As the Royal College of Nursing we do not support a 'race to the bottom' approach for the profession. There is also a risk of structural incentives to reduce placement provision, with practice learning providers likely to reduce the number of placement hours offered, not to improve educational quality but to relieve service pressures - reflecting wider pressures across academia as well as placement settings, and feeding into a broader reductionist approach to nursing education.

Furthermore, the reduction in registered nurse programme hours, and the proposal by the NMC to retain current programme hours for registered nursing associates risks narrowing the gap and professional distinction between these different roles, potentially devaluing registered nurses. This could lead to greater substitution of registered nurses and incorrect deployment of registered nursing associates. In practice, there are already significant concerns around inappropriate extension to the

Nursing Associate role and increasing evidence of substitution of registered nurses with registered nursing associates.

Improving the quality of pre-registration nursing education requires change across the pathway as a whole, including the quality assurance measures set out throughout this paper, from entry standards through to supervision and assessment capacity and final assessment process. The RCN is calling for the introduction of a mandatory preceptorship framework for all newly registered nurses to support the effective transition from student into the nursing workforce.

The NMC should work with governments across all four UK countries to implement and quality assure national preceptorship frameworks that are aligned to nursing professional standards. These frameworks should allow preceptees a structured, supported transition from student to autonomous registrant, embedding the standards of proficiency and supporting safe and effective transition into practice.

Simulated practice learning

The NMC has proposed to cap simulated practice learning at 25% of practice placement hours, should programme hours be reduced in line with current proportions.

The RCN disagrees with this proposal.

In the event that programme hours are reduced overall, following this consultation, the NMC should conduct a follow up consultation to review the role of simulation in nursing education. We believe that should programme hours for nursing be reduced, then simulated learning hours should be reduced to a proportion less than 25% of practice learning hours. This is because a reduction in programme hours would necessitate greater focus on real world practice learning.

Furthermore, the NMC has not provided the quality assurance that was requested by the RCN when simulated practice learning was increased to 600 hours (RCN 2017, RCN 2023). Our members tell us that the quality of simulated practice learning varies considerably across education providers. Greater assurance on quality and consistency is required if we are to rely more heavily on simulated practice learning in nursing education. This is a particular concern given the Professional Standard's Authority's most recent performance review found the NMC was not meeting the standards expected of a regulator [PSA, 2026]; the RCN lacks confidence in the NMC's ability to assure quality education without stronger independent oversight.

Community learning placements

The RCN agrees with the NMC's proposal to require all nursing students to have at least one community practice learning placement.

However, it is our view that this must only be mandated once the NMC provides a clear definition of what counts as a community placement, sets quality assurance standards for placement providers and works with governments in all four countries to publish a credible plan for scaling up capacity in the community sector to provide practice placements.

A phased approach to implementing this change must also be employed, to ensure consistency and quality, sufficient investment will also be needed to ensure that settings are equipped and incentivised to provide quality learning experiences consistently across the four UK countries.

Equality, diversity and inclusion

The RCN agrees with the NMC's proposal to strengthen anti-racism, bias awareness, cultural safety and respect requirements across nursing and midwifery education. However, this must translate into real protections for students (many students report experiencing racism and other forms of discrimination in placements). Therefore, the development of standards cannot be a paper exercise; they need embedding in everyday teaching, supervision, assessment and complaints handling, with measurable impact for students within the NMC, within PLPs and AEIs.

Reasonable Adjustments

The consultation also proposes strengthening partnership working between AEIs and PLPs specifically in relation to reasonable adjustments – a distinct proposal which the RCN strongly supports, and which we address separately later in this response.

Midwifery proposals

The NMC proposes extending pre-registration midwifery programmes from three to four years while retaining the existing 4,600 programme-hour requirement. This proposal is intended to address challenges in achieving the current requirement for students to be involved in 40 births and to respond to concerns raised through recent maternity safety inquiries.

The RCN is concerned that the NMC has not adequately explained why quality concerns in midwifery are being addressed through an extension in the number of programme years, while quality concerns in nursing are being addressed through a reduction in overall programme hours. These contrasting approaches risk creating inequity between the professions and sending an unintended message that nursing requires less preparation, thereby contributing to the devaluation of nursing education and practice.

The RCN therefore does not support the proposal in its current form.

Practice assessors and supervisors

The RCN agrees with the NMC proposal to allow SCPHN-qualified midwives to act as practice assessors for nursing students in public health settings, **provided** the SCPHN-qualified midwife is working in a public health role such as Health Visiting or School Nursing.

RCN recommendations

Following our analysis of the proposals, RCN member engagement and review of the evidence and literature, the RCN has compiled the following detailed recommendations for the NMC to achieve their stated objectives to improve the quality and consistency of practice learning. We acknowledge that these recommendations go beyond the scope of the survey questions but are included as the College believes that a wider range of reforms are necessary to address the issues identified. These are summarised below.

It is our view that our recommendations should be taken forward in totality, given the interconnected nature of quality assurance interventions, rather than in part. We also stress the importance that NMC revisit the areas covered in this consultation should substantive, new evidence emerge, including around any association between programme hours and graduate preparedness and patient safety.

Quality Assurance

The NMC should implement the following in relation to quality assurance:

- Work with Approved Education Institutions (AEIs) to ensure entry requirements are appropriate with academic capabilities, values and behaviours needed for students to learn effectively and practice safely and effectively throughout their programme and upon registration.
- Review and consult on the Standards for Student Supervision and Assessment (SSSA) and the Pre-registration Education Standards, before implementation of any change arising from this consultation.
- Require standardised, mandatory training for all practice assessors and supervisors, with a minimum experience requirement (for example, excluding newly registered nurses or those still in preceptorship from acting as practice assessors).
- Commission an external audit of the NMC's current quality assurance processes for Approved Education Institutions (AEIs) and placement providers
- Reinstate university programme monitoring by the NMC, to ensure consistency of education provision and outcomes across AEIs, in addition to the current AEI self-assessment.
- Develop with stakeholders including the RCN, nationally agreed standards for placements and learning environments and set clear, sufficient ratios of practice supervisors to students, to ensure greater consistency.
- Conduct a rapid review of the role a national, universal objective assessment, could play in assuring quality and consistency at the point of registration, and how this could be designed and implemented.

In support of this, Governments in all four countries should:

- Explore current funding arrangements and remove any financial disincentives for AEIs and Practice Learning Partners (PLPs), to exceed the minimum hours in programme delivery.

- Ensure that protected time for supervision and assessment is sufficiently factored into workforce planning assumptions.

Programme hours, Preceptorship and Post-Registration Transition

The NMC should:

- Retract the proposed reduction in nursing programme hours from 4,600 to 3,600 on the current evidence base, and require any future proposal to be supported by outcome data demonstrating equivalent or improved outcomes for nurses and patients as a result of the reduction in hours.
- Work with governments in the UK to develop a mandatory preceptorship for all newly registered nurses.
- Implement, irrespective of any decision on hours, the quality-assurance measures included in this document, recognising that this will require at least six months of review and consultation before any change takes effect.
- Publish a full, four-country impact assessment addressing Northern Ireland/EU cross-border recognition, the Scottish Honours degree structure, and the Welsh curriculum and commissioning context, before finalising any change to programme hours.

Nursing Associate Programme Hours

The NMC should:

- Withdraw the proposal to reduce Registered Nursing programme hours from 4,600 to 3,600 on the basis that this reduction will harm the perceived value of the nursing profession and could lead to greater substitution of Registered Nurses with Registered Nursing Associates to the detriment of patient care.
- Include in their Equality Impact Assessment an assessment of the workforce, professional and patient safety consequences of changing Registered Nursing programme hours.
- Undertake a full evaluation of the Registered Nursing Associate programme, including access to progression opportunities.

Simulated learning

The NMC should:

- Reconsult on a reduced cap for simulated practice learning, at lower than 25%, should programme hours be reduced overall.
- Urgently undertake an evaluation of quality and consistency in simulated practice learning and establish a robust quality assurance framework and programme for ongoing monitoring.

Community placements

The NMC should:

- In partnership with stakeholders, including the RCN, develop an agreed definition of a community placement to ensure ongoing quality of placement experience.

- Develop a Quality Assurance plan and establish regular monitoring to ensure students are obtaining safe and appropriate learning experiences that are of a high standard.
- Consider student safety as part of its ongoing guidance to placement providers, and the NMC's EqIA should address any issues and barriers to accessing community placements.
- Produce clear guidance for placement providers.
- Governments in all four countries must address financial barriers to providing community placement experience including financial incentives for smaller providers to pump-prime access to quality placement experiences across the independent, private sector and general practice.

Equality, diversity and inclusion

The NMC should:

- Publish the specific standard(s) it proposes to introduce or amend under Proposal 1, with indicative wording, and clarify how this relates to standards 1.10, 3.11 and 3.12 as they currently stand, to the separately published anti-racism principles, and to its ongoing Code and Revalidation review.
- Embed anti-racism, bias awareness and cultural safety as a core, assessed part of curriculum, supervision, assessment and complaints handling (for example, not a one-off session or annual e-learning module) and require AEIs and PLPs to monitor and publish placement allocation data by ethnicity and other protected characteristics, given evidence that unequal allocation of placements has disadvantaged students on racial, ethnic and socio-economic grounds.
- Commit to collecting and publishing measurable, disaggregated outcome data on student experience and progression by protected characteristics so that impact can be demonstrated rather than assumed. This could include differential attainment and progression rates, complaint resolution times, and university Fitness to Practice referral rates by ethnicity.
- Strengthen accountability for the anti-racism principles: confirm whether the gap analysis matrix used by AEIs and care providers will be independently verified, name a single, standardised destination for the data it generates (ideally routed through EdQA), and set out what happens, in practice, when an AEI or PLP does not meet the expectations set out.
- Not rely on Speak Up Guardians and existing raising-concerns routes alone as these are reactive measures. Require AEIs, PLPs and the NMC's own quality assurance processes to proactively monitor for patterns of poor culture and discriminatory treatment, with clear accountability for resolving concerns owned by a named body, rather than responsibility passed between organisations.
- The NMC's full Equality Impact Assessment does not include a mitigations column, or a named owner and target date against the risks it identifies and does not state how often it will be reviewed or whether updated versions will be published. We would ask the NMC to add each of these, and to publish the findings of any further engagement it undertakes with underrepresented groups where it has identified evidence gaps.

- The NMC should also commit to promoting and embedding practical tools that support consideration of reasonable adjustment with reference to practice requirements, such as the RCN's own Health Ability Passport and the RCM's Neurodivergence Acceptance Toolkit, in placement planning guidance for AEIs and PLPs.
- The NMC should work with UK governments and placement providers to address the financial and logistical barriers to placement access (notably travel and parking costs) as a distinct equity issue, rather than relying on a reduction in programme hours to address student hardship.

Midwifery

The NMC should:

- Withdraw the proposal to extend midwifery to four years. Any extension of programme length should be accompanied by clear curriculum expectations, greater leadership development, stronger preparation for autonomous practice, enhanced clinical immersion, and increased focus on safeguarding, anti-racism, cultural safety, mental health, health inequalities and women’s health.