

Scottish subject benchmark statement

Nursing

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Preface

The subject benchmark statement for nursing in Scotland was first undertaken in 2002. This revised statement, while drawing on the previous document, takes account of developments that have occurred since the first statement was published. These developments include not only policy, changes in service delivery and their implications for programmes of professional preparation, but also the establishment of a new statutory regulatory body, the Nursing & Midwifery Council (NMC). This saw the subsequent development of standards of proficiency for pre-registration programmes in nursing, including essential skills clusters (as set out in NMC Circular 07/2007) as an integral part of such programmes¹. A further significant development has been the continuing work based on Appendix 1: Emerging health professions framework, which has now been replaced in this new statement by Appendix 1: Statement of common purpose for subject benchmark statements for the health and social care professions.

This revised subject benchmark statement, therefore, provides a means of describing the contemporary nature and characteristics of programmes of study and education in nursing in Scotland. It also represents general expectations about standards for the award of qualifications at a given level and articulates the attributes and capabilities that those possessing such qualifications should be able to demonstrate.

This subject benchmark statement has been informed by the *Recognition scheme for subject benchmark statements*, published by the Quality Assurance Agency for Higher Education (QAA) in 2004². It has also taken account of the fact that statements that are specific to the higher education sector in Scotland are handled by QAA Scotland and are subject to a separate process and consultation. For this reason, the statement has been prepared in collaboration with key stakeholders with a shared investment and future vision about both the innovative diversity and the quality of programmes of preparation that meet the needs of nursing services in the National Health Service (NHS) Scotland.

Subject benchmark statements are used for a variety of purposes. Primarily, they are an important external source of reference when new programmes are being designed and developed. They provide general guidance for articulating the learning outcomes associated with the programme but are not a specification of a detailed curriculum. Subject benchmark statements provide for variety and flexibility in the design of programmes and encourage innovation within an agreed overall conceptual framework.

Subject benchmark statements also provide support to institutions in the pursuit of enhancement-led institutional review (ELIR). They enable the learning outcomes specified for a particular programme to be reviewed and evaluated against agreed general expectations about standards.

Subject benchmark statements may be one of a number of external reference points that are drawn upon for the purposes of ELIR. Reviewers do not use subject benchmark statements as a crude checklist for these purposes, rather they are used in conjunction with the relevant programme specifications, the associated documentation of the relevant professional, statutory and regulatory bodies, and the institution's own internal

¹ Essential Skills Clusters become mandatory from September 2008.

² Available at www.qaa.ac.uk/academicinfrastructure

evaluation documentation, in order to enable reviewers to come to a rounded judgement based on a broad range of evidence.

The benchmarking of standards in health and social care subjects is undertaken by groups of appropriate specialists drawn from education providers, service providers and the professional and statutory regulatory bodies. In due course, the statements will be revised to reflect developments in the subjects, and the experiences of institutions academic review and others that are working with them.

Foreword

This subject benchmark statement provides the academic and professional community in Scotland with a framework on which to build creative and forward-looking programmes of professional preparation. In addition, it provides programme planners with a clear guide to the threshold standards required of a programme of education that will enable students to be eligible for professional registration.

This is a revised statement building on the Scottish subject benchmark statement published in 2002. It takes account of the complexities of the ever-changing educational and healthcare policy environment. Furthermore, it includes the professional statutory changes that set, maintain and enhance standards of healthcare and its delivery for the profession.

I commend the diligence, motivation and commitment of the benchmarking group in ensuring that the statement is contemporary, fit for purpose and user-friendly for academics, practitioners and students.

It is therefore with confidence that I present you with this updated subject benchmark statement.

Jennie Parry
Convener

Nursing, midwifery and specialist community public health nursing Scottish benchmark groups.

January 2009

1 Introduction

1.1 This benchmark statement describes the nature and standards of programmes of study in nursing that lead to the subject awards made by education providers in Scotland. The Scottish benchmarking statement has also taken account of the Statement of common purpose for subject benchmark statements for the health and social care professions (Appendix 1). This makes the Scottish benchmarking statement consistent with the United Kingdom (UK) context, both in specific relation to the nursing profession and to other health and social care professions.

1.2 Within such a UK context, Scotland has a devolved education system. This is reflected in the fact that the Scottish Credit and Qualifications Framework (SCQF) is slightly different from that of its counterparts in the rest of the UK. In particular, Scotland has continued to embrace the development and award of the Scottish Ordinary degree for a range of vocational and professional programmes of preparation. This is further reflected in the fact that the Scottish Government Health Directorate continues to provide the opportunity for pre-registration students of nursing to qualify at Ordinary degree level. The Scottish benchmarking group has therefore taken into account that pre-registration nursing students in Scotland may qualify at different academic levels on the SCQF, from the Diploma of Higher Education (DipHE), Ordinary degree, Honours degree and, where special graduate programmes are available, Postgraduate Diploma.

1.3 The DipHE in Nursing remains the threshold standard for pre-registration nursing programmes in Scotland, but to this must be added the fact that the Scottish DipHE in Nursing attracts 60 credit points at SCQF level 9 (Scottish Higher Education level 3) which is Scottish Ordinary degree level. It is for these reasons that the Scottish benchmarking statement for nursing continues to be designed and presented in a way that differs slightly from its counterparts in the rest of the UK, while, as noted above, still remaining consistent with the overall purpose and value of the work already undertaken, including that of the Statement of common purpose for the health and social care professions.

1.4 The design and presentation of this revised Scottish benchmark statement for nursing has continued to be influenced by the benchmark information relating to *The Standard for Initial Teacher Education in Scotland*³. In particular, the Scottish benchmarking group placed a high value on the way in which a single set of benchmarks and expected features were presented as the threshold standard for professional preparation at different levels of academic award. The group took the view that such a manner of presentation was also appropriate for the nursing context in Scotland with its three different levels of award, and therefore made the decision to proceed down that route. This will enable the different providers of nursing education in Scotland to meet the threshold standards in their programme design, while also facilitating the three different academic levels of provision and completion as and where appropriate.

1.5 The benchmarks for nursing in Scotland, along with the expected features of the threshold standard, are set out under the following three main headings:

- A Professional knowledge and understanding
- B Professional skills and abilities
- C Professional values, accountability and development

³ Available at www.qaa.ac.uk/academicinfrastructure/benchmark/scottish

1.6 It is important to note that these three headings signify a high degree of interdependence where the academic nature of the programme meets the professional requirements of a programme that is practice-based but education-led. In this respect, the Scottish benchmarking group valued the opportunity to cross-reference the benchmarks and their expected features with the standards of proficiency for entry on to the NMC Professional Register (see Appendix 2). This fact has also strongly influenced the template in which threshold standards are presented. A further significant fact is that the three headings stated above are consistent with the template developed in the Statement of common purpose for subject benchmark statements for the health and social care professions.

1.7 The section on teaching, learning and assessment draws attention to the central role of practice in the design of learning opportunities for students and the importance of ensuring that professional standards of proficiency developed through practice are adequately assessed and rewarded. It also notes how essential it is that the integration of theory and practice is a planned process within the overall arrangements made for teaching and learning.

1.8 This statement acknowledges the need to put the prospective patient and client at the centre of the student's learning experience and to promote within that experience the importance of team-working and multi-agency collaboration and communication. Implicit in the statement are the opportunities that exist for shared learning across professional boundaries. It is essential that the opportunities which exist for shared learning in practice are optimised, as well as best use being made of similar opportunities that prevail more obviously in classroom-based activities.

1.9 This statement and the associated statements will therefore allow education providers, in partnership with service providers (where appropriate), to make informed curriculum choices about the construction of shared learning experiences. In this context, shared learning is seen as one of a number of means of promoting improved collaborative practice and addressing a range of issues which span professional accountability and professional relationships. The statement has also been written in the context of the ongoing modernisation agenda for the health service in Scotland, where the goal is that of an ever-improving service and a continuing focus on patient-centred needs in what remains a practice-based and education-led preparation. In this respect, benchmarking statements strive to make education fit for purpose in a manner that augments transparency and accountability to all stakeholders.

1.10 This statement does not set a national curriculum for programmes leading to awards in nursing. It acknowledges that the requirements of the professional and statutory regulatory bodies need to be incorporated into the design of programmes. It seeks to encourage both education and service providers to work collaboratively in the design and delivery of pre-registration nursing curricula. Its essential feature is the specification of threshold standards, incorporating academic and practitioner elements, against which education providers are expected, as a minimum, to set their standards for the award. Curriculum planners will also be aware that the NMC are currently undertaking a review of pre-registration education, and will take account of developments in due course.

1.11 Finally, the benchmark statement for nursing in Scotland has also been designed in a way that looks to the future in terms of internal quality enhancement, continuing

professional development and the modernisation agenda, including that of nursing careers. Therefore, the revised benchmark statement that follows is seen as the second phase in an ongoing evolution of quality systems, inter-professional collaboration, and transparency of programme content and design in a manner that is clear to all stakeholders. In this respect it is presented as a sound platform for the future of the nursing profession in Scotland.

2 Defining principles

2.1 Nursing is a practice-based, academic and professional discipline that is practised in a variety of complex situations across the health-illness continuum. There are a number of definitions of nursing but few, if any, that explicitly enable a benchmark nursing statement to be identified. The variety and diversity of nursing is articulated through the specialist branch structure that enables practitioners, on successful completion of an approved programme, to register as an adult, child, learning disability or mental health nurse.

2.2 Nursing focuses on promoting health and helping individuals, families and groups to meet their healthcare needs. Nursing work involves assisting people whose autonomy is impaired, who may present with a range of disabilities or health-related problems, to perform a range of activities, sometimes acting for, or on behalf of, the patient. A defining feature of nursing is that it provides 24-hour care with a focus on meeting people's personal and social needs within a healthcare context. Central to this is the importance of the patient experience of healthcare, and the adoption of robust measures to promote and ensure patient safety.

2.3 Nurses work with patients, clients, families and communities in primary care, acute and critical care, rehabilitation and tertiary care settings. The knowledge base for nursing is broad-based encompassing natural, human and social sciences, and also the humanities.

2.4 Nurses practise within a social, political and economic context. Through NMC's *The Code Standards of conduct, performance and ethics for nurses and midwives*, nurses embrace the concepts of inclusion, equal opportunities, individual rights and empowerment of patients and client groups. Professional and patient/client autonomy is a key feature of the nurse's role.

2.5 Given the complex nature of nursing and diversity of healthcare situations encountered, nurses must be skilled practitioners, knowledgeable in a range of subjects and able to appraise and adopt both an enquiry and evidence-based approach to the delivery of care. Irrespective of the academic award, individuals undertaking programmes that lead to professional registration must demonstrate achievement of the nursing standards of proficiency required by the statutory regulatory body for entry to the register.

2.6 The study of nursing encompasses the following principles:

- a commitment to provide high quality patient-centred and client-centred care
- a commitment to the development of new roles that support the interface between health and social care practice
- the application of current knowledge and research to nursing practice across the health and illness continuum

- a commitment to working in partnership with other professionals and agencies
- an evolution towards role transferability in support of patient-centred and client-centred care
- the development of educational programmes that enable nurses to demonstrate fitness for practice and a commitment to continuing professional development
- a commitment to promoting the quality of the patient experience and patient safety
- the development of educational programmes that take account of the modernising of nursing careers.

3 Nature and extent of programmes in nursing

3.1 Nursing is a large and complex profession and academic discipline. Education providers plan and deliver programmes of pre-registration nurse education which, in close partnership with service providers, prepare students for entry to the professional register. These universities also provide opportunities for continuing professional development and specialist programmes of preparation beyond initial registration.

3.2 Pre-registration nursing education consists of a common foundation programme and four branch programmes to prepare nurses to work in adult nursing, child nursing, learning disabilities nursing or mental health nursing.

Common foundation programme

3.3 The common foundation programme is the core element that underpins each branch and is shared by all nursing students. It introduces students to the four branches but also focuses on a range of subjects within, and applied to, nursing that are common to all branches. Nursing programmes involve integrated study of the knowledge, skills and values from a range of subject disciplines applied to the practice of nursing. These are outlined in this benchmark statement. Core areas within these subjects are common to all of nursing while other aspects are applied to specific branches. Regardless of the order in which these subject areas appear in this benchmark statement, programmes within each of the four branches will place greater emphasis on certain subject areas in terms of the knowledge and skills required to meet the healthcare needs of their respective patient/client groups.

3.4 Standards of proficiency in nursing require the development of technical, cognitive and interpersonal skills and involve a variety of different ways of knowing and understanding. Interpersonal and interactive skills are needed to enable nurses to form appropriate professional relationships that are essential for a high quality of care. Through their educational preparation, nurses become equipped to understand, contribute to, and work within, the context of their profession, and to analyse, adapt to, manage, and eventually lead, the processes of change.

Adult nursing

3.5 Central to adult nursing is a commitment to patient and client-centred care that recognises the need to assess physical, social, psychological and spiritual needs to maximise potential for health and well-being. This is underpinned by a philosophy that embraces partnership and collaborative working with patients and clients, carers and the

multi-professional team. This approach enhances the development of values that promote independence, autonomy and reciprocity in adult health care, where each patient/client is seen as an individual.

3.6 Adult nurses need to understand the differing healthcare needs of age groups that span adolescence, adulthood and older people. Care is provided for patients and clients in a wide variety of primary, acute, continuing and rehabilitative care settings that include NHS settings, the patient/client's own home, the workplace, the prison services and the independent and voluntary sectors. Adult nurses acquire the knowledge, skills and attitudes to meet the needs of patients/clients in all care areas, support them through programmes of care and treatment, and maximise opportunities for health promotion. A substantial part of adult nursing involves coordinating, integrating and managing care, making referrals to other members of the care team and ensuring that effective communication channels are in place to support continuity of care. In order to fulfil this role, adult nurses need to be confident to make decisions and, where appropriate, challenge assumptions and practices. Thus adult nurses need to be politically aware to protect the vulnerability of those in their care.

3.7 Adult Nursing Branch Programmes are also required to take account of European Directive 2005/36/EC.

Children's nursing

3.8 Central to children's nursing is the uniqueness of the child and young person within the family and society. Programmes in children's nursing prepare nurses to understand the dimensions of child development and the subsequent diversity and complexity of the health and social care needs of this age group. Children's nurses practise within the child's home, hospital, school, community and independent and voluntary settings. The wide spectrum of health problems, care settings and opportunities for health promotion requires children's nurses to demonstrate confidence and competence in decision-making in child/young person's nursing, including, where appropriate, the challenging of assumptions and practices.

3.9 Children's nurses need to be politically aware, applying evidence-based knowledge of health and social policy, law and ethics in order to champion the rights of children and young people, both as groups and as individuals receiving care. This requires children's nurses to work collaboratively and in partnership with professionals from a range of health and social care agencies to promote health, minimise illness and protect vulnerability. This partnership enhances self-esteem, enables children to reach their full potential and encourages the development of autonomy in care and decision-making.

Learning disabilities nursing

3.10 Programmes in the learning disabilities branch of nursing prepare nurses to work with people with a range of learning disabilities and with their families and significant others. Learning disability nurses' work is underpinned by the concepts of partnership, inclusion and advocacy. The role of the learning disability nurse, specifically, is to assist and support people to become and remain healthy, to improve their competence and quality of life, and to fulfil their potential where each patient and client is seen as an individual.

3.11 Learning disability nurses work with people with a spectrum of needs and abilities in a wide variety of settings, often working collaboratively with professionals from a range of health and social care agencies. This support may take place in the NHS, voluntary or independent sector, or in patients' and clients' own homes. Learning disability nurses need to be politically aware to operate effectively across a range of services where the uniqueness of each patient and client is recognised. Learning disability nurses develop the confidence to make decisions and, where appropriate, challenge assumptions and practices to facilitate the interpersonal, emotional, behavioural, cognitive and spiritual needs of patients and clients in a manner that protects vulnerability.

Mental health nursing

3.12 Programmes in mental health nursing prepare nurses to work in a branch of nursing whose precepts acknowledge that nursing is essentially a human activity which has at its core the relationship between the nurse and his/her client(s) and carers. This relationship is premised on knowledge, attitudes and skills that assist individuals with mental health problems to reach their maximum potential and where each client is treated as an individual. The knowledge and practical skills required of the mental health nurse are those that facilitate the recognition and achievement of the interpersonal, emotional, behavioural, cognitive and spiritual needs of clients. Mental health nurses approach these in a structured way through a systematic process that embraces the concepts of client-centredness, self-reflection and self-awareness. This ensures that the nurse-client relationship is a dynamic one.

3.13 The mental health nurse may be required to meet the health and/or nursing care needs of clients with acute, rehabilitative or continuing care needs, or health promotion requirements within community, residential and hospital settings. Thus mental health nurses work collaboratively and in partnership with clients and across a range of health and social care agencies in a manner that promotes mental health and protects vulnerability. Mental health nurses are also required to be politically aware, to develop confidence in decision-making and to challenge assumptions and practices, where necessary, in the clients' and carers' best interests.

3.14 The statements in the rest of this document outline the knowledge, understanding and associated skills, and the application of these, to nursing practice across all specialist nursing branches.

4 Threshold standard for nursing programmes in Scotland: elements of professional development

4.1 Programmes of pre-registration nursing preparation are the first step in a lifelong career of continuing professional development. Programmes of initial preparation for registration are required to promote three main aspects of such development:

- A Professional knowledge and understanding
- B Professional skills and abilities
- C Professional values, accountability and development

4.2 This approach is illustrated in figure 1 below. The significance of placing these aspects of professional preparation within a triangle is to emphasise that they are not simply lists of proficiencies or outcomes. They are inherently linked to the professional development of the student and, subsequently, the Registered Nurse, and one aspect does not exist independently of the other two. It is the relationship between the three aspects that constitutes a meaningful education and preparation to practice. Benchmark statements have been produced for each of the three aspects and programmes will be designed to give attention to each of these and to their interaction. The benchmark statements, as well as meeting the requirements of academic study, also incorporate the standards of proficiency that are a statutory requirement for registration.

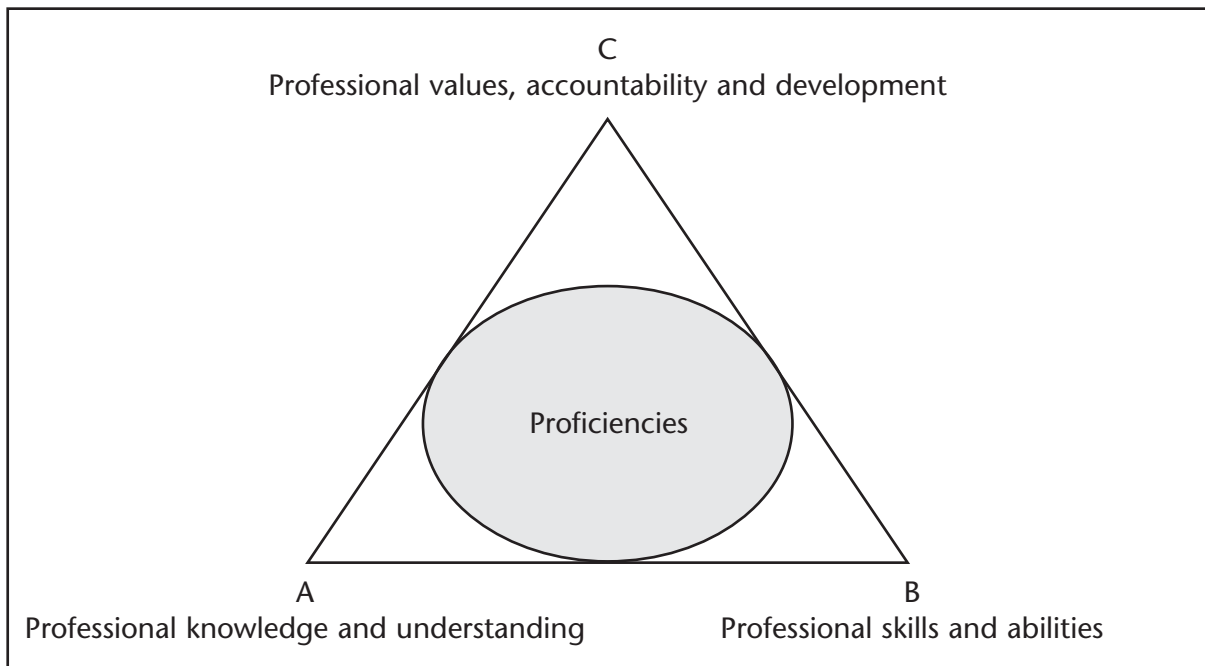


Figure 1: Aspects of professional preparation and development

4.3 The threshold standard for pre-registration nursing programmes in Scotland contains the following three key elements. Firstly, the 'benchmarks' which are statements specifying the design requirements for programmes of pre-registration nursing in Scotland. Secondly, each benchmark contains a bulleted list of 'expected features' which designate aspects of student performance that the programme is designed to achieve in relation to a particular benchmark. These 'expected features' will be used in designing assessment strategies that facilitate the integration of academic work and practice-based learning. Thirdly, each benchmark has been cross-referenced to the appropriate standards of proficiency, the meeting of which is a statutory requirement for initial registration as a nurse in the UK. In this manner the benchmarking exercise has occurred within the context of a devolved Scottish education system, while still embracing the UK context of the nursing profession and its statutory requirements, along with the Statement of common purpose for the health and social care professions.

Threshold standard for pre-registration nursing programmes in Scotland

A: Professional knowledge and understanding

Benchmark The programme of preparation will enable students to:	Expected features By the end of the programme students will be able to:	Cross-reference to NMC proficiency standards
A1 interpret and reflect on the nature of professional nursing and forms of nursing knowledge and practice.	<ul style="list-style-type: none"> ● understand and discuss contemporary professional nursing issues relating to advocacy, accountability, informed consent, autonomy, partnerships and collaborative working within the context of clinical governance ● engage in interpretation and analysis of changing philosophical and historical perspectives in nursing and nursing theories appropriate to different client groups ● apply guidelines, best practice statements and protocols as appropriate for different patient and client groups ● make appropriate use of nursing, medical, and healthcare language and concepts ● use the different approaches to, and methods of, care appropriate to different stages of the human lifespan ● analyse the importance of an evidence base for specific patient and client groups ● appraise nursing knowledge as informed by different research methods and other forms of scholarly enquiry. 	B1, B2, B4, B5, B7, B8, C1
A2 understand the appropriate life and human sciences that underpin and contribute to nursing practice and health promotion.	<ul style="list-style-type: none"> ● acquire appropriate level knowledge of anatomy, physiology, genetics, immunology, microbiology, pharmacology and nutrition ● relate elements of the life and human sciences to patient and client assessment, investigative procedures, therapeutic interventions and clinical nursing skills ● utilise knowledge of pathophysiology and its relation to nursing practice for particular health problems ● demonstrate how knowledge of pathophysiological processes may inform health promotion strategies ● demonstrate knowledge of physiological changes that occur throughout different stages of the lifespan. 	B2, B3, B4, B8, C1

<p>A3 understand the appropriate health and social sciences that underpin and contribute to nursing practice and health promotion.</p>	<ul style="list-style-type: none"> ● recognise the contribution of the appropriate social sciences to an understanding of health variables ● demonstrate understanding of different models of health and illness, and health-belief systems ● demonstrate knowledge of how socio-economic and lifestyle variables may affect health and health outcomes ● demonstrate knowledge of the psychophysiology of stress and its implications for nursing practice and health promotion ● demonstrate knowledge of the purpose and concepts of epidemiology and how it informs healthcare interventions and public health strategies ● discuss the complexity of, and the variables involved in, health economics ● reflect upon the contribution of the social sciences to caring for those who are experiencing loss, significant change or bereavement ● apply relevant elements of the social sciences to patient and client assessment, investigative procedures, therapeutic interventions and nursing skills. 	<p>A2, B1, B2, B3, B4, B5, B8</p>
<p>A4 reflect upon the centrality of ethics, law and the humanities for professional nursing practice.</p>	<ul style="list-style-type: none"> ● understand the ethical and legal responsibilities of professional nurses ● demonstrate knowledge of human rights legislation and its implications for professional nursing practice ● engage in an exploration of different ethical theories, ethical dilemmas and the nature of moral reasoning with reference to care ● discuss the political and social context within which the provision of health and social care takes place ● understand and apply the values that underpin anti-discriminatory working practices. 	<p>A2, A3, B2, B4, B5, B6, C1</p>

<p>A5 acquire sound knowledge of nursing methods, nursing skills and healthcare management.</p>	<ul style="list-style-type: none"> ● apply guidelines, best practice statements and protocols to appropriate care situations ● understand the principles and elements of effective and therapeutic communication and interpersonal skills applied to patient and client care ● understand the importance and principles of evidence-based practice for the assessment, planning, delivery and evaluation of ongoing care ● be familiar with a range of tools, instruments and procedures used in the gathering of information and the auditing of care ● demonstrate an understanding of evidence-based practice applicable to different patient and client groups; assimilate new concepts and think critically to assess the value of such evidence ● demonstrate knowledge and ability in a range of psychological and social caring skills required of patients, clients or groups ● demonstrate knowledge of, and ability in, a range of clinical and practical skills, including mandatory and essential skills ● understand the principles of management and clinical governance within healthcare organisations ● demonstrate knowledge of the principles of risk management applied to different clinical situations. 	<p>B1, B2, B3, B4, B5, B6, B7, C1</p>
<p>A6 acquire knowledge and skills in handling information technology (IT) related to patient/client care, health promotion and continuing professional development.</p>	<ul style="list-style-type: none"> ● access healthcare research and literature databases to augment quality of care and professional learning ● show proficiency in IT applications appropriate to patient care and own professional learning ● use the internet as an information and learning resource ● use relevant electronic patient information systems ● demonstrate knowledge of current legislation relating to information handling. 	<p>B2, B3, B5</p>
<p>A7 acquire skills in numeracy necessary for safe patient and client care.</p>	<ul style="list-style-type: none"> ● manage numerical information relevant to the particular patient or client group ● carry out drug calculations and administration of medicines by appropriate routes ● record data appropriate to the healthcare setting ● report changes in patient information/data appropriately. 	<p>B2, B3, B4, B5, C1</p>

B: Professional skills and abilities

Benchmark The programme of preparation will enable students to:	Expected features By the end of the programme students will be able to:	Cross-reference to NMC proficiency standards
B1 develop and maintain therapeutic relationships through the use of appropriate communication and interpersonal skills.	<ul style="list-style-type: none"> ● work in partnership with patients, clients and carers ● utilise sensitive communication and interpersonal skills when working with others ● provide support to patients, clients and carers in changing and stressful situations ● engage in, and disengage from, therapeutic relationships through the use of effective interpersonal and counselling skills. 	B1, B2, B3, B4, B5, B7, C1, C2
B2 utilise appropriate knowledge to identify and assess the healthcare needs of patients and clients.	<ul style="list-style-type: none"> ● undertake a comprehensive systematic assessment using the tools/frameworks appropriate to the patient/client ● discern relevant information from patients/clients and carers to determine and prioritise care ● assess the potential for health education and promotion with patients, clients and carers ● maintain accurate records of the assessment processes ● communicate assessment findings to other relevant professionals involved in the care of particular patients and clients in an ethical manner. 	B1, B3, B4, B5, C1, C2
B3 formulate plans and strategies for meeting the healthcare needs of patients and clients through inter-professional and multi-agency working.	<ul style="list-style-type: none"> ● plan nursing care in partnership with the patient and multi-agency working ● provide a rationale for the nursing management plan based on the assessment ● use appropriate research and other evidence to underpin nursing decisions ● use evidence-based options to facilitate patient/client choice and inform nursing interventions ● incorporate health education and promotion strategies into the plan of care ● communicate plan to other relevant professionals involved in the care of particular patients and clients in an ethical manner. 	B1, B3, B4, B5, B6, B7

<p>B4 deliver safe, evidence-based care to patients, clients and families across a variety of care settings, including care and compassion, and the prevention of neglect and abuse.</p>	<ul style="list-style-type: none"> ● apply theories, concepts and principles of nursing to deliver safe patient and client-centred care for individuals, groups, families and communities ● provide safe patient and client-centred care through the use of clinical and practical skills, and knowledge of current best practice ● prioritise care delivery on an ongoing basis ● undertake appropriate risk assessments and intervene to prevent, where possible, complications occurring ● practise in a manner that maintains human dignity, human rights and professional responsibilities, and adhere to the principles of informed consent ● apply evidence-based knowledge to inform nursing care decisions, and demonstrate sound clinical judgement across a range of situations ● analyse and interpret relevant health education/promotion information and use this knowledge to promote the health and well-being of patients, clients and groups ● create and use opportunities to promote health and well-being of patients, clients and groups ● identify and manage challenging situations ● interpret and present information, including numerical data, in a clear and concise manner ● use IT applied to the needs of the patient, client or client group ● maintain accurate records of all care delivered, and communicate to team members and others, as appropriate. 	<p>A1, A3, B3, B4, B5, B6, C1, C2</p>
<p>B5 engage in an ongoing evaluation of all care delivered, and change the plan of care as appropriate.</p>	<ul style="list-style-type: none"> ● document and evaluate the outcomes of nursing and other interventions and communicate to team members and others, as appropriate ● reflect on practice to appraise and evaluate the effectiveness of nursing care ● interpret and respond to significant changes in health, medical, psychological or social status in patients and clients under care ● recognise and respond to situations in which the quality of care may be compromised. 	<p>B3, B4, B5, B7, C2</p>

<p>B6 engage in teamwork, multiprofessional, inter-agency and collaborative working.</p>	<ul style="list-style-type: none"> ● demonstrate ability to engage in effective teamworking ● communicate effectively to promote partnerships in the planning, delivery and evaluation of care ● work with professional and support staff and delegate care appropriately ● demonstrate the ability to work collaboratively with other professionals recognising their different roles, skills and possible different value bases ● maintain effective interactions with relevant external agencies. 	<p>A1, B1, B4, B5, B7, C2</p>
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C: Professional values, accountability and development

<p>Benchmark The programme of preparation will enable students to:</p>	<p>Expected features By the end of the programme students will be able to:</p>	<p>Cross-reference to NMC proficiency standards</p>
<p>C1 value and demonstrate a commitment to promoting health and social care for individuals, families and communities, acknowledging the differences in belief and cultural practices of individuals and groups.</p>	<ul style="list-style-type: none"> ● treat patients and clients as individuals with specific needs, desires and abilities ● demonstrate commitment to practising in a sensitive and non-discriminatory manner that promotes the primacy, dignity, welfare and human rights of patients, clients and carers ● demonstrate a commitment to social inclusiveness and anti-discriminatory practice in access to health and social care across different clinical environments and community settings ● practise in a manner that respects patient confidentiality and adheres to the <i>Data Protection Act 1998</i> and access to medical records ● adhere to NMC's <i>The Code Standards of conduct, performance and ethics for nurses and midwives</i> ● understand and adhere to the requirements and standards of the professional statutory body ● practise in accordance with the professional, ethical and legal framework. 	<p>A1, A3, B1, B4, B5, B6, B7, C2</p>

<p>C2 understand the importance and requirements of professional practice and accountability in different healthcare settings and employer contexts.</p>	<ul style="list-style-type: none"> ● demonstrate accountability for nursing care delivered, taking into account social, spiritual, cultural, legal, political and economic factors ● manage oneself, one's practice, and that of others, recognising one's own abilities and limitations ● demonstrate sound clinical judgement across a range of situations ● articulate and justify decision-making processes associated with managing practice ● delegate care to others, as appropriate, ensuring effective supervision and monitoring, and safe practice ● transfer knowledge and skills to a variety of healthcare settings and unexpected situations ● contribute to public protection by creating and maintaining a safe environment of care, and contribute to the development of protocols to enhance quality provision of care ● initiate appropriate actions in emergency situations in accordance with employers' guidelines, policies and protocols. 	<p>A1, A2, B4, B5, B6, B7, C1, C2</p>
<p>C3 value themselves as growing professionals by taking responsibility for their lifelong learning, reflective practice and professional development.</p>	<ul style="list-style-type: none"> ● demonstrate a commitment to continuing professional development ● engage in reflection on own professional learning needs and take steps to meet these, including learning plans ● engage in reflective thinking that identifies the need for changes in practice from best available evidence, and contributes to advancing practice. 	<p>A1, A2, B7, D1</p>
<p>C4 facilitate the safe practice and learning of others through professional development.</p>	<ul style="list-style-type: none"> ● promote safe and person-centred practice through effective care management ● contribute to the learning experience of others ● recognise the impact of role modelling in the practice setting ● develop others by facilitating the mutual sharing of knowledge and experience ● apply a knowledge base to support and teach others. 	<p>D2</p>
<p>C5 develop leadership skills and strategies to promote effective management and delivery of a quality service.</p>	<ul style="list-style-type: none"> ● engage in reflective thinking that promotes clinical supervision ● develop self-confidence to motivate and inspire others ● develop effective leadership skills by aiming to continually improve care delivery. 	<p>D2</p>

5 Teaching, learning and assessment

5.1 Decisions about the strategies and methods for teaching, learning and assessment are for academic institutions to determine, but should complement the learning outcomes associated with health profession programmes. It is not for benchmark statements to favour any one, or combination of, approaches over others.

5.2 However, this benchmark statement promotes an integrative approach to the application of knowledge and practice. It underlines the importance attached to the design of learning opportunities that make possible the gaining of professional skills and to assessment regimes that ensure these are being both delivered and rewarded to an appropriate standard.

5.3 In developing the curriculum, the relationship between knowledge and practice will require the use of practice in simulated health and social care settings. Standards for preparing practice education facilitators and mentors who are assessors of practice should be clear and conform to the professional regulatory bodies' recommendations. Attention should also be paid to new strategies that seek to promote quality of the 'patient experience', and adopt strong measures to ensure patient safety.

5.4 Fundamental to the basis on which pre-registration students are prepared for their professional career is the provision of programmes of academic study and practice-based learning, which lay the foundation for career-long professional development and lifelong learning to support best professional practice and the maintenance of professional standards.

5.5 The learning processes in nursing can be expressed in terms of the following four interrelated themes.

Cognitive and conceptual

5.6 Programmes should develop cognitive skills in students, such as the ability to reconstruct knowledge and apply it to individual situations. Such skills should be developed through a variety of teaching and learning methods in which students are encouraged to become actively and practically engaged with the process.

Clinical and technical

5.7 Nursing skills should be developed in both the education provider and the practice settings. These skills should be gained through developmental learning experiences that are structured, supervised and assessed. Students should receive formative and summative judgements and feedback on their performance throughout the programme.

Social and personal context

5.8 The programme should enable students to develop an awareness of the cultural diversity, values, beliefs and social factors that affect the context of nursing. This should be achieved from both theoretical and practice perspectives and by exposing students to clinical practice in a wide variety of settings.

Generic and enabling skills

5.9 Programmes should be designed to enable students to learn effective communication, teamworking, problem solving, the use of IT, research methodology and critical reasoning. The generic nature of these skills should enable them to be achieved through activity-based experiences in inter-professional education.

Essential skills clusters

5.10 Programmes of preparation should also take account of the identification and inclusion of essential skills clusters as published by the NMC as an integral part of preparation for professional practice⁴. The essential skills clusters consist of:

- care and compassion
- communication
- organisational aspects of care
- infection prevention and control
- nutrition and fluid maintenance
- medicines management across all fields of practice.

5.11 These essential skills clusters will become mandatory for all students commencing pre-registration nursing programmes from September 2008 onwards. They will be reviewed periodically by the NMC.

The assessment strategy

5.12 Methods should match the teaching and learning strategy, meet learning outcomes and encompass a wide variety of tools. Academic assessment should be designed to develop and test cognitive skills drawing on the context of practice and reflecting the learning and teaching methods employed. Methods should normally include case study presentations and analyses, practice-focused assignments, essays, project reports, clinical assessments and examinations of a written or practical nature. The assessment of standards of proficiency required for professional practice should be determined in partnership between nursing lecturers and placement staff.

5.13 Professional registration is dependent on meeting both statutory regulatory body requirements and education provider requirements. It is to be noted that the essential skills clusters should be demonstrated appropriately by students both before entry to a branch programme, and prior to registration.

⁴ NMC (2007) *Introduction of Essential Skills Clusters for Pre-registration Nursing programmes*, Circular 07/2007, SAT/gl, London, NMC.

Appendix 1: Statement of common purpose for subject benchmark statements for the health and social care professions

General introduction to the development of the Statement of common purpose

Subject benchmark statements are relatively new in health care. During their initial development, it became apparent that there were features common to each subject area and potential areas of overlapping among the statements. The opportunity was taken, therefore, to develop a framework to be associated with each of the subject-specific benchmark statements. The framework was, accordingly, included in each statement in order to illustrate, on one hand, the shared context upon which the education and training of healthcare staff rests and, on the other, the unique professional context within which programmes are organised. At the time, it was also recognised explicitly that experience and developments in health and social care practice would demand revisiting the statements periodically. For this reason and because there was potential for the framework to embrace other health-related areas as well as social care, the original framework was always referred to as 'emerging' and never published separately from discipline-specific benchmark statements.

Many changes have occurred in the five years since the development and adoption of the emerging framework associated with a number of subject benchmark statements in health care. These include considerable development of interprofessional education, the emergence of new professions and additional roles and technologies in health and social care, the appearance of new regulatory bodies, significant changes in the way in which services are delivered, and a much enhanced requirement for clients and patients to be enabled to participate in making decisions about their care and care needs. These factors, and others, suggest that the emerging framework associated with the first set of benchmark statements for health-related subjects is now in need of significant revision and needs re-casting to place clients' and patients' expectations of health and social care staff at the centre of its focus.

The development of a statement crossing health and social care is ambitious, given that the relationship between social care and social work is contested. Social work can be seen as part of social care or as distinct from it. Even a definition of the social care workforce is complicated. It can be seen as comprising staff who perform roles normally associated with social services or, alternatively, extended to incorporate staff engaged in activities associated with housing, personal advisers for young people, and nursery workers.

The education and training of social workers in England is governed by a subject benchmark, by national occupational standards and by central government requirements. Those training in Wales, Scotland and Northern Ireland will have to qualify and practise within similar regulatory requirements. Education and training for the social care workforce is now receiving greater policy attention, with targets being set to raise the number of qualified staff. A 'statement of common purpose' needs to recognise the complex interrelationship between social work and social care, to embrace the varied roles and tasks that might fall within a definition of social care, and to recognise the distinguishing features of the four-nation context. Such a statement also needs to take

account of the different academic levels from NVQ to post-qualifying education for health and social care/work staff that have been and are being developed. Social work and social care staff, once registered with their governing councils in the four nations, will be required to uphold defined professional values, knowledge and skills that offer a distinctive contribution to people's health and welfare. This needs to be acknowledged in a statement of common purpose designed to span health and social care.

Cross-professional benchmarks and statements of common purpose underpin trends towards increasingly integrated service delivery as well as interprofessional education and training. The challenge is not to subsume one discipline or professional activity into another but to integrate perspectives in a manner that maximises the synergies and distinctive contributions of each. This avoids an approach where health, education, or justice versions of what health care, social care and social work staff should learn and do become dominant. Any statement of common purpose should recognise that the onus to become more integrated in terms of values, knowledge-base and skills, applies to all disciplines and professions.

The Statement of common purpose

Preface

Subject benchmark statements for health-related subjects describe the nature and characteristics of programmes of study and training in health and social care. They also represent general expectations about standards for the award of qualifications at a given level and articulate the attributes and capabilities that those possessing such qualifications should be able to demonstrate.

Subject benchmark statements are used for a variety of purposes. Primarily, they are an important external source of reference when new programmes are being designed and developed. They provide general guidance for articulating the learning outcomes associated with programmes but they are not a specification of a detailed curriculum. Subject benchmark statements provide for variety and flexibility in the design of programmes and encourage innovation within an agreed overall conceptual framework. In health and social care, they offer the opportunity to focus the development of programmes from clients' and patients' perspectives, being creative in relation to interprofessional learning in both academic and practice settings.

Subject benchmark statements also provide support in the pursuit of internal quality assurance. They enable the learning outcomes specified for a particular programme to be reviewed and evaluated against agreed general expectations about standards.

Subject benchmark statements are one of a number of sources of information that are drawn upon for the purposes of external quality assurance, especially where judgements are made regarding whether threshold standards are met, as well as evidence of good practice. Benchmark statements are not used in isolation for these purposes and a broad range of other evidence and reference points support judgements of quality.

Subject benchmark statements may also be of interest to prospective students and employers seeking information about the nature and standards of awards in a given subject area.

Subject benchmark statements make explicit, in published form, the general academic characteristics and standards of awards across the United Kingdom. Benchmarked standards in health and social care subjects derive their legitimacy and authority from a process of drafting and extensive consultation involving appropriate specialists drawn from higher education institutions, subject associations, service commissioners and providers, and the professional and statutory regulatory bodies. Subject benchmark statements are reviewed periodically and, where appropriate, are revised to reflect changes in the subject area.

Introduction

This new statement of common purpose builds on and replaces the emerging framework and, like the emerging framework, is designed to be associated with subject-specific benchmark statements in health and social care. It is set out under three main headings:

- 1 Values in health and social care practice
- 2 The practice of health and social care
- 3 Knowledge and understanding for health and social care practice

The statement places the focus of students' learning on meeting the needs of clients and patients within an environment that requires effective team, interprofessional and inter-agency working and communication, as well as expert care. It aims to encourage shared learning by students from a range of health and social care disciplines, both in practice and in classroom-based activities. Higher education institutions, in partnership with service providers, will make informed curriculum choices about the construction of shared learning experiences which promote improved collaborative practice and this statement is an important consideration in making those choices. It should not, however, be regarded as a national curriculum for shared learning in health and social care.

The currency of the statement will be influenced by contextual developments affecting the disciplines to which the statement relates, including such factors as new regulatory arrangements.

The practice of health and social care professionals will continue to develop as a result of new knowledge and society's changing expectations of health and social care. As a consequence, this statement of common purpose will need to continue to develop and will be subject to periodic review. Comments that could improve it are welcome at any time and should be directed to QAA.

1 Values in health and social care practice

Health and social care professionals are personally accountable for their actions and must be able to explain and justify their decisions. They work in many different settings and practices and have to make difficult decisions about complex human situations which require the application of ethical principles. They seek to improve the quality of life for their patients and clients. All hold a duty to protect and promote the needs of their clients and patients and, in so doing, take into account any associated risks for the public.

1.1 Respect for clients' and patients' rights, individuality, dignity and privacy⁵

Health and social care staff should:

- be open and honest with their clients and patients
- listen to clients and patients
- keep information about clients and patients confidential within the limits of duty of care
- ensure that their own beliefs do not prejudice the care of their clients and patients
- recognise and value cultural and social diversity
- ensure individualised care and treatment to combat discrimination and social exclusion.

1.2 Clients' and patients' right to be involved in decisions about their health and social care

Health and social care staff should:

- provide information about clients' and patients' health and social care options in a manner in which the clients and patients can understand

⁵ 'Clients and patients' is used throughout this document to mean individuals, groups or whole populations.

- gain appropriate consent before giving care and treatment
- enable clients and patients to make informed choices about care, including cases where those choices may result in adverse outcomes for the individual
- provide clients and patients with proper access to their health and social care records.

1.3 Justify public trust and confidence

Health and social care staff should:

- be honest and trustworthy at all times
- act with integrity and never abuse their professional standing
- never ask for or accept any inducement, gift, hospitality or referral which may affect, or be considered to affect, their professional judgement
- always declare any personal interests to those who may be affected.

1.4 High standards of practice

Health and social care staff should:

- recognise and work within the limits of their knowledge, skills and experience
- maintain and improve their professional knowledge, skills and performance
- be committed to enhancing standards of practice in health and social care
- make prompt, relevant, clear, legible and proper records
- must deliver the highest standards of integrity and competence.

1.5 Protection from risk of harm

Health and social care staff should:

- act properly to protect clients, patients, the public and colleagues from the risk of harm
- ensure that their own or their colleagues' health, conduct or performance does not place clients and patients at risk
- protect clients and patients from risks of infection or other dangers in the environment.

1.6 Cooperation and collaboration with colleagues

Health and social care staff should:

- respect and encourage the skills and contributions which colleagues, in both their own profession and other professions, bring to the care of clients and patients
- within their work environment, support colleagues to develop their professional knowledge, skills and performance
- not require colleagues to take on responsibilities that are beyond their level of knowledge, skills and experience.

1.7 Education

Health and social care staff should, where appropriate:

- contribute to the education of students, colleagues, clients and patients, and the wider public
- develop skills of responsible and proper supervision.

2 The practice of health and social care

Health and social care are applied academic subjects, where practice is underpinned by theoretical learning. In their practice, health and social care professionals draw from the values, knowledge and skills of their own discipline. This knowledge and understanding form the basis for making decisions and judgements in a variety of contexts, often against a backdrop of uncertainty. Partnership working is essential to promote the well-being of individuals, groups and communities. Professional practice is essentially a process of problem solving. It can be characterised by four major phases:

- the identification and assessment of health and social care needs in the context of individual interaction with their environment
- the development of focused intervention to meet these needs
- implementation of these plans
- critical evaluation of the impact of professional and service interventions on patients and clients.

2.1 Identification and assessment of health and social care needs

Health and social care staff should be able to:

- obtain relevant information from a wide range of sources, using a variety of appropriate assessment methods
- adopt systematic approaches to evaluating information collected
- communicate their evaluations effectively to their clients, patients and other members of the health and social care team.

2.2 The development of plans to meet health and social care needs

Health and social care staff should be able to use knowledge, understanding and experience to:

- work with clients and patients to consider the range of activities that are appropriate
- plan care, and do so holistically
- record judgements and decisions clearly.

2.3 Implementation of health and social care plans

Health and social care staff should be able to:

- conduct appropriate activities skilfully and in accordance with good practice
- assign priorities to the work to be done effectively

- maintain accurate records
- use opportunities provided by practice to educate others.

2.4 Evaluation of the health and social care plans implemented

Health and social care staff should be able to:

- assess and document the outcomes of their practice
- involve clients and patients in assessing the effectiveness of the care given
- learn from their practice to improve the care given in the particular case
- learn from the experience to improve their future practice
- participate in audit and other quality assurance procedures to contribute to effective risk management and good clinical governance
- use the outcomes of evaluation to develop health and social care policy and practice.

2.5 Communication

Health and social care staff should be able to:

- make active, effective and purposeful contact with individuals and organisations utilising appropriate means such as verbal, paper-based and electronic communication
- build and sustain relationships with individuals, groups and organisations
- work with others to effect positive change and deliver professional and service accountability.

3 Knowledge and understanding for health and social care practice

The education and training of health and social care professionals draws from a range of academic disciplines which provide the underpinning knowledge and understanding for sound practice. Each profession has an identifiable body of knowledge and will draw from this as appropriate. However, there are areas of knowledge and understanding that are common to all health and social care professionals, which include:

- ethical principles, values and moral concepts inherent in health and social care practice
- legislation and professional and statutory codes of conduct relevant to their practice, and understanding of health and social care delivery configurations
- research and evidence-based concepts and explanations from law, psychology, social policy and sociology
- physical and psychological human growth and development.

In addition, and to an extent determined by the nature of their practice, health and social professionals will be familiar with:

- the structure, function and dysfunction of the human body
- public health principles
- health education in their practice.

Appendix 2: First level nurses - nursing standards of education to achieve the NMC standards of proficiency

Domains for nursing

Domain A: Professional and ethical practice

A1 Manage oneself, one's practice, and that of others, in accordance with NMC's *The Code Standards of conduct, performance and ethics for nurses and midwives*⁶, recognising one's own abilities and limitations

- Practise in accordance with NMC's *The Code Standards of conduct, performance and ethics for nurses and midwives*.
- Use professional standards of practice to self-assess performance.
- Consult with a registered nurse when nursing care requires expertise beyond one's own current scope of competence.
- Consult with other healthcare professionals when individual or group needs fall outside the scope of nursing practice.
- Identify unsafe practice and respond appropriately to ensure a safe outcome.
- Manage the delivery of care services within the sphere of one's own accountability.

A2 Practise in accordance with an ethical and legal framework which ensures the primacy of patient and client interest and well-being, and respect confidentiality

- Demonstrate knowledge of legislation and health and social policy relevant to nursing practice.
- Ensure the confidentiality and security of written and verbal information acquired in a professional capacity.
- Demonstrate knowledge of contemporary ethical issues and their impact on nursing and healthcare.
- Manage the complexities arising from ethical and legal dilemmas.
- Act appropriately when seeking access to caring for patients and clients in their own homes.

A3 Practise in a fair and anti-discriminatory way, acknowledging the differences in beliefs and cultural practices of individuals or groups

- Maintain, support and acknowledge the rights of individuals or groups in the healthcare setting.
- Act to ensure that the rights of individuals and groups are not compromised.
- Respect the values, customs and beliefs of individuals and groups.
- Provide care which demonstrates sensitivity to the diversity of patients and clients.

⁶ *The Code Standards of conduct, performance and ethics for nurses and midwives* (2008) Nursing and Midwifery Council, London www.nmc-uk.org

Domain B: Care delivery

B1 Engage in, develop and disengage from therapeutic relationships through the use of appropriate communication and interpersonal skills

- Utilise a range of effective and appropriate communication and engagement skills.
- Maintain and, where appropriate, disengage from professional caring relationships that focus on meeting the patient's or client's needs within professional therapeutic boundaries.

B2 Create and utilise opportunities to promote the health and well-being of patients, clients and groups

- Consult with patients, clients and groups to identify their need and desire for health promotion advice.
- Provide relevant and current health information to patients, clients and groups in a form which helps their understanding and acknowledges choice/individual preference.
- Provide support and education in the development and/or maintenance of independent living skills.
- Seek specialist/expert advice as appropriate.

B3 Undertake and document a comprehensive, systematic and accurate nursing assessment of the physical, psychological, social and spiritual needs of patients, clients and communities

- Select valid and reliable assessment tools for the required purpose.
- Systematically collect data regarding the health and functional status of individuals, clients and communities through appropriate interaction, observation and measurement.
- Analyse and interpret data accurately to inform nursing care and take appropriate action.

B4 Formulate and document a plan of nursing care, where possible, in partnership with patients, clients, their carers and family and friends, within a framework of informed consent

- Establish priorities for care based on individual or group needs.
- Develop and document a care plan to achieve optimal health, habilitation and rehabilitation based on assessment and current nursing knowledge.
- Identify expected outcomes, including a time frame for achievement and/or review in consultation with patients, clients, their carers and family and friends and with members of the health and social care team.

B5 Based on the best available evidence, apply knowledge and an appropriate repertoire of skills indicative of safe and effective nursing practice

- Ensure that current research findings and other evidence are incorporated in practice.
- Identify relevant changes in practice or new information and disseminate it to colleagues.

- Contribute to the application of a range of interventions which support and optimise the health and well-being of patients and clients.
- Demonstrate the safe application of the skills required to meet the needs of patients and clients within the current sphere of practice.
- Identify and respond to patients' and clients' continuing learning and care needs.
- Engage with, and evaluate, the evidence base that underpins safe nursing practice.

B6 Provide a rationale for the nursing care delivered which takes account of social, cultural, spiritual, legal, political and economic influences

- Identify, collect and evaluate information to justify the effective utilisation of resources to achieve planned outcomes of nursing care.

B7 Evaluate and document the outcomes of nursing and other interventions

- Collaborate with patients and clients and, when appropriate, additional carers to review and monitor the progress of individuals or groups towards planned outcomes.
- Analyse and revise expected outcomes, nursing interventions and priorities in accordance with changes in the individual's condition, needs or circumstances.

B8 Demonstrate sound clinical judgement across a range of differing professional and care delivery contexts

- Use evidence based knowledge from nursing and related disciplines to select and individualise nursing interventions.
- Demonstrate the ability to transfer skills and knowledge to a variety of circumstances and settings.
- Recognise the need for adaptation and adapt nursing practice to meet varying and unpredictable circumstances.
- Ensure that practice does not compromise the nurse's duty of care to individuals or the safety of the public.

Domain C: Care management

C1 Contribute to public protection by creating and maintaining a safe environment of care through the use of quality assurance and risk management strategies

- Apply relevant principles to ensure the safe administration of therapeutic substances.
- Use appropriate risk assessment tools to identify actual and potential risks.
- Identify environmental hazards and eliminate and/or prevent where possible.
- Communicate safety concerns to a relevant authority.
- Manage risk to provide care which best meets the needs and interests of patients, clients and the public.

C2 Demonstrate knowledge of effective inter-professional working practices which respect and utilise the contributions of members of the health and social care team

- Establish and maintain collaborative working relationships with members of the health and social care team and others.
- Participate with members of the health and social care team in decision-making concerning patients and clients.
- Review and evaluate care with members of the health and social care team and others.

C3 Delegate duties to others, as appropriate, ensuring that they are supervised and monitored

- Take into account the role and competence of staff when delegating work.
- Maintain one's own accountability and responsibility when delegating aspects of care to others.
- Demonstrate the ability to co-ordinate the delivery of nursing and health care.

C4 Demonstrate key skills

- Literacy - interpret and present information in a comprehensible manner.
- Numeracy - accurately interpret numerical data and their significance for the safe delivery of care.
- Information technology and management - interpret and utilise data and technology, taking account of legal, ethical and safety considerations in the delivery and enhancement of care.
- Problem-solving - demonstrate sound clinical decision-making which can be justified even when made on the basis of limited information.

Domain D: Personal and professional development

D1 Demonstrate a commitment to the need for continuing professional development and personal supervision activities in order to enhance knowledge, skills, values and attitudes needed for safe and effective nursing practice

- Identify one's own professional development needs by engaging in activities such as reflection in, and on, practice and lifelong learning.
- Develop a personal development plan which takes into account personal, professional and organisational needs.
- Share experiences with colleagues and patients and clients in order to identify the additional knowledge and skills needed to manage unfamiliar or professionally challenging situations.
- Take action to meet any identified knowledge and skills deficit likely to affect the delivery of care within the current sphere of practice.

D2 Enhance the professional development and safe practice of others through peer support, leadership, supervision and teaching

- Contribute to creating a climate conducive to learning.
- Contribute to the learning experiences and development of others by facilitating the mutual sharing of knowledge and experience.
- Demonstrate effective leadership in the establishment and maintenance of safe nursing practice.

Appendix 3: Membership of the benchmarking group for nursing

Mary Boyle	NHS Education for Scotland
Dr John S Drummond (academic writer)	University of Dundee
Deborah Fleeting	University of the West of Scotland
Heather Gibson	QAA Scotland
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