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How Many Practice Hours are Required to Become a Registered Nurse?

Introduction

Globally, nurse vacancies are high, and there has been much scrutiny on preparation of the nursing workforce. The World Health Organisation (2020) has called for a massive acceleration of nurse education to meet future demands. Nursing in the United Kingdom (UK) is at a critical juncture. Post-pandemic attrition rates are high, and despite ambitious Government targets, recruitment is unable to meet demand. The Nursing and Midwifery Council's (NMC) annual report (NMC 2022a) demonstrated that almost half of the number of graduate nurses joining the register for the first time (48% of 48,436) completed nurse education outside the UK. Of this group, 66% were educated in India or the Philippines.

Nurse Education in the UK is approved by the NMC, who are currently beholden to the European Directive 2005/36/EC which prescribes that nurse pre-registration programmes must total 4,600 hours. Of this 2,300 must be practice hours which are challenging to source due to increasing nursing and multi-professional student numbers and heavy workload for those supporting students in clinical practice. There is a dearth of evidence to support this figure for optimal learning and little appetite to fund major evaluations of effective practice hours across the UK.

In the UK, nurses (and other professionals) are expected to teach alongside their clinical role (NMC 2018a). Moreover, in the UK the preparation for this practice supervisor (teaching) role is miniscule and no longer recognised by a specific NMC approved programme (Leigh and Roberts 2021:36). All pre-registration programmes in the UK must prepare students for a supervisory role at the point of registration - with teaching embedded in proficiencies and education (NMC, 2018a) but not necessarily preparation for their future role as assessors of practice.

Post-Brexit, the question must be considered whether the time for a radical overhaul of the UK's nurse curriculum to review the number of practice hours and the accompanying focus on proficiencies is required? The NMC is currently consulting on this issue. We call for a wider debate around the preparation of the future nurses and the number of practice hours required for registration.

Practice Hours versus Competence/Proficiency

Recent figures of new NMC registrants demonstrate that nurses are a global commodity despite variances in compulsory practice hours. Table 1 illustrates this and demonstrates that European student nurses are required to undertake considerably more practice placement hours compared with North America, Australia, or New Zealand.

Table 1: International Comparison of Required Practice Hours

Country	Programme duration	Practice hours	Simulation/Skills hours
UK (Nursing & Midwifery Council): The Nursing & Midwifery Council - The Nursing and Midwifery Council (nmc.org.uk)	3 years	2,300	Up to 600 hours
New Zealand (Nursing Council of New Zealand): Home (nursingcouncil.org.nz)	Usually, 3 years	1,100 (Standard seven – emergency events allow for up to 200 hours of paid clinical placement to be counted toward the total in the event of a national emergency)	Practice hours are exclusive of simulation hours, with simulation hours not formally counted in practice hours.
Australia Nursing and Midwifery Board) Nursing and Midwifery Board of Australia - Professional standards (nursingmidwiferyboard.gov.au) Australian Nursing & Midwifery Accreditation Council: Australian Nursing & Midwifery Accreditation Council ANMAC	Usually 3 years	800	Practice hours are exclusive of simulation hours, with simulation hours not formally counted in practice hours.
North America (American Nursing Association): American Nurses Association (nursingworld.org)	3 years	Varies according to state, up to 868	Up to 50% programme hours
Indian Nursing Council: Indian Nursing Council	4 years	4656	580 hours
Philippines Nursing Association: Official Website: Philippine Nurses Association, Inc. (pnaph.org)	4 years	1887	800 hours +

Despite the variance in practice hours, graduates become registrants and practice safely and effectively which begs the question: what is the evidence for NMC prescribed 2,300 practice hours?

Should there be a focus on a learning framework which demonstrates proficiency rather than the prevailing 'tick-box, time served' ethos? Brexit has presented the NMC with an opportunity to reconsider the pre-requisite of 2,300 practice hours. The number of practice hours to ensure competence at the point of registration can be at the discretion of the Regulatory Body, as in Australia, New Zealand, and North America. These countries are not influenced by the EU Directive 2005/36/EC, which aims to standardise nurse education throughout Europe to facilitate migration.

In the United States (US), there is wide variety in programme delivery, evidenced in national studies (Hayden, 2010 & Pittman et al., 2021). Hayden (2010) noted wide variation in aspects of programme delivery, particularly the number of practice hours. Pittman et al. (2022) found variation in the quality of nurse education and reported a focus on pass rates of the National Council Licensure Examination (NCLEX) which leads to registration. Pittman (2022) suggests that this is an insufficient measure of quality as it is one-dimensional yet, ultimately this is the main driver for pre-registration programmes in the US.

In 2021, the American Association of Colleges of Nursing (AACN) published guidance which heralds a transition towards a new model and framework for nurse education using a competency-based approach (AACN, 2021). Each competency is categorised as entry level or advanced practice level. Whilst the number of practice hours are not specified for entry level education programmes, advanced practitioners must have a minimum of 500 practice hours (AACN, 2021).

In 2007, with increasing pressure on quality placements, the NMC, following a pilot study that demonstrated that students were not disadvantaged (NMC, 2007a), identified options for alternate placements, including the replacement of 300 practice hours with simulation-based education (NMC, 2007b). Whilst this study did not measure long term outcomes, a longitudinal, randomised, controlled study replacing clinical hours with simulation in prelicensure nursing education was undertaken in America by the National Council of State Boards of Nursing (NCBSN) (Hayden et al., 2014). This study provides a robust evidence base that those students who had 50% of the traditional clinical experience replaced by simulation had no significant difference in terms of knowledge base, clinical competence, or readiness for practice despite an already low requirement of 800 hours. However, the authors state that simulation is not a panacea to solve the challenges of placement shortages and best practice simulation guidelines such as those proposed by the International Nursing Association of Clinical and Simulation Learning (2013) should be followed.

The NMC has approved work through its Pre-Registration Programme Standards Consultation to explore changes in relation to increasing the flexibility regarding the use of simulation, with the potential to explore increasing simulated practice learning using a range of modalities, consulting on the figure of 600 hours (for nursing only) that is evident in the current NMC Recovery Standards (NMC 2022b: RN6: 9). It is not clear the wide range of evidence base that the NMC is applying when consulting on the issues surrounding practice hours.

Indeed, for the first time in the UK, funding was awarded to a University by Health Education England in recognition of a simulation placement for each year of the pre-registration programme (Williams et al. 2022), accounting for 450 of the 2300 hours required. Early evaluative data indicates that students undergoing a simulated placement feel equally prepared for practice when compared to students undertaking a traditional placement at the same point of the programme (Williams et al. 2022). Table 1. provides the comparison of simulated skills/practice hours within pre-registration programmes: Europe, North America, Australia, and New Zealand.

Conclusion

In summary, we argue that nursing is at a historical juncture where real change to the nursing curriculum could be made. Key differences in international nursing curriculum in relation to number of practice hours and competency-based frameworks are highlighted. Nursing is a global commodity and nurses migrate and practice effectively and safely regardless of the number of practice hours they have experienced within their pre-registration programmes. Ultimately, nurses work within the NMC Code of Practice and are competent practitioners (NMC, 20018b).

The NMC place public safety at the heart of the nursing and midwifery education standards. Brexit presents the NMC with an opportunity to reconsider the pre-requisite of 2,300 practice hours. The authors call for a robust evaluation that will inform the NMC's decision-making about changes to practice hours within its pre-registration nursing programmes across the UK, we argue that this evidence is currently lacking. The evaluation could also inform a learning framework which demonstrates proficiency, rather than what we have termed the prevailing 'tick -box, time served' ethos.

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