

# Changes to pre-registration nursing education standards: opportunities for embedding wound management?



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The new year has seen new standards for pre-registration nursing education introduced (Nursing and Midwifery Council 2023), what are the implications? Previously the UK had to follow EU regulations regarding the entry requirements for nursing as well as being bound to the maximum number of hours of simulated practice learning for nursing students. The new standards mean that the need for at least 12 years of general education has been removed with the view that previously disadvantaged groups such as refugees and individuals from the travelling community can now consider a career in nursing. The NMC has stated that Approved Education Institutions (AEIs) will need to action the updated standards within the next two years. Given the current staff resourcing situation in the NHS this is a welcome opportunity, however it will take time to make changes to existing application processes, coupled with the nursing degree being three, or four years, in length, any benefits of this change are only going to be evident in years to come.

The other major change is that the limitation on the number of hours of simulated learning has been reviewed meaning that AEIs can now include 600 hours of simulation-based activities, which sees the previous cap doubled. Certainly, the COVID-19 pandemic saw universities and institutions having to develop more resources for simulated clinical skills and many have been able to invest in the technology and assets needed to ensure the learning experience reflects clinical practice. But what about those AEIs who don't have the necessary budget and trained staff to take this forward, how will they be supported?

While there will certainly be challenges in realising the move to more simulation-based activities it does provide an opportunity for AEIs to work more closely with specialists working in clinical practice many of whom have been using simulation skills in their teaching. Indeed, in terms

of wound management there have been published examples over the last eight years of the use of Telemedicine for student nurses (Christiansen and Rethmeier 2015), clinical simulation to teach wound evaluation and treatment (Silva et al, 2020) and simulated wound care to assess competence (Kielo-Viljamaa et al, 2021). I'm also aware from attending various UK and European conferences that there are many more innovative examples of the use of simulation for teaching and assessing wound care related skills. It would be good to share those examples so that AEIs can tap into the creative wealth of experience that is already out there. The change also provides opportunities for tech-based companies to work with AEIs and clinicians to ensure that simulations reflect the real world of clinical practice. Importantly, what we don't want to do is lose the person-centred approach to providing care, therefore provision of wound care in a simulated way needs to embed the wider context of effective communication skills and empathy in particular. Simulated learning also needs to be able to reflect the nuances of caring for different populations for example providing wound care in an older person with dementia or treating an individual with a hearing impairment.

For those of you working in an AEI what are your thoughts on the changes to the education standards, what are the implications for your institution? It would also be good to hear from those colleagues working in AEIs with a specific responsibility for simulated learning, is the flexibility to include more hours in the curriculum welcomed? Finally, but as important, what are student nurses thoughts on the potential for more simulated learning, specifically for wound management? Have you got some good examples of how this has enhanced your learning and prepared you for treating wounds in-person?

You can email your comments to the Editor: Rachel Webb @rwebb@omniamed.com. 

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