NURSING TALENT MARKET REFORMS
PLAYBOOK

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EXECUTIVE SUMMARY

Nurses are the backbone of India's healthcare system, yet the country faces a chronic shortage. At the heart of the challenge lies a vicious cycle: weak training institutes produce underprepared nurses, which depresses wages; low wages deter talent, further eroding quality.

To break this cycle, the Nursing Talent Market Reform Playbook provides a comprehensive framework of reforms that address these gaps by improving quality signals, strengthening governance, and anchoring all processes in a unified digital platform.

Administrative Reforms strengthen fairness, transparency, and accountability in nursing institutions. Starting with a revamped centralized admissions reform that ensures equitable access, while awareness campaigns attract stronger candidates. Attendance reforms introduce biometric monitoring for students and faculty to meet academic and clinical requirements. Examination reforms establish secure, competency-based exit assessments with independent oversight. Registration and Renewal creates a uniform digital registry to ensure up-to-date professional records, while Grievance Redressal introduces a structured mechanism for timely, transparent resolution of complaints of all relevant stakeholders.

Technical Reforms are market-led initiatives that must improve training quality and nurse competencies, guided by clear standards and quality signals. Performance Standards for Nursing Education set clear benchmarks for institutes, while a competency framework aligned with Indian Nursing Council guidelines ensures individuals meet professional expectations. Institute Ratings and Competency Certification of Nurses act as a quality signal for the ecosystem as higher-performing institutes attract more students and employers, while certified nurses are more employable, creating incentives for continuous improvement. Institute Mentoring builds a market led peer learning network to help weaker institutes improve their quality. Continued Nursing Education supports lifelong learning and development to ensure nurses remain employable and keep upskilling.

Enabler Reform anchors all initiatives in an Integrated Digital Platform that unifies admissions, assessments, certification, ratings, grievances, and registries, ensuring transparency, efficiency, and data-driven governance.

Together, these reforms form a holistic framework to strengthen nursing education, build professional credibility, and create a skilled workforce capable of meeting India's growing healthcare needs.

INTRODUCTION

Current challenges in nursing

Nurses are the backbone of healthcare, delivering the majority of direct patient care across primary, secondary, and tertiary levels. Yet despite steady growth in registrations, India has only 2.1 nurses and midwives per 1,000 people, much below the WHO benchmark of 3.[1] This shortage places enormous strain on the system, undermining both the reach & quality of care.

The starting point of the problem lies in the **quality of nursing training institutes**, many of which fall short of standards. Weak infrastructure, inadequate faculty, fragmented admissions, non-standard examinations, and poor attendance monitoring together produce a pool of underprepared nurses. Improving institutes and expanding seats may seem like the obvious solution to improve nursing quality in India. However, without addressing the core of the problem ,i.e., underlying **demand-supply imbalance** (Fig.1) in the nursing labour market, the impact on quality will remain limited.
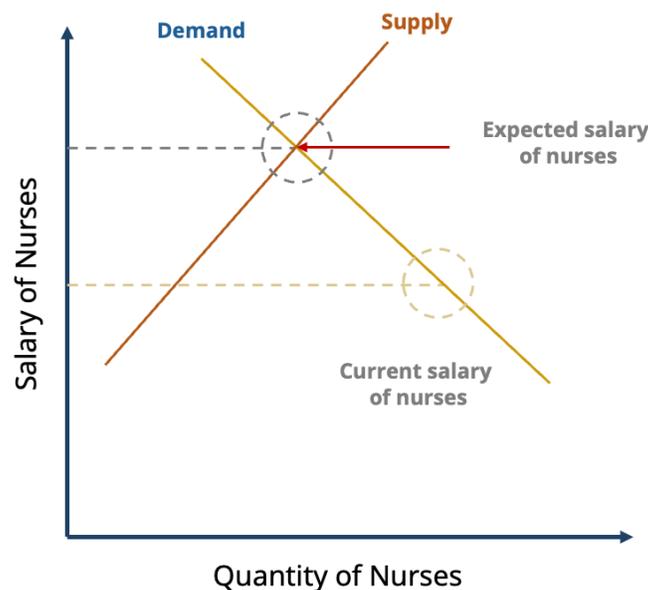

Fig.1. Demand-Supply curve showing imbalance in nursing labour market

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[1] MoHFW (12/12/2023). *Update on Ratio Of Patients & Doctors Nurses* https://www.pib.gov.in/PressReleasePage.aspx?PRID=1985423
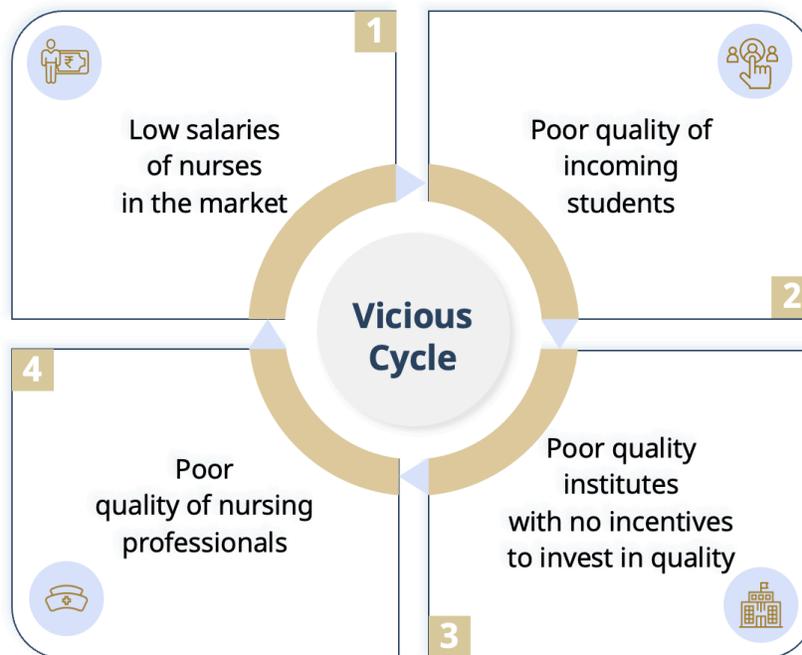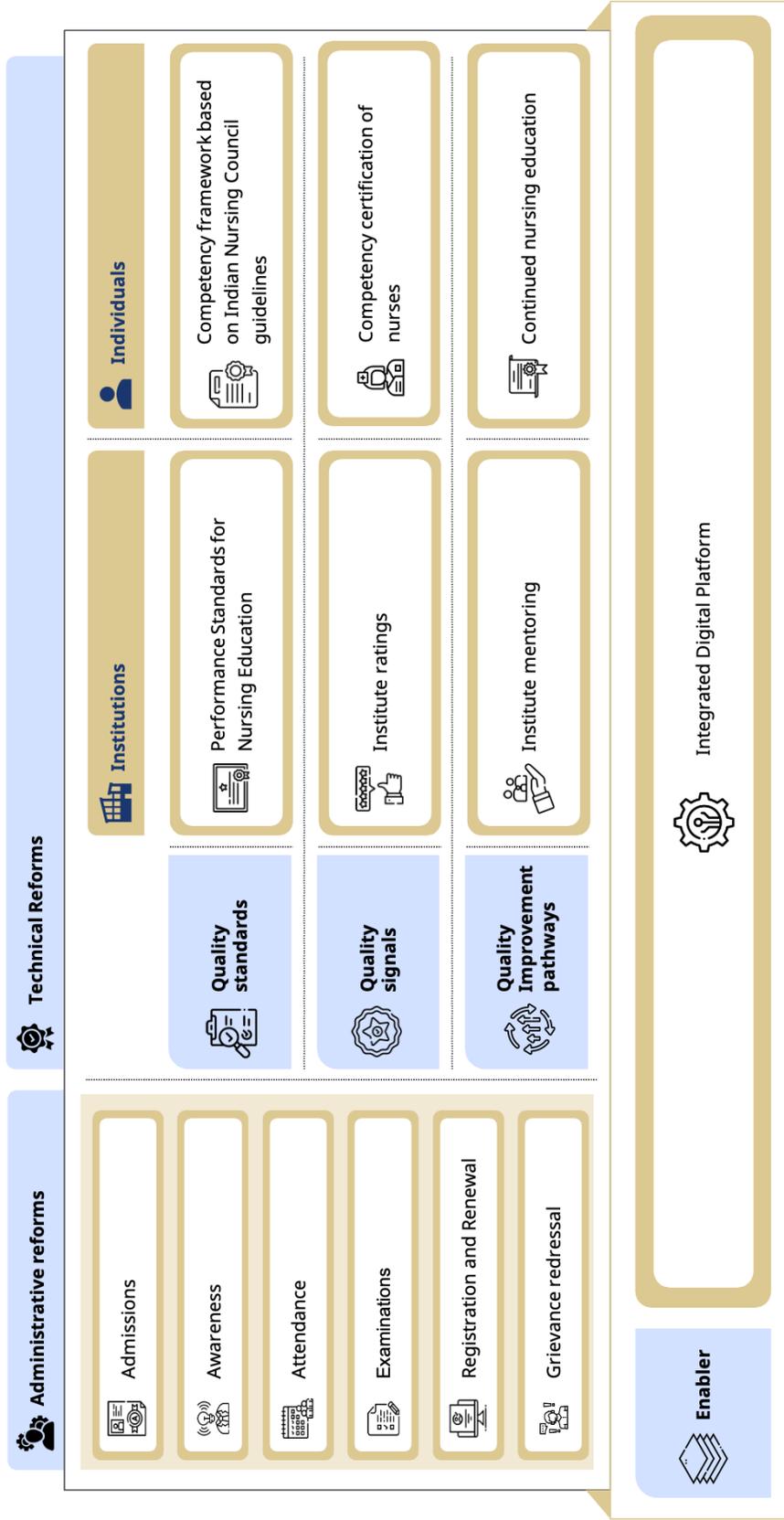
Fig.2. Vicious cycle of low quality and low incentives

This imbalance sustains a **vicious cycle** (Fig. 2). Low-quality training keeps entry-level salaries depressed at   INR 8,000 – 10,000 per month. Such low wages deter talented students from enrolling, leading to poor quality of incoming students. Institutes, on the other hand, operate with no incentive to invest in their own quality to raise standards. The result is poorly trained nurses who reinforce perceptions of low quality, keeping wages suppressed and the cycle unbroken. Breaking this cycle is possible, but it requires reforms that strengthen institutes, reward quality, and restore nursing as a profession of choice.

The reform framework

Market-led initiatives must improve training quality and nurse competencies, guided by clear standards and quality signals. These must be reinforced by strong administrative reforms and anchored by a digital platform that unifies processes, ensures transparency, and builds trust in the system.

Technical Reforms

Individuals

Competency framework based on Indian Nursing Council guidelines

Competency certification of nurses

Continued nursing education

Institutions

Performance Standards for Nursing Education

Institute ratings

Institute mentoring

Quality standards

Quality signals

Quality Improvement pathways

Integrated Digital Platform

Admissions

Awareness

Attendance

Examinations

Registration and Renewal

Grievance redressal

Enabler

Proof of concept: Uttar Pradesh & Bihar

The initial success of this reform framework has already been demonstrated on the ground. In Uttar Pradesh, *Mission Niramaya* (2022) introduced public ratings for 677 nursing institutes, initiated institute mentoring, tightened exam invigilation, launched centralised, merit-based nursing admissions and built awareness around the career. In Bihar, *Mission Unnayan* (2024) piloted competency certification by setting up proctored assessment centres, building a digital repository of certificates and performance videos for employers, and forging institutional partnerships for sustainability.

Nursing Talent Market Reform Playbook

To build on these early successes, the Nursing Talent Market Reform Playbook will guide regulators and state councils. The Nursing Talent Market Reform Playbook equips regulators with a structured reform framework that embeds transparency, accountability, and credibility into the system. By doing so, reforms create the right signals for students, employers and institutes, allowing market forces to sustain quality improvement pathways over time with the assistance of administrative improvements and a digital anchor.

How to read the playbook

Nursing Talent Market Reform Framework forms the backbone of this playbook.

The framework is organized into **three reform buckets**- Administrative Reforms, Technical Reforms and an Enabler.

The reform buckets contain a total of 11 **reform elements** - centralised admissions, awareness, attendance, registration and renewal, grievance redressal, institute mentoring, institute ratings, competency certification of nurses, continued nursing education and integrated digital platform.

The states can also go through the **diagnostic tool** on the playbook website. The diagnostic report can help to prioritise the reform buckets and elements for their own states.

Every reform element in the playbook follows the same structure so readers can move from understanding to implementation with ease:

1. **Background** – introduces the reform and the issues it seeks to address.
2. **Objective** – states the goals and intended outcomes.
3. **Guiding Principles** – highlights the key ideas and values that shape the reform.
4. **Reform Design** – details the reform process, broken into **reform components**.

Each reform component, may contain three types of information boxes:

- **Blue Box** – additional notes or policy highlights.
- **Orange Box** – ready-to-use samples and templates.
- **Grey Box** – reference documents for further reading.

Relevant resources may be downloaded by clicking the **[Download here]** link.

Administrative Reforms

CENTRALISED ADMISSIONS

Background

In the absence of a uniform, technology-enabled admissions system, the process for nursing and paramedical courses remains fragmented and inequitable. This information asymmetry creates problems:

- **For students:** Lack of clarity on admission timelines, eligibility, fees, and institute quality; restricted choices due to proximity and poor visibility of statewide options.
- **For institutes:** Admissions driven by inconsistent practices—some merit-based, others first-come-first-served or fee-based—leading to unfair competition.

The National Nursing and Midwifery Commission (NNMC) Act, 2023 allows the National commission to provide for a uniform mechanism for admission into the nursing and midwifery institutes at all India level. **The National Education Policy (NEP) 2020** calls for technology-driven admissions to broaden access and ensure fairness.

A centralised admissions system operationalises these mandates by providing a transparent platform for applying to all recognised institutes, ensuring fair, merit-based seat allocation.

Objective

To establish a credible and transparent centralised admissions system for all nursing and paramedical diploma courses, enabled by technology and integrated with institute ratings, that ensures merit-based selection, expands equitable access.

Guiding principles

The centralised admissions process is designed and should be implemented in line with the mandated set up by NNMC Act, 2023, upholding the following principles:

- **Equity and Access:** Ensure admissions are merit-based and free from bias, favouritism, or financial influence.
- **Transparency:** Publish clear eligibility criteria, seat availability, timelines, and fee structures in advance.
- **Uniform standards and procedures:** Apply standardised eligibility verification, merit score normalisation, and reservation policies across all participating institutes.
- **Technology-enabled processes:** Use a secure online platform to manage the entire admissions lifecycle, from registration to allotment.

Reform design

There are 7 components to design a centralised admissions reform:

#	Design components
1	Release the state centralised admissions policy
2	Set up a centralised admission board
3	Create detailed admissions workplan
4	Implement awareness and outreach campaign for the new admissions process
5	Open applicant registration portal
6	Compile merit scores (with normalization procedures)
7	Conduct centralized counselling and track enrolment progress

Component 1: Release the state centralised admissions policy

Issue a formal government order/ notification adopting the centralised admissions framework, detailing its scope, courses covered, timelines, process flow, and compliance requirements. Publish it on the official admissions portal and circulate it to all recognised institutes.

📄	**Suggested Samples and Templates**

- **Sample Central Admissions Policy: [Download here]**

✦	**Highlights from the ratings policy**

- **Central admissions board:** Establish a multi-member board including senior officials from the Department of Medical Education/Health, the state nursing and paramedical council, and other designated experts.
- **Scope and coverage:** Cover all recognised nursing courses across government and private institutes affiliated to the state's regulatory authority
- **Phased implementation:** Where immediate universal coverage is not feasible, adopt a phased transition.
- **Eligibility criteria:** Define age, educational, and medical fitness requirements in line with Indian Nursing Council (INC) guidelines.
- **Reservation:** Provide transparent provisions for NRI quota and other categories.
- **Merit normalisation method:** Use a published methodology (e.g., percentile-based normalisation across education boards) with clear tie-breaker rules to ensure fairness.
- **Counselling process:** Conduct multi-round counselling including registration, document verification, choice filling, seat allotment, acceptance, and reporting, with an optional mop-up round.
- **Grievance redressal:** Operate an online Query Redressal System for registered candidates.

Component 2: Set up a centralised admission board

Constitute a multi-member body to oversee the entire admissions process, address contingencies, and ensure regulatory alignment. Their key responsibility will be taking decisions regarding any steps in the entire admissions process.

The board includes:	

Description of Officers for Counselling Board	Role in Counselling Board
Director General, Department of Medical Education and Training	Member
Secretary, state nursing council	Co-Member
Nominated nodal officer by Secretary, state nursing council	Co-Member
Any other Officer designated by the Secretary, State	Co-Member

Component 3: Create detailed admissions workplan

Prepare and maintain a comprehensive workplan mapping every activity in the admissions cycle from policy release to final seat reporting. Include milestones such as agency onboarding, portal development, application processing, counselling rounds, and mop-up processes.

Suggested Samples and Templates

- **Sample for the workplan: [Download here]**

Component 4: Implement awareness and outreach campaign for the new admissions process

A communication plan informing students, parents and institutes about the new system. This may include press releases, social media campaigns, personal messages/ calls and posters.

📄 **Suggested Samples and Templates**

- **Sample for detailed communication plan: [Download here]**

Component 5: Open applicant registration portal

Launch the online portal for students to register. The platform should allow for profile creation, document upload, and the submission of course and institute preferences.

Component 6: Compile merit scores (with normalization procedures)

Compile candidate merit using the approved normalisation procedure to ensure fairness across different education boards and years. Prepare a common merit list by averaging normalised percentile scores. Publish the final list on the admissions portal to guide seat allotment.

📄 **Suggested Samples and Templates**

- **Samples calculation of merit score (using normalisation): [Download here]**

Component 7: Conduct centralised counselling and track enrolment progress

The counselling process will be carried out entirely through the centralised admissions portal, following published schedules and procedures.

📄 **Suggested Samples and Templates**

- **Sample enrollment dashboard: [Download here]**

AWARENESS

Background

In the absence of targeted awareness efforts, nursing as a career is often perceived as a fallback option, reducing its attractiveness and weakening the applicant pool. This information asymmetry creates problems for:

- **For students:** lower aspirations and discourage talented applicants.
- **For the profession:** Careers are undervalued and seen as secondary choices, reinforcing negative stereotypes and limiting talent inflow.

The **National Nursing and Midwifery Commission (NNMC) Act, 2023** seeks to strengthen the profile and credibility of nursing professionals, while The **National Education Policy (NEP) 2020** emphasizes elevating the status of vocational and professional careers.

Targeted awareness initiatives through campaigns, school outreach, and showcasing role models, are therefore essential. They can shift perceptions, attract stronger applicants, and

build public trust, creating a virtuous cycle that drives the uptake and impact of broader reforms.

Objective

To implement targeted awareness initiatives that elevate the perception of nursing and paramedical careers, clarify career pathways, and attract stronger applicants.

Guiding principles

The awareness initiatives should be designed and implemented in alignment with the National Nursing and Midwifery Commission (NNMC) Act, 2023, which emphasizes elevating dignity, credibility, and visibility of professional and vocational careers.

- **Elevating aspirational value**: Position nursing and paramedical professions as respected, frontline careers, supported by role models and success stories.
- **Clarity of Career Pathways**: Provide transparent guidance on competencies, education routes, and opportunities linked to reforms under the NNMC Act.
- **Equity and Inclusion**: Ensure outreach across urban, rural, and underserved areas using multilingual, culturally sensitive material.
- **Stakeholder Engagement**: Actively involve schools, parents, alumni and professional associations in awareness initiatives.

Reform design

There are 5 components to design an awareness reform:

#	Design components
1	Draft awareness campaign plan
2	Create campaign materials
3	Train institutes to conduct awareness sessions
4	Track completion of campaign activities
5	Gather feedback to assess effectiveness

Component 1: Draft awareness campaign plan

Design and roll out a comprehensive awareness campaign internally including social media calendar, counselling sessions in schools, orientation in institutes and alumni stories

Component 2: Create campaign materials

Design counselling material to guide prospective students and parents with clear information on nursing and paramedical career pathways, opportunities and growth prospects.

> **Reference documents**
>
> - **Deck for career counselling from Uttar Pradesh: [Download here]**
>
> - **Deck for career counselling English/hindi: [Download here] [Download here]**
>
> - **Career Counselling brochure English/Hindi: [Download here] [Download here]**
>
> - **Oral narrative for counsellors English/Hindi: [Download here] [Download here]**

Develop a comprehensive deck for orientation programmes for nursing institute students.

> **Reference documents**
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> - **Deck for orientation session from Uttar Pradesh: [Download here]**

Share inspiring success stories of alumni to motivate students and highlight career prospects.

> **Reference documents**
>
> - **Posters for success stories from Uttar Pradesh: [Download here]**
> - **Agenda for alumni sessions from Uttar Pradesh: [Download here]**

Component 3: Train institutes to conduct awareness sessions

Conduct training sessions for master trainers, who subsequently train institute principals and faculties to conduct counselling sessions for students.

	Reference documents

- **Deck for training sessions from Uttar Pradesh: [Download here]**

Component 4: Track completion of campaign activities

Mp institutes to nearby schools for conducting counselling sessions for students. Implement a tracking system to oversee sessions, monitor institute and student participation daily, and send regular reminders to ensure timely completion of counselling activities.

	Suggested Samples and Templates

- **Template for counselling sessions tracker: [Download here]**

Component 5: Gather feedback to assess effectiveness

Collect feedback from institutes, faculty, and students on the clarity, relevance, and usefulness of the awareness sessions conducted.

	Suggested Samples and Templates

- **Sample questions for orientation feedback- institutes: [Download here]**
- **Sample questions for career counselling feedback- institutes: [Download here]**
- **Sample questions for career counselling feedback- students: [Download here]**

ATTENDANCE

Background

In the absence of a centrally monitored attendance system, accountability in nursing education is weakened and compliance becomes difficult to enforce**.** This leads to issues:

- **For students:** Competency is compromised as some may graduate without completing the required classroom hours or clinical exposure.
- **For regulators:** Lack of real-time, centralised monitoring reduces visibility and makes it difficult to enforce standards or take timely corrective action.
- **For employers:** students with low competency graduate without minimum clinical hours compromising on workforce quality.

Similarly, the **National Nursing and Midwifery Commission (NNMC) Act, 2023** allows the The Nursing and Midwifery Undergraduate and Postgraduate Education Board to determine the minimum requirements and standards of nursing and midwifery education and examination at

undergraduate level and postgraduate level. **[The National Education Policy (NEP) 2020](#)** calls for the use of technology to improve governance, ensure accountability, and enhance student learning outcomes.

A technology-enabled attendance monitoring system linked to the state nursing council is the most direct way to meet these policy mandates, improve discipline, & guarantee that every graduate entering the workforce has undergone the required academic & clinical training.

Objective

To ensure strict compliance with mandated student and faculty attendance, and stop admitting non-attending students in nursing and midwifery institutes.

Guiding principles

The National Nursing and Midwifery Commission (NNMC) Act, 2023 emphasizes set requirements for nursing and midwifery education and examination. Attendance systems which support this, must therefore uphold the following principles to ensure that both students and faculty consistently meet the minimum requirements for high-quality nursing training:

- **Standardisation:** Every student must meet prescribed classroom and clinical posting hours before being allowed to sit for examinations.
- **Faculty accountability:** Teacher attendance is as critical as student attendance; faculty presence directly affects instructional quality, mentoring, and clinical training.
- **Technology-enabled monitoring:** Attendance should be tracked through biometric or digital systems linked to a central authority, ensuring authenticity and real-time visibility.
- **Transparency and fairness:** Records must be tamper-proof, accessible for audit, and consistently applied across all institutes to prevent manipulation.

Reform design

There are 6 components to design an attendance reform:

#	Design components
1	Release the state biometric attendance system policy
2	Designate state nodal agency for IT implementation
3	Create dashboard wireframes
4	Ensure functional biometric attendance systems across institutes
5	Conduct training workshops for on-ground implementation
6	Share dashboard access credentials with institutes

Component 1: Release the state biometric attendance system policy

Notify a state policy mandating biometric attendance for all nursing and midwifery institutes.

	Reference documents

- **Sample guidelines by National medical commission (NMC): [Download here]**
- **Attendance guidelines by Indian Nursing Council (INC):   [Download here]**

Component 2: Designate state nodal agency for IT implementation

Issue a formal letter from the State nursing council to the designated state agency for IT implementation. The letter should authorize the agency to design, deploy, and manage the biometric attendance system across all nursing and midwifery institutes.

	Suggested Samples and Templates

- **Sample scope of work for attendance dashboard: [Download here]**

	Reference documents

- **Signed letter to State nodal agency for IT from Uttar Pradesh: [Download here]**

Component 3: Create dashboard wireframes

Design detailed wireframes for the biometric attendance dashboard.

	Reference documents

- **Wireframe of the dashboard from Uttar Pradesh: [Download here]**

Component 4: Ensure functional biometric attendance systems across institutes

Conduct a thorough assessment of all nursing and midwifery institutes to verify readiness for implementing the biometric attendance system. This includes ensuring availability of biometric devices, internet connectivity, power backup, and secure data storage systems.

Component 5: Conduct training workshops for on-ground implementation

Organize training workshops for institute staff, faculty, and relevant personnel to ensure they understand the new processes and tools.

📄 **Suggested Samples and Templates**

- **Sample SOP for biometrics implementation:** [Download here]
- **Sample flow for workshop:** [Download here]
- **Sample of biometric attendance guidelines:** [Download here]

✨ **Additional guidelines for biometric attendance**

1. **Criteria for Marking a Student 'Present':** Students will be marked 'Present' if they punch-in before 9 am and punch-out after 4 pm. A buffer time of 15 minutes will be provided.
2. **Exemption for Clinical Rotations:** Students are exempt from marking their biometric attendance on days when their clinical rotations are scheduled. Adjustment in the attendance percentage of students will be made at the end of the academic year

Component 6: Share dashboard access credentials with institutes

Provide institutes with the necessary credentials to access the dashboard. Simultaneously, track and ensure that the minimum attendance requirements are being met, enabling accurate monitoring and compliance with the new system.

EXAMINATION

Background

In the absence of a transparent, regulated examination process with strict external oversight, the credibility of nursing qualifications is severely undermined. When institutes conduct exams independently without supervision, opportunities for malpractice multiply. Such gaps create challenges across the system:

- **For students:** Graduates may receive qualifications without demonstrating true competency, limiting their employability and preparedness for higher studies.
- **For institutes:** Poor teaching standards go unchecked.
- **For the workforce:** Delayed or inaccurate result processing can postpone entry into the profession, causing a bottleneck in workforce availability.
- **For regulators:** Ensuring accountability and maintaining trust in the quality of graduates becomes difficult without secure, standardized, and timely examination processes.

The National Nursing and Midwifery Commission (NNMC) Act, 2023 allows National commission to create a mechanism, through final year undergraduate exam or otherwise, to ensure competence of the nursing and midwifery professionals for enrolment in the National or State Register. **The National Education Policy (NEP) 2020** calls for fair, and outcome-based assessment systems that move beyond rote learning and uphold academic integrity.

An exit examination system with strong external monitoring is the most direct way to meet these policy imperatives, safeguard standards, and ensure every graduate entering the workforce is genuinely qualified.

Objective

To establish an exit examination system for nursing and midwifery institutes that is uniform, fair and transparent.

Guiding principles

NNMC act, 2023 requires that professional examinations be uniform, transparent, and competency-based. The examination system must therefore uphold the following principles:

- **Universal coverage** – All recognised nursing and paramedical diploma graduates must appear for the examination to ensure comparability and prevent selective participation.
- **Competency-based assessment** – Question papers, practicals, and viva voce must align with NNMC curriculum outcomes and global best practices in assessing clinical readiness.
- **Independent oversight** – External invigilators, live CCTV monitoring, and surprise inspections must be mandatory to eliminate opportunities for malpractice.
- **Secure examination logistics** – Question papers must be centrally prepared, moderated, and distributed securely; answer sheet handling must prevent tampering at all stages.
- **Timely declaration of results** – Results to be published within a fixed, pre-notified timeframe, with standardised processes for revaluation or appeals.

Reform design

There are 9 components to design an examination reform for institutes:

#	Design components
1	Develop and publish Examination SOP
2	Conduct standardized internal/practical examinations
3	Set up CCTV-verified exam centers with live monitoring
4	Deploy flying squads for on-ground invigilation
5	Dispatch answer sheets and conduct theory examination
6	Dispatch answer sheets post-exam
7	Sort, scan, and carry out digital marking
8	Publish results
9	Facilitate re-evaluation process

Component 1: Develop and publish Examination SOP

A detailed Standard Operating Procedure is drafted and notified, outlining timelines, roles, technical requirements, security protocols, and assessment methods for the entire examination cycle.

📄 **Suggested Samples and Templates**

- **Samples examination SOP - [Download here]**

✦ **Highlights from the sample examination process**

- **Advance planning and eligibility:** Publish a state-wide exam calendar at least 12 weeks in advance. Collect fees only for candidates meeting 75% attendance and other criteria.
- **Centre approval and infrastructure compliance:** Approve only verified centres with compliant CCTV systems; reassign students from unverified institutes.
- **Standardised and Centralised:** Centrally prepare and moderate standard competency-based question papers.
- **Integrity and malpractice control:** Deploy trained flying squads with real-time coordination.
- **Answer sheet:** Mandate same-day secure dispatch of answer sheets via India Post.
- **Digital evaluation and quality assurance:** Digitally scan and evaluate answer sheets through trained assessors and reviewers
- **Timely results and re-evaluation:** Publish results within six weeks. Operate a secure online portal for viewing & re-evaluation within fixed timelines.

Component 2: Conduct standardized internal/practical examinations

The format for both internal and practical exams - currently conducted at the end of the institute - should be standardized by state based on expert inputs.

📄 **Suggested Samples and Templates**

- **Sample SOP for conducting practical exams: [Download here]**

Component 3: Set up CCTV-verified exam centers with live monitoring

Publish detailed CCTV technical specifications for all exam centers and conduct multiple verification rounds. Any institute failing verification will not be used as an exam center, and affected students will be reassigned to the nearest compliant center. Engage a third-party vendor to establish a control room at the department for live monitoring during examinations.

📄 **Suggested Samples and Templates**

- **Sample questions to ensure institute infra readiness: [Download here]**
- **Template for institute infrastructure tracker: [Download here]**
- **Sample SOP for exam control room: [Download here]**

📑 **Reference documents**

- **Work order for third-party vendor from Uttar Pradesh: [Download here]**

Component 4: Deploy flying squads for on-ground invigilation

Pre-assigned teams are stationed to cover designated examination centres, conducting unannounced checks during the exam to verify compliance, prevent malpractice, and coordinate with the central monitoring system for immediate action if required.

📄 **Suggested Samples and Templates**

- **Sample SOP for Flying squad: [Download here]**
- **Template for district wise Squad mapping: [Download here]**
- **Sample questions for Flying squad feedback: [Download here]**
- **Sample questions for Flying Squad remuneration: [Download here]**

Component 5: Dispatch answer sheets and conduct theory examinations

Theory exams are held under external invigilation and supported by real-time CCTV monitoring.

📄 **Suggested Samples and Templates**

- **Template for Control room Roaster: [Download here]**
- **Template for Control room log sheet for daily logs: [Download here]**

Component 6: Dispatch answer sheets post-exam

Sealing of answer sheets after completion of exams should be monitored via live CCTV Feed.

Track the dispatch of answer sheets from exam centers to evaluation hubs.

📄 **Suggested Samples and Templates**

- **Template for Answer sheet dispatch tracker: [Download here]**

Component 7: Sort, scan, and carry out digital marking

A pool of evaluators (MSc or BSc with experience) should be identified by state. Answer sheets sorted, scanned, and mapped to evaluators for digital marking.

Evaluation process – Key points

- **Answer keys:** Upload all answer keys to the digital evaluation platform
- **Assessor & reviewer nominations:** Maintain a year-round repository of eligible evaluators. Invite nominations at least 3 weeks before exams.
- **Target numbers & rates:** Minimum- 350 nursing assessors, 35 reviewers; 150 paramedical assessors, 15 reviewers. Daily rate: ≥60 copies per assessor/reviewer
- **Communication & monitoring:** Create official WhatsApp groups for assessors and reviewers. Vendor shares daily dashboards with status, performance, and progress
- **Penalties for underperformance:** Day 1- Warning via call/message, Day 2- Name listed in official WhatsApp group, Day 3- Removal and 1-year debarment
- **Reviewing protocol:** Review ≥6 answer sheets daily. If >25% mark difference on 2+ sheets, assessor removed and papers reassigned

Suggested Samples and Templates

- **Sample SOP for evaluators:** [Download here]
- **Template for digital marking tracker:** [Download here]
- **Template for exam analysis tracker:** [Download here]

Reference documents

- **RfP for potential vendors from Uttar Pradesh:** [Download here]

Component 8: Publish results

Results for nursing and paramedical diploma courses are published within six weeks of the examination's completion. Results are declared on the website.

> **Suggested Samples and Templates**

- **Sample for result declaration SMS: [Download here]**

Component 9: Facilitate re-evaluation process

Following result declaration, students are given the option to view their answer sheets and request re-evaluation through an online portal. The portal opens the day after results are published and remains active for five working days. Students submit their request, pay the applicable fee, and receive access credentials for viewing within 12 hours.

A dedicated help desk addresses student queries, while eligible assessors are appointed within three days to conduct the re-evaluation. The process is completed within one week of portal closure, with final revised marks compiled and published within two weeks.

REGISTRATION AND RENEWAL

Background

In the absence of a transparent, centrally regulated registration and renewal system, the credibility and accountability of the nursing workforce is compromised. A fragmented process created problems:

- **For graduates and professionals:** Long waits for first-time registration or recurring delays in renewals reduce employability and hinder career progression.
- **For patients and the public:** Professionals practicing without up-to-date credentials compromise patient safety and undermine trust in the healthcare system.
- **For regulators:** Fragmented record-keeping makes it difficult to monitor workforce standards, enforce accountability, and ensure compliance across the sector.

The National Nursing and Midwifery Commission (NNMC) Act, 2023 mandates maintaining a national register in a digital form containing the name, address, and all recognised qualifications

possessed by a nursing professional, midwifery professional, nursing associate, midwifery associate.

A centralized, digital registration and renewal system with time-bound, fully online processes provides real-time workforce visibility, ensuring only qualified and active professionals remain in practice.

Objective

To create a centralized platform that simplifies and automates the nursing registration process, reduces waiting times and ensures timely renewals.

Guiding principles

The NNMC Act, 2023 mandates uniform, competency-based registers of nursing professionals. To uphold these mandates, the Registration & Renewal reform is guided by the following principles:

- **Technology-enabled governance:** A single, digital platform must serve as the authoritative registry, ensuring consistency across all institutes and states.
- **Transparency:** Registration and renewal records must be publicly accessible where appropriate, to build trust and credibility.

Reform design

There are 9 components to design a registration and renewal reform:

#	Design components
1	Release the state centralised registration and renewal policy
2	Registration of nurses on National registration and ticket system (NRTS) by institutes
3	Individual registration of nurses on NRTS
4	Registration of nurses by State Nursing Council (SNRC) on NRTS
5	Register under a different SNRC and practice in a different state
6	Nurse renewal certificate on NRTS
7	Create a digital platform to claim certificates

Component 1: Release the state centralised registration and renewal policy

Release a state-wide centralized registration and renewal policy to streamline processes, and ensure uniform standards across institutes.

> 📄 **Suggested Samples and Templates**

- **Sample registration and renewal policy: [Download here]**

> ✦ **Highlights from the draft registration and renewal policy**

- **Scope and coverage:** Applies to all nurses registered under the State Nursing Council. Renewal is mandatory for all, irrespective of employment status.

- **Validity and renewal cycle:** Renewed registration certificates are valid for five years. Nurses must initiate renewal between the 4th and 5th year from the date of issue/renewal to maintain active registration.

- **Eligibility:** All nurses registered before {date} must renew starting {date} through a fee-based online process. Nurses registered after {date} will renew starting {date}, either via a fee-based system or Continuing Nursing Education (CNE) credits.

- **Process:** Renewal involves an online application, document submission, fee payment, and verification by State Nursing Council. Processes may also include CNE credit verification.

- **Consequences of non-compliance**: Failure to renew on time can lead to suspension of practice, employment restrictions, fines and mandatory reevaluation.

- **Grievance redressal:** Nurses can raise queries or complaints through an online Query Redressal System (QRS) with a unique tracking number for timely resolution.

- **Confidentiality:** Personal and professional information submitted during the renewal process is strictly confidential and protected by the council.

Component 2: Registration of nurses on National registration and ticket system (NRTS) by institutes

The following is the process for institutes to register their graduating nurses on NRTS:
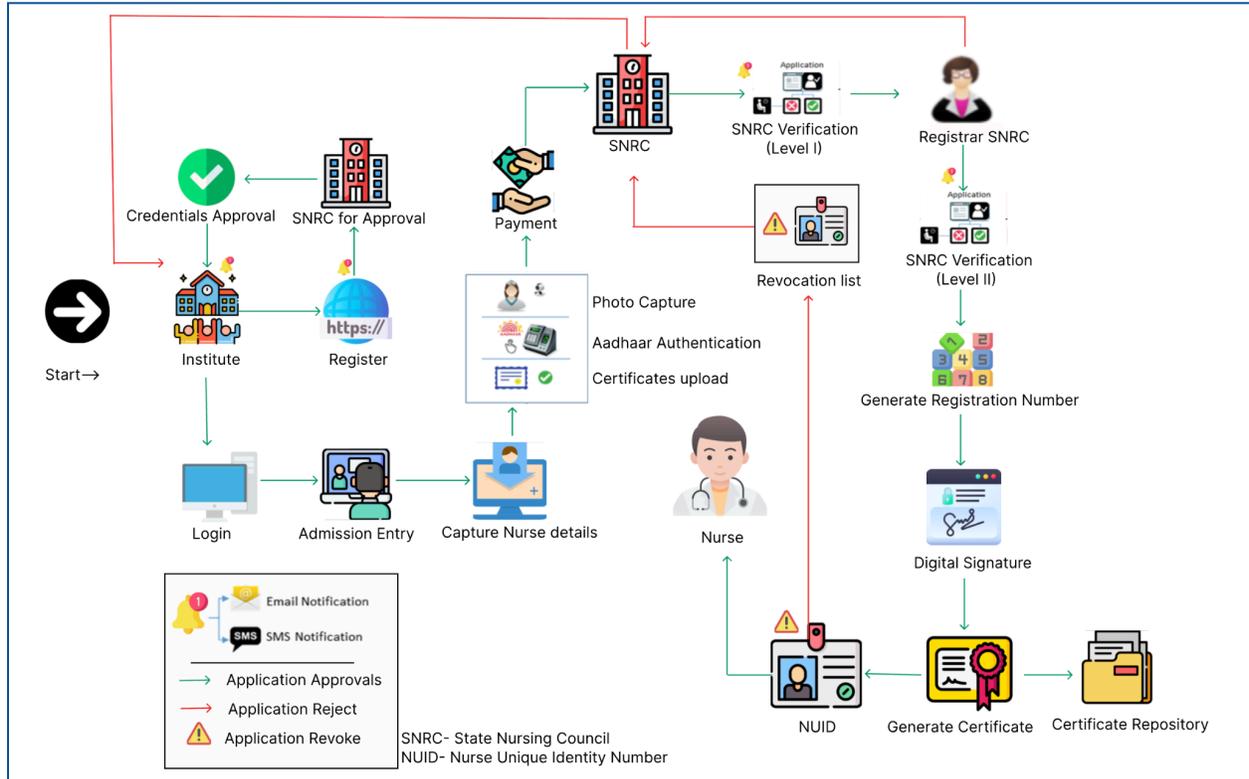
Process flow: Registration of nurses by institutes

Source: National Registration and Tracking System

Component 3: Individual registration of nurses on NRTS

The following is the process for individual nurses to register on NRTS:

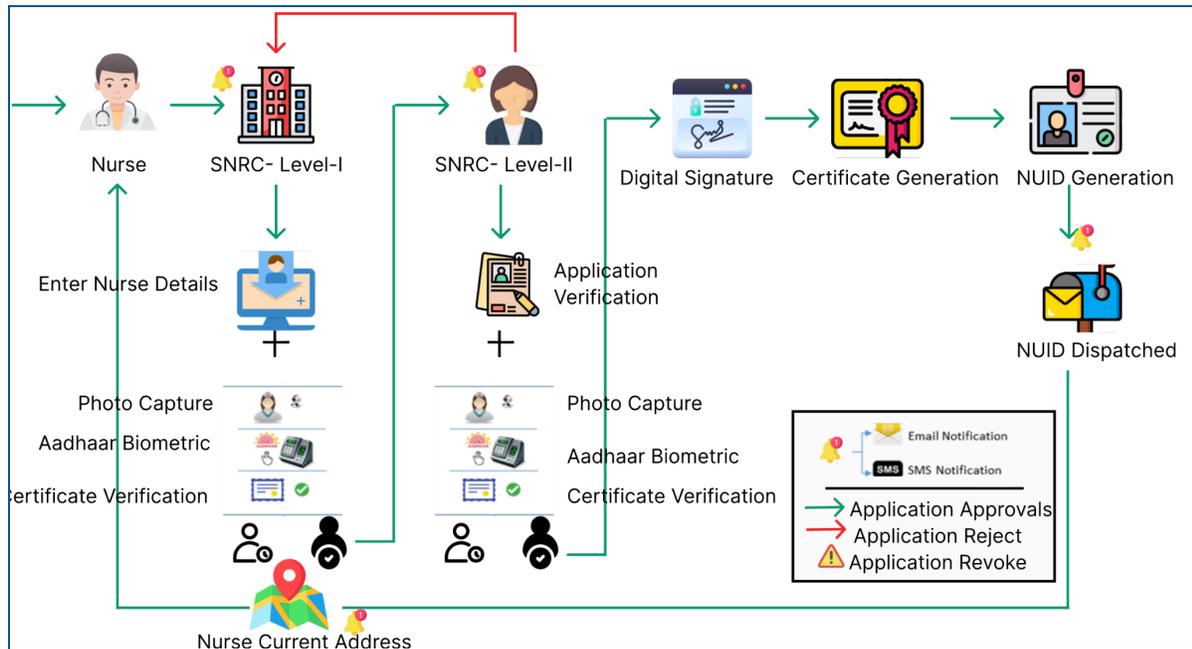**Process flow: Enrolment by nurse**

Source: National Registration and Tracking System

Component 4: Registration of nurses by State Nursing Council (SNRC) on NRTS

The following is the process for an SNRC to register its nurses on NRTS:

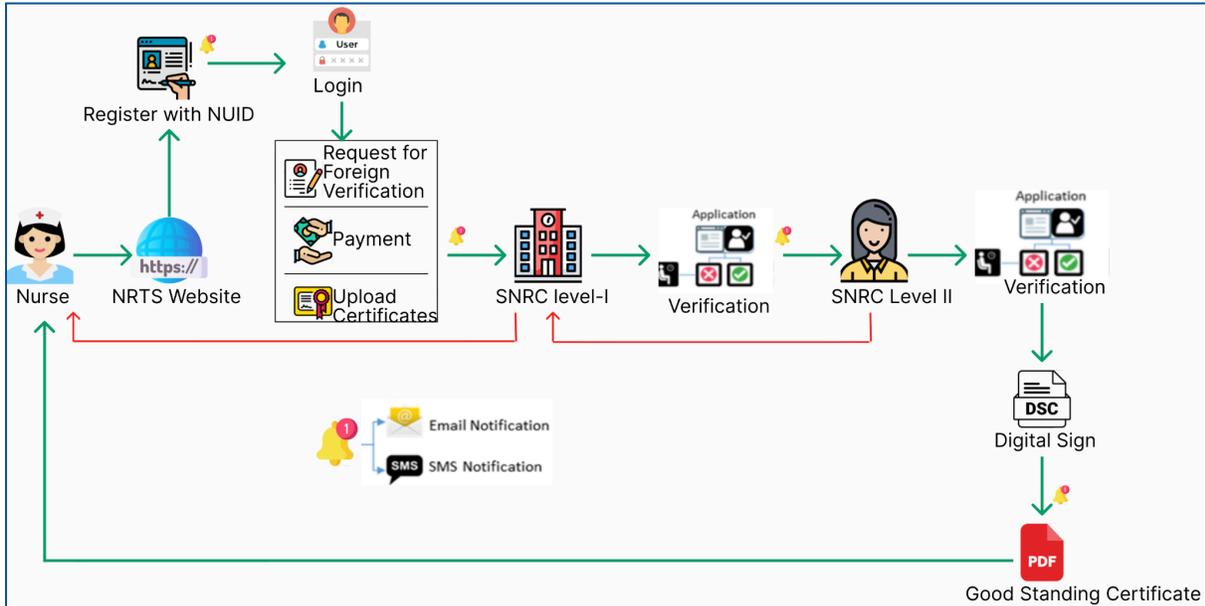**Process flow: Enrolment registration by SNRC**

Source: National Registration and Tracking System

Component 5: Register under a different SNRC and practice in a different state

The following is the process if nurse wants to practice in a different state and wants to register in a different SNRC on NRTS:

Process flow: Foreign registration

Source: National Registration and Tracking System

Component 6: Nurse renewal certificate on NRTS

The following is the renewal process on NRTS:
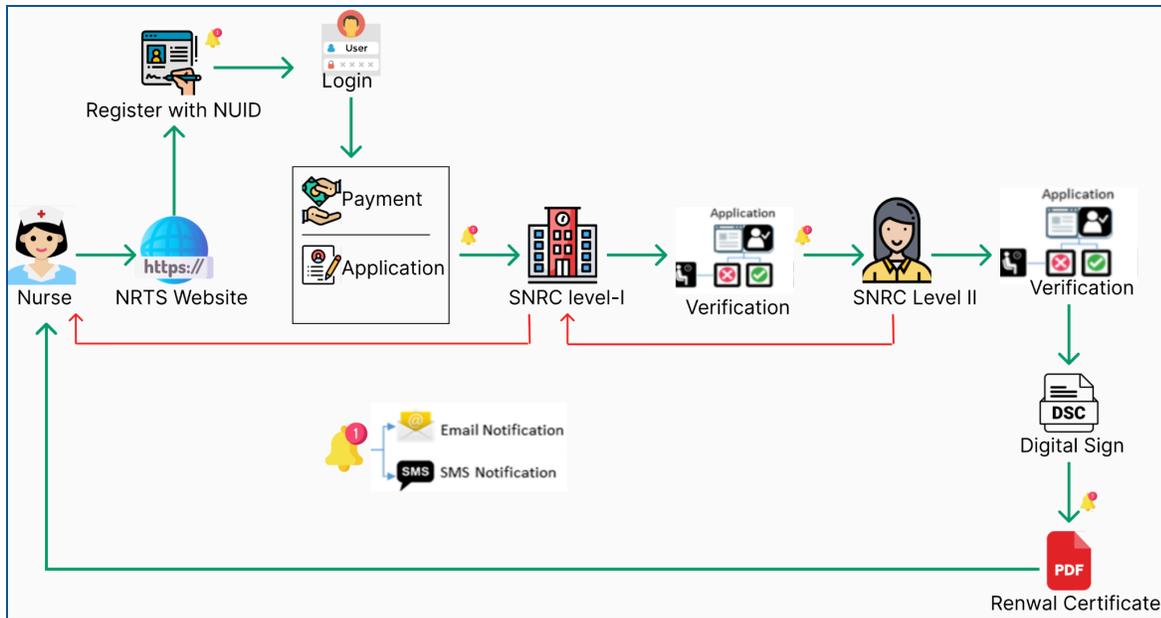
Process flow: Renewal

Source: National Registration and Tracking System

Component 7: Create a digital platform to claim certificates

The platform is a digital system to streamline nurse's registration and certification processes. It enables candidates and practitioners to request, verify, and access certificates online through web and mobile portals.

> **Reference documents**
>
> - **Digital platform Product Requirement Document from Uttar Pradesh: [Download here]**

GRIEVANCE REDRESSAL

Background

Students, institutes, and other stakeholders face delays, confusion, or lack of clarity when raising grievances. This undermines confidence in the system, reduces stakeholder satisfaction, and can slow the adoption of reforms.

The **National Nursing and Midwifery Commission (NNMC) Act, 2023** allows the The Nursing and Midwifery Ethics and Registration Board to provide for mechanisms for receiving complaints and grievance redressal. The **National Education Policy (NEP) 2020** highlights the importance of robust student support systems and responsive governance in ensuring quality education outcomes.

A dedicated grievance redressal platform and clear guidelines ensure timely, transparent, and accountable handling of complaints. By enabling stakeholders to track issues, the reform strengthens trust and improves satisfaction.

Objective

The objective is to implement a structured, user-friendly Grievance Redressal Mechanism for the public. This system will ensure that the state nursing council addresses all queries from the ground in a timely manner and evolves to minimise the volume of incoming queries over time.

Guiding principles

The grievance redressal mechanism should be implemented in line with the guiding principles of the NNMC Act, 2023. It emphasizes building transparent, accountable, and responsive systems that strengthen institutional credibility and ensure timely resolution of issues.

- **User-centric design:** The mechanism should prioritize ease of use, minimal steps for submission, and provide offline support channels where necessary to all stakeholders.
- **Transparency and accountability:** Every grievance should have a clear acknowledgement, tracking ID, and visible status updates so that stakeholders can monitor progress.
- **Timeliness of resolution:** Defined timelines must be adhered to for acknowledging, processing, and resolving grievances to build trust and reduce bottlenecks.
- **Confidentiality and data security:** Stakeholder information should be protected through secure systems, with strict privacy protocols to ensure trust and safety.

Reform design

There are 5 components to design a grievance redressal reform:

#	Design components
1	Develop and publish grievance redressal SOP
2	Onboard technology partner to build grievance redressal solution
3	Conduct training sessions for implementation
4	Raise awareness about grievance portal
5	Create grievance redressal tracker and dashboard

Component 1: Develop and publish grievance redressal SOP

A detailed Standard Operating Procedure is drafted and notified, outlining roles and flow.

📄	**Suggested Samples and Templates**

- **Sample grievance redressal SOP: [Download here]**

Component 2: Onboard technology partner to build grievance redressal solution

Engage a technology partner to develop and maintain a digital grievance redressal platform. The partner will be responsible for designing the dashboard, enabling grievance logging, tracking, and reporting functionalities, and ensuring system security, accessibility, and scalability.

📄	**Suggested Samples and Templates**

- **Sample functional requirement document: [Download here]**

📄	**Reference documents**

- **Product requirement document (PRD) from Uttar Pradesh: [Download here]**
- **Proposal for onboarding tech partner from Uttar Pradesh: [Download here]**

Component 3: Conduct training sessions for implementation

Organize training sessions for institute administrators and designated staff to familiarize them with the grievance redressal mechanism

Component 4: Raise awareness about the grievance portal

Inform institutes, faculty, and students about the availability and purpose of the grievance portal. Use circulars, awareness sessions, and official communications to explain how grievances can be submitted, tracked, and resolved.

Component 5: Create grievance redressal tracker and dashboard

Develop a digital dashboard to track, monitor, and manage all grievances submitted by students and institutes. The dashboard allows real-time updates, status tracking, and ensures accountability and timely resolution of issues.

📄	**Suggested Samples and Templates**

- **Template for grievance redressal tracker: [Download here]**
- **Template for grievance redressal dashboard: [Download here]**

Technical
Reforms

INSTITUTE RATINGS

Background

In the absence of a transparent, institutionalised system for rating nursing and midwifery institutes, the quality of professional training of pre-service nurses remains opaque to students, employers, and regulators. This opacity imposes significant costs:

- **For prospective students:** They lack an objective criteria to make an informed choice about institutes, which leads to lack of employability or future career outcomes.
- **For institutes:** In the absence of clear quality signals, institutes have little motivation or incentive to enhance the standard of professional training of nurses they provide.
- **For employers**: They lack certainty while employing nurses and incur avoidable expenditure on remedial training.
- **For regulators**: Without an evidence-based quality benchmark, it is not feasible to incentivise excellence or mandate corrective action.

The **National Nursing and Midwifery Commission (NNMC) Act, 2023** constitutes an autonomous board the *Nursing and Midwifery Assessment and Rating Board* to mandate a formal, recurring, and transparent rating system for institutes, using ratings as both a regulatory tool and a public quality signal. It also provides for penalties, intake reduction, suspension of admissions, or withdrawal of recognition if minimum standards are not maintained. The **National Education Policy (NEP) 2020** also mandates robust quality assurance mechanisms across all professional education streams.

An institute public ratings system is the most direct instrument to operationalise these policy imperatives. It creates a credible quality signal for institutes, reduces information asymmetry, and enables all stakeholders to make informed decisions.

Objective

To establish a credible, transparent, and institute ratings system for nursing and paramedical institutes that informs stakeholders about institute quality, drives continuous improvement in pre-service education.

Guiding principles

The National Nursing and Midwifery Commission (NNMC) Act, 2023 mandates a transparent institute rating system for all nursing and paramedical institutes to ensure zero information asymmetry, with the following key requirements:

- **Universal coverage** – All recognised institutes must be included to ensure a fair comparison.
- **Clear benchmarks** – Publicly notified parameters covering infrastructure, teaching–learning processes, learning and placement outcomes, to ensure clarity of quality benchmarks.
- **Independent verification** – On-ground inspections by trained, empanelled assessors to validate compliance of quality benchmarks.
- **Public reporting** – Accessible publication of grades and detailed reports around rating.
- **Regulatory linkages** – Incentives for high performers and restrictions for poor performers.

Reform design

There are 10 components to design a rating reform:

#	Design components
1	Release the state ratings policy
2	Finalise ratings parameters and assessment tools
3	Geotag all institutes
4	Share documents with institutes for self assessment
5	Desk assessment of institutes
6	Independent field assessments of institutes
7	Conduct random spot checks of institutes
8	Calculate provisional rating using score normalisation
9	Provide provisional rating and grievance redressal mechanism
10	Release final rating and rating report
11	Initiate re-rating process

Component 1: Release the state ratings policy

A formal government notification to be issued covering details of the policy. Once issued, it should also be published on the official portal and shared with all recognised institutes.

📄 Suggested Samples and Templates

- **Sample rating policy: [Download here]**

✦ Highlights from the ratings policy

- **Scope and coverage**: Applies to all recognised nursing and midwifery institutes with at least two admitted batches. Ratings are course-specific, with aggregate institute scores.
- **Validity and reassessment**: Ratings remain valid for three years, after which reassessment is mandatory to maintain recognition, with revised benchmarks.
- **Parameters**: Evaluates infrastructure, teaching–learning processes, clinical and community practice, learning and placement outcomes, and faculty/ student competency.
- **Stages**: Includes self-assessment, desktop verification, independent on-ground validation, and regulatory approval to ensure holistic process for rating of an institute.
- **Publication**: Public release of grades and detailed reports to ensure transparency.
- **Regulatory linkages**: Incentives for high performers and restrictions for poor performers.
- **Grievance redressal**: Formal process with a 60-day resolution limit.

📑 Reference documents

- **Institute Rating Policy from Bihar: [Download here]**

Component 2: Finalise ratings parameters and assessment tools

Confirm parameter weightages (for example, infrastructure 30%, teaching–learning processes 25%, etc.) and finalise standardised self-assessment formats, scoring rubrics, and on-ground verification checklists. Circulate tools to institutes well before the assessment cycle begins.

✦ Suggested design of ratings framework

The ratings system should provide an objective measure of nursing and midwifery institute performance. Its two key purposes are to give students reliable, comparable information before admission and to create incentives for institutes to continuously improve.

Institutes may be assessed on three primary parameters, each with a defined weightage:

- **Infrastructure (30%)**: Evaluates the adequacy and quality of teaching blocks, academic resources, skill laboratories, clinical practice facilities, and hostel amenities.
- **Quality of teaching–learning processes (40%)**: Assesses the effectiveness of curriculum delivery, faculty qualifications, clinical supervision and student evaluation systems.
- **Learning and placement outcomes (30%)**: Measures performance of faculty and students by competency-based evaluations using Objective Structured Clinical Examinations (OSCE) conducted during on-ground assessments and placement outcomes of the institute.

📄 Suggested Samples and Templates

- **Sample scoring criteria: [Download here]**

Component 3: Geotag all institutes

Use a state-approved geotagging application to capture latitude and longitude, linked to institute identifiers. This ensures officials can verify locations, plan inspections efficiently, and maintain a publicly accessible, accurate database.

📄 **Suggested Samples and Templates**

- **Sample SOP for geotagging: [Download here]**

- **Sample letter to share geotagging credentials: [Download here]**

📑 **Reference documents**

- **Signed letter requesting geotagging from Uttar Pradesh: [Download here]**

Component 4: Share documents with institutes for self assessment

Distribute structured self-assessment formats for nursing and paramedical courses that capture data on infrastructure, faculty, teaching–learning processes, and learning and placement outcomes. Institutes also submit evidence to support their self-assessment. A self assessment training is also conducted for the institutes.

📄	**Suggested Samples and Templates**

- **Sample letter for opening of self assessment window: [Download here]**

- **Sample letter for self assessment reminder mid window: [Download here]**

- **Sample letter for self assessment closing in 24hrs: [Download here]**

- **Sample self assessment tool (Nursing): [Download here]**

- **Sample self assessment tool (Paramedical): [Download here]**

📑	**Reference documents**

- **Signed letter opening of self assessment window from Bihar: [Download here]**

- **Signed letter for self assessment training from Bihar: [Download here]**

Component 5: Desk assessment of institutes

The regulatory authority or its designated agency reviews uploaded documents and data shared by the institutes to verify compliance with minimum standards. If any discrepancies or missing information is identified, institutes may be asked for clarifications before the field assessment.

	Suggested Samples and Templates

- **Template for a desk assessment tracker and scoring: [Download here]**

Component 6: Independent field assessments of institutes

Appoint third-party agencies with trained assessors to conduct field assessment of institutes using a uniform checklist.

	When having multiple agencies for field assessment, ensure the following:

1. All of them use the same tool for rating
2. All of them follow similar practices for ensuring credibility of their assessment
3. All agencies should make their charges public well in advance

	Additional steps that may be taken to ensure quality field assessment

- **Body cameras:** can be used by assessors during field assessments.

- **Daily tracker:** of field assessments and stand-up calls to resolve any bottlenecks.

📄 **Suggested Samples and Templates**

- **Sample SOP for on-ground assessors: [Download here]**

- **Sample letter for on ground validations commencement: [Download here]**

- **Sample data collected from on-ground assessment: [Download here]**

📑 Reference documents

- **Work order to onboard QCI as an assessor from Uttar Pradesh: [Download here]**

- **Signed letter for starting on-ground assessment from Bihar: [Download here]**

Component 7: Conduct random spot checks of institutes

The spot checks are unannounced visits and are only conducted by the state department within a specified time period after the third party assessment. 10% of the total institutes validated by a third party assessor will be randomly selected by the state nursing council for these spot checks. Spot checks help to evaluate the quality of assessments done by the third party itself.

📄 **Suggested Samples and Templates**

- **Sample guidelines for spot checks: [Download here]**

Component 8: Calculate provisional rating using score normalisation

Apply a uniform scoring criteria to each parameter, then normalise scores on a scale of 0-100 to account for variations between course types. Finally, the institutes may be categorised into five bands (A–E), with 'A' denoting the highest performing institutes and 'E' the lowest. The thresholds should also be defined in each cycle separately for each rating band.

📄 **Suggested Samples and Templates**

- **Sample rating methodology: [Download here]**

- **Template for institute wise score calculation: [Download here]**

- **Template for final rating calculation: [Download here]**

Component 9: Provide provisional rating and grievance redressal mechanism

Institutes may be provided with a provisional score report. In case of an issue, an institute may raise a grievance with the third party assessment agency. If unsatisfied, it may escalate to the Department GR Committee after depositing a refundable fee (returned if grievance is upheld).

📄 **Suggested Samples and Templates**

- **Sample SOP for grievance mechanism: [Download here]**

- **Template for grievance redressal dashboard: [Download here]**

📑 **Reference documents**

- **Signed letter from state nursing council from Uttar Pradesh: [Download here]**
- **Provisional score report from Uttar Pradesh: [Download here]**

Component 10: Release final rating and rating report

Ratings may be published on a public portal. The same may also be disseminated through press releases, official social media, and public notices to maximise reach. Institutes with a D/E rating may receive show cause notices. Penalties may include- Imposition of monetary penalty, reducing intake or stoppage of admissions and recommending to the National Commission for withdrawal of recognition.

	Suggested Samples and Templates

- **Sample ratings dissemination plan: [Download here]**

- **Template for a Whatsapp message: [Download here]**

	Reference documents

- **Rating website from Uttar Pradesh: [Click here]**

- **Rating report (in PDF format) from Uttar Pradesh: [Download here]**

- **Rating video for dissemination from Uttar Pradesh: [Download here]**

- **Show cause notice from Uttar Pradesh: [Download here]**

Step 11: Initiate re-rating process

Institutes, which would like to make a re-assessment of their rating status, may volunteer for re-assessment, with the empanelled 3rd party assessment agencies at the cost notified.

	Suggested Samples and Templates

- **Sample questions for re-rating nomination: [Download here]**

INSTITUTE MENTORING

Background

In the absence of a structured system for peer mentorship and quality improvement, nursing and paramedical institutes often operate in isolation. Without credible support structures, quality gaps widen across the board. Such limited opportunities for low performing institutes to learn from stronger peers may lead to issues:

- **For low quality institutes:** Stagnancy of institute's quality as poor practices remain unchecked.

- **For faculty:** Without structured mentorship from high performing peers, teachers lack exposure to best practices in pedagogy and clinical training.

- **For students:** Inconsistent training standards and uneven student learning and placement outcomes.

- **For regulator:** Regulators face difficulty enforcing continuous quality improvement without active collaboration across institutes.

The **National Nursing and Midwifery Commission (NNMC) Act, 2023** allows the The Nursing and Midwifery Undergraduate and Postgraduate Education Board to facilitate development and training of faculty members for teaching and research. **The National Education Policy (NEP) 2020** emphasises peer learning networks, faculty development, and capacity-building initiatives as critical levers for improving quality in higher education.

An institute mentoring reform with a mentor–mentee structure directly addresses these gaps. By pairing high-performing institutes with those institutes needing improvement, it enables peer learning and creates market-led incentives by ensuring that better performing institutes get better pay for their mentorship programme.

Objective

To create a mentor–mentee model where strong institutes support weaker ones through peer learning, driving quality improvement and building incentives for excellence.

Guiding principles

The institute mentoring program, aligned with NNMC Act, 2023, strengthens peer learning and quality improvement across nursing and midwifery institutes, with the following key principles:

- **Sustainable business model** – The program should be designed to create long-term value, with incentives for high performing mentor institutes and clear pathways for mentee institutes to grow, ensuring continuity beyond initial support.
- **Self governing** – Mentor–mentee networks should evolve into self-sustaining peer-led systems, reducing dependence on regulators and fostering ownership within institutes.
- **Minimum standard achieved** – Any interested mentor institute must meet the minimum 75 standards set up to become a mentor institute.

Reform design

There are 11 components to design an institute mentoring reform:

#	Design components
1	Establish mentor-mentee state guidelines
2	Conduct launch workshop of the mentor-mentee program
3	Invite expressions of interest from institutes to become mentors
4	Share documents with interested institutes for self assessment
5	Desk assessment of interested institutes
6	Field assessments of shortlisted institutes
7	Finalize and announce mentor institutes
8	Establish Quality Improvement (QI) teams within mentor institutes
9	Shortlist mentee institutes and initiate Quality Improvement (QI) process
10	Conduct Quality Assurance (QA) of mentee institutes
11	Complete cycle with rating of mentee institute and certification of mentor faculty

Component 1: Establish mentor-mentee state guidelines

Develop clear guidelines outlining the objectives, roles and responsibilities of both mentor institutes and mentees institutes.

📑	**Reference documents**

- **Guidelines for Mentor & Mentee Institutes from Bihar: [Download here]**

Component 2: Conduct launch workshop of the mentor-mentee program

Organise a state-wide workshop for all nursing education institutes, to introduce the mentorship programme. Share detailed guidelines, timelines, and expectations with all institutes.

📄	**Suggested Samples and Templates**

- **Sample advertisement to nominate as mentor institute: [Download here]**
- **Sample communication to institutes post workshop: [Download here]**

📑	**Reference documents**

- **Deck for the launch workshop from Uttar Pradesh: [Download here]**

Component 3: Invite expressions of interest from institutes to become mentors

Circulate a form (preferably digital) for institutes to apply for mentor institute status within a fixed timeline. It is also to note that if rating of institutes hasn't happened in the current cycle, any institute can nominate itself to become a mentor institute. However, once an institute rating process is established, only institutes rated equivalent to A or B can nominate to be a mentor institute.

	Suggested Samples and Templates

- **Sample questions to gather interest: [Download here]**

	Reference documents

- **Sample signed letter for mentor expression of interest from Bihar: [Download here]**

Component 4: Share documents with interested institutes for self assessment

The interested institutes should receive an email with standardised templates, including a letter of interest, application form, institute profiling presentation, and a self-assessment tool. These templates must be completed and submitted by the institutes within the specified timeline.

	Suggested Samples and Templates

4 documents to be submitted by the interested institutes:
1. **Template for letter of interest: [Download here]**
2. **Template for applicant form (for mentor institutes): [Download here]**
3. **Guidelines for Institute Profiling (via a presentation): [Download here]**
4. **Template for self assessment tool: [Download here]**

Component 5: Desk assessment of interested institutes

Interested institutes will undergo a desk assessment by a technical partner or departmental committee. They may also interact with any interested institutes, if needed. A minimum of 85% standards have to be met by any interested institute to be shortlisted for field assessment.

Suggested Samples and Templates

- **Template for self assessment scoring sheet evaluation: [Download here]**
- **Template for standards checklist: [Download here]**

Component 6: Field assessment of shortlisted institutes

Shortlisted institutes will undergo a field assessment by a technical partner or departmental committee. The top 10–20 institutes may be selected to become mentor institutes (depending on need of state). In case, enough institutes are not able to meet the standards, a Quality Improvement (QI) program for potential mentor institutes may be implemented.

Suggested Samples and Templates

- **Template for scoring sheet for on-ground validation: [Download here]**
- **Template for state-wide score of on-ground validation: [Download here]**

Component 7: Finalise and announce mentor institutes

Institutes that achieve >85% in both self assessment and field assessment will be recognized as mentor institutes. Mentor institutes may be announced during a large-scale state-level event.

Suggested Samples and Templates

- **Sample letter for onboarding: [Download here]**

Component 8: Establish Quality Improvement (QI) teams within mentor institutes

Mentor institutes receive a letter from the regulator to establish QI teams. Each team may consist of 2 nodal officers/mentors faculty and 6 members to mentor faculty members of low-performing institutes to enhance teaching skills and subject matter expertise.

Training of nodal persons

- A three-day in-person training session will be conducted with QI teams by the technical agency for orientation on:
  - Institute Quality standards
  - Roles and responsibilities of QI team
  - Quality improvement processes
- Further capacity building of different stakeholders may also be done via training modules:
  - All faculty of nursing and midwifery institutes:
    - Objective structured clinical examination (OSCE)
    - Clinical skills standardization
    - Simulation techniques
  - Nodal officers:
    - Pragati module (Quality improvement process, Performance standards orientation, quality improvement and quality assurance)
    - Teaching learning process module (Pedagogical skills)
    - Clinical and community practice process module
  - Principals:
    - Managerial module

Component 9: Shortlist mentee institutes and initiate Quality Improvement (QI) process

After the evaluation process, every mentor institute will initiate reaching out to underperforming institutes (C/D/E rated institutes if ratings have happened) to assist them in enhancing the quality of education. Those institutes interested in receiving support will submit their Letter of Intent (LoI) to the mentor institutes.

Once the mentor and mentee institutes reach an agreement, they may formalize it through a Memorandum of Understanding (MoU). Under this MoU, the institutes define a business model around Quality Improvement Packages (QIPs) in silver, gold, and platinum tiers. The mentee institute subscribes to these packages on a payment basis. Each package specifies the quality improvement process (guided by the mentor institute) along with clear timelines for execution.

✦	**Quality Improvement Packages (QIP)**

- **Silver:** 60% of overall standards achievements
- **Gold:** 75% of overall standards achievements
- **Platinum:** 85% of overall standards achievements

🗎	**Reference documents**

- **MoU between mentor - mentee institutes from Uttar Pradesh: [Download here]**

Component 10: Conduct Quality Assurance (QA) of mentee institutes

Once the mentee institute achieves a minimum 85% of the standards, they may reach out to the regulator for a re-rating by paying a specific amount.

> 📄 **Suggested Samples and Templates**

- **Template for quality assurance: [Download here]**

Component 11: Complete cycle with rating of mentee institute and certification of mentor faculty

Once the assessment is done by the third-party quality assurance agency, a new rating may be published for the mentee institute based on the approval of the regulatory authority. In addition, mentor faculty must be certified for achieving successful improvement in the ratings of the mentee institute.

COMPETENCY CERTIFICATION OF NURSES

Background

In the absence of a transparent and standardised system to certify the competencies of nurses already in service, the credibility of their quality remains uncertain. This lack of clarity creates significant costs:

- **For employers:** The absence of reliable signals makes it difficult to assess nurse quality, often leading to lower compensation.
- **For nurses in service:** The lack of recognition for skills restricts career growth, reduces bargaining power, and leaves competence undervalued.

The National Nursing and Midwifery Commission Act 2023 allows the State Commissions to issue certifications of specialization or other forms of certification for those practicing nursing and midwifery. **The National Education Policy (NEP) 2020** calls for outcome-based,

competency-driven assessments that go beyond rote learning to measure practical skills. It underscores the importance of formal certifications to validate specialized skills.

An independent competency certification centre creates a transparent signal of individual nurse quality, much like ratings do for institutes. Through uniform testing, trained evaluators, and ratings based on certified skill levels, the system allows hospitals and healthcare providers to make informed hiring and pay decisions. This ensures that every nurse has a fair shot at employment while letting the market determine the value of different competency levels.

Objective

To establish a reliable, independent quality marker for nurse's competence in the job market.

Guiding principles

NNMC Act, 2023 underscores the need for an independent, certification system for nursing competence. To uphold these mandates, competency certification is guided by the following principles:

- **Credible:** Assessments must be conducted by trained evaluators and supported by transparent scoring systems trusted by employers and regulators alike.
- **Standardised and fair:** Uniform testing methods, proctored assessments, and objective evaluation criteria must be applied across all institutes.
- **Comprehensive:** Both knowledge, skills and behaviour must be assessed to provide a holistic picture.
- **Authorised:** Assessment centres should be authorised by a competent state authority.

Reform design

There are 11 components to design Competency Certification of Nurses (CCN):

#	Design components
1	Release state Competency Certification of Nurses (CCN) policy
2	Form a technical committee to approve assessment structures of the CCN centres
3	Release affiliation guidelines for CCN centre
4	Define the assessment structure for the CCN centre
5	Build the technology for online presence of the centre
6	Engage potential employer for CCN centre
7	Set up the CCN Centre
8	Open candidate registrations for CCN Centre and launch outreach
9	Operationalize CCN Centre
10	Share CCN grades with registered candidates post the assessment
11	Share the list of candidates and their CCN grades with engaged employers

Note: The above components refer to a CCN centre established within a state college. However, they may be adapted and applied to a CCN Centre established in a private nursing college or an independent CCN Centre.

Component 1: Release state Competency Certification of Nurses (CCN) policy

Draft a state policy to establish the need for CCN Centres that will issue competency certificates to nursing graduates. The policy should outline the competencies to be tested, an initial proposal for centre design, infrastructure, and operational processes.

Component 2: Form a technical committee to approve assessment structures of the CCN centres

The SNRC should constitute a committee of experts to approve the competencies, assessments, and assessor selection criteria of the CCN centres being established.

✦	Sample membership of Technical Committee

- **State Health department:** Director/equivalent officer
- **Employers:** 1 superintendent & 1 member per employer (minimum 2 and maximum 5)
- **State nursing council:** Registrar & Consultant
- **State medical college:** 4 members (nurses/nursing superintendents)

Component 3: Release affiliation guidelines for CCN centre

Develop and release affiliation guidelines for the CCN centre. Invite entities to establish a CCN centre and only the entities that align with the guidelines can set up a CCN centre. Assessment centres may be set up in multiple ways: (a) Within a government college or hospital, (b) within a private college or hospital or (c) as an independent centre, formally authorised by the council. Once aligned, an MoU may be signed between the state nursing council and the CCN centre.

📄	Suggested Samples and Templates

- **Sample proposal document for the certification centre:** [Download here]
- **Sample MoU between state nursing council and state college:** [Download here]

Component 4: Define the assessment structure for the CCN centre

Design the overall assessment blueprint, including case scenarios and competency list. Establish a scoring criteria of grading the nurses based on their score in knowledge as well as skill based assessment which can also test the behavior of the nurses. The CCN grades should be mentioned on the certificate released.

	Suggested Samples and Templates

- **Sample guidelines for developing assessments (knowledge):** [**Download here**]
- **Sample assessment blueprint (Midwifery):** [**Download here**]
- **Sample case scenarios for skill assessment (Midwifery):** [**Download here**]
- **Sample question paper for CBT (Midwifery):** [**Download here**]
- **Template for scoring and benchmarking (Midwifery):** [**Download here**]

	Reference documents

- **Manual for competency package development from Bihar:** [**Download here**]

Component 5: Build the technology for online presence of the centre

Onboard a tech team to develop the digital systems for the certification process.

📄	**Suggested Samples and Templates**

- **Sample wireframes for website pages:** [Download here]

🗎	**Reference documents**

- **Assessments PRD from Bihar:** [Download here]
- **Candidate registration portal from Bihar:** [Click here]
- **Admin login portal from Bihar:** [Click here]
- **Candidate login portal from Bihar:** [Click here]

Component 6: Engage potential employer for CCN centre

Engage hospitals and other healthcare employers to build awareness about the certification, showcase its value in improving workforce quality, and encourage adoption. A partnership may also be formed with potential employers for hiring certified nurses based on their CCN grades.

📄	**Suggested Samples and Templates**

- **Template for employer outreach strategy:** [Download here]
- **Sample presentation employer outreach:** [Download here]
- **Sample talking points for employer outreach:** [Download here]

Component 7: Set up the CCN Centre

Plan, set up, and operationalize centres with the required infrastructure, digital systems, assessors, and SOPs to ensure standardized, secure, and reliable certification of nurses.

📄 **Suggested Samples and Templates**

- **Sample operational guidelines for a certification center: [Download here]**
- **Sample operational guidelines for skill assessment lab: [Download here]**
- **Sample layout of the waiting area: [Download here]**
- **Sample layout of the skill lab: [Download here]**
- **Template for infrastructure checklist: [Download here]**
- **Template for skill based lab material checklist: [Download here]**

📑 **Reference documents**

- **Layout of the computer based lab from Bihar: [Download here]**
- **Work order for centre infrastructure from Bihar: [Download here]**
- **Work order for tech infrastructure from Bihar: [Download here]**
- **Purchase order for equipment from Bihar: [Download here]**

Qualified assessors to be selected and provided structured training on assessment tools, scoring methods, and evaluation protocols to ensure fairness, consistency, and reliability in the certification process.

📄 **Suggested Samples and Templates**

- **Sample training plan for the assessors: [Download here]**
- **Sample SOP for assessors: [Download here]**

Component 8: Open candidate registrations for CCN Centre and launch outreach

Make candidate registration portal live. Design and implement a multiple channel outreach strategy to inform and engage candidates.

📄	**Suggested Samples and Templates**

- **Template for telephonic script: [Download here]**

📑	**Reference documents**

- **Candidate outreach poster (Hindi) from Bihar: [Download here]**
- **Candidate outreach poster (English) from Bihar: [Download here]**

Share all relevant information with registered candidates to ensure they are well-prepared for the certification process. This includes sending the candidate handbook, guidelines, and instructions via email.

📄	**Suggested Samples and Templates**

- **Sample email draft for candidate handbook: [Download here]**
- **Sample list of nursing textbooks (Midwifery): [Download here]**

📑	**Reference documents**

- **Candidate handbook from Bihar: [Download here]**

Component 9: Operationalize CCN Centre

Implement centre operations with clear SOPs, handbooks, and sample materials for candidates. Establish evaluation rosters, grievance redressal mechanisms, and quality assurance processes. Define staff roles, ensure candidate support, and manage workflows for smooth functioning.

📄 **Suggested Samples and Templates**

- **Sample SOP for centre manager:** [Download here]
- **Sample SOP for quality assessment:** [Download here]
- **Sample SOP for grievance:** [Download here]

📑 **Reference documents**

- **Competency certification centre handbook from Bihar:** [Download here]

Component 10: Post-assessment, share CCN grades with registered candidates

Registered candidates receive their CCN grades after completing the assessment. The State Nursing Council should categorise the CCN grades into three bands (A–C), with 'A' denoting the highest performing nurses and 'C' the lowest. Additionally, an 'F' rating may be given to anyone who fails the test. This may be updated on the competency passbook of the certified nurses.

Component 11: Share list of candidates and CCN grades with engaged employers

A consolidated list of certified candidates, along with their CCN grades, may be shared with partner employers at regular intervals. This ensures hospitals and healthcare providers have direct access to the certificates issued and reach out to candidates to hire them. The employers should also be able to access detailed scores and videos of the skill assessment when a candidate applied to them with the certification.

CONTINUED NURSING EDUCATION

Background

To ensure safe and high-quality care, nurses are required to regularly update their knowledge and competencies through Continuing Nursing Education (CNE). This is possible only by having a standard uniform system of CNE implementation guidelines across the country. Absence of such a framework leads to issues:

- **For individual nurses:** Without CNE, nurses and midwives have outdated knowledge, weaker clinical competencies, and limited career progression.
- **For employer:** Nurses with outdated knowledge may not provide top quality care to the patients, compromising on employer image in the market.
- **For the public:** It may translate into compromised quality of care, reduced patient safety, and a workforce unprepared to respond to changing disease patterns and health needs.

The Indian Nursing Council has formulated guidelines for implementation of CNE across the country during the year 2005 and revised in 2019 and some state nursing registration councils have implemented these CNE guidelines. The National Nursing and Midwifery Commission Act 2023 states that The National commission may set up regulations to provide basic standards for continuing professional education.

Objective

To ensure continuous upskilling of nurses and midwives so they remain professionally competent and deliver safe, high-quality care to the public.

Reform design

Component 1: Release a state Continued Nursing Education (CNE) policy

A state-level CNE policy should establish a framework for professional development, and approved educational activities. It must also define the criteria for awarding credit points and set up a system for monitoring and evaluation to ensure compliance and effectiveness.

🗎	**Reference documents**

- **Indian Nursing Council C policy for Certified Nursing Education: [Download here]**
- **Policy used in Bihar: [Download here]**

✦	**Highlights from the Bihar CNE policy**

- **Eligibility**: Eligible entities to conduct CNE sessions include the State nursing council (SNRC), SNRC-recognized nursing institutions, and certain government and autonomous institutions.
- **Committee Composition:** will have 8 members which includes the Chairperson, Secretary, CNE coordinator and members from different nursing specialties
- **Activities**: The program includes various activities such as webinars, conferences, workshops, and seminars.
- **Credit Points:** To renew their registration, nurses must obtain a maximum of 150 CNE points every five years by attending CNE programs or modules.
- **Approval Process:** Institutions must apply online at least one month in advance, and the CNE committee will provisionally approve sessions by a specific date of the month.
- **Observer**: An observer is required for CNE sessions that are four hours or longer and are tentatively assigned credit points.

- **Monitoring:** The CNE committee monitors the development of programs by reviewing pre-test, post-test scores, and participant feedback within a fixed timeline.

- **Violations**: If an institution is found to have violated the policy, it can be blacklisted for at least two years and barred from conducting CNE programs.

- **Transferring Points**: A nurse transferring from another state must provide a letter of accrued credit points, or they will forfeit those points.

- **Grievance Redressal:** Institutes or nurses can file a written complaint or email the CNE coordinator if they encounter any grievances.

Enabler

INTEGRATED DIGITAL PLATFORM

Background

With the scale of operations - both in terms of number of colleges as well as a large number of registered professionals, any regulator tasked with its management and quality assurance is bound to face certain challenges.

- **For institutes:** the key responsibility of the regulator is to ensure that the institutes has the capacity to consistently produce quality healthcare professionals.

- **For individuals or health professionals:** it is critical to ensure the quality standards of those authorized to practice and provide health services.

The **National Nursing and Midwifery Commission (NNMC) Act, 2023** explicitly positions digital platforms as critical enablers of transparency, competency management, institute rating, licensing, and data-driven governance in nursing and midwifery education and regulation.

Objective

Develop a technology platform that will enable the State nursing council to undertake its regulatory responsibilities towards both medical institutes as well as healthcare professionals, including certification, competency mapping, rating, etc.

Guiding Principles

- **Transparency and Accountability** – All regulatory functions must be conducted in a manner that is open, verifiable, and resistant to bias or manipulation.

- **Efficiency** – The platform should reduce delays in inspections, certification, and grievance resolution by automating workflows and ensuring real-time reporting.

- **Data-Driven Decision Making** – Insights from dashboards, analytics, and aggregated datasets will guide regulators and policymakers in institutional support.

Module design

There a total of 10 basic modules as part of the integrated digital platform:

#	Design components
1	Registry
2	Competency passbook
3	Monitoring visits
4	Intelligence layer
5	Collaboration space
6	Convening space
7	Open data
8	Examination management
9	Grievance redressal
10	Document repository

Module 1: Registry

The Registry provides a verified digital identity for every institute , faculty, and student. It enables secure login, authentication, and consent-driven access to records. Users can maintain their personal or institutional profiles, while regulators can review and validate entries. This module serves as the foundation on which all other functions of the platform operate.

Use case

- Students register and generate a unique identity on the platform.
- Faculty update their profile with verified institutional affiliation.
- Institutes submit details for registration and approval by the regulator.
- Regulator logs in to review, approve, or reject registrations

Reference documents

- **Product requirement document (PRD) from Uttar Pradesh: [Download here]**

Module 2: Competency passbook

The Competency Passbook maintains a comprehensive record of the academic, clinical, and professional competencies achieved by students and professionals. By maintaining these records digitally, it creates a reliable reference for both individuals and regulators.

Use case

- Student views updated passbook after completion of coursework.
- Institutes upload results of clinical rotations into student passbooks.
- Regulator accesses aggregated competency outcomes for an institution.

Module 3: Monitoring visits

The Monitoring Visits module digitizes the inspection of institutions. It uses randomized allocation for scheduling visits and provides standardized digital checklists for inspectors. Reports are generated and submitted through the platform, ensuring transparency and consistency in institutional monitoring.

Use case

- The regulator schedules inspections using the platform.
- The inspector downloads the checklist and records findings digitally.
- A completed inspection report is submitted to the regulator through the system.

Module 4: Intelligence layer

The Intelligence Layer provides dashboards and analytics for regulators. It consolidates information from across the platform, enabling anomaly detection and identification of irregularities. It serves as a decision-support system for improving institutional quality and workforce management.

Use case

- Regulator reviews dashboards to monitor institutional performance.
- System flags anomalies in exam results for further review.
- Trends in competency data are analyzed to guide interventions.

Module 5: Collaboration space

The Collaboration Space allows nursing professionals and institutions to connect and share knowledge. It supports peer networking, exchange of resources, and creation of communities of practice. This module fosters professional collaboration and continuous learning across the ecosystem.

Use case

- Professionals connect to exchange best practices.
- Faculty upload and share learning resources.
- Institutes participate in communities of practice on specialized topics.

Module 6: Convening space

The Convening Space supports organization of webinars, workshops, and case discussions. It enables scheduling, participation, and recording of sessions, which can be accessed for later reference. By integrating these events into the platform, it ensures wider reach and structured engagement.

Use case

- Regulator organizes a webinar and tracks participation.
- Faculty schedule inter-institutional case discussions.
- Students access archived recordings for learning.

Module 7: Open data

There should be easy authorised sharing of data. The dashboards created on the platform should be made public.

✦	**Use case**

- A private medical upskilling app adding to the competency passbook of students.
- The number of nurses registered is a public dashboard.

Module 8: Examination management

The Examination Management module digitizes the process of registering for exams, scheduling, and publishing results. It ensures secure conduct of examinations and generates digital marksheets that can be referenced for certification.

✦	**Use case**

- Students register online for an examination.
- Examination schedules are generated and communicated through the platform.
- Marksheets are published and stored digitally.

📑	**Reference documents**

- **Product requirement document (PRD) from Uttar Pradesh: [Download here]**

Module 9: Grievance redressal

The Grievance Redressal module provides a digital system for lodging and tracking complaints. Grievances are assigned to the appropriate authority for resolution, and progress can be tracked online. This ensures transparency and accountability in handling concerns.

	Use case

- Students/faculty/institutes submit a grievance online.
- The system routes grievances to the designated authority.
- The regulator monitors status and timelines of grievance resolution.

	Reference documents

- **Product requirement document (PRD) from Uttar Pradesh: [Download here]**

Module 10: Document repository

The Document Repository is a secure digital storage for certificates, transcripts, and licenses. It ensures records are verifiable, tamper-proof, and easily retrievable when needed.

✦	Use case

- Student retrieves certificate stored in the repository.
- Institutes upload results and official records for safekeeping.
- Regulator accesses verified documents during audits.

🗎	Reference documents

- **Registration platform product requirement document from Uttar Pradesh: [Download here]**

SUMMARY OF REFORM ELEMENTS

ADMINISTRATIVE REFORMS

Centralised Admissions

#	Design components
1	Release the state centralised admissions policy
2	Set up a centralised admission board
3	Create detailed admissions workplan
4	Implement awareness and outreach campaign for the new admissions process
5	Open applicant registration portal
6	Compile merit scores (with normalization procedures)
7	Conduct centralized counselling and track enrolment progress

Awareness

#	Design components
1	Draft awareness campaign plan
2	Create campaign materials
3	Train institutes to conduct awareness sessions
4	Track completion of campaign activities
5	Gather feedback to assess effectiveness

Attendance

#	Design components
1	Release the state biometric attendance system policy
2	Designate state nodal agency for IT implementation
3	Create dashboard wireframes
4	Ensure functional biometric attendance systems across institutes
5	Conduct training workshops for on-ground implementation
6	Share dashboard access credentials with institutes

Examination

#	Design components
1	Develop and publish Examination SOP
2	Conduct standardized internal/practical examinations
3	Set up CCTV-verified exam centers with live monitoring
4	Deploy flying squads for on-ground invigilation
5	Dispatch answer sheets and conduct theory examination
6	Dispatch answer sheets post-exam
7	Sort, scan, and carry out digital marking
8	Publish results
9	Facilitate re-evaluation process

Registration and Renewal

#	Design components
1	Release the state centralised registration and renewal policy
2	Registration of nurses on National registration and ticket system (NRTS) by institutes
3	Individual registration of nurses on NRTS
4	Registration of nurses by State Nursing Council (SNRC) on NRTS
5	Register under a different SNRC and practice in a different state
6	Nurse renewal certificate on NRTS
7	Create a digital platform to claim certificates

Grievance Redressal

#	Design components
1	Develop and publish grievance redressal SOP
2	Onboard technology partner to build grievance redressal solution
3	Conduct training sessions for implementation
4	Raise awareness about grievance portal
5	Create grievance redressal tracker and dashboard

TECHNICAL REFORMS

Institute Ratings

#	Design components
1	Release the state ratings policy
2	Finalise ratings parameters and assessment tools
3	Geotag all institutes
4	Share documents with institutes for self assessment
5	Desk assessment of institutes
6	Independent field assessments of institutes
7	Conduct random spot checks of institutes
8	Calculate provisional rating using score normalisation
9	Provide provisional rating and grievance redressal mechanism
10	Release final rating and rating report
11	Initiate re-rating process

Institute Mentoring

#	Design components
1	Establish mentor-mentee state guidelines
2	Conduct launch workshop of the mentor-mentee program
3	Invite expressions of interest from institutes to become mentors
4	Share documents with interested institutes for self assessment
5	Desk assessment of interested institutes
6	Field assessments of shortlisted institutes
7	Finalize and announce mentor institutes
8	Establish Quality Improvement (QI) teams within mentor institutes
9	Shortlist mentee institutes and initiate Quality Improvement (QI) process
10	Conduct Quality Assurance (QA) of mentee institutes
11	Complete cycle with rating of mentee institute and certification of mentor faculty

Competency Certification Of Nurses

#	Design components
1	Release state Competency Certification of Nurses (CCN) policy
2	Form a technical committee to approve assessment structures of the CCN centres
2	Release affiliation guidelines for CCN centre
3	Define the assessment structure for the CCN centre
5	Build the technology for online presence of the centre
6	Engage potential employer for CCN centre
7	Set up the CCN Centre
8	Open candidate registrations for CCN Centre and launch outreach
9	Operationalize CCN Centre
10	Share CCN grades with registered candidates post the assessment
11	Share the list of candidates and their CCN grades with engaged employers

Continued Nursing Education

#	Design components
1	Release state Continued Nursing Education (CNE) policy

Integrated Digital Platform

#	Design components
1	Registry
2	Competency passbook
3	Monitoring visits
4	Intelligence layer
5	Collaboration space
6	Convening space
7	Open data
8	Examination management
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10	Document repository