Nursing and Midwifery Council Quality Assurance Review

Major Modification Report for:

Pre-registration midwifery qualification leading to:

Pre-registration Midwifery

University of Southampton

June 2025

Contents

Key institutional and programme details

Name and location of Approved Education Institution (AEI)	University of Southampton University Road Southampton SO17 1BJ
AEI/EI Institution Identifier [UKPRN]	10007158
Name and location of programme delivery partner(s) if not the AEI/EI noted above	Not applicable
Name of new employer partners for apprenticeships	N/A: this is not an apprenticeship route
Approval type	Major modification

Name of programme					
NMC programme title	**AEI/EI programme title (in full)**	**Academic level(s)**	**Apprentice-ship**	**Full-time**	**Part-time**
Pre-registration Midwifery	BSc (Hons) Midwifery	England, Wales, Northern Ireland ☒ Level 6 ☐ Level 7	☐	☒	☐

Interim awards available
There are no interim awards for this qualification that lead to NMC registration.

Date of visit	13 June 2025
Visitor team	Registrant Visitors: Ms Nicola Clark Dr Rachael Spencer

Executive summary

Quality Assurance Reviews (QARs) are undertaken for the specific purpose of making recommendations to the Nursing and Midwifery Council (NMC) in relation to the approval (or otherwise) of the above-named programme(s) or in relation to the approval (or otherwise) of major modifications to the above-named programme(s). Reviews follow the Gateway approach to programme approvals and major modifications, as outlined in QAA Guidance for Approved Education Institutions and Education Institutions on NMC Quality Assurance Reviews.

Reviews involve a period of desk-based analysis with the opportunity for NMC visitors to request further information, evidence or clarification and a conjoint visit with the Approved Education Institution (AEI) or Education Institution (EI) programme approval panel. All evidence submitted by the AEI or EI is reviewed by the visitors.

Visits enable both the NMC visitors and the AEI programme approval panel to gather further evidence and clarifications to inform their judgements and make recommendations about the AEI or EI ability to meet the NMC Standards. Visits will normally include meetings with a range of stakeholders such as students, people who use services and carers, employers, practice learning partners, the programme team and senior managers.

For programme approvals all standards within Part 3: Standards for pre-registration midwifery programmes are reported upon. For major modifications only those Part 3 standards impacted by the modification are reported upon. The visitor team confirms with the AEI/EI which Part 3 standards are in scope for a major modification.

Following a review, a draft report is shared with the AEI for the purposes of confirming factual accuracy before the report is finalised.

This modification was undertaken as a desk-based review in June 2025.

Context for the review

This major modification has been initiated by the University of Southampton (UoS) School of Health Sciences to align the midwifery programme structure with the wider institutional approach to credit transfer, where 1 ECTS equates to 20 hours of student effort. As a result, the student effort time for a standard 7.5 ECTS module has been adjusted from 187.5 hours to 150 hours. By reviewing all programmed modules in this way, there is an opportunity in the programme for three additional midwifery-focused modules across the programme duration (Antenatal Midwifery Practice, Intrapartum and Postnatal Midwifery Practice and Consolidating Midwifery Practice). Student feedback was that this would enable more face-to-face teaching hours across the programme. The UoS works to 30 hours of face-to-face teaching per module, so a greater number of modules therefore equals more hours of face-to-face delivery. All other programme learning outcomes are in place and aligned within the revised structure, and have been mapped to ensure all NMC standards remain met. There is also a reduction in programme weeks from 45 to 44, and this was specifically in response to student and practice learning partner (PLP) feedback. This has been mapped in the context document to demonstrate the programme's capacity to meet all intended outcomes, and to ensure that there is no unintended compression of content. The programme hours remain balanced at 2,475 hours of practice and 2,475 hours of academic learning and, notwithstanding the one-week reduction in the programme as a whole, students complete 4,950 hours over the programme, which exceeds the NMC minimum of 4,600.

Students have been involved in the review and co-creation of the new and existing modules and have championed the modifications as they enable more face-to-face teaching hours across the programme, evidenced in the context of the midwifery document and the sample programme calendar. The purpose of the modification is to make enhancements

to the current programme structure and modules and to ensure the continuation of interprofessional learning within the School of Health Sciences. By applying the ECT structure, the programme team has been able to fully align the midwifery programme structure with the wider institutional approach to credit transfer. The programme has been subject to the formal validation and governance processes of the UoS, and approved to proceed to NMC approval. All interprofessional modules have been reviewed and updated to reflect multi-professional working and priorities across healthcare settings. In particular, the request for a reduction in teaching weeks from 45 to 44 arose directly from student feedback and feedback from people who use services and carers (PSCs). All existing midwifery-specific modules have been reviewed, in consultation with PLPs, students and PSCs, who were engaged via surveys and working groups. The influencing factors cited by UoS include the NMC requirements, outcomes of internal programme review processes, feedback from stakeholders and business plans for the School and the UoS. These potentially competing factors were carefully balanced by the curriculum review team to ensure the focus remained firmly on student needs and those of the public, represented by PSCs.

As this was a desk-based review, no stakeholder meetings were held as part of the approval process.

The **final recommendation** made by the visitor team to the NMC, following consideration of the UoS's response to any conditions required by the approval panel, is as follows:

> **Programme is recommended to the NMC for approval**. The programme meets all standards and requirements and enables students to achieve stated NMC standards of proficiency and learning outcomes for theory and practice.

The detailed findings of the visitor team's review are explained in more detail in the following sections. This includes a summary of any conditions of approval and confirmation of whether these have been satisfactorily addressed.

Conditions and recommendations

The **provisional judgement** of the visitor team following the desk-based review and prior to the consideration of UoS's response to any conditions was as follows:

> **Programme is recommended to the NMC for approval** - the programme meets all standards and requirements and enables students to achieve stated NMC standards of proficiency and learning outcomes for theory and practice

Conditions

Conditions				
No.	Condition details	Specific standard(s) not met	NMC only/ Joint	AEI/EI only
	None			

Recommendations for enhancement

Recommendations				
No.	Recommendation	Specific standard(s)	NMC only/ Joint	AEI/EI only
R1	Monitor the effectiveness of placement learning experiences (PLEs) in achieving the required experience, ensuring that any changes made are reported on the annual self-report (ASR).	3.6	NMC	N/A

Recommendations are to be addressed and reported in the annual self-report.

Statements of good practice

Statements of good practice relating to the NMC standards			
No.	Details	Specific standard(s)	NMC only/ Joint
GP1	The programme team is trialling an approach to module evaluation that gathers feedback during the module, thus enabling module leaders to respond in real time. Whilst this is a trial, it is a strong example of the programme team making different attempts to obtain and listen to student feedback, and then act upon it, so that students can experience a change during their time on the module, rather than their feedback only impacting subsequent cohorts.	2.3	NMC
GP2	The effective implementation of the safe learning environment charter (SLEC), and in particular the gap analysis record, to demonstrate clearly that students have experienced midwifery care across the full range of settings.	3.7	NMC

The **final recommendation** made by the visitor team to the NMC, following consideration of the UoS's response to any conditions set, is therefore as follows:

> **Programme is recommended to the NMC for approval**. The programme meets all standards and requirements and enables students to achieve stated NMC standards of proficiency and learning outcomes for theory and practice.

Explanation of findings for Part 3

1: Selection, admission and progression

Approved education institutions, together with practice learning partners, must:		Met	Not Met	Met after conditions	Not applicable to this major modification
1.1	Appoint a lead midwife for education who is responsible for midwifery education in the AEI.	☐	☐	☐	☒
1.2	Inform the NMC of the name of the lead midwife for education.	☐	☐	☐	☒
1.3	Ensure recognition of prior learning is not permitted for pre-registration midwifery programmes.	☐	☐	☐	☒
1.4	Ensure selection, admission and progression comply with the NMC Standards framework for nursing and midwifery education.	☐	☐	☐	☒
1.5	Confirm on entry to the programme that students: 1.5.1 meet the entry requirements for the programme as set out by the AEI and are suitable for midwifery practice. 1.5.2 demonstrate an understanding of the role and scope of practice of the midwife. 1.5.3 demonstrate values in accordance with the Code. 1.5.4 have capability to learn behaviours in accordance with the Code. 1.5.5 have capability to develop numeracy skills required to meet programme outcomes. 1.5.6 can demonstrate proficiency in English language. 1.5.7 have capability in literacy to meet programme outcomes. 1.5.8 have capability to develop digital and technological literacy to meet programme outcomes.	☐	☐	☐	☒
1.6	Support students throughout the programme in continuously developing their abilities in numeracy, literacy and digital and technological literacy to meet programme outcomes.	☒	☐	☐	☐
1.7	Ensure students' health and character are sufficient to enable safe and effective practice on entering the programme, throughout the programme and when submitting the supporting declaration of health and character in line with the NMC Guidance on health and character. This includes satisfactory occupational health assessments and criminal record checks.	☐	☐	☐	☒
1.8	Ensure students are fully informed of the requirement to declare immediately any police charges, cautions, convictions or conditional discharges, or	☐	☐	☐	☒

	determinations that their fitness to practise is impaired made by other regulators, professional bodies and educational establishments, and ensure that any declarations are dealt with promptly, fairly and lawfully.				
1.9	Ensure the lead midwife for education, or their designated midwife substitute is able to provide supporting declarations of health and character for students who have successfully completed an NMC approved pre-registration midwifery programme.	☐	☐	☐	⊠
1.10	Ensure NMC registered nurses entering a shortened pre-registration midwifery programme are a Registered nurse: first level (adult).	☐	☐	☐	⊠

Findings

1. Apart from Standard 1.6, the arrangements for selection, admission and progression have not changed as a result of the modification. Therefore, Standards 1.1 to 1.5 inclusive and Standards 1.7 to 1.10 inclusive were not considered as part of this review, as they were previously approved and remain unchanged. These standards are therefore out of scope for the current review, as the proposed modification does not impact their delivery, structure, or assurance of meeting the required NMC standards.

2. In considering Standard 1.6, the visitor team examined a range of evidence including programme specification, programme learning outcomes, assessment strategy and module profiles. As this was a desk-based review there were no meetings held.

3. In relation to Standard 1.6, UoS has arrangements in place to support students with numeracy, literacy and digital needs. It uses safeMedicate©, which facilitates an examination each academic year plus formative practice calculations and enables the programme team to identify students who may be struggling, in order to offer support. This programme modification amends the pass mark in each year, so that part 3 students will be required to achieve 100% in essential skills. Specific interventions for students who need support include access to the safeMedicate© resource to practise their calculations across the year, including a formative daily test with 50 questions on essential skills and a weekly formative 60 question health numeracy assessment. Where data from the safeMedicate© system indicates that students have particular needs, they are referred for one-to-one support from their personal academic tutors, who in turn can seek support from the UoS Learning Support team.

4. In terms of literacy, each academic year (level) students are provided with a brief on academic writing specific to that year's study and also receive feedback on formative assessments in each module, including feedback on draft work. Marking criteria and feed-forward comments, including reference to their communication skills, presentation, citation and referencing skills also provide feedback to students on the development of their literacy competences. The UoS policy requires all summative assessments to be moderated internally to ensure consistency and quality of feedback, and this is further sampled by the external examiner. The assessment strategy is also designed to reflect digital and technical literacy for both academic purposes and clinical practice, including opportunities to demonstrate professional communication in different media, including presentations, text messages and social media posts. UoS also provides wider support services

including an Academic Skills team in the library, who provide advice and guidance on a variety of study skills areas, including time management, critical thinking and preparation skills. All students are introduced to the use of the JISC Discovery Tool within the first semester of all health profession programmes, including midwifery, by the staff team in conjunction with the dedicated digital learning team. This process identifies students who have additional learning needs or are less confident in digital environments during the first semester of all health programmes. The outcome is the production of a bespoke, individualised radar chart highlighting their skills and confidence across a range of recognised digital capabilities This is integrated with the teaching and learning processes and results in the production of a DigiSkills metro map to support students across their programme towards achieving proficiency. The programme team shared with the visitor team a number of module evaluations (for autonomous midwifery practice - two from two different module occurrences, respectful universal midwifery care, health sciences for midwifery practice and humanising safe and compassionate care) which clearly show student feedback is sought routinely. A sample module report form demonstrates that student feedback (and module leader reflective feedback) from previous module occurrences is reviewed by the programme lead and Lead Midwife for Education (LME) and considered with regards to possible module changes or developing an action plan to enhance the module.

5. Based on the information made available, the visitor team considers that UoS has in place the appropriate arrangements for Standard 1: Selection, admission and progression to enable the NMC standards to be met.

2: Curriculum

	Approved education institutions, together with practice learning partners, must:	Met	Not Met	Met after conditions	Not applicable to this major modification
2.1	Ensure that programmes comply with the NMC Standards framework for nursing and midwifery education.	☐	☐	☐	☒
2.2	Comply with the NMC Standards for student supervision and assessment.	☐	☐	☐	☒
2.3	Ensure that programme learning outcomes reflect the Standards of proficiency for midwives.	☒	☐	☐	☐
2.4	Involve women, partners, families and advocacy groups in the design, development, delivery and evaluation of programmes.	☐	☐	☐	☒
2.5	Ensure that programmes delivered in Wales comply with legislation which supports use of the Welsh language.	☐	☐	☐	☒
2.6	Design and deliver programmes that support students and provide relevant and ongoing exposure to midwifery practice.	☒	☐	☐	☐
2.7	Ensure technology and simulated learning opportunities are used effectively and proportionately across the curriculum to support supervision, learning and assessment, including where practice scenarios occur infrequently, and a proficiency is required.	☒	☐	☐	☐
2.8	Design curricula that provide an equal balance of 50 per cent theory and 50 per cent practice learning, using a range of learning and teaching strategies.	☒	☐	☐	☐
2.9	Ensure NMC approved pre-registration midwifery education programmes are of sufficient length to enable students to meet the NMC Standards of proficiency for midwives and respective programme outcomes, by meeting the following criteria: 2.9.1 ensure that all pre-registration midwifery programmes meet the equivalent minimum programme length of three (academic) years for full time programmes, which consist of a minimum of 4,600 hours, or 2.9.2 where a student is already registered with the NMC as a registered first level nurse (adult), education and training as a midwife shall be a minimum of two years, which consists of a minimum of 3,600 hours, or 2.9.3 where a student is already registered with the NMC as a registered first level nurse (adult), education and training as a midwife shall be a minimum of 18 months and 3,000 hours, and in order for the qualification to be recognised in EU member states it must be followed by a year of professional midwifery practice.	☒	☐	☐	☐

Curriculum requirements

The BSc (Hons) involves 44 weeks of programmed activity for each year of the three-year full-time programme. There is an equal balance of theory and practice learning hours, which includes 2,475 hours of theory and 2,475 hours of practice, which totals 4,950 programme hours in total delivered over three years of study.

Findings

6. Apart from Standards 2.3, 2.6, 2.7, 2.8 and 2.9, the curriculum arrangements have not changed as a result of this modification. Therefore, Standards 2.1, 2.2, 2.4 and 2.5 were not considered as part of this review, as they were previously approved and remain unchanged. These standards are therefore out of scope for the current review, as the proposed modifications do not impact their delivery, structure, or assurance of meeting the required NMC standards.

7. The visitor team considered a range of evidence for this standard including the programme specification; context of midwifery document; programme learning outcomes; safeMedicate© curriculum overview; module profiles; and the sample programme calendar. As this was a desk-based review no meetings were held.

8. In considering Standard 2.3, the visitor team reviewed evidence which confirmed that all programme learning outcomes are derived from and mapped to the NMC Standards of proficiency for midwives (SoPM), and this is also the case for the new modules. Mapping was reviewed through the operational governance structures within the department, up to and including the LME. Students achieve these SoPM by completing programme learning outcomes and module profiles, and this is all captured in the Midwifery Ongoing Record of Achievement (MORA). In addition, the programme team is trialling an approach to module evaluation that gathers feedback during each module, thus enabling module leaders to respond in real time. Whilst this is a trial, it is a strong example of the programme team making different attempts to obtain and listen to student feedback, and then act upon it, so that students can experience a change during their time on the module, rather than their feedback only impacting subsequent cohorts. The visitor team considered that this represents **good practice (GP1)**.

9. In considering Standard 2.6, the visitor team reviewed evidence that provided assurance that UoS has arrangements in place to design and deliver programmes that support students. The modified programme has modular credit in line with the UoS curriculum structure, whereby one credit is equal to 20 hours' student effort. The School of Health Sciences, within which these courses are based, has aligned the curriculum to these requirements, whilst maintaining compliance with the NMC specification of a minimum of 2,300 hours each for practice and theory. The total hours of the programme have been calculated by application of the UoS standard credit structure, and appropriately balanced to ensure compliance with NMC requirements for both theory and practice learning elements. One effect of implementing this approach compared to the previous programme is an increase in face-to-face teaching by the inclusion of three additional midwifery-focused modules across the curriculum's duration. The modifications under review have been subject to both PLP feedback and student consultation, arising from discussions held by the LME, and discussions in the student/staff liaison committee, which includes both PLPs and PSCs. Examples that students requested included soft skills sessions/simulation such as breaking bad news, whilst PLP requests included more communication skills sessions for first year students. These have been incorporated into the modified programme. The construction of the new programme has been carefully evaluated for initial impacts and will be reviewed by the course team as the academic year progresses.

10. In considering Standard 2.7 the visitor team confirmed that specific module examples have been provided where technology enhanced and simulated learning opportunities are used in the proposed programme. Achievement of proficiencies will be in practice learning settings, although If opportunities to demonstrate some proficiencies are limited, they may be demonstrated through simulation; this includes, for example, physiological breech births and manual removal of placentae. Clinical skills development will be delivered face-to-face using high and low fidelity simulation activities in the two simulation wards. Students have access to online learning packages which, for example, support safe drug administration. Clinical skills development will be delivered face-to-face using high and low fidelity simulation activities in the two simulation wards, and the programme team confirmed within programme documentation that simulation only occurs in theory modules.

11. In considering Standard 2.8, the visitor team confirmed that the programme consists of 44 weeks of programmed activity for each year of the three-year full-time programme, and the programme calendar evidences an equal balance of theory and practice. This amounts to 4,950 hours in total over three years, giving 2,475 hours each of theory and practice. The programme team confirmed to the visitor team that there is no compensation across modules, and that simulation only counts as theory hours and only occurs in theory modules. Attendance at face-to-face sessions at UoS is recorded through both paper records and through the UoS online system. The range of teaching and learning strategies is set out in the individual module profile documents and includes use of Blackboard, placement hours, lectures and seminars. Clinical hours continue to be recorded on timesheets and signed by practice supervisors, evidencing student attendance. This captures all clinical experience within the diverse practice settings, the nuances within continuity of carer activities and the complexity of midwifery working hours. The academic assessor reviews completion of practice hours at the end of each placement module and keeps a running total of practice hours across the programme. This is in line with the attendance policy of the School of Health Sciences.

12. In considering Standard 2.9, the visitor team confirmed that the programme documents indicate that students are required to achieve a minimum number of hours each year. If students have a clinical time deficit of more than 150 hours within a programme part, they will be required to retrieve this prior to commencing the next part of their programme. This requirement is detailed within the Year Requirement Module 1 and 2 profiles. The programme team and the LME monitor the percentage of attendance at timetabled sessions through the computerised attendance system for each student. This is detailed in UoS's attendance policy. In response to the request for additional information, the programme team shared the module assignment guide that has been planned for one module where the requirement is clearly articulated on the first page. The module profile also details this requirement. Further information regarding the practice hours and the clinical hours deficit will be provided to students on the module virtual learning environment and in the module introduction presentation (which are in development). Information about the clinical time deficit is also planned to be integrated into the initial introductory session for the new cohort. The visitor team confirmed that sub-standards 2.9.2 and 2.9.3 are not applicable to this modification.

13. Based on the information made available, the visitor team considers that UoS has in place the appropriate arrangements for Standard 2: Curriculum to enable the NMC Standards to be met.

3: Practice learning

	Approved education institutions, together with practice learning partners, must:	Met	Not met	Met after conditions	Not applicable to this major modification
3.1	Provide practice learning opportunities that enable students to develop and meet the NMC Standards of proficiency for midwives.	☐	☐	☐	☒
3.2	Ensure students experience the role and scope of the midwife, enabling them to provide holistic care to women, newborn infants, partners and families.	☐	☐	☐	☒
3.3	Provide students with learning opportunities to enable them to achieve the proficiencies related to interdisciplinary and multiagency team working.	☐	☐	☐	☒
3.4	Provide students with learning opportunities to enable them to achieve the proficiencies related to continuity of midwifery carer across the whole continuum of care for all women and newborn infants.	☒	☐	☐	☐
3.5	Provide learning opportunities, across the whole continuum of care, that enables students to gain experience to: 3.5.1 support and care for women during pregnancy, undertaking no less than 100 antenatal examinations. 3.5.2 support and care for no less than 40 women in labour and conduct the birth. Where 40 births cannot be reached owing to the lack of available women giving birth, it may be reduced to a minimum of 30, provided that the student is given the opportunity to assist with caring for an additional 20 women giving birth. 3.5.3 participate in the support and care of women in labour and conduct a breech birth. Where there are no opportunities in practice to gain experience of breech births, proficiency may be gained by simulated learning. 3.5.4 support and care for no less than 100 women postnatally and 100 healthy newborn infants 3.5.5 develop the required knowledge, skills and behaviours needed to support and care for no less than 40 women who have additional care needs or develop complications including those related to physical, psychological, social, cultural and spiritual factors. 3.5.6 care for newborn infants requiring additional care or have complications, including in a neonatal unit and 3.5.7 care for women across the life course with additional sexual and reproductive health needs.	☐	☐	☐	☒
3.6	Ensure students gain experience of leadership and team working with different maternity providers.	☒	☐	☐	☐
3.7	Provide students with learning opportunities to experience midwifery care for a diverse population across a range of settings, including midwifery led services.	☒	☐	☐	☐

3.8	Provide learning opportunities that enable students to develop the required knowledge, skills and behaviours needed when caring for women and newborn infants when complication and additional care needs arise, including as they relate to physical, psychological, social, cultural and spiritual factors.	☒	☐	☐	☐
3.9	Take account of students' individual needs and personal circumstances when allocating their practice learning opportunities, including making reasonable adjustments for students with disabilities.	☐	☐	☐	☒
3.10	Ensure students experience the range of hours expected of practising midwives.	☐	☐	☐	☒
3.11	Ensure students are supernumerary.	☐	☐	☐	☒

Practice learning requirements and simulated learning hours

The BSc (Hons) programme comprises 4,950 programme hours with 50% (2,475) clinical practice activity. There are no simulated learning hours in clinical practice.

Findings

14. Apart from Standards 3.4, 3.6, 3.7 and 3.8, the practice learning arrangements have not changed as a result of this modification. Therefore, Standards 3.1 to 3.3 inclusive, Standard 3.5, and Standards 3.9 to 3.11 inclusive were not considered as part of this review, as they were previously approved and remain unchanged. These standards are therefore out of scope for the current review, as the proposed modifications do not impact their delivery, structure, or assurance of meeting the required NMC standards.

15. The visitor team considered a range of evidence for the relevant parts of this standard including the programme specification, the context of midwifery submission, programme learning outcomes, the assessment strategy and module profiles. As this was a desk-based review there were no meetings held.

16. In considering Standard 3.4, the visitor team confirmed that there is a clear process in place to meet the requirement that students receive learning opportunities to enable them to meet proficiencies across the whole continuum of care, and the visitor team considers that this has been enhanced further by the modification under review. Students all undertake a minimum of five continuity of carer caseload experiences. They are briefed on the continuity of carer caseload experience in part 2 of the programme (Year Requirement Module 2) and work with a practice supervisor in their primary NHS Trust to arrange the experience across parts 2 and 3 of the programme. Students are required to complete a risk-assessment and gain written consent from the woman or pregnant person, which is countersigned by the responsible registrant and practice supervisor. The visitor team reviewed the relocation of the Autonomous Midwifery Practice modules which demonstrated a response to student feedback on the challenges with the writing up of the research project when it coincided with the reflective elements of their caseload. Capturing the caseload experience within these revised modules provides the students with more time to complete their caseloads and write their reflections. Students do not complete a separate evaluation for their caseload experience; however, it is to be included as a required element within the assessment strategy for Year Requirement Module 3 for students to reflect on their five caseload cases as part of the assessment strategy. Students are supported in this by the PS. This is

evidenced within the MORA which is assessed by academic and practice assessors to assure consistency of experience and assessment.

17. In considering Standard 3.6, the visitor team confirmed that there is an established process in place when allocating students to their primary NHS Trust, and the PLPs include University Hospital Southampton NHS Foundation Trust; Portsmouth Hospital University Trust; Salisbury NHS Foundation Trust; Hampshire Hospitals Foundation Trust; Isle of Wight NHS Foundation Trust and University Hospitals Sussex NHS Foundation Trust. At the end of part 1 of the programme, students are provided with an online form to complete providing their preferences for allocation to the secondary NHS Trust. This is reviewed by the University Practice Coordinator, who allocates each student a placement learning experience (PLE). The current cohort experiencing this initiative will provide feedback via a bespoke form enabling the programme team to make any adjustments if required. Students undertake a full placement block at the secondary NHS Trust, supporting integration into the team and enabling observation of different leadership styles and cultures. Students can still achieve proficiencies and practice episodes of care during this PLE, as the selected providers are current PLPs of UoS and meet all the requirements of NMC Standards for student supervision and assessment (SSSA). The students spend time on the antenatal, postnatal and labour ward areas while also having the opportunity to arrange time with specialist midwives and leaders, which they arrange directly with the practice education team. Students will continue to provide feedback by existing processes and will continue to be monitored for any concerns, enabling the programme team to make any adjustments if required. The visitor team is assured that plans for monitoring PLEs are in place and **recommends (R1)** that UoS monitor the effectiveness of PLEs in achieving the required experience, ensuring that any changes made are reported on the annual self-report (ASR).

18. In considering standard 3.7, the visitor team confirmed that the documentation demonstrates that students continue to experience midwifery care across a range of settings, including midwifery-led services, community settings, birth centres, home birth and continuity of carer teams for vulnerable people. UoS implemented a process for the September 2024 cohort whereby students can rotate to a secondary maternity unit within the placement pool in part 2 or 3 of their programme. Students' caseload experiences are recorded on caseload documents, which link through to the MORA, and user feedback and reflection are required for each of the caseloads undertaken. All students are encouraged to reflect upon their own values and beliefs to consider care provision, and this is facilitated through academic supervision as an integral part of the modules. It is evident that students provide feedback via numerous channels, which are acknowledged and responded to by both UoS and collaboratively with PLPs. Suggestions are listed on the Safe Learning Environment Charter (SLEC) spreadsheet, including suggestions for better signposting of support services, requests for flexibility in placements where possible, and promotion of a positive identity, and time and space for learning. The effective implementation of the SLEC, particularly through the associated gap analysis tool, is recognised by the visitor team as **good practice (GP2)**.

19. In considering Standard 3.8, the visitor team confirmed that the curriculum offered by UoS focuses on additional care needs for women and newborn infants, and encourages consideration of psychological, social, cultural and spiritual factors. The teaching delivered in the theory modules outlined above encourages students to think holistically about the care provided to women and families. Students are taught to recognise that additional care needs can arise, even when no physical complications are present, for example through the presence of a mental health condition or social vulnerability. Students apply this to their placement experiences. The academic assessor also completes the summary of progress page and indicates if the student is progressing as expected. The modifications under

review have been compiled in association with PLPs and students to provide further consolidation of prior learning. The academic assessor meets individual students one-to-one three times during each part of the programme where the MORA is reviewed. If any concerns are identified, more frequent meetings are scheduled. Student feedback is gathered through multiple channels and is responded to by both UoS and PLPs as part of the programme's ongoing quality assurance processes. This is evidenced by the underpinning drivers for this moderation, some of which (reduction in course weeks and rescheduling of modules) have been incorporated.

20. Based on the information made available, the visitor team considers that UoS has in place the appropriate arrangements for Standard 3: Practice learning to enable the NMC Standards to be met.

4: Supervision and assessment

Approved education institutions, together with practice learning partners, must:		Met	Not met	Met after conditions	Not applicable to this major modification
4.1	Provide support, supervision, learning opportunities and assessment that complies with the NMC Standards framework for nursing and midwifery education.	☐	☐	☐	☒
4.2	Provide support, supervision, learning opportunities and assessment that complies with the NMC Standards for student supervision and assessment.	☐	☐	☐	☒
4.3	Ensure throughout the programme that students meet the NMC Standards of proficiency for midwives and programme outcomes.	☒	☐	☐	☐
4.4	Provide students with constructive feedback throughout the programme to support their development.	☐	☐	☐	☒
4.5	Ensure all programmes include a specific focus on numeracy assessment related to the midwifery proficiencies and the calculation of medicines, which must be passed with a score of 100 per cent.	☒	☐	☐	☐
4.6	Assess students to confirm proficiency in preparation for professional practice as a midwife.	☒	☐	☐	☐
4.7	Ensure that all proficiencies are recorded in an ongoing record of achievement which must demonstrate the achievement of proficiencies and skills set out in NMC Standards of proficiency for midwives.	☐	☐	☐	☒

Findings

21. Apart from Standards 4.3, 4.5 and 4.6, the supervision and assessment arrangements have not changed as a result of this modification. Therefore, Standards 4.1, 4.2, 4.4 and 4.7 were not considered as part of this review, as they were previously approved and remain unchanged. These standards are therefore out of scope for the current review, as the proposed modifications do not impact their delivery, structure, or assurance of meeting the required NMC standards.

22. The visitor team considered a range of evidence for these remaining standards, including the programme specification, the context of midwifery submission, programme learning outcomes, assessment strategy, and module learning profiles. As this was a desk-based review there were no meetings held.

23. In considering Standard 4.3, the visitor team confirmed that programme learning outcomes are clearly mapped to the SoPM for midwives and are aligned to the module assessments. These have been considered through the departmental academic governance structure including the LME's regular meetings with Directors and Heads of Midwifery to discuss curriculum developments, and at the student/staff liaison committee (which includes PSCs and PLPs). In view of the programme modification generating new module profiles, the mapping has been updated to reflect this change, and this is communicated to students in module learning profiles

and in the student handbook. All modules within the programme are core, and all must be achieved, with no opportunity to pass a module by compensation. The review process ensures that students receive regular feedback on their progress prior to the summative assessment. This enables them to understand the proficiencies they need to work on and act on the feedback given. There are a minimum of nine review points over the three years. In addition to the initial meeting reviews, UoS has introduced a colour-coded 'traffic light' system to help students identify which proficiencies are expected in each part of the programme: green indicates proficiencies to be achieved in the current part, amber indicates those that may be achieved if the opportunity arises, and red identifies those not yet required.

24. In considering Standard 4.5, the visitor team confirmed that all students undertake a drug dose calculation examination linked to their module requirements and this increases in complexity each year, undertaken via an online package. This is communicated to students via the module profile documents, which also outlines the academic support in place. Students also complete a medicines management workbook across the three-year programme linked to the Year Requirement modules. Students complete practice formulary worksheets to complement their learning in practice and theory.

25. There are also 11 proficiencies within the MORA which relate to medicines administration and drug calculations which must be achieved by the end of the student's programme. This programme modification amends the previous approach with the pass mark now increasing during each part of the programme to account for student development, with part 3 students required to achieve 100% in essential skills. This provides the opportunity for students to enhance their numeracy skills as they progress through the programme. Students have two opportunities each year to pass the assessment: one using the online platform, and a second either through the same system or via an alternative method. In addition, UoS has also subscribed to SCRIPT from safeprescriber.org in collaboration with e-Learning for Health (e-LfH). This resource is to be used to further supplement drug dose calculation knowledge and medicines management (including pharmacology) across the curriculum.

26. In considering Standard 4.6, the visitor team confirmed that there are some minor amendments to the learning outcomes within the PLE modules to better align with the relevant sections of MORA. All programme learning outcomes are derived from the NMC SoPM for midwives, and these are in turn fully mapped to module assessments. The programme has been designed to meet the requirements of the MORA, which itself is mapped against the NMC standards. On reviewing the evidence, the visitor team noted that there were references in the maternity MORA context document, published by UoS in March 2025, to 'nursing' and to an 'MSc' programme. These were brought to the attention of UoS at the end of the review process, and subsequently amended. The visitor team has confirmed that these amendments have rectified this matter.

27. Based on the information made available, the visitor team considers that UoS has in place the appropriate arrangements for Standard 4: Supervision and assessment, to enable the NMC Standards to be met.

5: Qualification to be awarded

Approved education institutions, together with practice learning partners, must:		Met	Not met	Met after conditions	Not applicable to this major modification
5.1	Ensure that the minimum award for a pre-registration midwifery programme is a bachelor's degree.	☐	☐	☐	☒
5.2	Notify students during and before completion of the programme that they have five years to register their award with the NMC if they wish to rely on this qualification. In the event of a student failing to register their qualification within five years they will have to undertake additional education and training or gain such experience as specified in our standards.	☐	☐	☐	☒

Findings

28. Arrangements for the award of qualifications for programmes have not changed as a result of the modification and therefore this standard was not considered.