Nursing and Midwifery Council Quality Assurance Review

Programme Approval Report for:

Pre-registration midwifery qualification leading to:

Pre-registration Midwifery

Canterbury Christ Church University

May 2025

Contents

Key institutional and programme details

Name and location of Approved Education Institution (AEI)	Canterbury Christ Church University North Holmes Road Canterbury Kent CT1 1QU
AEI/EI Institution Identifier [UKPRN]	10001143
Name and location of programme delivery partner(s) if not the AEI/EI noted above	
Name of new employer partners for apprenticeships	East Kent Hospitals University NHS Foundation Trust Maidstone and Tunbridge Wells NHS Trust Dartford and Gravesham NHS Trust Medway NHS Foundation Trust
Approval type	Programme approval

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	☐	☒	☐
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	
Proposed programme start date	BSc (Hons) Midwifery 15 September 2025 BSc (Hons) Midwifery 14 September 2026 for the apprenticeship route
Standard(s) under assessment	☒ Part 2: Standards for student supervision and assessment ☒ Part 3: Standards for pre-registration midwifery programmes Note that the AEI has taken a programme-centred approach to Part 2: Standards for student supervision and assessment and therefore Part 2 has been reviewed, in the context of this programme, through this current review.
Date of visit	28 and 29 May 2025
Visitor team	Registrant Visitors: Ms Asha John Dr Rowena Doughty Lay Visitor: Dr Gareth Longden Observer: Dr Sophia Hunt

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 or EI 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 or EI for the purposes of confirming factual accuracy before the report is finalised.

The conjoint visit with Canterbury Christ Church University (CCCU) approval panel took place on 28 and 29 May 2025. This was a two-day event inclusive of visits to practice learning environments.

Context for the review

This review was conducted to approve a pre-registration midwifery programme with two pathways, a direct entry and an apprenticeship pathway. The review took place against the NMC Standards for pre-registration midwifery programmes (2019, updated 2024). In response to a need to recruit more midwives for the East Kent region, the programmes were proposed following discussions between CCCU, the local NHS Trusts and people who use services and carers (PSCs). As a result of discussion, a need for a more locally based midwifery education service was identified.

Extensive co-production has taken place in the development of this proposed programme. Those involved in co-production included employer partners (EPs), practice learning partners (PLPs), and PSCs. Regular meetings were organised between all involved, culminating in a co-production summit. All parties are committed to the ongoing principles of the co-production approach being extended to the delivery and continuing development of the programme.

The visitor team met with a range of senior staff and practice assessors (PAs) and practice supervisors (PSs) from the PLPs and EPs and representatives from the Canterbury Christ Church Health Community Engagement Group (a formally recognised consultative group for PSCs). All current EPs and a selection of PLPs were involved during visits to practice

learning areas and/or were met at the visit. No EPs new to CCCU were involved in the development of this programme.

Current EPs represented were:

- East Kent Hospitals University NHS Foundation Trust
- Maidstone and Tunbridge Wells NHS Trust
- Dartford and Gravesham NHS Trust
- Medway NHS Foundation Trust.

PLPs were represented by:

- East Kent Hospitals University NHS Foundation Trust
- Maidstone and Tunbridge Wells NHS Trust
- Dartford and Gravesham NHS Trust
- Medway NHS Foundation Trust
- Kent and Medway Local Maternity and Neonatal System.

As there is no current midwifery programme at CCCU, the panel met with Pre-registration nursing students to assess the overall approach to student learning and support provided at CCCU.

The **final recommendation** made by the visitor team to the NMC, following consideration of Canterbury Christ Church University'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.

Where Part 2: Standards for student supervision and assessment are reviewed simultaneously with Part 3: Standards for pre-registration midwifery programmes, the associated summary of findings is recorded as Annexe 1.

Conditions and recommendations

The **provisional judgement** of the visitor team following the visit and prior to the consideration of CCCU's response to any conditions was as follows:

> **Programme is recommended to the NMC for approval after conditions are met** to ensure 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**
C1	Further develop the course documents to reflect: • student-facing language • capture tailored learning and teaching strategies • detail of assessment activities in the module descriptors, including appropriate use of AI.			AEI only
C2	Put in place an exemption for the credit balance in semester one of year three.			AEI only
C3	Ensure that the following quality assurance checks are completed before re-submission: • all sections/fields of CourseLoop are complete • all typographical, spelling and grammatical errors are corrected • check for consistency of language • Canvas mapper in CourseLoop is complete • QAA subject benchmarks/PSRB benchmarks have been provided for the course.			AEI only
Date for all conditions to be met to meet intended delivery date	13 June 2025			

Joint conditions relate to both NMC standards and the CCCU programme approval outcomes. All conditions must be met in order for a programme to be recommended to the NMC for final approval.

Recommendations for enhancement

Recommendations				
No.	Recommendation	Specific standard(s)	NMC only/ Joint	AEI/EI only
R1	Strengthen the 'Achieving 40 births template' in accordance with the NMC 'Supporting information on the number of births to be achieved by student midwives' to include a record of Lead Midwife for Education's discussions undertaken with the Practice Assessor, Academic Assessor and student with signatures of agreement to use the 20/30 caveat.	Part 3: 3.5.2	NMC only	

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

Response to conditions

Response to AEI/EI only conditions

Response to AEI/EI only conditions		
No.	Condition details	Findings
C1	Further develop the course documents to reflect: • student-facing language • capture tailored learning and teaching strategies • detail of assessment activities in the module descriptors, including appropriate use of AI.	The Chair of the conjoint panel confirmed by email (dated 18 June 2025) that all internal conditions, as noted in the minutes of the visit, have been met.
C2	Put in place an exemption for the credit balance in semester one of year three.	The Chair of the conjoint panel confirmed by email (dated 18 June 2025) that all internal conditions, as noted in the minutes of the visit, have been met.
C3	Ensure that the following quality assurance checks are completed before re-submission • all sections/fields of CourseLoop are complete • all typographical, spelling and	The Chair of the conjoint panel confirmed by email (dated 18 June 2025) that all internal conditions, as noted in the minutes of the visit, have been met.

	grammatical errors are corrected • check for consistency of language • Canvas mapper in CourseLoop is complete • QAA subject benchmarks/PSRB benchmarks have been provided for the course.	7

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

All conditions relating to this programme have been addressed and **the 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
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. The visitor team considered a range of evidence including course specifications, course handbooks, published admission requirements and fitness to practise policies. The visitor team also held meetings with those involved in the selection process, both university staff, PSCs and students.

2. In considering Standards 1.1 and 1.2, the visitor team saw evidence that a Lead Midwife for Education (LME) had been appointed, and the name of this person is published on the NMC website. The LME is a midwife that holds registration with the NMC, and the name is published on the NMC QA Link system as well as on the NMC's list of named contacts for LME. This provides evidence that the name of the LME has been communicated to the NMC.

3. In considering Standard 1.3, the course specifications state that all modules need to be undertaken and completed successfully to achieve the BSc (Hons) award and be eligible to apply for registration as a midwife with the NMC. Therefore, no RPL can be awarded. The website entry clearly stipulates that RPL is not permitted.

4. In considering Standard 1.4, the visitor team determined that selection, admission and progression processes meet the NMC Standards framework for nursing and midwifery education (2018, updated 2023) and are reviewed regularly considering any changes or amendments. This conclusion was reached because the Midwifery Course Specifications detail that entry requirements must be compliant with NMC Standards (2023). The same document explains that PSCs must be involved in recruitment (in line with NMC Standards 2023). This is supported by the requirement for one-third of interview questions to be developed by PSCs. PLPs are also involved in the recruitment decisions. PSCs are to be involved in interviewing and are involved in the co-production of the interview questions to be used in the Multiple Mini Interviews (MMIs). Minimum requirements for qualifications, numeracy, and literacy are clearly set out for prospective students. Clear marking criteria are used for decision making and the offer of a place is conditional upon satisfactory references, health clearance and Disclosure and Barring Service checks.

5. Those applying for the apprenticeship route will be required to meet the entry requirements for CCCU selection. At the visit, the visitor team learned that once candidates for the apprentice route are identified by the EP, the admissions process will be a joint process in line with that operating for UCAS students, and including the EP. Apprentices must have successfully completed Functional Skills Level 2 in Maths and English or hold an equivalent Level 2 qualification recognised by the Department for Education, prior to being admitted to the programme.

6. The progression regulations were elaborated at the visit. Students will have opportunities to retrieve failed components during the running of the module. The exception is practice modules, where students are expected to have 150 hours of practice learning time between the failure and the reassessment to support retrieval of learning outcomes and/or proficiencies. As the practice modules are year-long modules, this may overlap into the next academic year. Current CCCU pre-registration nursing students, when asked at the visit, said they were well supported and had adequate time to resubmit any module components.

7. In considering Standard 1.5 (including 1.5.1-1.5.8), the course specification document confirms that there are robust entry requirements to ensure students are suitable for the course and for midwifery practice. A bank of questions aligns the selection tasks with values that are used as positive or negative indicators of applicant performance and some of these values additionally align with the NMC Code: Professional standards of practice and behaviour for nurses, midwives and nursing associates (the Code) (1.5.3 and 1.5.4). Numeracy and literacy skills are assessed as part of the recruitment process (1.5.5 and 1.5.6). Additionally, proficiency in English is to be assessed through a review of UCAS personal statements on application and via assurance of IELTS with a score of 7.0 or above for those whose first language is not English (1.5.6 and 1.5.7).

8. Reference is made to how digital and technological literacy is assessed for capability in this area (1.5.8) which is assumed if students can utilise their digital/technological applications to compose and submit their application and negotiate all communication from CCCU. The evidence to underpin this assumption is provided via the digital/technological applications required in the applicant onboarding process.

9. In considering Standard 1.6, the documentary evidence indicates that the course supports students throughout their learning in continuously developing their abilities in numeracy (via the online numeracy testing and medicines management platform - safeMedicate©), literacy (through academic assessments at levels four, five and six) and digital and technological literacy (via technology such as the virtual learning environment, social media use and Apps used such as eMORA) to meet the course outcomes. This was confirmed in meetings with the programme team and the wider CCCU senior team who expressed support for the use of technology for students.

10. In considering Standard 1.7, the documentary evidence, supported by explanations from the programme team, demonstrates that students on admission to their course are required to have an occupational health assessment and criminal records check. The evidence demonstrates that CCCU has a robust process for monitoring students' fitness to practise. The Readiness for Practice Policy outlines the detailed requirements agreed between CCCU and PLPs/EPs. These requirements must be completed prior to students commencing practice placements at the start of their programme and in subsequent years. The documentary evidence was confirmed in discussions with senior practice leads and with the CCCU programme team at the visit.

11. In considering Standard 1.8, the evidence in the Low-Level Concerns and Fitness to Practice procedure confirms that students are fully and formally informed of the requirement to declare immediately any police charges, cautions, convictions or conditional discharges, prosecutions pending, or determinations that their fitness to practice is impaired made by other regulators, professional bodies and educational establishments. Students are informed of this at induction and at the start of each

academic year. Nursing students who met by the visitor team were asked about Good Health and Character (GHC) declarations and were aware that they must inform both CCCU and the PLPs if any fitness to practise concerns arise. This same approach will be used in the case of midwifery students.

12. In considering Standard 1.9, the visitor team learned that GHC declarations are stored by CCCU in the students' files which will ensure that the LME can provide supporting declarations of health and character to the NMC for students who have completed a pre-registration midwifery programme.

13. Based on the information made available, the visitor team considers that CCCU 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
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 programme is a three-year full-time programme.
>
> The balance of theory and learning hours is 50% theory and 50% practice learning.
>
> The total number of learning and practice hours is 4,600 consisting of a minimum of 2,300 theory hours and 2,300 practice learning hours.
>
> No shortened programme is offered for those already registered with the NMC as a first-level nurse (adult).

Findings

14. The visitor team considered a range of evidence including course specifications, course handbooks, a mapping to standards exercise, minutes of co-production meetings and activity, and visited practice areas, and met with staff, PSCs and students.

15. In considering Standard 2.1, the visitor team confirmed that the programme design presented complies with the NMC Standards framework for nursing and midwifery education (2024). The visitor team was assured of this because CCCU demonstrated compliance through a mapping of the programme to the NMC standards. Extensive documentary evidence supported the mapping exercise including course specifications, course handbooks provided for students, managers, PAs and PSs explaining the roles and responsibilities of all involved in delivering the programmes. Agreements with PLPs make clear the responsibilities for supporting students through their studies.

16. PSCs have been involved in consultations on the development of the programmes and had some involvement in the content and delivery plans for theory - both in classroom-based and simulation-based learning activities. However, this aspect of curriculum design and development is at an early stage. Pre-registration nursing students, currently studying at CCCU, were consulted about the programme through focus group meetings and the PLPs were involved in a consultation and sign-off meeting. In addition, CCCU alumni midwifery students offered feedback. Co-production of the programme with PLPs, EPs and PSCs was at an exceptionally cooperative and integrated level as demonstrated in the records of co-production meetings and in meetings with all stakeholders. Discussions with the various parties involved demonstrated a thorough understanding of the proposed programme and the roles of all contributing parties.

17. Regarding Standard 2.2, the visitor team was assured that the programme complies with the NMC Student support, supervision and assessment standards (SSSA). The evidence to support this assurance is discussed in Annexe 1.

18. In considering Standard 2.3, the programme learning outcomes have been mapped to the Standards of proficiency for midwives (2019, updated 2023). The proposed midwifery modules have been mapped to the six domains of the standards of proficiency in a comprehensive tabular format. Each module is then mapped to the overarching programme learning outcomes demonstrating constructive alignment across the course. All practice modules directly assess professional values via the electronic-Midwifery On-going Record of Achievement (eMORA), which is an electronic record of practice experiences providing digital feedback in real time. The

visitor team was confident that the midwifery modules have been mapped to all the proficiencies and will support the development of safe and autonomous practitioners.

19. In considering Standard 2.4, PSCs will be involved in the learning and teaching throughout the programme, where they will be involved in sharing their experiences to student groups. PSCs are provided with support for their role, for example 'buddy' support and training, such as interview preparation and equality, diversity and inclusion training. This was confirmed at the visit, where PSC representatives told the visitors that they felt listened to and supported by the midwifery teaching team. They perceived their input to be 'a valuable part of the curriculum'. The local Maternity Neonatal Voice Partnership (MNVP) leads, along with partners and families were represented at the conjoint visit and confirmed their inclusion in development of the programme and commitment to supporting programme delivery and ongoing evaluation with the programme team. Strategic level documentary evidence was also noted to support this approach.

20. In considering Standard 2.6, CCCU submitted evidence to demonstrate that the design and delivery of the midwifery programme will support students and provide relevant and ongoing exposure to midwifery practice. The evidence included course specifications, module specifications and the standards mapping documentation. The eMORA will document the varied placement experiences students are exposed to during their training. The NMC proficiencies are closely mapped to the eMORA. The proposed modules in the course specification cover the NMC proficiencies and provide evidence that students will be supported to understand contemporary midwifery practice both in theory and practice. The introduction of the Systematic Examination of the Newborn (SEN) module into the curriculum meets the requirements of the NMC standards and reflects contemporary midwifery practice. Placement providers have assured the visitor team during the visit that there are enough Newborn and Infant Physical Examination (NIPE) trained practice supervisors to allow students to complete their SEN checks and to complete the module.

21. In considering Standard 2.7, technology and simulation opportunities are embedded throughout the curriculum to support learning and assessment. The simulation suite is equipped with contemporary simulation facilities. CCCU has simulation equipment for midwifery practice and has midwifery linked manikins, vaginal examination and suturing models. This was confirmed at the visit and endorsed by the midwifery academic team and the practice placement leads who have visited the simulation suite at CCCU.

22. In year one, students have access to a synchronous five-credit module, 'The digital student', which will prepare them for the digital competencies required for the course. Practice modules are closely linked to the eMORA. Students will be required to keep a Digital Professional Portfolio throughout the programme, supported by the PebblePad© eportfolio. They will upload reflections and other learning documents to the portfolio. Taken together, the evidence comprehensively demonstrates that technology and simulated learning opportunities will contribute to an effective learning experience across the curriculum.

23. In considering Standards 2.8 and 2.9, an examination of programme documentation supported by discussions with the programme team shows that the curriculum provides an equal balance of 50% theory and 50% practice learning using a range of learning and teaching strategies. Students on both the direct-entry pathway and the apprenticeship pathway undertake a minimum of 2,300 theory hours and a minimum of 2,300 practice hours. These are set out in the year-planners and the hours

distribution documents. CCCU does not plan to offer a shortened route for those who are already registered first-level nurses (adult).

24. Based on the information made available, the visitor team considers that CCCU 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
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

Students will undertake a minimum of 2,300 hours of practice learning accounting for 50% of learning on the programme.

In year one and year two, students will undertake 750 hours of practice learning experience each year. In year three students will undertake 825 hours of practice learning experience making a total of 2,325. The additional 25 hours will support unforeseen circumstances such as compassionate leave.

Expected birth numbers are set for the end of year one and two. Less than the expected number of births will trigger the creation of an action plan to support a student to achieve the birth numbers. Additionally, any required action plan to support other required numbers such as to achieve no less than 100 antenatal examinations, the care of no less than 100 women postnatally and the care of 100 healthy newborn infants.

During practice learning experience, students will undertake 37.5 hours of practice learning each week, this will comprise the work pattern routinely used in the clinical environment, for example long days, early and late shifts, 9-5 working, weekends and nights.

There is a progression plan template to support students to achieve 40 births which details the use of the 30 births with additional 20 care in labour caveat.

Contingency provision of simulated learning is in place to gain experience of breech births where there are no opportunities in practice to achieve the proficiency, such simulated learning does not count as practice hours.

Findings

25. The visitor team considered a range of documentary evidence including course specifications, course handbooks, placement agreements, placement mapping policies relating to the allocation of practice learning experiences and continuity of midwifery carer and the achieving 40 births progression plan. In addition to the documentary evidence, the visitor team visited practice areas and met with staff, PSCs and CCCU Pre-registration nursing students.

26. In considering Standard 3.1, the visitor team reviewed clear and robust documentation setting out the policies and procedures for the allocation and management of practice learning. It is clear from this documentation and from

discussions held on practice visits that a wide range of midwifery placements will be available for practice learning, including wards, clinics, delivery suites, consultant and midwifery-led areas, community placements and caseload teams. The visitor team was also able to visit the practice areas and to see the range of experiences available, including birth centre environments. This was further supported and confirmed at the visit, where PLPs and Practice Education Facilitators (PEFs) described the range of experiences available. It was clear from this range and consistency of evidence that students will be able to access placements across the full range of clinical areas, which will facilitate students' ability to meet the NMC proficiencies. It was also confirmed that apprentice students will be able to access the full range of practice experiences within their employer Trusts, in order to meet the NMC Standards of proficiency for midwives (2019, updated 2024); and documentary evidence confirms there is a cross -Trust agreement in place to facilitate apprentices' experiences of leadership and team working at different maternity providers.

27. In considering Standard 3.2, the visitor team concluded that the documentary evidence reviewed demonstrates a well thought through strategy for facilitating students' experience in the full scope of midwifery practice. In addition, students will also have placements in high dependency units, medical and surgical areas, neonatal units, gynaecology, perinatal mental health and infant feeding support.

28. The course team will manage placement allocation, in full collaboration with PLPs, to ensure all students have access to a range of placements that meet their personal travel requirements, placement learning support plans and diversity of midwifery experiences needed to meet all the proficiencies for practice. This will be facilitated by the placement management software InPlace, which can be accessed by students and staff. PEFs will allocate the off-duty for students and align them to a PS. At the visit, PLPs discussed how they understand the students' placement needs through collaboration with the university team and the link lecturers. A spreadsheet of placement mapping of a student's journey was provided to the visitor team. This details the range and type of placement experience through a typical student's journey across the whole course and confirmed the documentary and verbal evidence already submitted.

29. In considering Standard 3.3, the visitor team reviewed documentary evidence which demonstrates that CCCU has a strategy for providing midwifery students with the skills and knowledge related to interprofessional and multiagency working. During practice placements, students will learn with other professionals during both maternity placements and placements in the wider healthcare arena, for example Accident and Emergency and neonatal services. Students on community placements will be exposed to the multiagency working required to meet the specific needs of women and their families. Evidence will be documented in the eMORA and the digital professional portfolio.

30. Interprofessional education (IPE) module-based learning opportunities will also be available across the programme. Year one students will explore the concept of professionalism and professional roles within health and social care, through asynchronous learning resources including an online IPE learning package. It will be linked to the module: 'Being a Professional Midwife'. Assessment will be through the eMORA. Year two students will be exposed to interprofessional theory, critical incident analysis and virtual case review with interprofessional faculty and students, and practice learning through simulation. Shared teaching and learning will occur in the 'Social Justice in Healthcare Practice' module. Interprofessional working will be assessed through the eMORA. Year three students will develop skills and knowledge

in interprofessional quality enhancement and leadership, and practice learning through simulation. Midwifery students will be involved in the annual CCCU Domestic Abuse conference alongside police, law and allied health professionals. Interprofessional working is also assessed in the 'EQUIP' module and facilitated/evidenced in practice through the eMORA. At the visit it was identified that midwifery lecturers will support the shared modules to ensure they meet the needs of midwifery students. CCCU has a strong strategic input into interprofessional learning and teaching. This runs through the curriculum with shared modules as described above in all three years which are taught by nursing and other health related subject tutors. The annual interprofessional day is celebrated by students from multi-professions such as policing, social work, paramedics and nursing.

31. In considering Standard 3.4, the documentary evidence demonstrates a well thought through strategy for facilitating students' experience in concepts of midwifery continuity of carer (MCoC). This includes details of the theory and practice components in all three years of the programme.

32. In year one this will be mainly theory based, where the concept of MCoC will be introduced. It has been linked to modules 'Universal Care: The Heart of Midwifery' and 'Participation in Practice'. Students will be supported to identify opportunities to provide MCoC in practice wherever feasible while on allocated shift patterns working alongside a PS. In year two, students will further develop their knowledge, skills and understanding in providing MCoC to women and newborn infants with complications and additional care needs. Again, this is linked to modules 'Critically Assessing Research and Evidence' and 'Contribution to Practice'. In year three, students will be supported to demonstrate their ability to assess, plan, provide and critically evaluate care for all women and newborn infants, providing MCoC to an identified small caseload with or without complications and additional care needs. The documentation states this will be a caseload of three. Students will be supported to demonstrate the skills to coordinate individualised care across the childbirth continuum, including alongside the multi-disciplinary team. Again, this is linked to modules 'Autonomous Midwifery Practice' and 'Demonstrating Proficiency in Practice'. Assessment is demonstrated through the eMORA and Professional Digital Portfolio.

33. In considering Standard 3.5 (including Standards 3.5.1-3.5.7), the documentary evidence demonstrates that students will be exposed to a range of practice learning opportunities to achieve standards 3.5.1-3.5.7. There is a progression plan template to support students to achieve 40 personal births and details the use of the 30 births with additional 20 care in labour caveat (3.5.2). Expected birth numbers are set for the end of year one and two. Less than the expected number of births will trigger the creation of an action plan to support a student to achieve the birth numbers. This will be audited and monitored through the capacity strategy going forward and should influence future student numbers where the use of the 30 births with additional 20 care in labour caveat has been required. The visitor team formed the opinion that the progression plan template could usefully be more detailed, reflecting the NMC 'Supporting information on the number of births to be achieved by student midwives'. It is therefore **recommended** that CCCU strengthen the 'Achieving 40 births template' in accordance with the supporting information on the number of births to be achieved by student midwives' to include a record of LME discussions undertaken with the PA, AA and student with signatures of agreement to use the 20/30 caveat - **recommendation (R1)**.

34. There will be simulated learning to gain experience of breech births where there are no opportunities in practice to achieve the proficiency. CCCU has good facilities

to support simulation and interprofessional learning but such activity does not count toward practice hours accrued. PLPs also support student learning by providing specific teaching opportunities for students while they are on placement, for example emergencies and formative Objective Structured Clinical Examination (OSCE) preparation. Students are also invited to join Practical Obstetric Multi Professional Training (PROMPT) while on placement (3.5.3).

35. In considering Standard 3.6, the documentary evidence demonstrates that students will gain experience of leadership and team working within a different maternity provider during the programme. Students will be provided with a placement in their third year, which will allow them to gain experience of leadership and team-working within a different maternity provider. This will take place in an alternative Trust ensuring that they are enabled to understand the full scope of midwifery practice and experience alternative ways of working. There is a cross-Trust leadership Standard Operating Procedure (SoP) paper, identifying an agreement between EPs for students. There is also a student-facing paper, which supports students to achieve in this experience. During the placement visits, as verified by the practice placement providers, students have opportunities to experience cross-Trust leadership placements which provides an exemplary opportunity for students to learn and develop leadership skills.

36. In considering Standard 3.7, documentary evidence demonstrates that students will be provided with a range of learning opportunities to experience midwifery care for a diverse population across a range of settings, including midwifery-led services, both in hospital and community environments. In meetings with the programme team and PLPs at the visit, it was confirmed that apprentice students will be able to experience the full range of midwifery care within their employer Trust. The narrative provided by CCCU suggests that placements will include, but are not limited to, midwifery-led units (alongside or co-located), high-dependency care, caseload midwifery teams, theatres, medical or surgical environments, perinatal mental health services, infant feeding support services, and health visiting. A spreadsheet details a typical student journey, with placements and theory time across the programme, confirming the range of learning opportunities students will experience.

37. In considering Standard 3.8, the documentary evidence demonstrates that students will be exposed to placements/areas where they will experience providing care for women with additional care needs. Practice learning experiences and theoretical simulation-based scenarios will ensure that students gain experience of diverse populations with additional care needs relating to physical, psychological, social, cultural and spiritual factors. Practice placement experiences are varied across the range of maternity services - these ongoing opportunities are provided throughout the course to support the achievement of the related proficiencies. These will include neonatal services, gynaecology and mental health services. This was evidenced at the approval visit, especially during the practice visits, where the visitor team was able to visit and walk around the practice areas of three consultant-led units. A spreadsheet of placement mapping of a student's journey has been submitted which confirms the range of placement learning opportunities to be made available. The visitor team was therefore satisfied that students will be exposed to a range of diverse midwifery experiences within the Trusts, which will support their learning to care for women and their families with additional care needs.

38. In considering Standard 3.9, the documentary evidence demonstrates that there are procedures/processes in place that take account of students' individual needs and personal circumstances when allocating their practice learning opportunities, including making reasonable adjustments for students with disabilities. The supplied

narrative states that students requiring additional support or reasonable adjustments are referred to the CCCU disability and student support team to create an individualised Learning Support Plan. This predominantly focuses on theory learning. If the student needs support while on placement, a Placement Support Plan (PSP) will be developed in partnership with the programme team, which takes account of students' individual needs and personal circumstances for practice placements. This will enable the programme team to ensure reasonable adjustments for students with additional needs are supported when allocating their practice learning opportunities, in collaboration with PLPs.

39. PLPs and PEFs provided examples where they have supported students with a PSP. Students will be encouraged to share any PSPs with the clinical area/PEF and document this in their eMORA. Pre-registration nursing students from CCCU, when asked by the visitor team, were able to explain the process and how they felt that they have been very well supported by both CCCU and placement areas. The PEFs are also able to meet social and personal needs of students to consider a student's personal circumstances. Examples included limiting the number of night shifts for those with dependents, or considering time spent travelling to a placement if this was posing any difficulties; this was done on an individual basis following discussions with the student's Academic Assessor (AA)/Personal Academic Tutor (PAT) while ensuring the arrangements continue to align with NMC standards.

40. In considering Standards 3.10 and 3.11, documentary evidence demonstrates that students and apprentices experience the range of hours expected of practising midwives. Students will complete all allocated clinical practice hours and experience the full cycle of 24-hour care (including a set of night shifts, weekends and overnight on-calls). They will be required to follow the routine of the practice area concerning shift patterns and negotiating any requests the same way that staff in that area are expected to. They will undertake 37.5 hours per week in practice. Sickness and absence from placement will need to be reported (using the same process as a member of staff) and will be documented in the eMORA. It was stated that information in regard to the maximum recommended hours per week (48), is conveyed to students as part of induction to a clinical area. There is also information on how students will be supported to make up time missed, and when absence from the practice learning experiences / programme attendance would trigger an interruption.

41. Practice handbooks and student-facing documents have comprehensive commentaries that discuss why supernumerary status is important and what to do if this does not happen. PEFs ensure students are supernumerary while on placement and this is monitored daily. They have a number of strategies to support this, for example students are allocated with a PS clearly identified on their off-duty, the concept is discussed with students at their placement induction, and PEFs on their 'walk-around' check-in with students. There is a clear process, supported by a flowchart and a QR code displayed in the clinical areas, to support students who identify that they are not supernumerary on any given shift, ensuring this is escalated and resolved promptly. At the visit, the CCCU pre-registration nursing students were all aware of the need for supernumerary status while on practice placement. When any student felt they were not supernumerary they gave examples of how they challenged and escalated this to the practice area and to CCCU. In these circumstances they were well prepared and well supported.

42. Based on the information made available, the visitor team considers that CCCU 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
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

43. The visitor team considered a range of documentary evidence including course specifications, course handbooks and placement agreements. In addition to the documentary evidence the visitor team visited practice areas and met with staff, PSCs and students.

44. In considering Standard 4.1, the visitor team formed the view that the standard was met because documentary evidence demonstrates that support, supervision, learning and assessment provided by the programme team complies with the NMC Standards framework for nursing and midwifery education. Proposals in this programme approval do not impact on Part 1 Standards, which have been already deemed met. The visitor team is assured that nothing proposed in this programme approval impacts on those Part 1 Standards. The modules, including the practice modules, have been mapped against the Standards of proficiency for midwives. With reference to the apprentice route, the modules have also been mapped to the Institute for Apprenticeships and Technical Education (IfATE) standards (2021).

45. In considering Standard 4.2, the visitor team considered the evidence previously submitted for the approval of SSSA and is confident that the arrangements proposed for this programme approval are aligned with those standards. Further information is

set out in Annexe 1 of this report.

46. In considering Standard 4.3, the visitor team reviewed mapping of theory and practice modules against the Standards of proficiency for midwives. Successful completion of the programme will ensure students meet these Standards and programme outcomes. This is evident for both the direct entry and apprentice students, who will be taught together. The apprentice programme has also been mapped against the IfATE (2021) standards.

47. In considering Standard 4.4, the documentary evidence demonstrates that students will receive constructive feedback throughout the programme. Students will be provided with constructive feedback following formative and summative assessments. Students will also be provided with regular feedback and support during practice learning experiences. This will be provided by the PA, PS and AA supported by the process within the eMORA. The practice modules include a graded assessment based on the Holistic Performance Descriptors in the eMORA; which are set at the mid-point of the university's marking rubric grade boundaries. The PA will identify a Holistic Performance Descriptor following the summative eMORA assessment process. The AA will then convert the Holistic Performance Descriptor to a numerical grade for each practice module in each part of the programme, at the summative final tripartite meeting. PSs will also support students to obtain feedback from women and/or their families and this is then recorded in the eMORA. During theory time there will also be reflective conversations in restorative clinical supervision with an allocated Professional Midwifery Advocate (PMA), plus Personal Academic Tutor (PAT) support.

48. At the visit, there was robust evidence that practice partners are well prepared to provide feedback to students and that this will support their learning in practice. Mandatory training and SSSA updates help prepare PAs and PSs to provide constructive feedback to all students, inclusive of the requirements for assessment of practice learning using the eMORA Holistic Performance Descriptors and supporting those students who are struggling to achieve their proficiencies.

49. Apprentice students will also receive feedback through their tripartite meetings. They will be required to have six-weekly review meetings with their PAT to discuss their progress and the impact of the course on their skills, knowledge and behaviours. Tripartite meetings every 12 weeks will occur with their EP and PAT; evidence will be documented using Smart Assessor software in an evidence portfolio and will include attendance monitoring and progress meetings.

50. In considering Standard 4.5, documentary evidence demonstrates that the programme includes a specific focus on numeracy. There is an assessment (exam) with a pass mark of 100%. Students will be supported to achieve the required standard of numeracy through the safeMedicate© learning platform. The annual numeracy assessment will be accessed using a CCCU email address and their password. The course director will be responsible for ensuring all students have engaged and completed the numeracy assessment. In year one the pass mark will be 70% and in year two it will be 85%, with a 100% pass mark required in year three. It will be evidenced within the students' Digital Professional Portfolio. Students are not permitted to summatively complete their eMORA medicines management proficiencies each year until the numeracy assessment has been passed at the specified level. The AA will verify this. All students, including apprentice students, are required to have achieved Level 2 Maths before commencing on the programme. Discussions at the approval event demonstrated that the PLPs/EPs are supportive of apprentice students' entry requirements and provided practical

examples of the support they offered to prospective apprentices.

51. In considering Standard 4.6, the documentary evidence demonstrates that students will be assessed theoretically and in practice to confirm proficiency in preparation for professional practice as a registered midwife. Students will be assessed through an innovative range of formative and summative assessments across the programme and modules. Students will be assessed as to their 'proficiency in practice' by the end of year three and this will be documented and evidenced in the eMORA. Apprentice students will also have an integrated End Point Assessment. At the visit there was evidence that the practice learning partners (PEFs, PAs and PSs) are well prepared for the requirements of midwifery students and there was good evidence of a collaborative approach to practice learning. There are clear lines of communication between CCCU and PLPs/EPs to facilitate the support and achievement of student learning, and escalation if necessary. It was evident during the visit that the academic link tutors work very closely with the PAs, PSs and PEFs. The academic team plans to visit the link areas weekly.

52. In considering Standard 4.7, the visitor team found that documentary evidence demonstrates that there is an ongoing record of achievement (eMORA), where students will demonstrate their achievement of the proficiencies and skills set out in the NMC Standards of proficiency for Midwives. CCCU plans to use eMORA, which will be regularly reviewed by the practice education team in collaboration with students, PAs and PSs, PATs, the midwifery Senior Lecturer Practice Learning (SLPL) and AAs to ensure that students are achieving the proficiencies and skills required for each level of the programme. The eMORA will be supported by the PebblePad© platform. At the visit, it was demonstrated through discussions with the PLPs and academic teaching team that there is a robust system to monitor and support students' achievement in practice and their completion of the eMORA. The PEFs provide regular and ongoing eMORA support for PAs, PSs and students. Apprentice students will meet with their PAT every six weeks for review, including review of the eMORA. They will be also required to meet every 12 weeks with their PAT and PA to ensure appropriate progress. This will be recorded on Smart Assessor.

53. Based on the information made available, the visitor team considers that CCCU 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
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

54. The visitor team considered a range of documentary evidence including course specifications, course handbooks and award regulations.

55. In considering Standard 5.1, information provided in the course specification for the BSc (Hons) Midwifery is clear that successful completion of the course (that is, 360 credits) will lead to the award of BSc (Hons) Midwifery qualification. The information provided confirms that the minimum award for a pre-registration midwifery programme is a bachelor's degree.

56. In considering Standard 5.2, the BSc Midwifery Student Course Handbook clearly states the requirement (p.25) that 'On completion of your studies you have five years to register your award with the NMC. If you do not register your qualification within five years you will have to undertake additional education and training or gain such experience as specified in the NMC standard'. The same information is provided in the BSc Midwifery Apprenticeship Course Handbook (p.29). Students therefore are provided with this information about registration during and before completion of their studies.

57. Based on the information made available, the visitor team considers that CCCU has in place the appropriate arrangements for Standard 5: Qualification to be awarded to enable the NMC standards to be met.

Annexes

Annexe 1: Explanation of findings for Part 2: Standards for student supervision and assessment

Effective practice learning

All students are provided with safe, effective and inclusive learning experiences. Each learning environment has the governance and resources needed to deliver education and training. Students actively participate in their own education, learning from a range of people across a variety of settings.

1: Organisation of practice learning

	Approved education institutions, together with practice learning partners, must ensure that:	Met	Not Met	Met after conditions
1.1	Practice learning complies with the NMC Standards framework for nursing and midwifery education	☒	☐	☐
1.2	Practice learning complies with specific programme standards.	☒	☐	☐
1.3	Practice learning is designed to meet proficiencies and outcomes relevant to the programme.	☒	☐	☐
1.4	There are suitable systems, processes, resources and individuals in place to ensure safe and effective coordination of learning within practice learning environments.	☒	☐	☐
1.5	There is a nominated person for each practice setting to actively support students and address student concerns.	☒	☐	☐
1.6	Students are made aware of the support and opportunities available to them within all learning environments.	☒	☐	☐
1.7	Students are empowered to be proactive and to take responsibility for their learning.	☒	☐	☐
1.8	Students have opportunities to learn from a range of relevant people in practice learning environments, including users of services, registered and non-registered individuals, and other students as appropriate.	☒	☐	☐
1.9	Learning experiences are inclusive and support the diverse needs of individual students.	☒	☐	☐
1.10	Learning experiences are tailored to the student's stage of learning, proficiencies and programme outcomes.	☒	☐	☐
1.11	All nurses, midwives and nursing associates contribute to practice learning in accordance with the Code.	☒	☐	☐

Findings

58. The visitor team considered a range of documentary evidence including contracts, placement agreements, committee terms of reference, policies relating to the allocation of placement experiences and guidance relating to clinical links. In addition

to the documentary evidence, the visitor team visited practice areas and met with staff, PLPs, PSCs and students.

59. In considering Standard 1.1, there is evidence that a quality and supportive practice learning infrastructure is in place to support the continued development of students. CCCU has a designated LME who is responsible for midwifery education and who holds registration with the NMC to ensure compliance with the Standards framework for nursing and midwifery education (SFNME) and the Standards of proficiency for midwives. The narrative and the evidence provided is comprehensive and very detailed. The visitor team saw examples of signed placement agreements, for example those of the East Kent Hospitals University Foundation Trust (EKHUFT). The practice learning environment audit is comprehensive and provides evidence of a supportive learning environment for student midwives with the appropriate number of PSs and PAs available for
the students. It was completed in February 2025. The Work Based Learning Administration Team (WBLAT) is a key resource for students and staff and a central point of contact for pre-qualifying students and those supporting them whilst they are on placement. These arrangements for practice learning, which are clearly
set out, are comprehensive in their coverage and demonstrate that there are appropriate and sufficient PSs and PAs in place to support practice learning and show that practice learning complies with the NMC SFNME.

60. In considering Standard 1.2, the evidence demonstrates that practice learning complies with specific programme standards. The faculty Professional, Statutory and Regulatory Bodies (PSRBs) Programme Policy supports the specific programme standards for student supervision and assessment in practice. There are several roles that facilitate partnership working between CCCU and PLPs including the LME, Clinical Director of Curriculum Development in Midwifery, Midwifery SLPL, AAs, Clinical Links and PLP education teams. Confirmation was obtained at the visit that the midwifery SLPL works closely with the Trust partners, and the academic team plans to visit the link Trusts weekly.

61. Midwifery students will use the Pan London eMORA which is designed to record evidence that students meet the required proficiencies, outcomes and practice hours for their midwifery programme of study, in line with the NMC SSSA. There is guidance for students on how to complete the eMORA in the practice handbook. Details of how the SSSA are operationalised are set out in the submission for Part 3 Standards.

62. In considering Standard 1.3, there is evident linkage between practice learning and the specific proficiencies and outcomes related to the programme. Practice learning is designed to support students to meet their practice proficiencies. The evidence provided is detailed and comprehensive and includes details of how the midwifery team ensures that PSCs contributing to the programme are chosen for their recent maternity experiences. Similarly, the visitor team viewed evidence from Midwifery PA workshops that showed the content was specifically related to midwifery ensuring that practice learning is assessed by PAs who are specifically prepared
for assessing midwifery proficiencies.

63. In considering Standard 1.4, the evidence provided shows that a rigorous, strategic and operational infrastructure to support, monitor and develop the quality of practice learning for the students is in place. It is evident that the Clinical Director of Curriculum Development in Midwifery role is established to build and strengthen strategic and operational relationships with midwifery service providers across Kent and Medway (see also paragraphs 61 and 62).

64. In considering Standard 1.5, students are supported in practice by several professionals, PSs, PAs, practice leads and the SLPL. There is also a nominated midwifery academic link tutor for each practice setting to actively support students and address student concerns.

65. In considering Standard 1.6, the evidence provided for this standard is detailed and shows that students are made aware of the support and opportunities available to them within all learning environments. The variety of placements available is extensive including perinatal mortality review tool lead, Infant Feeding Coordinator, Smoking in Pregnancy Specialist, Fetal Wellbeing, Bereavement, Perinatal Mental Health, Patient Experience, Diabetes, Professional Midwifery Advocates, Consultant Midwives, Preterm clinics, Governance team, Guidelines and effectiveness midwife, Risk and audit midwife, fetal medicine specialist clinics, screening team and Birth After Thoughts Clinic. All students are provided with formal practice preparation prior to each practice experience which will include input from practice learning partners.

66. In considering Standard 1.7, the course specification clearly demonstrates a philosophy of growing independence that encourages students to take increasing levels of responsibility for their own learning as they progress through their course, culminating in an independent project and the achievement of the proficiencies for practice as a newly qualified midwife. Students are supported to achieve this through the spiral curriculum design, developing from Level 4 to Level 6.

67. In considering Standard 1.8, co-production evidence demonstrates the continuing involvement of PLPs/EPs and PSCs alongside other interested parties, including charitable organisations, in the creation of the midwifery course. The visitor team also heard in meetings with the programme team, PSC representatives and PLPs, that there is a commitment to ensuring the continued involvement of all groups involved in the design of the curriculum in its delivery (see also paragraph 16).

68. In considering Standard 1.9, CCCU has provided extensive evidence to show that it is committed to fostering an inclusive and compassionate student journey through an innovative curriculum with programmes such as the THRIVE Black Leadership Programme and the Allyship, Compassion and Leadership Programme 2025. CCCU has an Equity and Inclusion Strategy 2024-2027 and, through reasonable adjustments and individualised learning support plans for both theory and practice, aims to create an inclusive environment where all students can thrive.

69. In considering Standards 1.10 and 1.11, the proposed midwifery course specification and the eMORA document ensure that the learning experiences are tailored to the student's stage of learning, proficiencies and the programme outcomes. CCCU has signed the NHS England NHS Education Contract, and all organisations have signed either the CCCU Placement Agreement or Schedule C of the HEE National Education NHS Contract, which details the responsibilities of each party in provision of practice experiences and support for the student within the practice learning environment. Under these agreements, both PAs and AAs are required to be NMC registrants and therefore bound by the NMC Code. CCCU has access to the number of registrants working at the Trusts through the practice educators at the link Trusts. The Course Director, LME and key lecturing staff are all NMC-registered midwives.

70. Based on the information made available, the visitor team considers that CCCU has in place the appropriate arrangements for Standard 1: Organisation of practice learning to enable the NMC standards to be met.

Supervision of students

Practice supervision enables students to learn and safely achieve proficiency and autonomy in their professional role. All NMC-registered nurses, midwives and nursing associates are capable of supervising students, serving as role models for safe and effective practice. Students may be supervised by other registered health and social care professionals.

2: Expectations of practice supervision

Approved education institutions, together with practice learning partners, must ensure that:		Met	Not Met	Met after conditions
2.1	All students on an NMC approved programme are supervised while learning in practice.	☒	☐	☐
2.2	There is support and oversight of practice supervision to ensure safe and effective learning.	☒	☐	☐
2.3	The level of supervision provided to students reflects their learning needs and stage of learning.	☒	☐	☐
2.4	Practice supervision ensures safe and effective learning experiences that uphold public protection and the safety of people.	☒	☐	☐
2.5	There is sufficient coordination and continuity of support and supervision of students to ensure safe and effective learning experiences.	☒	☐	☐
2.6	Practice supervision facilitates independent learning.	☒	☐	☐
2.7	All students on an NMC approved programme are supervised in practice by NMC registered nurses, midwives, nursing associates, and other registered health and social care professionals.	☒	☐	☐

Findings

71. The visitor team considered a range of documentary evidence including contracts, placement agreements, committee terms of reference, policies relating to the allocation of placement experiences and guidance relating to clinical links. In addition to the documentary evidence, the visitor team visited practice areas and met with staff, PLPs/EPs, PSCs and students.

72. In considering Standard 2.1, the visitor team noted that there are Faculty and organisational policies and guidelines in place for the students' practice placements and for their supervision. CCCU has signed the HEE National NHS Education Contract, and all organisations have signed either the CCCU Placement Agreement or Schedule C of the HEE National Education NHS Contract, which details the responsibilities of each party in provision of practice experiences and support for and supervision of the student within the practice learning environment. The WBLAT, in the view of the visitor team, is an excellent resource for the students and staff for monitoring and managing placements.

73. In considering Standard 2.2, the narrative supplied by CCCU stipulates several faculty and organisational processes to ensure safe and effective practice learning for the students. These include the placement capacity mapping process, placement

learning audits and the WBLAT. Visits to practice placement areas by the visitor team provided assurance that these processes are working as intended.

74. In considering Standard 2.3, evidence was presented that demonstrates students are supported according to their learning needs. The Pan London approach to assessment refers to the three key statements (participation/contribution/ demonstrate proficiency) which have been developed to reflect the level of performance that the student is required to demonstrate as part of the progression points each year. Students are made aware of this in their induction week and through the Student Practice Handbook and the guide to completing the eMORA.

75. In considering Standard 2.4, the visitor team considered evidence that the processes in place to ensure a safe and effective learning experience that uphold public protection and the safety of people are comprehensive and clear. Placement capacity mapping ensures a safe number of students at any given time. Students have opportunity to evaluate each placement and a Freedom to Speak policy guides and supports students if they wish to raise an issue about practice. There is also a clear and robust student complaints procedure in place. The faculty has a Low Level Concerns and Fitness to Practise Procedure which guides staff and students on the processes to be followed should any concern about fitness to practise be raised. CCCU staff, PLP/EP representatives and students were all fully aware of the processes and where to access relevant policy and guidance.

76. In considering Standard 2.5, excellent coordination between PLPs/EPs, the Faculty and the School has been achieved through audits and regular meetings. This was evident to the visitor team through the dialogue with PLPs/EPs during the visit and visits to practice areas. All practice areas used by CCCU for student practice learning experiences are included in the audit cycle and are undertaken three yearly (or more frequently in response to quality assurance and/or governance concerns) using the Pan London Practice Learning Environment audit tool. The audit is designed to ensure the placement areas can appropriately support the students' learning experience and assessment process and will therefore monitor the implementation of the SSSA. The most recent audit conducted was scrutinised by the visitor team who determined that this was a thorough and effective process that provides a sound foundation for the oversight of practice placements.

77. In considering Standard 2.6, the evidence shows students are supported to progress into independent learners by PAs, PSs, AAs and by link tutors in practice. The guide to completing eMORA details the stages of progression from participation to contribution to demonstrate proficiency as a final year student. The Supporting Learners Innovatively with Coaching demonstrates the same, and midwifery students are also encouraged to participate in Restorative Clinical Supervision sessions arranged by Academic Professional Midwifery Advocates (PMAs) to reflect on practice and develop into reflective practitioners. Students have access to the PMAs in practice.

78. In considering Standard 2.7, partnership policy and processes for the identification, preparation and support of PSs, PAs and AAs, including the PS, PA and AA selection process incorporates prerequisites which include professional body registration. These have been evidenced in the EKHUFT placement agreements and the CCCU placement capacity audits. There is a requirement in practice learning environment audits to check student numbers at ward/unit level and corresponding availability of PAs. CCCU has access to the up-to-date register of PAs and PSs. Based on this evidence, and through the visits made to practice placements and discussions with PLPs, the visitor team found partnership between the PLPs and CCCU to be

constructive and effective in ensuring that students will be supervised appropriately at all times whilst on placement.

79. Based on the information made available, the visitor team considers that CCCU has in place the appropriate arrangements for Standard 2: Expectations of practice supervision to enable the NMC standards to be met.

3: Practice supervisors: role and responsibilities

Approved education institutions, together with practice learning partners, must ensure that practice supervisors:		Met	Not met	Met after conditions
3.1	Serve as role models for safe and effective practice in line with their code of conduct.	☒	☐	☐
3.2	Support learning in line with their scope of practice to enable the student to meet their proficiencies and programme outcomes.	☒	☐	☐
3.3	Support and supervise students, providing feedback on their progress towards, and achievement of, proficiencies and skills.	☒	☐	☐
3.4	Have current knowledge and experience of the area in which they are providing support, supervision and feedback.	☒	☐	☐
3.5	Receive ongoing support to participate in the practice learning of students.	☒	☐	☐

Findings

80. The visitor team considered a range of documentary evidence including job descriptions, records of staff training, placement agreements and policy and guidance documents. In addition to the documentary evidence the visitor team visited practice areas and met with staff, PLP/EP senior staff, PSs, PSCs and students.

81. In considering Standards 3.1, 3.2, 3.3, 3.4 and 3.5, the visitor team saw evidence that PSs are supported by the SLPL to adhere to their role and responsibilities. Regular staff training sessions are arranged for PSs by CCCU. Scrutiny of the training materials used demonstrated that the training sessions contained midwifery specific content. The visitors met with PSs during practice visits and the PSs supported the conclusion that arrangements are in place to ensure that PSs can serve as role models for safe and effective practice.

82. The Pan London approach to the implementation of SSSA has been adopted by CCCU and the PLPs. The use of eMORA enables students to record the achievement of proficiencies and learning outcomes. Guidance is provided for PSs on how to work with the students to complete the eMORA.

83. There are processes in place to demonstrate that PSs will only provide support, supervision and feedback in areas in which they can evidence current knowledge and expertise.

84. The practice learning environment audit checks student numbers at ward/unit level and corresponding availability of PAs. The audit tool has been updated to include the requirement to demonstrate that PSs and PAs have current knowledge and expertise of the area in which they are working. PEFs within the Acute Trusts maintain a register of supervisor/assessor numbers and the Midwifery SLPL works with the Workforce Education teams to ensure enough PSs are available for the students.

85. The placement agreement between CCCU and PLPs makes clear that the provider will encourage and support sufficient appropriate staff to develop and/or maintain the

competencies required to undertake their role in supporting learning and assessment. It is also expected that there is a demonstrable commitment to continuing professional development of staff, robust appraisal and time and resources to facilitate learning in practice. The SLPL works collaboratively with the LME, Associate Head of Practice Learning, other SLPLs and key staff in partner organisations to instigate a consistent approach to practice learning that meets course and regulatory requirements.

86. Based on the information made available, the visitor team considers that CCCU has in place the appropriate arrangements for Standard 3: Practice supervisors: role and responsibilities to enable the NMC standards to be met.

4: Practice supervisors: contribution to assessment and progression

Approved education institutions, together with practice learning partners, must ensure that practice supervisors:		Met	Not met	Met after conditions
4.1	Contribute to the student's record of achievement by periodically recording relevant observations on the conduct, proficiency and achievement of the students they are supervising.	☒	☐	☐
4.2	Contribute to student assessments to inform decisions for progression.	☒	☐	☐
4.3	Have sufficient opportunities to engage with practice assessors and academic assessors to share relevant observations on the conduct, proficiency and achievement of the students they are supervising.	☒	☐	☐
4.4	Are expected to appropriately raise and respond to student conduct and competence concerns and are supported in doing so.	☒	☐	☐

Findings

87. The visitor team considered a range of documentary evidence including job descriptions, records of staff training, placement agreements and policy and guidance documents including the Pan London eMORA guide for PAs and PSs. In addition to the documentary evidence, the visitor team visited practice areas and met with staff, and PLP senior staff, PSs, PSCs and students attended the conjoint panel event.

88. In considering Standard 4.1, the visitor team noted that CCCU is part of the Pan London Practice Learning group that has developed the eMORA. Processes are in place to ensure PSs will contribute to the students' records of achievement by periodically recording relevant observations on the conduct, proficiency and achievement of the students they are supervising. PSs receive ongoing training for their role according to the Pan London eMORA implementation plan. Meetings held with PLPs, PSs and PAs confirmed that the documentary evidence provided was widely understood by those involved.

89. In considering Standard 4.2, documentary evidence demonstrated that the Pan London eMORA guide for PAs and PSs includes the processes, role and responsibilities relating to PSs in facilitating students' practice learning and contributing to student assessment to inform decisions for progression. CCCU is part of the Pan London Group and all PLPs/EPs in the region are currently using the eMORA. AAs make contact, via the student, at the beginning of each new placement to ensure the PA has their direct contact details.

90. In considering Standard 4.3, the Pan London eMORA guide details the roles and responsibilities of the PS. PAs have responsibility for overseeing the students' progress during placement and providing written feedback for the PA to make judgement on student progression. The narrative accompanying the evidence for this section says that 'to ensure consistency and fairness in practice assessment, and to provide both PSs and PAs the opportunity to contribute meaningfully, a sample of student practice assessment documentation is moderated prior to each examination

board. In addition, a separate selection of practice assessment documentation is audited for completeness and student feedback. The outcomes
of these audits are shared electronically with practice staff and students, promoting transparency and to improve the quality of completion'. The visitor team is of the opinion that this approach is best practice.

91. In considering Standard 4.4, the evidence demonstrates that there are policies and guidelines for raising concerns regarding students which can be utilised by both the practice/academic staff and the students. The PSRB Course Policy states that course documentation must include a section on support for students during practice learning experiences to include both practice supervision and academic colleague involvement. The practice learning handbook for PSs, PAs and AAs details the processes to follow and the support available should they have concerns about a student's conduct, competence or performance. For issues directly related to practice, discussions are held at the Faculty Work-Based & Practice Placement Learning Sub-Committee, with representation from CCCU practice leads and stakeholders from partner organisations. The visitor team explored these arrangements during the visit and was satisfied that they are appropriate and understood by the relevant staff.

92. Based on the information made available, the visitor team considers that CCCU has in place the appropriate arrangements for Standard 4: Practice supervisors: contribution to assessment and progression to enable the NMC standards to be met.

5: Practice supervisors: preparation

Approved education institutions, together with practice learning partners, must ensure that practice supervisors:		Met	Not met	Met after conditions
5.1	Receive ongoing support to prepare, reflect and develop for effective supervision and contribution to student learning and assessment	☒	☐	☐
5.2	Have understanding of the proficiencies and programme outcomes they are supporting students to achieve.	☒	☐	☐

Findings

93. The visitor team considered a range of documentary evidence including job descriptions, clinical linking guidance, and practice learning environment audit documentation. In addition to the documentary evidence, the visitor team visited practice areas and met with staff, PLP senior staff, PSs, PSCs and students.

94. In considering Standard 5.1, roles and responsibilities for practice supervision and support have been developed in partnership across all providers and according to the Pan London Approach to Implementation of SSSA guidelines. The EKHUFT Practice Learning Environment audit discusses protected time to be allowed for PSs to complete student documentation. There is ongoing support from SLPL and academic link tutors for PSs. The midwifery clinical linking guide is a valuable online resource for PSs. These arrangements were discussed during the visit and visits to practice placements and as a result were considered fit for purpose by the visitor team.

95. In considering Standard 5.2, a partnership preparation strategy has been developed to create resources and opportunities for PSs to prepare for their role. Programme specific outcomes and proficiencies are incorporated into the PSs' preparation programme, while specific programme materials are made available to PSs through monthly online updates by the academic link tutors and SLPL. The PA and PS training is Trust-led but is carried out in collaboration with CCCU academic staff. This was verified and discussed both at the practice placement visits and the validation visit.

96. Based on the information made available, the visitor team considers that CCCU has in place the appropriate arrangements for Standard 5: Practice supervisors: preparation to enable the NMC standards to be met.

Assessment of students and confirmation of proficiency

Student assessments are evidence based, robust and objective. Assessments and confirmation of proficiency are based on an understanding of student achievements across theory and practice. Assessments and confirmation of proficiency are timely, providing assurance of student achievements and competence.

6: Assessor roles

Approved education institutions, together with practice learning partners, must ensure that:		Met	Not met	Met after conditions
6.1	All students on an NMC approved programme are assigned to a different nominated academic assessor for each part of the education programme.	☒	☐	☐
6.2	All students on an NMC approved programme are assigned to a nominated practice assessor for a practice placement or a series of practice placements, in line with local and national policies.	☒	☐	☐
6.4	Midwifery students are assigned to practice and academic assessors who are NMC registered midwives.	☒	☐	☐
6.8	Practice and academic assessors receive ongoing support to fulfil their roles.	☒	☐	☐
6.9	Practice and academic assessors are expected to appropriately raise and respond to concerns regarding student conduct, competence and achievement, and are supported in doing so.	☒	☐	☐

Findings

97. The visitor team considered a range of documentary evidence including practice learning handbooks, the Pan London Approach to the implementation of SSSA, placement agreements and meeting minutes. In addition to the documentary evidence, the visitor team visited practice areas and met with staff, PLP senior staff, PAs/PSs, PSCs and students. Standards 6.3, 6.5, 6.6, and 6.7 were not relevant to this review as they specifically concern nursing or specialist community public health nursing.

98. In considering Standard 6.1, the documentary evidence demonstrates that students will be allocated to a different AA for each part of the programme. The AA allocation is supported by the LME and midwifery SLPL who will allocate an AA to each student at the start of each academic year. In the first year and third year of the programme, the student's Personal Academic Tutor (PAT) will also act as their AA. In the second year, another member of the midwifery team will be nominated as their AA. There will be records of the AA allocation, which are kept by the LME and shared with the WBLAT and practice partners at the start of each academic year. This demonstrates that the AA will not be the same person for consecutive years.

99. In considering Standard 6.2, the documentary evidence demonstrates that students will be allocated to a nominated PA for a practice placement. The allocation process is supported by local processes, for example the placement capacity process, and national policies, for example NHS England national contract. The name of the PA is documented within the eMORA and therefore can be audited. At the visit, it was

confirmed that students will be allocated a PA for each practice learning experience; this is to facilitate the PA being given the opportunity to observe their students' practice.

100. In considering Standard 6.4, documentary evidence demonstrates that students are to be assigned to PAs and AAs who are NMC-registered midwives. The WBLAT allocate students to placement areas according to the requirements of the programme and following confirmation with the LME and midwifery SLPL. Each Trust has a designated midwifery lead for students, who will allocate students to appropriate PAs prior to the start of placements. AAs are to be allocated from the midwifery teaching team. Details of the nominated AA and PA are documented in the eMORA. There are processes in place to audit this by the SLPL. All practice areas are included in CCCU's audit cycle (three yearly) using the Pan London Practice Learning Environment audit tool. The audit is designed to ensure the placement area can appropriately support the students' learning experience and assessment process. Profiles exist for students to access information about their allocated practice area. The responsibility for updating profiles sits within the practice area/team. The midwifery SLPL will make monthly checks on placement profiles to ensure continuing accuracy. Apprentice students will also be allocated to a PS and PA. This will be undertaken and monitored by the PEF.

101. In considering Standard 6.8, the documentary evidence shows that PAs and AAs receive ongoing support to fulfil their roles. PAs receive yearly updates and training as part of the Trusts' mandatory training programmes. AAs are supported to develop assessment and feedback competence through staff development provided at both faculty and university level. Following requests for further information, examples of PowerPoint presentations were received, and these demonstrate that discussions about the apprentice route will be included in PS/PA preparation.

102. In considering Standard 6.9, the supplied documentary evidence demonstrates that there are processes in place for AAs and PAs to raise and respond to concerns regarding student conduct, competence and achievement. Where concerns are raised by PAs or AAs and are related to a student's professional behaviours, this is escalated and managed via the Low-Level Concerns and Student Fitness to Practise Procedure. PAs are supported to raise concerns via the process outlined in the Midwifery Practice Learning Handbook. Link lecturers and the midwifery SLPL will meet regularly with the education team to review any concerns raised by staff about student conduct. PAs are encouraged to raise concerns about a student's competence and achievement. As part of the process outlined in the eMORA, any concerns about competency and/or lack of opportunity to achieve the required proficiencies will result in a tripartite meeting between the student, the PA and the AA and the development of an appropriate progression plan. The PAT and EP will also be informed for apprentice students.

103. PSs/PAs receive yearly updates and training as part of mandatory training, including advice and support on raising and escalating concerns. They will be continuously supported to fulfil their role using the processes within the eMORA, and through the SLPL and the placement learning team. AAs will receive ongoing professional development provided by CCCU.

104. At the visit, discussions clearly demonstrated that there was a collaboratively designed process between CCCU and the Trusts, which will ensure an effective and prompt response. This will support students in their achievement of the proficiencies and eMORA components.

105. Based on the information made available, the visitor team considers that CCCU has in place the appropriate arrangements for Standard 6: Assessor roles to enable the NMC standards to be met.

7: Practice assessors: responsibilities

Approved education institutions, together with practice learning partners, must ensure that:	Met	Not met	Met after conditions
7.1 Practice assessors conduct assessments to confirm student achievement of proficiencies and programme outcomes for practice learning.	☒	☐	☐
7.2 Assessment decisions by practice assessors are informed by feedback sought and received from practice supervisors.	☒	☐	☐
7.3 Practice assessors make and record objective, evidenced-based assessments on conduct, proficiency and achievement, drawing on student records, direct observations, student self-reflection, and other resources	☒	☐	☐
7.4 Practice assessors maintain current knowledge and expertise relevant for the proficiencies and programme outcomes they are assessing.	☒	☐	☐
7.5 A nominated practice assessor works in partnership with the nominated academic assessor to evaluate and recommend the student for progression for each part of the programme, in line with programme standards and local and national policies.	☒	☐	☐
7.6 There are sufficient opportunities for the practice assessor to periodically observe the student across environments in order to inform decisions for assessment and progression.	☒	☐	☐
7.7 There are sufficient opportunities for the practice assessor to gather and coordinate feedback from practice supervisors, any other practice assessors, and relevant people, in order to be assured about their decisions for assessment and progression.	☒	☐	☐
7.8 Practice assessors have an understanding of the student's learning and achievement in theory.	☒	☐	☐
7.9 Communication and collaboration between practice and academic assessors is scheduled for relevant points in programme structure and student progression.	☒	☐	☐
7.10 Practice assessors are not simultaneously the practice supervisor and academic assessor for the same student.	☒	☐	☐

Findings

106.   The visitor team considered a range of documentary evidence including practice learning handbooks, the Pan London Approach to the implementation of SSSA, placement agreements and meeting minutes. In addition to the documentary evidence, the visitor team visited practice areas and met with staff, PLP senior staff, PSs, PSCs and students. Standard 7.11 is not included as that applies to Prescribing Programme students only.

107.   In considering Standard 7.1, the visitor team noted that PAs will conduct the assessments and confirm student achievement and progression, that is, the proficiencies and programme outcomes. The assessment of practice will follow the process outlined in the eMORA. Each student will be allocated an identified PA and, in collaboration with the AA, will conduct the assessment of the student. The PA will review the evidence within the eMORA and digital professional portfolio that

encompasses knowledge, skills, attitudes and the views of those receiving care. This will include direct observation of a student during a care episode and will include performance-related discussions with the student to reflect on their individual capabilities and any learning needs, and direct feedback from PSs and PSCs. The arrangements were fully understood by the PAs met by the visitor team.

108.   In considering Standard 7.2, the visitor team noted that PAs seek and are informed by feedback from PSs. PSs will oversee a student's progress during a placement. The PA will liaise with the PSs to obtain feedback and through liaison with the AA
to make decisions on a student's achievement and progression. The PA will also review any documentation in the eMORA completed by any other registered health or social care professionals who have been involved in supporting the student on placement.

109.   In considering Standard 7.3, the eMORA has been designed to demonstrate and guide the process that PAs follow during the assessment process. It provides examples of documentation that has been correctly completed, and this will be made available in different formats to all staff supporting students. An annual audit of practice assessment documentation focuses on the feedback provided to students to ensure it is objective and develops the students' skills, knowledge and attitudes. An action plan is shared with PLPs/EPs and learning is embedded in updates. The eMORA will also be subjected to external examiner (EE) review. Mandatory training for PSs and PAs also supports practice partners to make constructive and robust decisions.

110.   In considering Standard 7.4, the evidence demonstrates how PAs will maintain current knowledge and expertise. PAs will follow the preparation agreed by the PAN London Practice Learning Group. This is an approved strategy designed to implement the SSSA and follows an extensive period of consultation with stakeholders. Central web-based resources have been developed and are available from the Pan London Group as well as resources designed in partnership with the SLPLs and PLPs. Practice learning environments have their own appraisal, disciplinary and capability procedures (or equivalent) that are drawn upon to facilitate professional development and deal with any issues that may arise with staff, particularly PSs and PAs. The practice learning environment audit explicitly confirms whether there is an organisation-wide appraisal process that supports the development of the individual and the service. The visitor team, in meetings with PAs and PSs, determined that the arrangements are understood.

111.   In considering Standard 7.5, the eMORA documentation demonstrates the requirement for input of both the PA and the AA, when evaluating and recommending the student for progression. The module leaders for the modules which support practice achievement will internally moderate 20% of the completed practice assessments and the eMORA. There is also an EE who will be linked to the practice modules. Decisions and processes will be externally moderated before being presented to a programme assessment board for ratification. The documentary evidence was supported by commentary from PAs, PSs and the CCCU programme team during meetings held during the visit.

112.   In considering Standard 7.6, PAs will have the opportunity to observe their allocated students in practice periodically. PAs will also have the opportunity to undertake direct observation of a care episode being performed by the student. They will conduct appropriate performance-related discussions with the student to reflect on their individual capabilities and any learning needs. This may include any direct

feedback from PSs and PSCs. Auditing will occur through the eMORA documentation's internal and external moderation process. Meetings with PAs during the visit and practice visits demonstrated that these arrangements were well understood.

113.   In considering Standard 7.7, documentary evidence demonstrates that there will be sufficient opportunities for PAs to gather, review and use feedback to be assured in making decisions for assessment and progression. The eMORA documentation facilitates the collection of evidence and encourages PA review. The eMORA context document identifies a schedule of suggested timing for eMORA reviews and assessment in practice. The eMORA also has space to record achievement and progression. If a student does not achieve sufficient progress, this will trigger escalation to the AA (and the PAT if an apprentice student). Discussions and support that follow will involve the PA and the PS (as appropriate), in liaison with the AA, and will result in a development plan, which will be documented in the eMORA. PAs and PSs demonstrated their understanding of these processes in meetings during practice placement visits.

114.   In considering Standard 7.8, strategies are in place to ensure PAs understand the theory component of the midwifery programme. The Faculty PSRB Course Policy states that there should be stakeholder involvement in all aspects of course design, development, delivery, evaluation and enhancement. Stakeholder groups include PLPs, PSCs and students. All these groups were involved in curriculum development such as the co-production summit held in February 2025. Regular updates on curriculum design and development will continue to be shared with PEFs, PAs and PSs ensuring that registered midwives remain up to date with the programme. The SLPL will circulate a quarterly newsletter to highlight key curriculum developments, share emerging themes from audits, and report on practice engagement activities, supporting a consistent and informed approach to student supervision and assessment in midwifery education. The AA, when undertaking tripartite reviews with the student and PA, will discuss individual students' attainment against outcomes ensuring that students are ready to be recommended for progression at the examination boards.

115.   In considering Standard 7.9, evidence demonstrates that there will be scheduled communication and collaboration points for the PA and AA. The eMORA context document identifies a schedule of suggested timing of eMORA reviews and assessment in practice.

116.   In considering Standard 7.10, the documentary evidence is clear that the PA and AA will not be the same person. While both are registered midwives, PAs will be registered midwives within the Trust, whereas AAs will be academics employed by CCCU, the latter being allocated by the LME. The WBLAT will keep records of allocated PAs and AAs.

117.   Based on the information made available, the visitor team considers that CCCU has in place the appropriate arrangements for Standard 7: Practice assessors: responsibilities to enable the NMC standards to be met.

8: Practice assessors: preparation

Approved education institutions, together with practice learning partners, must ensure that practice assessors:		Met	Not met	Met after conditions
8.1	Undertake preparation or evidence prior learning and experience that enables them to demonstrate achievement of the following minimum outcomes: 8.1.1 interpersonal communication skills, relevant to student learning and assessment 8.1.2 conducting objective, evidence-based assessments of students. 8.1.3 providing constructive feedback to facilitate professional development in others, and knowledge of the assessment process and their role within it.	☒	☐	☐
8.2	Receive ongoing support and training to reflect and develop in their role.	☒	☐	☐
8.3	Continue to proactively develop their professional practice and knowledge in order to fulfil their role.	☒	☐	☐
8.4	Have an understanding of the proficiencies and programme outcomes that the student they assess is aiming to achieve.	☒	☐	☐

Findings

118.   The visitor team considered a range of documentary evidence including practice learning handbooks, the Pan London Approach to the implementation of SSSA, placement agreements and placement preparation presentations. In addition to the documentary evidence, the visitor team visited practice areas and met with staff, PLP senior staff, PSs, PSCs and students.

119.   In considering Standards 8.1, 8.2 and 8.3, the evidence demonstrates that appropriate processes are already in place for PAs involved in nursing programmes and that these processes will be in place for PAs involved in the midwifery programme. There is a clear strategy that outlines the principles to implement the SSSA for midwifery programmes. The documentation states that the programme team and the SLPL will work closely with practice colleagues to support the implementation of new courses and the SSSA, ensuring robust preparation and consistency across the programme. A clear narrative was provided explaining how this strategy is to be implemented to prepare and support midwifery PAs. Examples of PowerPoint presentations were provided which show the lines of communication and discussion. This will occur within the Trusts and will be a collaborative venture between CCCU and PLPs/EPs.

120.   In considering Standard 8.4, documentary evidence demonstrates how PAs will be supported to understand the programme outcomes and midwifery proficiencies. Mandatory training occurs annually for registered midwives and there is a collaborative approach between CCCU and PLPs/EPs to provide joint training and updates. Academic staff will be able to provide verbal updates on the curriculum. SLPLs will circulate a quarterly newsletter to highlight key curriculum developments, share emerging themes from audits, and report on practice engagement activities, supporting a consistent and informed approach to student supervision and

assessment in midwifery education. The visitor team received confirmation during visits to PLPs that PAs and PSs will be prepared ahead of the first intake.

121. Based on the information made available, the visitor team considers that CCCU has in place the appropriate arrangements for Standard 8: Practice assessors: preparation to enable the NMC standards to be met.

9: Academic assessors: responsibilities

Approved education institutions, together with practice learning partners, must ensure that:	Met	Not met	Met after conditions
9.1 Academic assessors collate and confirm student achievement of proficiencies and programme outcomes in the academic environment for each part of the programme.	☒	☐	☐
9.2 Academic assessors make and record objective, evidence-based decisions on conduct, proficiency and achievement, and recommendations for progression, drawing on student records and other resources.	☒	☐	☐
9.3 Academic assessors maintain current knowledge and expertise relevant for the proficiencies and programme outcomes they are assessing and confirming.	☒	☐	☐
9.4 The nominated academic assessor works in partnership with a nominated practice assessor to evaluate and recommend the student for progression for each part of the programme, in line with programme standards and local and national policies.	☒	☐	☐
9.5 Academic assessors have an understanding of the student's learning and achievement in practice.	☒	☐	☐
9.6 Communication and collaboration between academic and practice assessors is scheduled for relevant points in programme structure and student progression.	☒	☐	☐
9.7 Academic assessors are not simultaneously the practice supervisor and practice assessor for the same student.	☒	☐	☐

Findings

122.   The visitor team considered a range of documentary evidence including practice learning handbooks, policies such as the Faculty PSRB Course Policy and the CCCU Staff Development Policy. In addition to the documentary evidence, the visitor team visited practice areas and met with staff, PLP senior staff, PAs and students.

123.   In considering Standard 9.1, the submitted documentary evidence sets out the role of the AA in collating and confirming achievement in practice within CCCU. The AA, in collaboration with the PA, will be responsible for collating and confirming the student's achievement of proficiencies and programme outcomes within the academic environment. They will make and document objective, evidence-based decisions regarding the student's conduct, proficiency, and achievement, as well as recommendations for progression at the completion of each year. The AA will forward the outcome of the practice assessment to the module leader, who will audit 20% of the eMORA (internal moderation) and facilitate review by an EE. This information will then be presented to the Programme Assessment Board for the student to be recommended for progression or completion (ratification). A student who has not achieved the required outcomes will be recommended by the AA for reassessment. AAs and PAs met during the practice visits and approval visit verified this evidence through the responses given to questioning.

124.   In considering Standard 9.2, the documentary evidence sets out the role of the AA in collating and confirming achievement in practice jointly with the PA. The AA, in collaboration with the PA, will be responsible for collating and confirming the

student's achievement of proficiencies and course outcomes within the academic environment. They will make and document objective, evidence-based decisions regarding the student's conduct, proficiency, and achievement, as well as recommendations for progression at the completion of each year.

125.   In considering Standard 9.3, the CCCU Staff Development Policy demonstrates that there are mandatory training requirements, which ensure that all staff have access to relevant training opportunities. There is an appraisal process which enables staff to discuss and identify development needs, culminating in an action plan that balances the needs of the individual, the School/Department, and the University. Furthermore, the Faculty Research and Enterprise Strategy outlines opportunities for staff to engage in research and scholarship activities, supporting professional growth and academic excellence. Staff development needs are also identified and supported through the CCCU Positive Performance Conversations approach, which is integrated into the appraisal process and regular line management meetings to ensure ongoing professional development and alignment with institutional goals. All academic staff supporting the midwifery course as AAs will be required to undertake annual mandatory training on the role and responsibilities of the AA.

126.   In considering Standard 9.4, the visitor team noted that the AA, in collaboration with the PA, will be responsible for collating and confirming the student's achievement of proficiencies and course outcomes within the academic environment. They will make and document objective, evidence-based decisions regarding the student's conduct, proficiency, and achievement, as well as recommendations for progression at the completion of each year. The eMORA illustrates how PAs and AAs will collaborate to evaluate and recommend a student for progression. The eMORA facilitates the documentation detailing evidence of joint decision-making at key progression points.

127.   In considering Standard 9.5, the documentary evidence explains how CCCU will ensure AAs understand the students' learning and achievement in practice. The eMORA guide outlines the process by which AAs and PAs work together to monitor and support the achievement and progression of midwifery students. The eMORA provides defined spaces for recording these meetings, including any development plans. AAs will be academic staff involved in supporting and assessing midwifery students in practice. They are identified through CCCU's appraisal system and are signposted to the eMORA resources alongside a preparation programme provided by CCCU.

128.   In considering Standard 9.6, the evidence scrutinised by the visitor team demonstrates that there are regular scheduled points in the programme where communication and collaboration can take place in a planned way.

129.   In considering Standard 9.7, presented evidence demonstrates that there is a process in place to ensure that the AA does not take on the role of PS or PA at the same time. Midwifery students will be assigned a designated PA and PS in accordance with the eMORA. This allocation is undertaken by practice education facilitators and will be monitored by the midwifery SLPL; PAs and PSs will be required to document their involvement within the eMORA to ensure accountability and transparency. The AA will be allocated by CCCU and monitored by the LME. This will be documented within the eMORA. All individual roles and names will be documented and recorded by the WBLAT.

130. Based on the information made available, the visitor team considers that CCCU has in place the appropriate arrangements for Standard 9: Academic assessors: responsibilities to enable the NMC standards to be met.

10: Academic assessors: preparation

Approved education institutions, together with practice learning partners, must ensure that academic assessors:	Met	Not met	Met after conditions
10.1 Are working towards or hold relevant qualifications as required by their academic institution and local and national policies.	☒	☐	☐
10.2 Demonstrate that they have achieved the following minimum outcomes: 10.2.1 interpersonal communication skills, relevant to student learning and assessment 10.2.2 conducting objective, evidence-based assessments of students 10.2.3 providing constructive feedback to facilitate professional development in others. 10.2.4 knowledge of the assessment process and their role within it.	☒	☐	☐
10.3 Receive ongoing support and training to reflect and develop in their role.	☒	☐	☐
10.4 Continue to proactively develop their professional practice and knowledge in order to fulfil their role.	☒	☐	☐
10.5 Have an understanding of the proficiencies and programme outcomes that the student they confirm is aiming to achieve.	☒	☐	☐

Findings

131.   The visitor team considered a range of documentary evidence including practice learning handbooks, policies such as the Faculty PSRB Course Policy, Staff curriculum vitae (CVs) and job descriptions (JDs). In addition to the documentary evidence, the visitor team visited practice areas and met with staff, PLP/EP senior staff, PAs and students.

132.   In considering Standard 10.1, evidence demonstrates that staff have the relevant qualifications to enable them to undertake the AA role. All academic midwifery lecturers are registered midwives with the NMC, as evidenced through CVs, JDs and associated person specification for jobs. The midwifery lecturers will be expected to work in partnership with clinical colleagues to support PAs, PSs and students in practice. They will also be required to undertake the roles of link lecturer and AA following appropriate training, with this aspect of the role being included in personal workload totals.

133.   CCCU has a staff development policy and mandatory and required training matrix, supported by an appraisal process. The Positive Performance Conversations (appraisal system) provides the AA opportunity to discuss and identify relevant training, staff development needs and agree an action plan. All midwifery staff who undertake the role of AA are required to sign the Midwifery Practice Assessment Collaboration (MPAC) self-assessment declaration on an annual basis.

134.   In considering Standard 10.2, the evidence submitted demonstrates that staff have the experience and interpersonal skills that enable them to undertake the AA

role. This is evidenced in the CVs of the midwifery teaching team and supported through CCCU's mandatory training and the appraisal system.

135.   In considering Standard 10.3, the visitor team was able to discern from the evidence that AAs have ongoing support and training that enables them to undertake the AA role. AAs will follow the preparation agreed by the PAN London Practice Learning Group. There are central resources from the Pan London Group which have been developed as well as resources designed in partnership with the SLPLs and PLPs. CCCU has a staff development policy and mandatory and required training matrix. The appraisal process provides the opportunity for all staff to reflect, discuss and identify relevant training and staff development needs, and agree an action plan.

136.   In considering Standard 10.4, evidence scrutinised by the visitor team demonstrates that AAs have ongoing support to develop their professional practice. CCCU has a staff development policy and a mandatory and required training matrix. The appraisal process provides the opportunity for all staff to discuss and identify relevant training and staff development needs and to proactively propose approaches to developing their professional practice and knowledge so that they can continue to fulfil all aspects of their role. The Faculty Research and Enterprise Strategy details opportunities for academic staff to get involved in research and scholarship activity.

137.   In considering Standard 10.5, the visitor team noted that the midwifery teaching team has been involved in developing the proposed programme such that it reflects contemporary midwifery practice. The team states that it will be delivering this to students and following students into practice as AAs, therefore ensuring that the proficiencies and programme outcomes required can be achieved by students on the programme. The midwifery SLPL will work collaboratively with the LME/midwifery teaching team and the placement areas to ensure a coordinated approach to practice learning.

138.   Based on the information made available, the visitor team considers that CCCU has in place the appropriate arrangements for Standard 10: Academic assessors: preparation to enable the NMC standards to be met.