

Dear Colleague

Standards and Guidance for Adaptation to Midwifery Programmes

This circular provides information on the NMC requirements for Adaptation to Midwifery Programmes.

The circular will be relevant to:

- Approved Education Providers
- Employers of Midwives
- Registered Midwives
- Midwives applying to join the NMC Register who trained outside of the UK/EU

These standards come into effect on the 1<sup>st</sup> of September 2008 and all approved education providers must implement these standards in Adaptation to Midwifery Programmes that commence after that date.

For further enquiries, please contact the midwifery department on 0207-333-6692 or [midwifery@nmc-uk.org](mailto:midwifery@nmc-uk.org)

**Standard 1**

**Only those midwives who have been given written approval by the NMC to adapt to working in the UK can undergo a midwifery adaptation programme.**

Guidance

This means that the applicant has proven to the NMC that she meets all requirements set by the NMC for applicants who trained outside of the UK or EEA. As a result the applicant has been given approval by the NMC to complete the last part of the process that enables Registration as a midwife in the UK.

Adaptation programmes are not about testing the applicant's academic knowledge or clinical skills. The programme is intended to assist the applicant to adapt to working as a midwife in the context of UK midwifery practice and to assess her competence to do so before she can be accepted onto the NMC Register.

**Standard 2**

**Midwifery adaptation programmes can only be provided through education providers who are approved by the NMC to run pre-registration midwifery programmes.**

Guidance

Any programme of education that leads to registration with the NMC requires approval via the NMC quality assurance framework. This applies to all midwifery adaptation programmes.

**Standard 3**

- 1. The midwifery adaptation programme must be completed within 2 years of the date on the decision letter from the NMC.**
- 2. The midwifery adaptation programme must be no less than 450 hours and no more than 900 hours in length.**

Guidance

Extensions to the period of approval for an applicant to undertake a midwifery adaptation programme can only be agreed in individual circumstances following direct consultation with the NMC Midwifery department.

The Programme can be completed on a full time or part time basis, as long as the minimum number of hours achieved are no less than 450 hours and no more than 900 hours.

Each approved education provider can decide the length of each adaptation programme it provides as long as it is within NMC requirements. Periods of extension can be put in place to enable unmet competencies to be achieved as long as the maximum number of 900 hours is not exceeded. An adaptation programme can be completed once all competencies are achieved providing the minimum length of 450 hours has been met.

Periods of annual leave, sick leave or maternity leave should not be counted within the programme hours.

#### **Standard 4**

**The Programme content should be set at a minimum of ordinary degree level and the clinical and theory balance shall be no less than 50% practice and no less than 40% theory.**

#### Guidance

The programme should include a variety of learning and teaching strategies that may include skills drills, fetal heart monitoring assessments, clinical simulation and case presentations. All of these would be part of the theory component of the programme and must be taught at a minimum of ordinary degree level.

Clinical hours can only be calculated when direct contact with the care of women and babies occurs. The NMC will not indicate numbers of clinical experiences or events i.e. births to be achieved, for adaptation programmes. The standards of proficiency for pre-registration midwifery programmes are used to describe the skills and ability to practise safely and effectively without the need for direct supervision.

#### **Standard 5**

**The adaptation programme should include assessment at the beginning to identify and prioritise learning outcomes and competencies for the individual applicant.**

**Outcomes should be defined in a learning contract that the applicant, a midwife teacher and a sign-off midwife mentor must agree and sign.**

**A final assessment should occur at the end of the programme to ensure that the outcomes in the learning contract have been met.**

#### Guidance

A midwife teacher and a sign-off midwife mentor must be part of the assessment team.

Interim assessment tests can take place during the programme so that progress can be measured or in order to re-direct learning needs. The programme provider must have clear criteria to justify success or failure in any assessment process.

An applicant, who is unsuccessful in passing any aspect of the learning contract, including any agreed process for re-testing, will not be eligible to register as a midwife at the end of the programme.

Appeals processes for such events should be integral to the adaptation programme.

**Standard 6**

**All applicants undergoing a midwifery adaptation programme shall have supernumerary status and a sign off mentor allocated to them.**

Guidance

Anyone undertaking a midwifery adaptation programme cannot be counted as a member of the midwifery workforce.

The applicant must also have access to the same support mechanisms as any pre-registration midwifery student.

**Standard 7**

**Once the required competencies are achieved, the lead midwife for education and the named supervisor of midwives designated to support the Programme must jointly sign the completion document.**

**The lead midwife for education should sign the applicant's declaration of good health and good character.**

Guidance

The completion document and the declaration of good health and good character are separate documents and each need to be signed off before the NMC can proceed with the registration of the applicant to the Midwives part of the register.

The lead midwife for education is individually accountable for their decision to sign the declaration.

The education provider then sends the completed documents to the NMC so the information to be processed to enable registration to occur.

**Principles for content of adaptation to midwifery programmes**

These principles match the philosophy and values that underpin the NMC's requirements for all programmes leading to entry to the midwives' part of the register.

As such these principles must be reflected in the adaptation to midwifery programmes as they relate to professional competence and fitness for practice.

The standards of proficiency are based on the principles that the education programme will:

- Demonstrate a women-centred approach to care based on partnership, which respects the individuality of the woman and her family<sup>1</sup>
- Promote ethical and non-discriminatory practices
- Reflect the quality dimension of care through the setting and maintenance of appropriate standards
- Develop the concept of lifelong learning in students and midwives, encompassing key skills including communications and teamwork
- Take account of the changing nature and context of midwifery practice
- Base practice on the best available evidence.

### **Provision of women-centred care**

Midwifery practice must be women-centred and responsive to the needs of women and their families in a variety of care settings. This will be reflected in the midwife's ability to assess the needs of women, and to determine and provide programmes of care and support for women throughout the preconception, antenatal, intrapartum and postnatal periods. The adaptation programme will prepare the applicant to provide midwifery care in the UK but also to accept responsibility for the effective and efficient management of care for women by managing and prioritising competing demands. This includes the capacity to work collaboratively within the multidisciplinary care team, whilst demonstrating overall competence in fulfilling the midwifery role.

The emphasis must be on the provision of holistic care for women and their families, which respects their individual needs, contexts, cultures and choices. Principles of equity and fairness are fundamental values, which must be addressed in all programmes of preparation.

### **Ethical and legal obligations**

The Code requires all midwives to conduct themselves and practise within an ethical framework based on respect for the well being of women and their families. While various rule-orientated and principle-based ethical models may assist in informing ethical decisions, many ethical dilemmas are complex. They may not easily be resolved by using one ethical approach. Midwives must recognise their moral obligations and the need to accept personal responsibility for their own ethical choices within specific situations based on their own professional judgement. In making such choices, midwives must be aware of, and adhere to, legal as well as professional requirements.

---

<sup>1</sup> The use of the word 'family' in this document may refer to significant others, as identified by the woman.

### **Respect for individuals and communities**

All members of the profession must always demonstrate respect for persons and communities, without prejudice, and irrespective of orientation and personal, group, and political, cultural, ethnic or religious characteristics. Midwifery care must be provided without prejudice and in a non-discriminatory way.

No member of the profession should convey any allegiance to any individual or group which opposes or threatens the human rights, safety or dignity of individuals or communities, irrespective of whether such individuals or groups are recipients of midwifery care.

### **Quality and excellence**

The practice-centred standards of proficiency essential in midwifery are not separate and insular professional aspirations. They are directly linked to the wider goals of achieving clinical effectiveness within health care teams and agencies; with the ultimate aim of providing high quality midwifery care for women and their families. Assuring the quality of midwifery care is one of the fundamental underpinnings of clinical governance. It is essential that the midwifery standards of proficiency enable the student to contribute to this wider health care agenda, and quality must be addressed within all midwifery programmes preparing applicants to the NMC Register.

### **Lifelong learning**

Lifelong learning skills will be an essential component of all programmes of preparation. Midwives must be prepared for and understand the need for continuing professional and personal development throughout their career. This will include the acquisition and development of new knowledge and skills. Programmes must provide the midwife with communication skills which enable the effective delivery of midwifery care and which support care in a multicultural environment.

Midwives must be prepared for partnership working with women and other members of the health care team, working effectively across professional boundaries in the best interests of women and their families.

### **The changing nature and context of midwifery practice**

As the nature and context of midwifery practice changes, it is essential that all midwives are prepared for and understand the need to update and enhance their knowledge and skills. The provision of effective midwifery care, which is responsive to the changing needs of women and their families, requires the capacity to improve and develop midwifery practice constantly. Midwives must have the capacity to adapt to change but also to be able to identify the need for change and to initiate it. Adaptation programmes must prepare the midwife for practice in a rapidly changing environment and to be able to adapt to changes in technology and new systems of care delivery as they are introduced.

**Evidence-based practice and learning**

Within the complex and rapidly changing health care environment of the UK, it is essential that the best available evidence inform midwifery practice. The adaptation programme should enable the applicant to research the evidence base, analyse, critique and use evidence in practice, disseminating research findings and adapting and changing practice where appropriate.