

**Programme Audit/Major Modification report**

<b>Programme provider:</b>	Worcester, University of
<b>In partnership with:</b> (Associated practice placement providers involved in the delivery of the programme)	Worcestershire Acute NHS Trust Wye Valley NHS Trust Gloucestershire Hospitals FT NHS Foundation Trust The Dudley Group of Hospitals NHS Foundation Trust
<b>Date of review:</b>	10 Jul 2019
<b>Type of Modification</b>	Desktop
<b>Provision reviewed:</b>	Registered Midwife - 36M
<b>Title of current programme:</b>	BSc Midwifery (3 years)
<b>Title of modified programme if changed:</b>	
<b>Academic level of current programme:</b>	England, Wales, Northern Ireland <input type="checkbox"/> Level 5 <input checked="" type="checkbox"/> Level 6 <input type="checkbox"/> Level 7 SCQF <input type="checkbox"/> Level 8 <input type="checkbox"/> Level 9 <input type="checkbox"/> Level 10 <input type="checkbox"/> Level 11
<b>Academic level of modified programme if changed:</b>	England, Wales, Northern Ireland <input type="checkbox"/> Level 5 <input type="checkbox"/> Level 6 <input type="checkbox"/> Level 7 SCQF <input type="checkbox"/> Level 8 <input type="checkbox"/> Level 9 <input type="checkbox"/> Level 10 <input type="checkbox"/> Level 11
<b>Reviewer:</b>	Judith Porch

Outcome of Approval Panel Meeting	
<b>Outcome:</b>	Recommended for approval with recommendations
<b>Conditions and NMC standard(s)/requirement(s) they relate to:</b>	<p><b>Resources</b> None identified</p> <p><b>Admission and progression</b> None identified</p> <p><b>Practice learning</b> None identified</p> <p><b>Fitness for practice</b> None identified</p> <p><b>Quality assurance</b> None identified</p>
<b>Date conditions to be met:</b>	
<b>Recommendations and NMC standard(s)/requirement(s) they relate to:</b>  <b>Note: recommendations will be assessed through the AEI annual self-assessment report</b>	<p>Recommendation one: Give further consideration to the role of the practice supervisor in providing feedback on students' progress towards, and achievement of, proficiencies and skills. (Standards for student supervision and assessment (SSSA) R3.3) (Standards for pre-registration midwifery education, Standard 15)</p>
<b>Date conditions met:</b>	
<b>Programme start date:</b>	02 Sep 2019

## Summary

### Summary of modification request

The University of Worcester (UoW), an established approved education institution (AEI), is approved to deliver the current three-year BSc (Hons) midwifery programme against the Standards for pre-registration midwifery education (NMC, 2009) since May 2012.

The AEI presented a modification to the approved pre-registration midwifery programme to transfer students from the Standards to support learning and assessment in practice (SLAiP) (NMC, 2008) to the SSSA (NMC, 2018).

There is evidence of wide consultation about the proposed changes with key stakeholders including: chief nurses, heads of midwifery, heads of education, practice facilitators and student midwives across all cohorts.

The AEI has identified an implementation plan to transfer midwifery students to the SSSA (NMC, 2018) from September 2019. There are two student intakes per year, September and February. It is proposed that September 2018 and September 2019 cohorts adopt the new SSSA from September 2019.

The current September 2017 cohort will enter their final year in September 2019 and the AEI propose that they remain on the SLAiP (NMC, 2008) in order to ensure they are not disadvantaged by the introduction of a new supervision and assessment model in their final year.

February 2020 and February 2019 cohorts will move to the new SSSA from February 2020 to avoid introducing changes mid-way through an academic year. The February 2018 cohort will enter their final year in February 2020 and will remain on the SLAiP (NMC, 2008). The AEI confirmed that these transfer arrangements reflect the views of the student cohorts and have been agreed with practice learning partners (PLPs).

The changes to the pre-registration midwifery programme have been discussed and approved by the university's quality department in May 2019 pending confirmation of the NMC major modification event.

A review of documentary evidence and a teleconference with the lead midwife for education (LME) who is the programme leader provided clarification of the modification against the SSSA. The discussion included clarification of informed consent by student midwives to transfer to the SSSA; the role of the practice

supervisor; and, the capacity within the midwifery team to support the academic assessor role.

The major modification to the programme is recommended to the NMC for approval. There is one recommendation.

## **Feedback from key stakeholders**

### **Presenting Team**

A teleconference was held on 16 July 2019 with the LME/programme leader. The discussion confirmed the informed consent by student midwives to transfer to the SSSA; the role of the practice supervisor; and capacity within the midwifery team to support the academic assessor role.

### **Mentors, sign-off mentors, practice teachers and employers**

Not applicable - desktop review

### **Students**

Not applicable - desktop review

### **Service users and carers**

Not applicable - desktop review

### **Examples of notable and innovative practice and standards they relate to**

None identified

**Potential risks to compliance of education standards and standards they relate to**

The programme team are to further consider the role of the practice supervisor in providing feedback on students' progress towards, and achievement of, proficiencies and skills. (Recommendation one)(SSSA R3.3) (Standards for pre-registration midwifery education Standard 15)

**Potential risks to the student learning environment and standards they relate to**

None identified

**Any other risks to public protection**

None identified

**Areas for future monitoring**

Implementation of the SSSA, particularly the role of the practice supervisor.

**Outcome recommendation**

The major modification is recommended to the NMC for approval. There is one recommendation.

### NMC Standards

Please refer to the [Standards for Pre-Registration Midwifery Education \(NMC, 2009\)](#), current programme specific circulars accessed via the [NMC Website](#), EU Directive 2005/36/EC Article 41 (1) and Article 31 (6-7), and Section one of the Mott MacDonald [QA Handbook](#).

### Standards for the lead midwife for education

#### Standard 1: Appointment of the lead midwife for education

The NMC requires an approved educational institution (AEI) to do the following:

Appoint a lead midwife for education (LME) who is a practising midwife and has a recorded midwifery teaching qualification on the NMC register.

Confirm the appointment of an LME with the NMC

Use the LME for strategic liaison with external agencies such as purchasers of education provision for all matters affecting midwifery education.

#### What we found:

This standard is unchanged since the original approval on 28 May 2012.

<b>Outcome:</b>	Standard met
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<b>Date standards met:</b>	
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<b>Revised outcome:</b>	
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<b>Standard 2: Development, delivery and management of midwifery education programmes</b>	
The LME shall lead the development, delivery and management of the midwifery education programmes provided by the AEI, ensuring that they comply with the standards established by the NMC.	
<b>What we found:</b>	
<p>Documentary evidence and discussion during a teleconference call confirms the AEI has collaborated at a strategic and operational level to discuss and agree changes to student support and supervision to support the implementation of the SSSA.</p> <p>Documentary evidence confirms that the LME led the collaboration with PLPs and students following the publication of the SSSA (NMC,2018). The LME is an active member of the course management committee where the proposal and development plans to transfer the pre-registration midwifery programme to the SSSA were discussed. There's documentary evidence and confirmation during the teleconference about the LME's active involvement in a 'future midwife' stakeholder event involving PLPs and students and a subsequent 'SSSA walk through' event in April 2019 designed to define the practicalities of implementation of the new model of supervision and assessment. Discussion and updates regarding the SSSA are included in quarterly meetings with heads of midwifery and NHS trust education teams every quarter.</p> <p>There's clear evidence of student engagement through the course management committee and between the LME and course representatives. Following the 'SSSA walk through' event a flowchart was sent to all course representatives to aid their understanding of the proposed SSSA implementation which is reported as having a positive response from students.</p> <p>The LME confirmed she has met with all student groups to gain feedback about the proposals and to gain informed consent for the changes to student supervision and assessment.</p>	
<b>Outcome:</b>	Standard met
<b>Date standards met:</b>	
<b>Revised outcome:</b>	

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<b>Standard 3: Signing the supporting declaration of good health and good character</b>	
In accordance with rule 6(1)(a)(ii) of the registration rules, the LME shall be responsible, at her discretion, for signing the supporting declarations of good health and good character for all midwifery applications to the register.	
<b>What we found:</b>	
This standard is unchanged since the original approval on 28 May 2012.	
<b>Outcome:</b>	Standard met
<b>Date standards met:</b>	
<b>Revised outcome:</b>	

<b>Standards for admission to, and continued participation in, pre-registration midwifery programmes</b>
<b>Age of entry</b>
St. 4
<b>General requirements</b>
The following requirements for selection should be read and operated alongside programme providers' existing policies and procedures:
<b>4.1 Selection</b>



Wherever practicable, the selection process should include a face-to-face meeting.

Programme providers (AEIs and their service partners) are encouraged, wherever possible, to involve lay people and midwifery students in the selection process. Depending on local circumstances they may be involved directly or indirectly in selection.

All individuals in the selection process should receive appropriate training, preparation and updating which includes equality and diversity.

Representatives of partner service provider organisations should be directly involved in the selection process.

The views of the individuals directly involved in selecting applicants should be taken into account when making final decisions on whether to accept or reject an applicant.

#### **4.2 Literacy and numeracy**

AEIs are required to ensure that applicants for pre-registration midwifery education programmes have provided evidence of literacy and numeracy that includes prior achievement of basic skills sufficient to undertake a pre-registration midwifery programme of education to a satisfactory level of attainment.

#### **4.3 Good health and good character**

Applicants must demonstrate that they have good health and good character sufficient for safe and effective practice as a midwife, on entry to, and for continued participation in, programmes leading to registration with the NMC.

Applicants from overseas must meet the good health and good character as defined for UK applicants and additionally those requirements set out by the UK government for healthcare workers from overseas

#### **4.4 Entry to the register**

The NMC requires a self-declaration of good health and good character from all those entering the register for the first time. On completion of the midwifery programme the student will submit this self declaration. The declaration is either supported by the LME, whose name has been notified to the Council and who is responsible for midwifery education in the relevant AEI, or by her designated registered midwife substitute. AEIs must be able to provide evidence of having fulfilled this requirement.

**What we found:**

This standard is unchanged since the original approval on 28 May 2012.	
<b>Outcome:</b>	Standard met
<b>Date standards met:</b>	
<b>Revised outcome:</b>	

<b>Standard 5: Interruptions to pre-registration midwifery education programmes</b>	
<p>Programme providers must ensure that they have in place processes to manage interruptions to the study of programmes for whatever reason.</p> <p>When a student returns to a programme it is recommended they have a period of orientation appropriate to the length of interruption. Programme providers must ensure that the student's acquired knowledge and skills remain valid, enabling them to achieve the necessary standards required on completion of the course.</p>	
<b>What we found:</b>	
This standard is unchanged since the original approval on 28 May 2012.	
<b>Outcome:</b>	Standard met
<b>Date standards met:</b>	
<b>Revised outcome:</b>	

<b>Standard 6: Admission with advanced standing</b>	
All applicants, other than those registered as a nurse level one (adult), must complete a minimum three years full-time pre-registration midwifery programme of education.	
Where a student is already registered with the NMC as a nurse level one (adult), the length of the pre-registration midwifery education programme shall be no less than 18 months full time.	
<b>What we found:</b>	
This standard is unchanged since the original approval on 28 May 2012.	
<b>Outcome:</b>	Standard met
<b>Date standards met:</b>	
<b>Revised outcome:</b>	

<b>Standard 7: Transfer between approved educational institutions</b>	
It is the responsibility of AEIs to decide whether or not to accept an application for transfer.	
<b>What we found:</b>	
This standard is unchanged since the original approval on 28 May 2012.	
<b>Outcome:</b>	Standard met
<b>Date standards met:</b>	
<b>Revised outcome:</b>	

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<b>Standard 8: Stepping off and stepping on to pre-registration midwifery education programmes</b>	
Students can 'step off' a pre-registration midwifery programme of education.	
<b>What we found:</b>	
This standard is unchanged since the original approval on 28 May 2012.	
<b>Outcome:</b>	Standard met
<b>Date standards met:</b>	
<b>Revised outcome:</b>	

<b>Standards for the structure and nature of pre-registration midwifery programmes</b>	
<b>Standard 9: Academic standard of programme</b>	
<p>Since September 2008 the minimum academic level for entry to the midwives' part of the register for those entering pre-registration midwifery programmes is degree level (NMC Circular 14/2007).</p> <p>Scotland – 360 academic credits, 60 of which must be at level nine.</p> <p>England, Wales and Northern Ireland – 300 academic credits, 60 of which must be at level H.</p>	

<b>What we found:</b>	
This standard is unchanged since the original approval on 28 May 2012.	
<b>Outcome:</b>	Standard met
<b>Date standards met:</b>	
<b>Revised outcome:</b>	

<b>Standard 10: Length of programme</b>	
<p>Article 31(6-7) of EU Directive 2005/36/EC now describes the length of midwifery programmes in years, months and hours.</p> <p>The length of a pre-registration midwifery programme of education should be no less than three years (equivalent to 156 weeks full time) and each year shall contain 45 programmed weeks.</p> <p>Three year direct entry programme – 4,600 hours (minimum requirement)</p> <p>Where the student is already registered with the NMC as a nurse level one (adult), the length of the pre-registration midwifery programme of education shall not be less than 18 months (equivalent to 78 weeks full time).</p> <p>Eighteen month midwifery programme (following qualification as an adult nurse) – 3,000 hours (minimum requirement).</p>	
<b>What we found:</b>	
This standard is unchanged since the original approval on 28 May 2012.	
<b>Outcome:</b>	Standard met
<b>Date standards</b>	

met:	
Revised outcome:	

<b>Standard 11: Student support</b>
Midwife teachers and midwife mentors must meet the NMC's standards to support learning and assessment in practice.
<b>What we found:</b>
<p>There is evidence of engagement with academic staff, student midwives and PLPs regarding the implementation of the SSSA. The changes to meet the SSSA involved student representatives and midwifery educators from the PLPs.</p> <p>Documentary evidence confirms the changes to student supervision and assessment are clearly outlined within student facing documentation, specifically the practice assessment document (PAD) and course handbook. The roles and responsibilities are also clearly defined within practice assessor and practice supervisor handbooks, programme and module specifications.</p> <p>A collaborative approach for the preparation and ongoing support for the new roles of practice supervisor, practice assessor and academic assessor are clearly evidenced and meet the SSSA requirements. Training materials have been developed in collaboration with PLPs and the AEI to ensure equity of training across the PLPs. A standardised approach is to be adopted by midwifery lecturers to prepare new practice supervisors and assessors which is clearly detailed within the documentation.</p> <p>Documentary evidence confirms all PLPs will maintain a register of practice assessors to ensure there are sufficient practice assessors within each practice learning area.</p> <p>Documentary evidence and discussion confirms university midwifery lecturers will fulfil the role of academic assessor, and students will not have the same academic assessor for consecutive years. An academic assessor will be allocated at the beginning of the year by the programme lead. Academic assessors will normally be the year lead for the specific year of the programme. In the situation where the year</p>

lead is also a personal academic tutor for a student, another member of the teaching team will be the academic assessor. Evidence confirms the AEI will provide preparation for the role.

Students will be allocated a practice assessor and practice supervisor within each practice learning area. They will be identified within the duty roster. Documentary evidence and discussion with the LME confirms practice assessors and academic assessors must have due regard.

The AEI confirmed support for students and midwives in practice will continue to be available from academic tutors and link tutors. Students with concerns will use the raising concerns flowchart to alert the practice facilitator, who is a nominated person in each PLP.

Monitoring of the effectiveness of the practice learning environment continues to be undertaken in partnership with PLPs. This is currently undertaken annually as a learning environment profile (LEP). The LEP provides assurance of the effectiveness of the practice learning environment and compliance with the SSSA. It outlines the number of students, practice assessors and supervisors in each practice learning area; the learning opportunities available for students; the relevant Care Quality Commission (CQC) report, recent student evaluations of the area, risk assessment of the area and any action plans linked to the area. The LEP is reviewed yearly by the academic link tutor and the practice facilitator.

<b>Outcome:</b>	Standard met
<b>Date standards met:</b>	
<b>Revised outcome:</b>	

**Standard 12: Balance between clinical practice and theory**

Since September 2008, the practice to theory ratio of each programme is required to be no less than 50 percent practice and no less than 40 percent theory.

<b>What we found:</b>	
This standard is unchanged since the original approval on 28 May 2012.	
<b>Outcome:</b>	Standard met
<b>Date standards met:</b>	
<b>Revised outcome:</b>	

<b>Standard 13: Scope of practice experience</b>	
Where the opportunity is available, students should be involved in supporting women birthing in a variety of settings.	
Student midwives must be involved in the care of a small group of women throughout their childbirth experience, including antenatal, intrapartum and postnatal care.	
<b>What we found:</b>	
Practice learning experiences are not affected by this modification. Students are placed within a variety of practice learning settings during the three-year programme. They are encouraged to 'caseload' in all years with a requirement to undertake this during their community practice learning experience in year three of the programme.	
<b>Outcome:</b>	Standard met
<b>Date standards met:</b>	
<b>Revised outcome:</b>	



<b>Standard 14: Supernumerary status during clinical placement</b>	
Students undertaking pre-registration midwifery education programmes cannot be employed to provide midwifery care during their training – all clinical experience should be education-led with students having supernumerary status for the duration.	
<b>What we found:</b>	
This standard is unchanged since the original approval on 28 May 2012.	
<b>Outcome:</b>	Standard met
<b>Date standards met:</b>	
<b>Revised outcome:</b>	

<b>Standard 15: Assessment strategy</b>	
Clinical practice must be graded and be counted as part of the academic award.	
All outcomes within a progression point period (for example an academic year) have to be achieved and confirmed within 12 weeks of entering the next academic level.	
All assessments must be completed and have been passed prior to successful completion of the programme.	
A student midwife shall achieve these standards under the supervision of a sign-off mentor.	
<b>What we found:</b>	
Documentary evidence confirms the assessment of students' proficiency and competence, EU directives and essential skills clusters (ESCs) (NMC, 2009) are all recorded in the practice assessment documentation (PAD). These aspects of the	

programme are not changing, as the programme is still mapped against the Standards for pre-registration midwifery education (NMC, 2009). However, who is eligible to contribute to the assessment of practice has changed in line with the new SSSA roles of practice supervisor, practice assessor and academic assessor. The PAD is updated to reflect these changes.

There is an assessment process flowchart within each PAD which outlines the roles and responsibilities of all professionals involved in supervision and assessment of students. It also states clearly within the PAD what the practice assessor and practice supervisor should sign in terms of NMC Standards, competencies and ESCs.

Practice supervisors and practice assessors are allocated by the practice placement area and identified within the PAD. Practice supervisors will be allocated to each student on the duty roster, providing named support. All practice supervisors and practice assessors working with the student will be required to sign the declaration within the PAD that they have been prepared for the role.

Communication between the practice supervisor, practice assessor and academic assessor will enable the summative assessment of students in practice. The PAD has clearly identified feedback sheets for written feedback, which will be used as a source of evidence to inform summative assessment and recommendations for student progression.

Practice supervisors' roles and responsibilities, including the requirement to provide documentary feedback weekly on student progress is outlined within the PAD. The practice supervisor will conduct the initial interview, first and second formative review with the personal academic tutor.

The programme team are advised to give further consideration to the role of the practice supervisor in providing feedback on students' progress towards, and achievement of, proficiencies and skills. (Recommendation one)

Practice supervisors and practice assessors have access to policies to raise and escalate concerns about students' performance, where necessary. Any cause for concern will result in involvement of the practice facilitator/practice educator and the practice assessor. The practice assessor will liaise with the academic assessor to create an action plan, as required.

Documentary evidence confirms the practice assessor is identified on the duty roster for each student and will be expected to work with the student periodically, sufficiently to undertake an objective assessment of practice and competency. The practice assessor must sign all medicine logs, ESCs, NMC Standards, ongoing

records of achievement (OARs) and the summative review. The practice assessor will gather feedback directly from practice supervisors and from their written records within the PAD.

The academic assessor will attend the summative review and confirm academic achievement with the practice assessor, signing the summative review documentation within the PAD. The academic assessor will confirm progression to the board of examiners.

Documentary evidence and discussion with the LME confirmed the academic assessors are from within the midwifery course team. They have developed this system and are aware of their roles and responsibilities. They are conversant with the practice assessment process and the application of grading within the summative review. The updating of academic staff has concentrated on the differences within the SSSA system.

The structure of the programme has not been affected by the implementation of the SSSA, therefore the progression points are unchanged. The process of grading of midwifery practice in the modified PAD also remains unchanged.

<b>Outcome:</b>	Standard met
<b>Date standards met:</b>	
<b>Revised outcome:</b>	

**Standard 16: Ongoing record of achievement**

An ongoing record of achievement, including comments from mentors, must be passed from one placement to the next to enable judgements to be made on the student's progress.

**What we found:**

The OAR has been modified to align with the SSSA. The practice assessor completes the OAR which is currently in place as a standard part of the practice

assessment process.	
<b>Outcome:</b>	Standard met
<b>Date standards met:</b>	
<b>Revised outcome:</b>	

<b>Achieving the NMC standards</b>	
<b>Standard 17: Competencies required to achieve the NMC standards</b>	
Students need to be proficient in all standards by the end of their training in order to practise safely and effectively as a midwife without the need for direct supervision. A student must demonstrate competence in these standards to enter the register as a midwife.	
<b>What we found:</b>	
This standard is unchanged since the original approval on 28 May 2012.	
<b>Outcome:</b>	Standard met
<b>Date standards met:</b>	
<b>Revised outcome:</b>	

<a href="#"><u>NMC Circular 03/2011</u></a>	
<b>Resources to support programme intentions</b>	
Programme providers must provide evidence at programme approval that resources are currently available to support programme intentions.	
<b>What we found:</b>	
The AEI provided confirmation that there are resources in the university setting to support the implementation of the SSSA. Partnership agreements with all four PLP organisations are in place which confirm there are sufficient resources in practice learning environments to support the implementation of the SSSA and deliver the pre-registration midwifery programmes.	
<b>Outcome:</b>	Standard met
<b>Date standards met:</b>	
<b>Revised outcome:</b>	

<b>Evidence and references list</b>
<p>UoW briefing paper to support major modification, April 2019</p> <p>UoW midwifery course management committee (CMC) minutes, June 2018, December 2018</p> <p>Presentation: SSSA for midwifery CMC, December 2018</p> <p>Future midwife stakeholder day agenda, March 2019</p> <p>Process of assessment flowchart following 'SSSA walk through' event, April 2019</p> <p>BSc (Hons) midwifery programme specification, undated</p> <p>Module specifications for MIDF1103; MIDD2103 and MIDC 3101, undated</p> <p>BSc (Hons) midwifery course handbook for September 2019, July 2019</p>

Practice assessment documentation for years one, two and three, undated  
 Practice supervisor and practice assessor handbook (final), July 2019  
 UoW BSc mapping document (version 2), undated  
 Principles underpinning assessment SSSA (final) undated  
 Copy of provisional planner, September 2019  
 Learning environment profile (LEP) tool for nursing and midwifery, undated  
 UoW partnership agreements with all four PLPs, various dates  
 Resource statement UoW based programmes, undated  
 Placement evaluation questions, undated  
 Mentorship vs SSSA model for trusts, undated  
 Student response to SSSA changes, undated  
 Practice supervisor training flyer, undated  
 College course and module amendment sub-group minutes, May 2019  
 Preparation for academic assessors' role, undated  
 External examiners comments on major modification, undated  
 Gateway 2 mapping for SSSA in BSc midwifery programme, 9 January 2019  
 Practice assessment document (PAD), current September 2018, undated  
 Principles for academic assessor role, undated  
 SSSA preparation for midwives, undated

<b>Personnel supporting programme approval</b>	
<b>Members of Approval Panel</b>	
Desktop review	
<b>Programme Presenters</b>	
Teleconference call, 16 July 2019 NMC QA Visitor with LME/programme lead	
<b>Were any service providers visited?</b>	
<i>Desktop review</i>	
<b>Meetings with others</b>	
Mentors / sign-off mentors	

Practice teachers	
Service users / Carers	
Practice Education Facilitator	
Director / manager nursing	
Director / manager midwifery	
Education commissioners or equivalent	
Designated Medical Practitioners	
Other (please specify)	

If there were no representatives present during the approval event please state why:

Desktop review

**Meetings with students**

<b>Nursing</b>					
<b>Adult</b>		<b>Year 1</b>	<b>Year 2</b>	<b>Year 3</b>	<b>Year 4</b>
<b>Mental Health</b>		<b>Year 1</b>	<b>Year 2</b>	<b>Year 3</b>	<b>Year 4</b>
<b>Children's</b>		<b>Year 1</b>	<b>Year 2</b>	<b>Year 3</b>	<b>Year 4</b>
<b>Learning Disabilities</b>		<b>Year 1</b>	<b>Year 2</b>	<b>Year 3</b>	<b>Year 4</b>
<b>Midwifery (3 year)</b>		<b>Year 1</b>	<b>Year 2</b>	<b>Year 3</b>	

Midwifery (18 month)	Year 1	Year 2			
SCPHN	HV	SN	OH	FHN	RPHN
Learning and Assessment in Practice	Mentor		Practice Teacher		Teacher
Nurse Prescribing	V100		V150		V300
Specialist Practice	Adult		Mental Health		Children's
	Learning Disability		General Practice Nursing		Community Mental Health Nursing
	Community Learning Disabilities Nursing		Community Children's Nursing		District Nursing

**Additional evidence viewed**

UoW NMC approval report registered midwife (RM) three-year programme, May 2012

UoW NMC approval letter RM three-year programme, 18 June 2012

UoW self-assessment report, 2018-19

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**Issue record**

Author:	Judith Porch	Date:	07 Aug 2019
Checked by:	Bernie Wallis	Date:	07 Aug 2019
Approved by:	Helen Shapcott	Date:	08 Aug 2019