2017-18
Monitoring review of performance in mitigating key risks identified in the NMC Quality Assurance framework for nursing and midwifery education

Programme provider	King's College London
Programmes monitored	Registered Midwife - 18 & 36M
Date of monitoring event	24-25 Jan 2018
Managing Reviewer	Peter McAndrew
Lay Reviewer	Caroline Thomas
Registrant Reviewer(s)	Judith Porch
Placement partner visits undertaken during the review	Guy's and St Thomas' NHS Foundation Trust, St Thomas' Hospital, maternity services: hospital birth centre, home from home birth centre King's College Hospital NHS Foundation Trust, King's College Hospital, Denmark Hill, maternity services; Nightingale Birth Centre, William Gilliat ward
Date of Report	14 Feb 2018

Introduction to NMC QA framework

The Nursing and Midwifery Council (NMC)

The NMC exists to protect the public by regulating nurses and midwives in the UK. We do this by setting standards of education, training, practice and behaviour so that nurses and midwives can deliver high quality healthcare throughout their careers.

We maintain a register of nurses and midwives who meet these standards, and we have clear and transparent processes to investigate nurses and midwives who fall short of our standards.

Standards for nursing and midwifery education

Our legislation defines our role in the education and training of nurses and midwives. It allows us to establish standards of education and training which include the outcomes to be achieved by that education and training. It further enables us to take appropriate steps to satisfy ourselves that those standards and requirements are met, which includes approving education providers and awarding approved education institution (AEI) status before approving their education programmes.

Quality assurance (QA) is our process for making sure all AEIs continue to meet our requirements and their approved education programmes comply with our standards.

We can withhold or withdraw approval from programmes when standards are not met.

QA and how standards are met

The QA of education differs significantly from any system regulator inspection.

As set out in the NMC QA framework, which was updated in 2017, AEIs must annually declare that they continue to meet our standards and are expected to report exceptionally on any risks to their ability to do so.

Review is the process by which we ensure that AEIs continue to meet our education standards. Our risk based approach increases the focus on aspects of education provision where risk is known or anticipated, particularly in practice placement settings. It promotes self-reporting of risks by AEIs and it engages nurses, midwives, students, service users, carers and educators.

The NMC may conduct a targeted monitoring review or an extraordinary review in response to concerns identified regarding nursing or midwifery education in both the AEI and its placement partners.

The published QA methodology requires that QA reviewers (who are always independent to the NMC) should make judgments based on evidence provided to them about the quality and effectiveness of the AEI and placement partners in meeting the education standards.

QA reviewers will grade the level of risk control on the following basis:

Met: Effective risk controls are in place across the AEI. The AEI and its placement partners have all the necessary controls in place to safely control risks to ensure programme providers, placement partners, mentors and sign-off mentors achieve all stated standards. Appropriate risk control systems are in place without need for specific improvements.

Requires improvement: Risk controls need to be strengthened. The AEI and its placement partners have all the necessary controls in place to safely control risks to ensure programme providers, placement partners, mentors and sign-off mentors achieve stated standards. However, improvements are required to address specific weaknesses in AEI's and its placement partners' risk control processes to enhance assurance for public protection.

Not met: The AEI does not have all the necessary controls in place to safely control risks to enable it, placement partners, mentors and sign-off mentors to achieve the standards. Risk control systems and processes are weak; significant and urgent improvements are required in order that public protection can be assured.

It is important to note that the grade awarded for each key risk will be determined by the lowest level of control in any component risk indicator. The grade does not reflect a balance of achievement across a key risk.

When a standard is not met, an action plan must be formally agreed with the AEI directly and, when necessary, should include the relevant placement partner. The action plan must be delivered against an agreed timeline.

Summary of findings against key risks

Resources	**1.1 Programme providers have inadequate resources to deliver approved programmes to the standards required by the NMC**	1.1.1 AEI staff delivering the programme have experience/qualifications commensurate with their role in delivering approved programmes			
	1.2 Inadequate resources available in practice settings to enable students to achieve learning outcomes required for NMC registration or annotation	1.2.1 Sufficient appropriately qualified mentors/sign-off mentors/practice teachers in evidence to support the students allocated to placement at all times			
Admissions & Progression	**2.1 Inadequate safeguards are in place to prevent unsuitable students from entering an approved programme and progressing to NMC registration or annotation**	2.1.1 Selection and admission processes follow NMC requirements	2.1.2 Programme providers' procedures address issues of poor performance in both theory and practice	2.1.3 Systems for the accreditation of prior learning and achievement are robust and supported by verifiable evidence, mapped against NMC outcomes and standards of proficiency	2.1.4 Programme providers' procedures are implemented by practice placement providers in addressing issues of poor performance in practice
Practice Learning	**3.1 Inadequate governance of, and in, practice learning**	3.1.1 Evidence of effective partnerships between education and service providers at all levels, including partnerships with multiple education institutions who use the same practice placement locations			
	3.2 Programme providers fail to provide learning opportunities of suitable quality for students	3.2.1 Practitioners and service users and carers are involved in programme development and delivery	3.2.2 AEI staff support students in practice placement settings		
	3.3 Assurance and confirmation of student achievement is unreliable or invalid	3.3.1 Evidence that mentors/sign-off mentors/practice teachers are appropriately prepared for their role in assessing practice	3.3.2 Systems are in place to ensure only appropriate and adequately prepared mentors/sign-off mentors/practice teachers are assigned to students		
Fitness for Practice	**4.1 Approved programmes fail to address all required learning outcomes in accordance with NMC standards**	4.1.1 Students' achievement of all NMC learning outcomes, competencies and proficiencies at progression points and/or entry to the register (and for all programmes that the NMC sets standards for) is confirmed through documentary evidence			
	4.2 Audited practice placements fail to address all required learning outcomes in accordance with NMC standards	4.2.1 Students' achievement of all NMC learning outcomes, competencies and proficiencies at progression points and/or entry to the register (and for all programmes that the NMC sets standards for) is confirmed through documentary evidence			
Quality Assurance	**5.1 Programme providers' internal QA systems fail to provide assurance against NMC standards**	5.1.1 Student feedback and evaluation/ programme evaluation and improvement systems address weakness and enhance delivery	5.1.2 Concerns and complaints raised in practice learning settings are appropriately dealt with and communicated to relevant partners		
Standard Met		*Requires Improvement*		*Standard Not met*	

Introduction to King's College London's programmes

The department of midwifery (the department) is located in the Florence Nightingale faculty of nursing and midwifery and palliative care (FNFNMPC) within King's College, London (KCL) (the college). The existing faculty of nursing and midwifery (the faculty) was joined by the the Cecily Saunders institute of palliative care, policy and rehabilitation in September 2017 which adds to the already strong research focus of the faculty. The faculty offers a range of undergraduate and postgraduate post qualifying courses and MPhil/PhD study and includes pre-registration nursing and pre-registration midwifery programmes.

This monitoring review focuses on the three year and the 85 week pre-registration midwifery programmes which were approved on 26 October 2012.

An extension to the programme approval was granted by the NMC until 31 August 2020. The 36 month programme leads to the award of BSc (Hons) midwifery practice with registration as a midwife, and the 85 week programme leads to the award of the postgraduate diploma in midwifery studies with registration as a midwife.

The department currently supports a total of 311 pre-registration midwifery students of which there are three 36-month cohorts totalling 290 students and two shortened course cohorts totalling 21 students.

The monitoring visit took place over two days and included visits to practice placements to meet a range of stakeholders. Particular consideration is given to the student experiences in the placements in King's College Hospital NHS Foundation Trust which is in special measures. An action plan is also in place following a Care Quality Commission (CQC) visit in 2017; the CQC report has not yet been published.

Summary of public protection context and findings

Our findings conclude that KCL has processes and systems in place to monitor and control risks in the risk themes: admissions and progression, fitness for practice and quality assurance to meet NMC standards and assure protection of the public.

The key risk themes resources and practice learning are not met. KCL must implement an urgent action plan to ensure these risks are controlled to meet NMC standards and assure protection of the public.

The control of the key risk themes are described below:

Resources: not met

We conclude there are sufficient registrant teachers who have qualifications and experience commensurate with their role to deliver the pre-registration midwifery programmes, and the resources are effectively monitored.

We found that maternity services at St Thomas' Hospital within Guys and St Thomas' NHS Foundation Trust (GSTT) do not have sufficient numbers of sign-off mentors to

meet the needs of current midwifery students. The mentorship model that is in place appears to be a 'long arm' sign-off mentorship model with the majority of student assessment being undertaken by mentors. This model does not meet the NMC requirements. An action plan is to be implemented to ensure NMC requirements are met.

30 August 2018: A return visit to the university and GSTT maternity service placement areas on 30 August 2018 to review progress made against the action plan, confirmed that there is now a sufficient number of sign-off mentors for the numbers of student midwifes on placement in the midwifery department. The visit also confirmed that midwifery students are assigned to sign-off mentors and that students are working a minimum of 40 percent with the sign-off mentor. We concluded from our findings that the key risk is now met.

Admissions and progression: met

Our findings conclude that the admission, selection and progression processes for the pre-registration midwifery programmes follow NMC requirements. Service users and practitioners are involved in the selection process. There is a policy in place for students who are under 18 years of age which ensures their safety needs are risk assessed.

We confirmed that disclosure and barring service (DBS) checks and occupational health clearance are completed before a student can proceed to practice placement. Health and character declarations are completed by students at each progression point and prior to entry to the NMC register.

We found the university's procedures address issues of poor performance in both theory and practice for the pre-registration midwifery programmes. A robust and effective fitness to practise (FtP) policy and process manages incidents of concern, both academic and practice related. We are confident that concerns are appropriately investigated and effectively dealt with to protect the public.

We conclude from our findings that practice placement providers have a clear understanding of, and confidence to, initiate procedures to address issues related to students' poor performance in practice. This process, whilst supportive, also ensures that students are competent and fit to practise in accordance with both university and NMC requirements to protect the public.

Practice learning: not met

We conclude that there are effective partnerships between education and service providers at all levels and with approved education institutions (AEIs) who use the same practice placement locations.

We found the university works in partnership with practice placement providers in responding in a timely and appropriate manner following concerns raised by external quality monitoring, which may impact on the practice learning environment.

The educational audit process of practice learning environments is a partnership between education and practice staff. All educational audits we viewed were in date

and complied to NMC requirements for completion. However, the action plans identified through the educational audit process did not always have named staff responsible for reviewing actions or review dates and did not appear to be followed up effectively. The action planning process requires improvement to ensure all actions are followed up to closure.

30 August 2018: A return visit to the university and GSTT maternity services placement areas on 30 August 2018 to review progress made against the action plan, confirmed that the midwifery department has introduced a new procedure for educational audit completion and the monitoring of action plans that arise. All action plans are now reviewed by the education committee and monitored after a three-month period to ensure that the action plan has been successfully completed. We conclude from our findings that improvements have been implemented to strengthen the key risk control and enhance assurance for public protection.

Policies regarding raising and escalating concerns are accessible and understood by students. We are assured that students, academic staff and practice placement providers are confident in the processes to follow for raising and escalating concerns in practice. Concerns are investigated and dealt with effectively by both academic staff and practice placement providers to protect the public.

We found that practitioners and service users and carers are involved in programme development and delivery.

Our findings confirm that academic staff effectively support pre-registration midwifery students in practice placement settings.

At the maternity services at St Thomas' Hospital, GSTT, we found that there are inconsistencies in the approach taken by sign-off mentors to complete practice assessment requirements. Some sign-off mentors have not observed or worked with the student in clinical practice prior to signing-off a student's performance. An urgent action plan must be put in place to ensure that sign-off mentors are fulfilling their role.

30 August 2018: A return visit to the university and GSTT maternity services placement areas on 30 August 2018 to review progress made against the action plan, confirmed that action has been taken to ensure that sign-off mentors meet NMC requirements. The mentorship model has been revised and now every student has an individual sign-off mentor that is responsible for the midwifery students learning and assessment while on placement. The new model is now embedded in practice and the NHS trust state that they plan to continue this approach in the future. We concluded from our findings that the key risk is now met.

At the maternity services at St Thomas' Hospital, GSTT, we found there are inconsistencies in the system used to record accurate and up to date information about appropriate and adequately prepared mentors/sign-off mentors. An action plan must be put in place to ensure that these systems are updated and accurate.

30 August 2018: A return visit to the university and GSTT maternity services placement areas on 30 August 2018 to review progress made against the action plan, confirmed that action had been taken and that the mentor register was found to be

complete, accurate, up to date and consistent. The findings concluded that the key risk is now met.

Fitness for practice: met

Our findings confirm that students on the pre-registration midwifery programmes are supported in the university and in audited practice placements to achieve all NMC learning outcomes and competencies at progression points and for entry to the register.

Quality assurance: met

Our findings confirm that effective quality assurance processes are in place to enhance the delivery of the programmes.

We found that external examiners monitor the effectivenes of the assessment strategy for theory and practice.

Our findings conclude that concerns and complaints raised in practice learning settings are appropriately dealt with and communicated to relevant partners.

Summary of areas that require improvement

A follow up visit to the university on 30 August 2018 confirmed that systems and processes are now in place to address the not met issues identified below:

- A robust system must be put in place to ensure a sufficiency of adequately prepared sign-off mentors are allocated to pre-registration midwifery students in the maternity service at St Thomas' Hospital, GSTT.

- A robust process must be put in place to ensure that sign-off mentors are fulfilling their role when signing-off a student's practice competencies.

- A robust system must be put in place to ensure the records of mentors and sign-off mentors at St Thomas' Hospital, GSTT are accurate, to ensure only appropriate and adequately prepared sign-off mentors are assigned to students.

A follow up visit to the university on 30 August 2018 confirmed that systems and processes are now in place to address the requires improvement issues identified below:

- Action plans arising from educational audits must clearly identify the key responsible person, progress made and are seen through to completion.

Summary of areas for future monitoring

- Sufficiency of sign-off mentors in the maternity services at St Thomas' Hospital, GSTT.

- Sign-off mentors are fulfilling their role when signing-off a student's practice competencies.
- The accuracy and currency of the mentor/sign-off mentor register in the maternity services at St Thomas' Hospital, GSTT.
- Educational audits with action plans are seen through to completion.
- External examiners meet students, mentors/sign-off mentors in practice settings.

Summary of notable practice

Resources

None identified

Admissions and Progression

None identified

Practice Learning

None identified

Fitness for Practice

None identified

Quality Assurance

None identified

Summary of feedback from groups involved in the review

Academic team

The academic team confirmed that there is an adequate number of suitably qualified academic staff to effectively deliver the midwifery programmes. They demonstrated committment to midwifery education and the student experience. They told us they are supported in their educational, clinical and scholarly activities by senior college staff and through the use of a workload portfolio model.

The academic team are working collaboratively with students to address concerns raised in the national student survey (NSS) and they believe they are responsive to student needs. They told us they have well developed and effective links with practice placement providers. They support students and mentors though their link lecturer role.

The academic team gave examples of the role and responsibilities of the lead midwife for education (LME) at operational and strategic levels in partnership with heads of

midwifery and practice placement providers. They told us they are well supported by the LME.

Mentors/sign-off mentors/practice teachers and employers and education commissioners

Mentors, sign-off mentors and midwifery practice facilitators (MPFs) told us that the theoretical elements of the pre-registration midwifery programmes, including mandatory training and clinical skills, effectively prepare students for practice placements.

Mentors and sign-off mentors are confident in managing poor performance of students and know the process to escalate concerns to the college staff. They told us college staff are responsive and supportive if concerns are raised regarding a student, and appropriate action is undertaken. Link lecturers (LLs) are described as supportive and very visible in practice placements.

All students are given the name of a sign-off mentor but there is inconsistency in the time sign-off mentors report working with their students. Mentors confirmed attendance at annual mentor updates. Some mentors expressed concern and frustration about the waiting period to complete sign-off mentor status.This has now been included in the mentor preparation provided by KCL.

Heads of midwifery report that students completing the pre-registration midwifery programmes are fit for practice and employment.

Students

Students on both pre-registration midwifery programmes told us that they are enjoying their programme of study and are motivated and enthusiastic about their future careers as midwives. We also met with a recent graduate who confirmed the programme had prepared them for their role as a midwife.

Students told us they are effectively supported and that the programme prepares them for practice placements and the role of the midwife on completion. Students are confident in their ability to escalate concerns and felt supported to do so. When students raise issues, these are effectively addressed through to resolution in a timely manner.

Students feel adequately supported by academic staff, mentors, LLs, clinical tutors and MPFs. Students told us that the allocation of, and support from, sign-off mentors varies across NHS trusts. They understood the meaning of supernumerary status and confirmed this was always achieved in practice placements.

Students expressed dissatisfaction over the grading of practice and described the small contribution it makes to the overall award despite the number of hours spent in practice. They perceived that it was unfair that they could have the module capped at 40 percent if they were graded excellent for practice and failed the theoretical component of the module.

Students told us that service users and carers are involved in the programme delivery and the assessment of their care in placement areas. They have a caseload of two

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women which is well received and enables them to develop a sensitivity to the needs of service users and carers. The placement pathways include sufficient variety to enable them to acquire essential skills and competencies. Feedback on academic performance is timely and helpful in enabling progression in achievement.

Students told us that all relevant DBS checks and health clearance is undertaken before commencement of practice placements. They confirmed that they make annual declarations of good health and character. Students complete placement evaluations and module evaluations and they have received feedback on action taken to improve the programme.

Service users and carers

Service users and carers are engaged in programme development and delivery for both pre-registration midwfery programmes. Representatives of a service user group reported that they have participated in student selection events and, whilst this has been discontinued this year, they are keen to become involved again.

Women and their partners we met in maternity units described their experiences of student midwives from KCL in positive terms. They told us that students are professional and competent. Students are always introduced as such and midwives ask permission to involve them in the delivery of care.

Members of the service user and carer group told us that they were involved in the delivery of the programme and that this incuded conference sessions organised by service users to encourage students to hear women's voices. One service user also told us about the positive learning experiences of having a student assigned to her during her pregnancy. The service users told us that the college is very supportive to their participation in the programme and that they felt they made a valued contribution.

Relevant issues from external quality assurance reports

We considered CQC reports published in the 12 months which preceded the monitoring visit and related to practice placements used by the university to support students' learning. These external quality assurance reports provide the review team with context and background to inform the monitoring review.

The following CQC inspections identified areas which could adversely affect the students' practice learning experience:

CQC, Lewisham and Greenwich NHS Trust, quality report, date of report, 17 August 2017 (1)

The CQC carried out an inspection between 7 and 10 March 2017 to identify progress following their 2014 comprehensive inspection and 2016 focused inspection, both of which had graded services as requiring improvement. The outcome of the latest inspection was to confirm the grading as requires improvement across the five key questions at both the hospital locations of Lewisham and Greenwich.

Key issues under safety included staff shortages, medicines management and use of out of date maternity practices; issues under effectiveness included poor communication across sites and lack of medical audits; issues relating to care included concerns about cancer care and end of life care; issues under responsiveness included delays in responsiveness to emergency care and non-compliance with policies and procedures; and concerns relating to well-led services related to staff changeover and cross site leadership.

KCL response:

KCL formulated and submitted an action plan in partnership with the University of Greenwich after it had been exceptionally reported to the NMC. KCL confirmed that it has reduced the number of students placed with the NHS trust by half this academic year and are negotiating with the NHS trust to second a member of staff to provide dedicated support for student learning in placement (2, 4).

CQC, BUPA, Cromwell Hospital, quality report, date of report, 1 August 2017 (3)

The CQC carried out an inspection on 29 November and 1 December 2016. The outcome of this inspection was to rate the service as requires improvement overall with an inadequate grading for well-led services, and requires improvement for safety, effectiveness and responsiveness.

Key issues under safety included skill mix, lack of resuscitation equipment, absence of a trained emergency paediatric life support nurse on every shift and medicines storage; issues under effectiveness included access to policies and lack of benchmarking of services; issues under responsiveness included cramped waiting and recovery space, lack of multi-lingual patient information leaflets and delays in rapid discharge for end of life patients; and concerns relating to well-led services related to a lack of an end of life care strategy and failure to meet standards for intensive care.

KCL response:

KCL confirmed that it no is longer using this hospital for children's nursing placements and have not placed any adult nursing students since March 2017, prior to the adverse CQC report. KCL is developing an action plan with the hospital which will be re-audited prior to placing any students with this provider. This was reported in the annual self-assessment report to the NMC (4, 10, 13).

CQC, King's College Hospital NHS Foundation Trust, quality report, date of inspection, September 2017 (5)

KCL reported that the CQC last visited the NHS trust in September 2017, but to date the report from this visit has yet to be uploaded to the CQC website. However, the NHS trust are aware of the report and a draft action plan has been formulated, and approved (4, 16).

It was reported to us that the NHS trust was put into special measures as of 11 December 2017 as a result of financial concerns rather than quality of care concerns. The dean of faculty has emailed all KCL students at the NHS trust on behalf of King's

College Hospital Foundation Trust to provide information and reassurances. KCL exceptionally reported this to the NMC on 2 January 2018 (4-5, 15).

CQC, St George's University Hospitals NHS Foundation Trust, quality report, date of report, 3 August 2017 (6)

The CQC carried out an unannounced inspection on 10, 11 and 22 May 2017. The purpose of this inspection was to follow up on a Section 29A warning notice, which was issued in August 2016, following a comprehensive inspection of the NHS trust in June 2016. The warning notice required the NHS trust to make significant improvements in certain areas that included unfit premises, lack of formal mental capacity assessments, risk assessments and management, and reporting mechanisms. This visit was not graded and the CQC found that the NHS trust had only partially met the requirements of the Section 29A warning notice.

KCL response:

KCL exceptionally reported this to the NMC in October 2017 confirming that the action plan that was implemented for the trust following the inspection outcome reported in 2016 has been updated (4, 16).

CQC, Imperial College Healthcare NHS Trust, Hammersmith Hospitals, quality report, date of report, 19 October 2017 (7).

The CQC carried out an inspection of medical and maternity services from 7 to 9 March 2017. The overall outcome of the inspection was that maternity and gynaecology services at Queen Charlotte's Hospital were rated good and at Queen Mary's Hospital required improvements.

KCL response:

KCL is currently formulating an action plan with the NHS trust which will be finalised in late January 2018. This was reported in the annual self-assessment report to the NMC (4, 10, 13).

CQC, Nightingales Hospital, quality report, date of report, 21 June 2017 (8)

The CQC carried out an inspection of adult and children's mental health services delivered by this independent provider from 21 to 23 February 2017. The overall outcome of the inspection was that the service required improvements in relation to safe and effective services.

KCL response:

KCL confirmed that this was an independent placement provider. A risk assessment had been carried out and it had been removed from the placements used for pre-registration adult student nurses. This was reported in the annual self-assessment report to the NMC (10).

What we found at the monitoring visit:

Meeting to discuss clinical governance/CQC adverse reports, 24 January 2018

Relationships between practice placement providers and senior academic staff at

KCL were confirmed as very good, with regular meetings held where all issues and concerns are discussed and appropriate action agreed. A data sharing agreement is in place between the practice placement providers and the university which places a positive responsibility on all parties to share information about issues that may affect student learning (37, 111).

We were told that when the CQC has raised issues and concerns through inspection visits, the university has an early conversation with the practice placement provider to identify the extent of the concerns and the possible risks to effective student learning. The university rechecks student evaluations and discusses risk issues with the practice placement providers. This activity enables the university to fully assess the risks to student learning and to agree a risk management plan, which may involve the removal of students or implementing additional educational support arrangements for the students. In all cases a joint action plan is raised and agreed which aims to effectively manage the risks to student learning. KCL also continues to monitor the students' placement evaluations and to monitor issues through discussions at student forums. When concerns have arisen, the university has routinely re-audited the placement environments to identify if the concerns have had any adverse effects on effective student learning. The university and practice placement providers are confident that this joint collaborative action is effective at managing any risks that arise (2, 4-5, 9, 111).

The NMC were informed through exceptional reporting procedures and annual self-assessment reporting of when issues and concerns had been raised from CQC inspection reports, and were reassured that in each case there were no unmanaged risks to student learning (11, 111).

Particular scrutiny was undertaken during the monitoring visit to reassure the NMC that effective risk management approaches are being adopted to protect student learning in practice placement areas that had been subject to concern in CQC inspection reports. Through a process of practice visits and meetings with senior academic and trust managers we can confirm that an effective strategy is in place which manages any risks that exist in these situations to assure student learning (111, 115).

Follow up on recommendations from approval events within the last year

On 7 December 2016, the NMC approved a minor modification for the shortened midwifery programme in order to comply with changes to EU legislation requiring an extension of the programme from 81 weeks to 85 weeks, and to accommodate the increase in minimum hours to 3000 hours theory and practice (10, 81).

Specific issues to follow up from self-report

Issues and actions highlighted in the 2017-2018 self-report include:

Pre-registration midwifery students survey outcomes:

The faculty have identified that results from the annual taught experience survey and the NSS, 2017, have highlighted a number of areas for improvement for the BSc midwifery programme. In response, the programme team have co-produced an action plan with students supported by focus groups to address priority areas and monitor progress across the year. This work is being led by the LME. A programme-specific action plan for the BSc midwifery programme complements the faculty education plan which is co-owned and co-reviewed by staff and students across the faculty's provision (10, 12-13, 64).

Findings against key risks

Key risk 1 – Resources

1.1   Programme providers have inadequate resources to deliver approved programmes to the standards required by the NMC

1.2   Inadequate resources available in practice settings to enable students to achieve learning outcomes required for NMC registration or annotation

Risk indicator 1.1.1 – AEI staff delivering the programme have experience/qualifications commensurate with their role in delivering approved programmes

What we found before the event

We found that the pre-registration midwifery programme team comprises a core of 18 academic staff, which includes a professor of research evidence in midwifery (10, 14, 17, 91).

The academic staff development policy supports staff in obtaining a teaching qualification within two years of commencing their teaching appointment and all staff are encouraged to obtain recognition with the higher education academy (15).

We confirmed that an LME is in post and is supported by the university to fulfil the requirements expected of the role. The LME has current registration with the NMC as a midwife, holds a NMC recorded teacher qualification and is the lead for the pre-registration midwifery programme (10, 14, 24).

There is a designated programme lead for the 36-month programme and for the 85-week programme. Each can demonstrate due regard, a teaching qualification recorded with NMC and experience commensurate with their role (10, 14).

Students report in evaluations that in year two and three there is difficulty in contacting personal tutors and reported breaching of KCL's commitment to responding to students within three working days. An action plan is in place to address these and other issues raised (17, 64).

We found that KCL has procedures to check that midwifery lecturers' registration and revalidation requirements are met and a database is held by the service team within the faculty (10, 16).

What we found at the event

We found the department is appropriately resourced with academic staff who have qualifications and experience commensurate with their role in delivering the pre-registration midwifery programmes. The midwifery programme teams confirmed there are an adequate number of suitably qualified academic staff to effectively deliver the midwifery programmes. They told us they are supported in their educational, clinical and scholarly activities by senior KCL staff and through the use of a workload portfolio model. The model includes 20 percent of time for engagement in practice by each staff member (14-15, 90, 104-106).

Midwifery academic staff undertake a link lecturer role and provide pastoral support for students within their personal tutor role. They confirmed that they spend at least 20 percent of their time supporting learning in practice which was confirmed by students and mentors (18, 53, 106-107, 114-115).

Academic staff members confirmed they have protected time to fulfil the requirements of their role. Staff resources are effectively monitored through the staff development appraisal process and the workload model (105-106).

There are robust governance procedures which ensure that all midwifery lecturers have current registration with the NMC and hold a recorded teacher qualification or are working towards its achievement. The programme leaders for the 36-month and the 85-week pre-registration midwifery programmes have due regard and hold a NMC recorded teaching qualification (14, 16, 105-106).

The academic team gave examples of the role and responsibilities of the LME at operational and strategic levels in partnership with heads of midwifery and practice placement providers (106).

We confirmed the LME has a strategic role at a national, regional, and local level through active participation in strategic committees and working groups. The LME is active within the college management structure; she is a member of the faculty education committee and the curriculum cabinet involved in the development of new programmes. The LME provides leadership for members of the midwifery teaching team; she holds monthly department meetings to keep academic staff abreast of developments in midwifery education and practice (14, 106).

Heads of midwifery confirmed that there are opportunities to meet with the LME

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through planned partnership meetings and informally (114-115).

In addition to the midwifery lecturers who have substantial professional profiles, the academic team is complemented by nationally known affiliated midwifery professors and visiting experts in midwifery education and practice. Students reported that midwifery lecturers are experienced, knowledgeable, approachable and supportive (104, 106-107, 114-115).

We conclude there are sufficient registrant teachers who have qualifications and experience commensurate with the role to deliver the pre-registration midwifery programmes. Resources are effectively monitored.

Risk indicator 1.2.1 - sufficient appropriately qualified mentors/sign-off mentors/ practice teachers in evidence to support the students allocated to placement at all times

What we found before the event

We confirmed that the service level agreements for midwifery pledge resources to support pre-registration midwifery students in practice placements (11, 21-23).

We found there are mechanisms in place to ensure that sufficient qualified sign-off mentors are available to support the number of pre-registration midwifery student allocations. Sufficient numbers of appropriate sign-off mentors and practice teachers to support agreed student capacity is checked as part of the audit process and reviewed at placement allocation mapping meetings (11, 21, 81).

A strategic overview is provided by the key account meetings (KAM) which are joint meetings held between the faculty and individual practice placement providers (47, 50, 66, 81).

A pan-London educational audit database has been developed to ease the transfer of audit documentation where AEIs share practice placement environments (84).

We found that guidelines are in place to ensure that students maintain supernumerary status (57).

What we found at the event

We found that educational audits are completed for all practice areas and include consideration of the number of students who can be supported in placement areas. We found action plans included the need to increase the numbers of sign-off mentors. However, there was no evidence in the action plan as to how this was progressed or monitored (114-115).

We found that, in the maternity services we visited, students can work for the hospital

bank of staff as healthcare assistants. We were assured by trust staff that the hours the student works are monitored to ensure compliance with the European Union (EU) working time directive and to ensure public protection. The KCL programme handbook and placement information provides guidance on working outside of the student role. In addition, we were told that students must declare that they do not work for the bank when they should be working in a student role (36, 114-115, 118).

Students confirmed they have supernumerary status. They work with a midwife mentor for 40 percent of the time but a number of students told us this is not a sign-off mentor. They told us there are insufficient numbers of sign-off mentors in some practice areas. They are aware that there are plans to increase the number of sign-off mentors (107, 114-115).

We were told that KCL had previously not included the sign-off element within the mentor preparation programme which had resulted in a backlog of mentors who did not have sign-off status. KCL has now included this component within the preparation programme. MPFs confirmed they support mentors to achieve sign-off status (106-107, 114-115).

In King's College Hospital, we were told the MPF allocates students to sign-off mentors, which we confirmed when viewing duty rotas and by students. Sign-off mentors informed us that they work with and support students for a minimum of 40 percent of the time and mentors deputise in their absence (115).

In the maternity services at St Thomas' Hospital, GSTT, there is not a sufficient number of sign-off mentors to support the current numbers of students. We found students are allocated a sign-off mentor for each year of the programme. Students may be allocated a sign-off mentor in some placement areas but in a number of placement areas this was not the situation. The mentorship model that is in place appears to be a 'long arm' sign-off mentorship model with the majority of students' practice assessment undertaken by mentors (114, 116).

Sign-off mentors described having an overview of allocated students for a year of the programme which they described as a 'helicopter view'. The model is designed to provide continuity for the students and is supported by a practice guidance booklet which requires the sign-off mentor to meet with the student on 12 occasions during the year. Students told us they did not always meet with their sign-off mentors. Sign-off mentors are required to gather feedback from mentors and other members of the multi-disciplinary team regarding the student's performance (107, 114, 116-117).

There are mixed views expressed by sign-off mentors about this approach. Some sign-off mentors try to arrange to work with the student for a short time before signing-off competencies but this approach lacks consistency (114).

One student reported being signed-off as excellent at the end of the second year of the programme although she had not worked with her sign-off mentor (114).

We concluded that the sign-off mentor model used in the maternity service at St Thomas' Hospital does not meet the Standards for supporting learning and assessment in practice (NMC, 2008) and potentially compromises the professional

integrity and accountability of the sign-off mentor. An action plan is to be implemented to ensure NMC requirements are met.

Our findings confirm that there are not sufficient appropriately qualified mentors/sign-off mentors available to support the number of students allocated to placements at all times.

<div style="background-color:red;text-align:center;">

Outcome: Standard not met

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Comments:

In the maternity services at St Thomas' Hospital, GSTT, there is not a sufficient number of sign-off mentors to support the current numbers of students.

A robust system must be put in place to ensure a sufficiency of adequately prepared sign-off mentors are allocated to pre-registration midwifery students in the maternity service at St Thomas' Hospital, GSTT.

<div style="background-color:green;">

30 August 2018: Follow up visit to King's College London. Standard now met

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30 August 2018. Return visit to KCL and GSTT. Standards now met.

1.2.1 Sign-off mentor numbers have now been calculated for each midwifery clinical placement area who receive student midwives. There has been a huge improvement in the total number of sign-off mentors which has increased from 69 to 129 since January 2018. This will increase further by the end of the summer as several more sign-off mentor assessments are planned. The NHS trust and maternity services senior management team has fully committed to the action plan and to meeting the NMC requirements through increasing the numbers of sign-off mentors, and state they will continue to support midwives to complete sign-off training in the next academic year.

Communication between KCL and GSTT regarding mentorship courses and sign-off mentor top-up, including sign-off mentor student names and final results has improved significantly since the NMC monitoring visit. KCL lecturers lead the sign-off study days for which bookings are sent at least two weeks in advance. The mentor register is immediately updated following the study day and non-attendees are followed up by the practice development midwife (PDM).

The midwifery department placement staff duty records were checked on the follow up visit for the placement areas and they evidenced that midwifery students are assigned to sign-off mentors and that students are working a minimum of 40 percent with the sign-off mentor.

The mapping exercise and ensuing action taken has evidenced that there are now sufficient sign-off mentors for the numbers of students on placement.

1.2.1 The mentorship model has been revised and now every student has an individual sign-off mentor that is responsible for the midwifery student's learning and

assessment while on placement. Placement duty rotas were checked, and sign-off mentors were specified for each individual student and they worked at least 40 percent of the time with the student. The change to the mentorship model has been communicated to all sign-off mentors and students by individual letters sent jointly from the NHS trust and the university. The new model is now embedded in practice and the NHS trust state that they plan to continue this approach.

Evidence to support the standard is met includes:

- Guys and St Thomas' NHS Foundation Trust (GSTT), report on current trust position, 30 August 2018

- GSTT, KCL, detailed action plan, undated

- Meeting with director of education, GSTT; education, training and development manager, GSTT; director of midwifery, GSTT; PDM; and, LME, KCL, 30 August 2018

- GSTT, maternity service, mentorship database, accessed 30 August 2018

- GSTT, mentor register, accessed 30 August 2018

- GSTT, spreadsheet to show midwives who had undertaken mentorship training 2018, 30 August 2018

- GSTT, mapping of the number of sign-off mentors required for each student placement, 6 February 2018

- GSTT, sign-off mentor information and follow up sheets, accessed 30 August 2018

- GSTT, maternity service, placement duty rota's, accessed 30 August 2018

- GSTT, KCL, letter to midwifery students to explain changes in mentorship model, 5 February 2018

- GSTT, letter to sign-off mentors to explain changes in the mentorship model, 2 February 2018

Areas for future monitoring:

- Sufficiency of sign-off mentors in the maternity services at St Thomas' Hospital, GSTT.

Findings against key risks

Key risk 2 – Admissions & Progression

2.1   Inadequate safeguards are in place to prevent unsuitable students from entering an approved programme and progressing to NMC registration or annotation

Risk indicator 2.1.1 - selection and admission processes follow NMC requirements

What we found before the event

We found documentary evidence that selection and admission processes follow NMC requirements (19-26).

The pre-registration midwifery programme has clear entry criteria which meets university and NMC requirements (19-20).

We confirmed that selection is based upon a values-based approach; candidates watch a video scenario and write a short explanation about the attitude displayed by the midwife in the scenario. Each candidate participates in five multiple mini interviews (MMIs) for which there are clear marking rubrics and decision guidelines (24, 32-34).

We found that academic staff and practitioners are included in interview panels and receive training in equality and diversity. Service users and carers are not involved in face to face interviews but have contributed by being filmed in vignettes and have contributed to the interview questions (10, 24, 26, 34, 73).

We found documentary evidence which requires satisfactory DBS and occupational health (OH) checks on entry to the programme and before allocation to practice placements (25, 39, 60).

We found documentary information which states that the under 18 years of age student admissions procedures follows KCL policy. The stated policy is about safeguarding and does not provide assurances that students under 18 years old are supported within the 36-month pre-registration midwifery programme. We found no details of partnership working or risk assessment to support under 18-year olds in theory or practice and no evidence that there are any procedures in operation (21, 27-28).

We were told at the initial visit meeting that two students under 18 years of age had been recently recruited to the 36-month pre-registration midwifery programme. In light of this KCL has reviewed its policy and procedures in collaboration with placement partners and have committed to developing and agreeing a new operational policy (10).

What we found at the event

We found that the admission process used to recruit and select midwifery students is robust and meets the NMC requirements. An NHS values-based assessment process is used which involves a MMI approach to test the students' values base. Students confirmed their positive experience of this process which they described as 'user friendly, appropriate and robust' for both pre-registration midwifery programmes (32,

34, 107, 114-115).

We were told service users had been involved in the selection process, but due to a shortage of service users a decision was taken in 2017 to withdraw their participation. This decision will be reviewed after 12 months. Service users contribute to the selection process through vignettes and case scenarios (107, 110, 114-115).

We confirmed that all academic staff and practitioners involved in the recruitment and selection process have completed equality and diversity training. This training is part of mandatory training in KCL and in the NHS trusts. The academic team also provides briefing information to all practitioners prior to their involvement in MMIs which includes an update on equality and diversity principles (97-99, 106, 108, 114-115).

Midwifery managers, PDMs and MPFs confirmed that practitioners are released to participate in selection processes. They informed us that practitioners are well prepared for the interview process by academic staff (114-115).

The selection process now includes final year students who reported a very positive professional development experience from their involvement. They told us they were well-prepared prior to their participation which included equality and diversity training (107, 114-115).

We confirmed that OH and DBS checks are completed on admission to the pre-registration midwifery programmes. Students confirmed they had to declare good health and character upon admission and at each progression point and prior to entry to the professional register. Students do not proceed into practice placements without these checks being satisfactorily completed which was confirmed by practice placement providers (25, 100, 107, 114-115).

Academic staff and practice placement providers confirm that there is a policy in place for the management of students who are under 18 years of age at programme commencement. This policy would be implemented prior to the student going into practice placement (101, 106, 114-115).

Our findings conclude that the selection and admissions process for the pre-registration midwifery programmes follows NMC requirements.

Risk indicator 2.1.2 - programme providers' procedures address issues of poor performance in both theory and practice

What we found before the event

The university has a policy and procedure to address concerns relating to the academic and professional conduct of students in both academic and placement settings. Students, academic staff and practice placement providers are informed of processes for monitoring students' performance (18, 30, 35-36, 40, 44, 54, 58-60).

We were told about one example of FtP relating to social networking. This is the only

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instance involving a pre-registration midwifery student in 2016-2017 but we were told that there were several other cases in the academic year 2015-2016 (10, 31).

We found that the university has a clear FtP policy and that procedures are in place to address any concerns about the conduct of students that might compromise public safety and protection (30-31, 35).

FtP activity and outcomes are monitored by the faculty education committee and reviewed annually at the college education committee where outcomes are considered in relation to existing policies and amended as appropriate (10, 55).

The LME confirmed that she signs off pre-registration midwifery students' admission to the NMC register by following a robust and transparent process compliant with NMC requirements (10, 78-79).

We found that student handbooks and the programme specification provide the assessment schedule for each year of the 36-month programme. There are clear progression criteria and a clear policy relating to the 12-week rule which can only be allowed in exceptional circumstances (19-20, 36).

What we found at the event

We found that effective procedures are in place to address issues of poor performance in both theory and practice. There is evidence that these are well understood and are implemented effectively (92-96).

The FtP policy is robust and meets NMC requirements. Analysis of any FtP cases is undertaken by the college and lessons learnt feed into programme development and delivery. There were two cases last academic year, one concerning inappropriate use of social media and another associated with medication management which were appropriately managed. Documentary evidence was viewed in relation to these cases and evidenced that NMC requirements were being met (30, 35, 106, 112).

Students confirmed they are clearly signposted to the FtP policy and other procedures related to poor performance in theory and practice in programme documentation. Students confirm that they understand the professional conduct expected of them at all times. They told us that the academic team has informed them about the appropriate use of social media, safeguarding, and boundaries for befriending women whose care they are involved in (107, 114-115).

Students confirmed they have to declare good health and character at each progression point and prior to entry to the professional register. (38, 107, 114-115).

The academic team reported small attrition numbers for each of the midwifery programmes. They confirmed there is a robust re-assessment policy in place for students who have failed theory or practice assessment components; all academic staff are aware of the policies for managing assessment referrals. The requirements for progression through the programmes are clearly identified in the programme handbook and understood by students. An opportunity for re-assessment is available

within each part/year of the programme. Should mitigation or exceptional circumstances apply, students will have to achieve all assessments within 12 weeks of the next part of the programme. This meets NMC requirements (36, 104, 106).

Our findings conclude that KCL has effective procedures for sign-off for admission to the register and that they address issues of poor performance in both theory and practice for the pre-registration midwifery programmes.

Risk indicator 2.1.3 - systems for the accreditation of prior learning and achievement are robust and supported by verifiable evidence, mapped against NMC outcomes and standards of proficiency

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What we found before the event

We found that the university has a clear policy and procedures to manage the accreditation of prior learning (APL) (29, 41).

The LME confirmed that APL is not permitted within the pre-registration midwifery programmes and is compliant with NMC requirements (10).

What we found at the event

The university has APL processes to enable students to have their previous learning and experience recognised against programme requirements. However, APL is not permitted for students entering the pre-registration midwifery programmes which is compliant with NMC requirements (10, 106).

Risk indicator 2.1.4 - programme providers' procedures are implemented by practice placement providers in addressing issues of poor performance in practice

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What we found before the event

We found documentary evidence that details procedures for sign-off mentors to address issues of poor performance in practice. The mentor website gives access to generic and midwifery-specific policies and procedures to support and monitor students in practice (42, 44, 50, 62).

Practice assessment documents and the ongoing record of achievement (OAR) provide clear guidelines and opportunities for sign-off mentors to address issues of poor performance. A policy and procedures are in place to support failing students (39, 42, 52, 57).

We found that the policy and procedures for raising concerns about students' conduct

and progression in practice with the university is clearly stated and accessible to students, academic staff and placement staff (18, 36, 42, 53, 67, 70).

What we found at the event

We found there are comprehensive processes for dealing with concerns about students' performance in practice; they are readily available on the mentor webpage, in a flowchart and signposted in programme handbooks. Mentors/sign-off mentors, MPFs and students on the pre-registration midwifery programmes demonstrate a clear understanding of these processes (36, 44, 107, 114-115).

Mentors/sign-off mentors told us that they are supported by the MPF and LL to manage and resolve any issues of concern related to a student's performance in practice. Mentors gave us examples of when they contacted MPFs and/or LLs regarding concerns about students. They are confident in following the process. They gave examples of action plans which were developed by mentors/sign-off mentors and MPFs and/or LLs to provide additional support to develop the student's ability to achieve practice learning outcomes (114-115).

We conclude from our findings that practice placement providers have a clear understanding of, and confidence to, initiate procedures to address issues related to students' poor performance in practice. This process, whilst supportive, also ensures that students are competent and fit to practise in accordance with both university and NMC requirements to protect the public.

Outcome: Standard met

Comments:

No further comments

Areas for future monitoring:

None identified

Findings against key risks

Key risk 3 - Practice Learning

3.1   Inadequate governance of, and in, practice learning
3.2   Programme providers fail to provide learning opportunities of suitable quality for students

3.3   Assurance and confirmation of student achievement is unreliable or invalid

Risk indicator 3.1.1 - evidence of effective partnerships between education and service providers at all levels, including partnerships with multiple education institutions who use the same practice placement locations

What we found before the event

We found documentary evidence of partnership working at operational and strategic levels between KCL, practice placement providers and other AEIs within the pan-London area. This operates to ensure that patient and student safety is at the forefront of any action plans arising from concerns raised through CQC inspections, clinical governance, and risk issues requiring joint action (21, 37, 51, 67, 70, 75, 81).

What we found at the event

We found that strong evidence exists of effective partnerships with service providers and other AEIs at both strategic and operational levels. The programme team informed us about midwifery education liaison meetings which are held every term with other AEIs who use the same placement areas. Any issues of concern regarding practice learning environments would be shared at these meetings and include shared action plans, if required (106, 111).

Particular scrutiny was undertaken during the monitoring visit to reassure the NMC that effective risk management approaches are being adopted to protect student learning in placement areas that had been subject to adverse CQC inspection reports. Through a process of practice visits and specific meetings with senior academic and trust managers, we have been able to determine that an effective strategy is in place which manages any risks that exist in these situations to assure student learning (1-8, 111, 115).

We found KCL exceptionally reports appropriate incidents to the NMC in a timely manner. Academic and practice staff are aware of the action plans implemented in response to adverse CQC reports making patient and student safety a priority. Midwifery managers reported strong collaboration and partnership working with the college academic staff when maternity services received requires improvement outcomes from CQC visits. Responses to action plans are monitored in partnership meetings between placements and all AEIs using the placements (106, 111, 114-115).

Placement management is effective and meets the many challenges that exist from the escalation process, clinical governance reporting and service re-configurations. Effective procedures are in place to protect student learning and to assess if

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placements need to be withdrawn or rested to protect student learning. We were told of examples of how these measures have been used successfully. These measures meet the requirements to protect student learning and ensure that students are not subjected to either poor educational or patient care practices (45-46, 51, 55, 66, 81, 111).

We found that the MPFs have a pivotal role working in partnership with practice placement providers and the college. Students spoke very highly of the effective supportive role of the MPF. This was confirmed by LLs, mentors/sign-off mentor and practice managers (114-115).

Policies and procedures for escalating concerns are robust and there are examples of where they have been used effectively. Students, mentors and sign-off mentors are aware of the raising and escalating concerns policy and feel confident in its implementation and provision of support for students. One student told us about a concern about maternity care which she had escalated. She reported she had been supported in writing an incident statement, and received feedback that the incident had been investigated and dealt with. We are assured that students are fully supported to raise and escalate concerns in practice and that they are taken seriously, reported and investigated (68, 107, 114-115).

The educational audit process of practice learning environments is a partnership between education and practice staff and is detailed in the practice agreement. All educational audits we viewed were in date and complied to NMC requirements for completion. However, the action plans identified through the educational audit process did not always have named staff responsible for reviewing actions or review dates and did not appear to be followed up effectively. The action planning process requires improvement to ensure all actions are followed up to closure (37, 114-115).

We conclude from our findings that there was robust evidence of effective partnerships between education and service providers at all levels, including partnerships with multiple education institutions who use the same practice placement locations. We also found that there were effective procedures in place which ensure that students learn in practice placements where they are not subjected to poor educational or clinical practice. However, the action planning process for educational audits requires improvement.

Risk indicator 3.2.1 - practitioners and service users and carers are involved in programme development and delivery

What we found before the event

We found that maternity service user involvement exists in undergraduate and postgraduate programmes leading to midwifery registration in addition to post qualification modules and programmes (62).

The faculty has a service user/carer involvement strategy which promotes user and carer involvement across the faculty. The strategy includes a review of activity across programmes and evidences that there is a significant input into midwifery programmes (62).

What we found at the event

We found that a robust strategy exists for service users' and carers' engagement and they are fully involved in all aspects of programme development and delivery (62).

There is an active service user forum in existence, which works closely with academic staff to develop the programme. They recounted participating in student selection procedures, the production of vignettes on service user experiences to be part of the process and contributing to sessions on midwifery programmes (110).

Academic staff have effective systems in place to bring service user experience and women's voices into the delivery of the programme, which was confirmed by academic staff, service users and students. Two students told us they had contributed to the programme as users of the maternity services before they were accepted as student midwives. One student played a key role in working with academic staff to develop programme content to increase students' knowledge and understanding of bereavement and loss when women and families experience a still birth (62, 107, 114-115).

Academic staff told us that women involved in a student's case loading project are invited to contribute to the programme at the international day of the midwife conference. If they consent to sharing their contact details they are stored in a secure database and would be contacted again to participate in the programme delivery (106, 110).

Students and senior midwifery staff at King's College Hospital told us about students' participation in national initiatives, for example hearing women's' voices at a 'whose shoes?' event. Students also are invited to attend Aim High events, held every three months (110, 115).

Academic staff, students and mentors confirm that service user feedback on student performance is non-mandatory. Mentors or students can ask a service user to provide feedback on the care provided by a student which is then included in the midwifery practice assessment document (MPAD). This completed information is signed by the mentor or sign-off mentor and is used by academic staff to oversee the quality of care provided by students (42, 106-107).

Students told us about the effective involvement of a range of practitioners who contribute to the midwifery programmes including for example; neighbourhood midwifery teams, pharmacists, epidemiologist, neonatologist, mental health pathway midwives, and midwives specialising in diabetes (107, 114-115).

We spoke to seven service users in placement areas. They praised the students' conduct, attitudes, confidence and the care they had received from students on placements both before, during and after the births of their children (114-115).

Service users and carers involved in the service user and carer forum told us that they felt their contribution was valued by the university and that they found academic staff very supportive and encouraging (110).

We conclude from our findings that practitioners and service users and carers are involved in programme development and delivery of the pre-registration midwifery programmes.

Risk indicator 3.2.2 - AEI staff support students in practice placement settings

What we found before the event

We found documentary evidence that academic staff have a variety of opportunities available to engage in practice-based activities. LLs work in partnership with practice placement providers to identify, monitor and enhance the practice learning environment. This is evidenced in the educational audit documentation and practice assessment documentation. LLs are supported by two midwifery clinical teachers employed by the faculty (10, 14-15, 42, 53, 61, 66).

What we found at the event

Academic staff support students in practice placement settings. We found academic staff have a high visibility and positive relationships with practice staff especially when students require additional support. We found that academic staff regularly visit placement areas as LLs to support students and mentors; they also facilitate mandatory mentor updates. Academic staff confirmed they have sufficient time to undertake the role. Some academic staff are clinical skills teachers who support the students and teach clinical skills which are well received by students (106-107, 114-115).

Mentors/sign-off mentors, MPFs and students confirmed that LLs are very visible, responsive and effective in their role in the placement areas (114-115).

Our findings confirm that academic staff effectively support pre-registration midwifery students in practice placement settings.

Risk indicator 3.3.1 - evidence that mentors/sign-off mentors/practice teachers are appropriately prepared for their role in assessing practice

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What we found before the event

We found documentary evidence that KCL and practice placement providers support midwives to prepare as sign-off mentors and to remain compliant with the Standards to support learning and assessment in practice (SLAiP) (NMC, 2008). KCL offers a mentor preparation programme, approved in 2017, which incorporates preparation of sign-off mentors. Sign-off mentor updating information confirms that sign-off mentors have opportunities to prepare for their role in assessing practice (54-55, 86).

AEIs take joint responsibility for updating sign-off mentors within shared placements (10-11, 48, 81, 83).

What we found at the event

KCL has an NMC approved mentor preparation programme delivered by the university at academic level six, and a non-credit bearing route. The mentor programme has included the sign-off mentor component since 2017. Mentors who previously completed the programme did not all continue to complete sign-off status which has contributed to an insufficiency in sign-off mentors in some maternity services, compounded by the changing workforce in practice learning environments (54, 106, 114-115).

Midwifery managers, MPFs, mentors/sign-off mentors told us that mentor updates and preparation for triennial review are integrated into mandatory training within their NHS trusts. They told us that they are supported in their roles by LLs and MPFs/PLFs. The process to complete the MPAD is discussed at mentor updates and is understood by mentors and students (114-115).

However, we found that there are inconsistencies in the approach taken by sign-off mentors to complete practice assessment requirements at the maternity services at St Thomas' Hospital, GSTT. Some sign-off mentors have not observed or worked with the student in clinical practice prior to signing-off students' performance. An urgent action plan must be put in place to ensure that sign-off mentors are fulfilling their role when signing-off a student's practice competencies (114, 117).

Risk indicator 3.3.2 - systems are in place to ensure only appropriate and adequately prepared mentors/sign-off mentors/practice teachers are assigned to students

What we found before the event

We found that mentor records are held by practice placement providers and shared with KCL. Systems are in place via the LL/key account holder and practice placement provider to ensure that students are assigned only to appropriate and adequately

prepared sign-off mentors. Monitoring is undertaken by LLs and by the key account holders to ensure that any issues of capacity in placements are identified and managed (10-11, 48, 53, 55).

What we found at the event

We viewed records of mentors and sign-off mentors within each practice placement provider visited. King's College Hospital have a system in place which is used to record mentors/sign-off mentors which was comprehensive and up to date. This system indicates mentor status, completion of annual updates and triennial reviews. A RAG rating system is used to ensure students are only assigned to appropriate and adequately prepared sign-off mentors (115).

At the maternity services at St Thomas' Hospital, GSTT, we found there are inconsistencies in the system used to record accurate and up to date information about appropriate and adequately prepared mentors/sign-off mentors. An action plan must be put in place to ensure that these systems are updated and accurate (114).

Outcome: Standard not met

Comments:

Some sign-off mentors in the maternity services at St Thomas' Hospital, GSTT, have not observed or worked with the student in clinical practice prior to signing-off the student's competence. An urgent action plan must be put in place to ensure that sign-off mentors are fulfilling their role when signing-off a student's practice competencies.

The maternity services at St Thomas' Hospital, GSTT, does not have appropriate systems in place to ensure accurate and up to date records are maintained about appropriate and adequately prepared mentors and sign-off mentors.

Action plans identified through the educational audit process did not always have named staff responsible for reviewing actions or review dates and did not appear to be followed up effectively. The action planning process should be reviewed to ensure all actions are followed up to closure.

30 August 2018: Follow up visit to King's College London. Standard now met

30 August 2018. Return visit to KCL and GSTT. Standard now met.

3.1 Maternity services have introduced a new procedure for educational audit completion and the monitoring of action plans that arise. All action plans are now reviewed by the education committee and monitored after a three-month period to ensure that the action plan has been successfully completed. An algorithm has been produced and is in place to inform on the new procedure. All maternity department audits are up to date and there are no current action plans in place which have not been fully met. We conclude from our findings that improvements in the processes to

follow up action plans arising from educational audit have been implemented to strengthen the key risk control and enhance assurance for public protection.

3.3.3 The maternity service mentor database now includes all the midwives and their individual mentorship status. This is colour coded so that it is clear which midwives have undertaken mentorship training and to what level and who needs access to the training in the future to achieve sign-off mentor status. The database is updated daily to reflect any changes which may have occurred. These changes are communicated once a week to the NHS trust central education team to ensure that the mentor register and the maternity service database both contain the same data. Three monthly face to face meetings are held to cross check the information on both systems.

The maternity services database and NHS trust mentor register were checked on the follow up visit and was found to be complete, accurate, up to date and consistent.

The local midwifery department database also shows the current plan for each member of staff who has not yet reached sign-off status. This allows the responsible PDM to track progress and support staff members who are currently in training.

We conclude from the evidence available that mentor registers are now accurate and up to date.

Evidence to support the standard is met includes:

- KCL, education audit algorithm, process for submitting educational audits, undated
- GSTT, KCL, education audit spreadsheet, accessed 30 August 2018
- GSTT, Report on current trust position, 30 August 2018
- GSTT, KCL, detailed action plan, undated
- Meeting with director of education, GSTT; education, training and development manager, GSTT; director of midwifery, GSTT; PDM; and, LME, KCL, 30 August 2018
- GSTT, maternity service, mentorship database, accessed 30 August 2018
- GSTT, mentor register, accessed 30 August 2018

Areas for future monitoring:

- Sign-off mentors are fulfilling their role when signing off a student's practice competencies.
- The accuracy and currency of the mentor/sign-off mentor register in St Thomas' Hospital, GSTT.
- Educational audits with action plans are seen through to completion.

Findings against key risks

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Key risk 4 - Fitness for Practice

4.1   Approved programmes fail to address all required learning outcomes in accordance with NMC standards

4.2   Audited practice placements fail to address all required practice learning outcomes in accordance with NMC standards

Risk indicator 4.1.1 - students' achievement of all NMC learning outcomes, competencies and proficiencies at progression points and/or entry to the register (and for all programmes that the NMC sets standards for) is confirmed through documentary evidence

What we found before the event

We found documentary evidence that the pre-registration midwifery programme is mapped against the relevant NMC standards. We confirmed that attendance in theory and practice is monitored and recorded (19-20, 22-23, 36, 43).

Students are provided with clear and current information that specifies the learning, teaching and support available to them, including resources to enable learning (36, 49, 66).

The programme is delivered in a variety of ways including lectures, group tutorials, online learning through the Kings education and teaching system (KEATS) platform and through simulations (19-20, 36, 49).

We found that students have opportunities to engage in a range of inter-professional learning opportunities within each year of the programme, which include pain, promoting safety and patient centred communication (55-56, 66).

Mandatory training and preparation for practice must be completed before students can attend practice placement, and sessions are repeated annually (36).

We found that students are enabled to monitor their progress and further development through appropriate formative and summative assessment processes and feedback systems. Regular reviews of achievement and progression are completed between students, sign-off mentors and academic advisers (annually for the 36-month programme and six monthly for the 85-week programme) (10, 42-44, 53-54, 56).

What we found at the event

Students confirm that they are provided with information that specifies the learning, teaching and support available to them and that they enable the integration of theory and practice. Students and academic staff described a range of effective teaching and

learning approaches including simulation, inter-professional learning opportunities and service user perspectives. Programme information confirms these approaches (19-20, 36, 106-107, 114-115).

Academic staff told us that in addition to meeting the Standards for pre-registration midwifery education (NMC, 2009) the programme includes clinical priorities in the maternity services, and strong links to research and evidence-based practice to improve maternity care (104, 106).

The programme is future proofed to meet contemporary midwifery practice and has been strengthened to include for example, perinatal mental health, medical complexities of women and the impact on childbirth and the neonate. Students confirm that the care of families who have experienced bereavement has been enhanced in the programme supported by service users and students (104, 106-107).

The academic team are very enthusiastic about a compulsory academic level six arts and humanities module which enables students to explore the emotional, social-cultural and political dimensions of care and promotes resilience. Students recognised that the use of art as a learning tool was interesting. However, they reported it did not match all students' learning styles (106-107, 114-115).

Prior to practice placements, students undertake a range of mandatory training sessions and clinical skills sessions to prepare them for practice placements. Students report that academic and clinical staff will provide additional skills sessions to enhance development of their clinical skills, as required. Mentors and practice managers confirm students are well prepared for practice placements by academic staff (103, 107, 114-115).

Students confirm they can monitor their progress and development through formative and summative assessment processes and feedback systems. They have meetings with their personal tutor and LL to review their progress and confirmed feedback on assignments is received in a timely manner which aids their progression (107, 114-115).

Students confirmed their understanding of the NMC and EU directive requirements and the need to make up any shortfall in theory and practice skills and programme hours prior to completion on the programme (36, 102, 114-115).

Academic staff and students confirm that student attendance is monitored. Students informed us that some lecturers are more diligent in recording student attendance than others. Students reported they are required to watch 'lecture capture' sessions for missed theory sessions and repeat any clinical skills sessions, which was confirmed by programme leaders (36, 107, 114-115).

Students, mentors and MPFs confirmed that completion of practice hours is closely monitored and recorded in the MPAD. If a student needs to make up practice hours to meet NMC requirements, appropriate arrangements are made by the MPF (114-115).

We found that students' achievement of all NMC learning outcomes, competencies and the requirements of the EU directive are confirmed at progression points and at entry to the register. Students emerging from the programme are considered fit for

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practice by employers and commissioners (104, 109, 114-115).

Our findings conclude that students are supported to achieve all NMC learning outcomes and competencies at progression points and at the end of their programme for entry to the midwifery part of the NMC register.

Risk indicator 4.2.1 - students' achievement of all NMC learning outcomes, competencies and proficiencies at progression points and/or entry to the register (and for all programmes that the NMC sets standards for) is confirmed through documentary evidence

What we found before the event

We found documentary evidence that the assessment of practice documentation and student support enables pre-registration midwifery students to achieve NMC practice learning outcomes and competencies at progression points and for entry to the NMC register. This is confirmed by external examiners (43, 53, 56, 71, 76-77).

The scheme and rationale for graded practice uses a graphic-based marking system. The explanation within the provided programme documentation was weak and further documentation was requested to explain the approach (10, 43, 80).

We were provided with practice assessment documents (2016-2017) which still contained references to the supervisor of midwives and also required a signature of achievement at the progression stage for the long and shortened programme. The date of these documents was subsequent to the change in standards and the AEI received an advisory email from the NMC on 24 April 2017 on this issue. The LME told me that students had been advised that the signature of a supervisor of midwives was no longer a requirement within the assessment of practice and to disregard any sections requiring the same. The LME advised that the documents had not been changed at the time because they had been issued to coincide with programme progression points; namely, in September for the progression point one (cohort September 2016) and progression point two (cohorts September 2015) and final sign-off for cohort September 2014 (10, 43, 86).

Students receive practice assessment documents incrementally, one year at a time. Documents issued from September 2017 no longer contained reference to supervisors of midwives which was agreed by the pan-London practice assessment documentation group (10, 74, 85).

What we found at the event

Students described their induction to the NHS trust as informative and well organised. Students studying the 85-week midwifery programme told us they experienced a two-week delay in receiving the NHS trust induction. The academic team informed us that

it was a NHS trust decision to delay the induction due to the small numbers of these students. They attended the induction with the larger group of students on the year three programme (107, 114-115).

Students report that they gain a wealth of practice learning experiences to enable them to develop and achieve NMC outcomes and competencies. We observed a number of placement handbooks which are informative and well received by students (107, 114-115, 118).

Practice managers and mentors reported that students are encouraged to attend sessions with members of the multi-disciplinary team including; skills and drills sessions, perinatal meetings and interpretation of foetal cardiotocograph (CTG) monitoring. Students reported that they find these sessions very informative particularly CTG interpretation and management which should be included more in the midwifery programme (115).

Students confirm that they understand their responsibilities in engaging in the practice learning opportunities provided. They told us mentors, MPFs and clinical tutors encourage and support them to undertake a range of learning experiences (107, 114-115).

Students reported a very positive experience of the case loading management project which enables them to understand the impact of pregnancy, birth and a new baby on a woman and her family (107, 110, 114-115).

Students were very negative about opportunities to experience elective placements during year three of the programme. They told us that the elective placement was marketed as an attractive feature of the programme. However, they were difficult to arrange and students perceived the overseas placements, arranged by an external company, were preferred by the college rather than undertaking elective placements in the UK (107, 115).

Students described being unable to undertake elective placements if they needed to make up practice hours or EU requirements. In addition, a number of students told us they felt students with families were disadvantaged due to the timing of the elective placement which was during school holidays, resulting in additional child care costs (107, 115).

The MPAD and process is understood by students, mentors and sign-off mentors including an understanding of the grading of midwifery practice process. Students on both midwifery programmes told us they feel practice is undervalued by the college as it only represents a small fraction of their overall assessment despite the number of practice hours achieved. They told us they felt it is unfair that the theory/practice module is capped at 40 percent if they are referred in the theory component but scored excellent for the practice component. They confirmed they have raised this issue with the academic programme teams (42, 107, 114-115).

Students, mentors and practice managers confirmed that the programmes prepare students for practice and that poor performance is identified and managed effectively (107, 114-115).

The college confirmed that 99 percent of students are employed as midwives after successful completion of the midwifery programmes. The commissioner and heads of midwifery reported that students successfully completing the pre-registration midwifery programmes are safe, competent and fit for practice and employment (104, 109, 114-115).

Our findings confirm that students on the pre-registration midwifery programmes are well supported in audited practice placements to achieve all NMC practice learning outcomes and competencies at progression points and for entry to the NMC register.

Outcome: Standard met

Comments:

No further comments

Areas for future monitoring:

None identified

Findings against key risks

Key risk 5 - Quality Assurance

5.1   Programme providers' internal QA systems fail to provide assurance against NMC standards

Risk indicator 5.1.1 - student feedback and evaluation/programme evaluation and improvement systems address weakness and enhance delivery

What we found before the event

We found documentary evidence that evaluation systems use a diverse range of data sources and provide reporting and dissemination of findings to all relevant stakeholders to enhance programme delivery (13, 56, 64-67).

We found limited evidence that external examiners engage in and report on the theory and practice components of the pre-registration midwifery programme and they have opportunities to meet with students and sign-off mentors (10, 71-72).

We found that the university provides opportunities for students to evaluate all aspects of their learning experiences in theory and practice. Evaluation is carried out

for each unit of learning at each progression point and on programme completion. All pre-registration midwifery students are invited to complete the college's annual taught experience survey, and third year students participate in the NSS. Students on the short course have opportunities to evaluate the programme on the postgraduate taught course annual evaluation (21, 87).

The faculty raised the concerns highlighted by pre-registration midwifery students in the NSS and taught experience survey. The faculty have formulated an action plan to address concerns which included availability of personal tutors, assessment schedules, organisation and management of the BSc programme and the teaching schedule (10, 13, 63, 72).

We confirmed that the policy and procedures for university complaints are communicated within student handbooks, mentor handbooks and online resources (44, 53, 56-58, 70).

What we found at the event

We found that all modules and programmes are subject to programme evaluation and that a comprehensive range of quality assurance systems are in place to ensure the achievement of theory and practice outcomes. The student voice is valued by the college in enhancing the programme provision. Evaluation draws on numerous sources of information and data to gain a robust oversight of the effectiveness of the programmes and the student experience in theory and practice. The academic team told us the college is aiming to improve student response rates to module evaluations as currently they are not compulsory. We found evidence that KCL follows up issues from recommendations made in monitoring, approval and annual self reports (65, 104, 113).

Student evaluation includes; KCL student survey, NSS and the postgraduate taught evaluation survey. The programme teams told us they are working with students on the implementation of an action plan developed in response to the 2017 NSS results. The faculty has submitted an application for enhancement to the university to support and strengthen the work streams identified in the action plan. We were informed that a number of students are directly involved in the strands of the action plan with opportunities for other students to participate. The assessment and feedback actions include audit of the quality of the feedback provided to students about their assessed work with the aim to standardise the quality of feedback given to all students. This was confirmed by student representatives involved in the implementation of the action plan (82, 104, 106-107).

Students told us about the 'ask the dean' session which is held at least once a year. They reported they feel confident in raising issues with the dean and academic staff, if necessary. Students told us that they are invited to complete evaluations at the end of every module and practice placements. Feedback about any issues raised is conveyed to students in an email from the module leader and information about

changes made in response to student evaluations is included in the module guide the next time the module is delivered (107, 114-115).

LLs visit placement areas regularly to support students and discuss any issues about practice learning. Formal placement reviews are undertaken with students in the university three times per year. Academic staff and students report that PDMs and/or MPFs are invited to these reviews and feedback to placement areas (106, 114-115).

We were told that students from the 2016 cohort had reported dissatisfaction in the organisation of placements by the central placement team. This has been responded to and resulted in the midwifery team's involvement in the allocation of placements. This has provided more ownership for placements by the midwifery team and improved allocations to better meet students' learning needs (106, 114).

External examiners' reports are comprehensive and issues raised in the reports are appropriately responded to by programme leaders and the chair of the undergraduate assessment board. A database record of external examiners' registration details is maintained to check on their eligibility to undertake the role. One external examiner has met students and practitioners during her attendance at viva voce examinations. We are assured that plans are in place for external examiners to meet students and mentors in practice settings this academic year (70-71, 89, 106, 113).

We found that the pan-London MPAD contained reference to statutory supervision and the role of the supervisor of midwives. We were told that documentation had gone to print when supervision of midwives was removed from statute on 1 April 2017. Students confirm that they were told to disregard all references to statutory supervision in the MPAD. The pan-London strategic working group has now updated MPADs and all reference to midwifery supervision is now removed (106-107, 114-115).

We concluded from our findings that the university has improvement systems for student feedback and evaluation to address weakness and enhance programme delivery.

Risk indicator 5.1.2 - concerns and complaints raised in practice learning settings are appropriately dealt with and communicated to relevant partners

What we found before the event

We found a policy and processes which provide guidance and support for students who wish to raise a concern or complaint about their experience in practice, and for staff involved in handling complaints or supporting students and/or placement staff (70).

There are clear guidelines for the dissemination of evaluations of practice. This is managed through the designated key account holder who has a direct link with placement partners (10, 88).

The faculty reported that evaluations of external examiners' engagement in practice are shared, as appropriate, with placement providers via the annual reports, programme management committee and by the key account holder (10).

What we found at the event

There is a robust university policy and process that enables students to raise concerns and complaints in a supportive and timely manner. At the time of reporting no midwifery student has formally complained about their experience during campus learning or a practice placement (69).

Students told us they are confident that any concerns about practice learning would be dealt with promptly. An example was provided by one student who raised an informal concern about the conduct of a member of staff. She reported the issue was effectively addressed through early resolution (69, 107, 114-115).

Mentors and practice placement providers report being aware of how to raise concerns and complaints in practice settings. They are confident they would be supported to escalate a concern in practice and that timely, appropriate, and proportionate action would be taken to seek resolution (114-115).

We were told that feedback from external examiners' reporting of assessment in practice is provided annually within programme reviews, at programme management team meetings and at mentor updates (106, 113).

Our findings conclude that concerns and complaints raised in practice learning settings are appropriately dealt with and communicated to relevant partners.

Outcome: Standard met

Comments:

External examiners have requested to visit practice placements to meet mentors and students. The review team was assured that plans are in place for this to occur this academic year.

Areas for future monitoring:

- External examiners meet students, mentors/sign-off mentors in practice settings.

Evidence / Reference Source

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16. KCL, FNFNMPC, processes for ensuring checks for monitoring academic staff active registration and due regard, 2017

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Council

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104. Introduction to the monitoring event, 24 January 2018

105. Meeting to discuss resources for academic staff and within the practice setting, 24 January 2018

106. Meeting with the programme team for preregistration midwifery programmes, 24 January 2018

107. Meetings with pre-registration student midwives and recent graduates, 24 January 2018

108. Meeting to discuss admission and progression issues, 24 January 2018

109. Telephone conference with education commissioner, 24 January 2018

110. Meeting with service users and carers, 24 January 2018

111. Meeting to discuss practice learning and clinical governance issues, 24 January 2018

112. Meeting to discuss fitness for practice issues, 24 January 2018

113. Meeting to discuss quality assurance processes, 24 January 2018

114. Practice visit to Guys and St Thomas' NHS Foundation Trust, St Thomas' Hospital to visit midwifery student placement areas including the hospital birth centre and home from home birth centre with meetings with, students, mentors, sign-off mentors, midwives, matrons, midwifery practice facilitator and education team, service users and review of educational audits and the mentor register, 24 January 2018

115. Practice visit to King's College Hospital NHS Foundation Trust, King's College Hospital to visit midwifery student placement areas including Nightingale Birth Centre, William Gilliat ward and community base with meetings with the senior midwifery team, students, mentors, sign-off mentors, midwives, matrons, midwifery practice facilitator, professional midwifery advocate, service users and review of educational audits, MPAD and the mentor register, 25 January 2018

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Personnel supporting programme monitoring
Prior to monitoring event
Date of initial visit: 09 Jan 2018
Meetings with:
LME, Florence Nightingale faculty of nursing and midwifery, KCL Head of department, midwifery studies, Florence Nightingale faculty of nursing and midwifery, KCL Head of clinical education, Florence Nightingale faculty of nursing and midwifery, KCL Programme lead, BSc midwifery, Florence Nightingale faculty of nursing and midwifery, KCL LME Quality assurance coordinator, Florence Nightingale faculty of nursing and midwifery, KCL
At monitoring event
Meetings with:
Introduction to the monitoring event, 24 January 2018 Vice dean education, Florence Nightingale faculty of nursing and midwifery, KCL LME, Florence Nightingale faculty of nursing and midwifery, KCL Head of department, midwifery studies, Florence Nightingale faculty of nursing and midwifery, KCL Head of clinical education, Florence Nightingale faculty of nursing and midwifery, KCL Programme lead, BSc midwifery, Florence Nightingale faculty of nursing and midwifery, KCL Programme lead, PGDip midwifery, Florence Nightingale faculty of nursing and midwifery, KCL Faculty education manager, Florence Nightingale faculty of nursing and midwifery, KCL Quality assurance coordinator, Florence Nightingale faculty of nursing and midwifery, KCL   Meeting to discuss resources for academic staff and within the practice setting, 24 January 2018

LME, Florence Nightingale faculty of nursing and midwifery, KCL

Head of clinical education, Florence Nightingale faculty of nursing and midwifery, KCL

Learning coordinator, Chelsea and Westminster NHS Foundation Trust,

Clinical practice facilitator, Imperial College Healthcare NHS Trust

Meeting with the programme team for pre-registration midwifery programmes, 24 January 2018

Head of department, midwifery studies, Florence Nightingale faculty of nursing and midwifery, KCL

Programme lead, BSc midwifery, Florence Nightingale faculty of nursing and midwifery, KCL

Programme lead, PGDip midwifery, Florence Nightingale faculty of nursing and midwifery, KCL

Examination board chair/ service user lead, Florence Nightingale faculty of nursing and midwifery, KCL

Meeting with pre-registration student midwives and recent graduates, 24 January 2018

BSc midwifery student, year three, x5

BSc midwifery student, year two

BSc midwifery student, year one

PGDip midwifery student, year one

Meeting to discuss admission and progression issues, 24 January 2018

LME, Florence Nightingale faculty of nursing and midwifery, KCL

Programme lead, BSc midwifery, Florence Nightingale faculty of nursing and midwifery, KCL

Programme lead, PGDip midwifery, Florence Nightingale faculty of nursing and midwifery, KCL

Examination board chair/service user lead, Florence Nightingale faculty of nursing and midwifery, KCL

Admissions tutor, midwifery, Florence Nightingale faculty of nursing and midwifery, KCL

Telephone conference with education commissioner, 24 January 2018

Education quality manager, Health Education England

Meeting with service users and carers, 25 January 2018

Service users and carers x3

Meeting to discuss practice learning and clinical governance issues, 25 January 2018

LME, Florence Nightingale faculty of nursing and midwifery, KCL

Head of department, midwifery studies, Florence Nightingale faculty of nursing and midwifery, KCL

Programme lead, BSc midwifery, Florence Nightingale faculty of nursing and midwifery, KCL

Programme lead, PGDip midwifery, Florence Nightingale faculty of nursing and midwifery, KCL

Head of clinical education, Florence Nightingale faculty of nursing and midwifery, KCL

Education lead, Guy's and St Thomas' NHS Foundation Trust

Meeting to discuss fitness for practice issues, 25 January 2018

LME, Florence Nightingale faculty of nursing and midwifery, KCL

Head of clinical education, Florence Nightingale faculty of nursing and midwifery, KCL

Fitness to practice, chair, Florence Nightingale faculty of nursing and midwifery, KCL

Programme lead, BSc midwifery, Florence Nightingale faculty of nursing and midwifery, KCL

Programme lead, PGDip midwifery, Florence Nightingale faculty of nursing and midwifery, KCL

Midwife, FtP panellist, x2

Meeting to discuss quality assurance processes, 25 January 2018

LME, Florence Nightingale faculty of nursing and midwifery, KCL

Programme lead, BSc midwifery, Florence Nightingale faculty of nursing and midwifery, KCL

Programme lead, PGDip midwifery, Florence Nightingale faculty of nursing and midwifery, KCL

Education lead, Guy's and St Thomas' NHS Foundation Trust

Meetings with:

Mentors / sign-off mentors	11
Practice teachers	
Service users / Carers (in university)	3
Service users / Carers (in practice)	7
Practice Education Facilitator	2
Director / manager nursing	2
Director / manager midwifery	8
Education commissioners or equivalent	1
Designated Medical Practitioners	
Other:	1 Newly qualified midwife

Meetings with students:

Student Type	Number met
Registered Midwife - 18 & 36M	Year 1: 10 Year 2: 3 Year 3: 8 Year 4: 0