

Realising professionalism:
Standards for education and training

Part 3: Standards
for pre-registration
midwifery
programmes

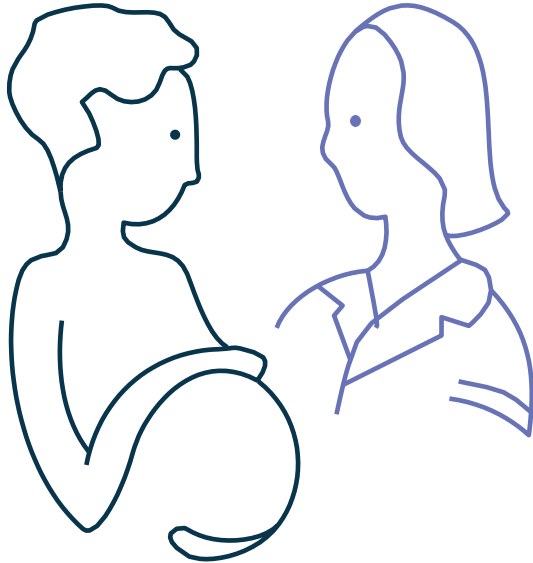
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NB: This is a draft edited version only

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About our standards

Realising professionalism: Standards for education and training include the *Standards framework for nursing¹ and midwifery education, Standards for student supervision and assessment* and programme standards specific to each approved programme.



Our *Standards for education and training* are set out in three parts:

Part 1: Standards framework for nursing and midwifery education

Part 2: Standards for student supervision and assessment

Part 3: Programme standards:

- [Standards for pre-registration nursing programmes](#)
- Standards for pre-registration midwifery programmes
- [Standards for pre-registration nursing associate programmes](#)
- [Standards for prescribing programmes](#)
- [Standards for return to practice programmes](#)

These standards help nursing and midwifery [students](#) achieve NMC proficiencies and programme outcomes. All nursing and midwifery professionals must practise in line with the requirements of [the Code](#), the professional standards of practice, values and behaviours that nurses, midwives and nursing associates are expected to uphold.

¹ We have used the phrase 'nursing' in this document to apply to the work of nurses and nursing associates. Nursing associates are a distinct profession with their own part of our register, but they are part of the nursing team.

Introduction

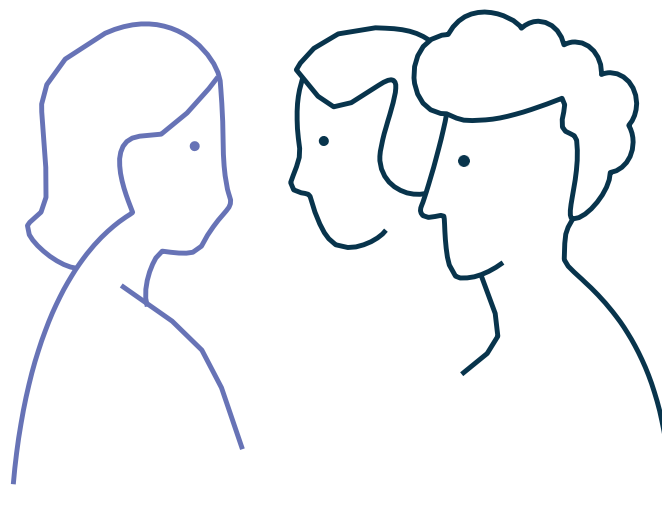
Our Standards for pre-registration midwifery programmes set out the legal requirements, entry requirements and entry routes, length of programme, curriculum, practice learning, supervision and assessment and the qualification to be awarded for all pre-registration midwifery programmes.

Student midwives must successfully complete an NMC approved pre-registration midwifery programme in order to meet the *Standards of proficiency for midwives* and be eligible to apply for entry to the NMC register.

Better, safer care is central to our standards. Student midwives will be in contact with [people](#) throughout their education and it is important they learn in a safe and effective way.

These pre-registration midwifery programme standards should be read in conjunction with the *Standards framework for nursing and midwifery education* and the *Standards for student supervision and assessment*, which apply to all NMC approved education programmes. There must be compliance with all these standards for an education institution to be approved and to run any NMC approved pre-registration midwifery programme.

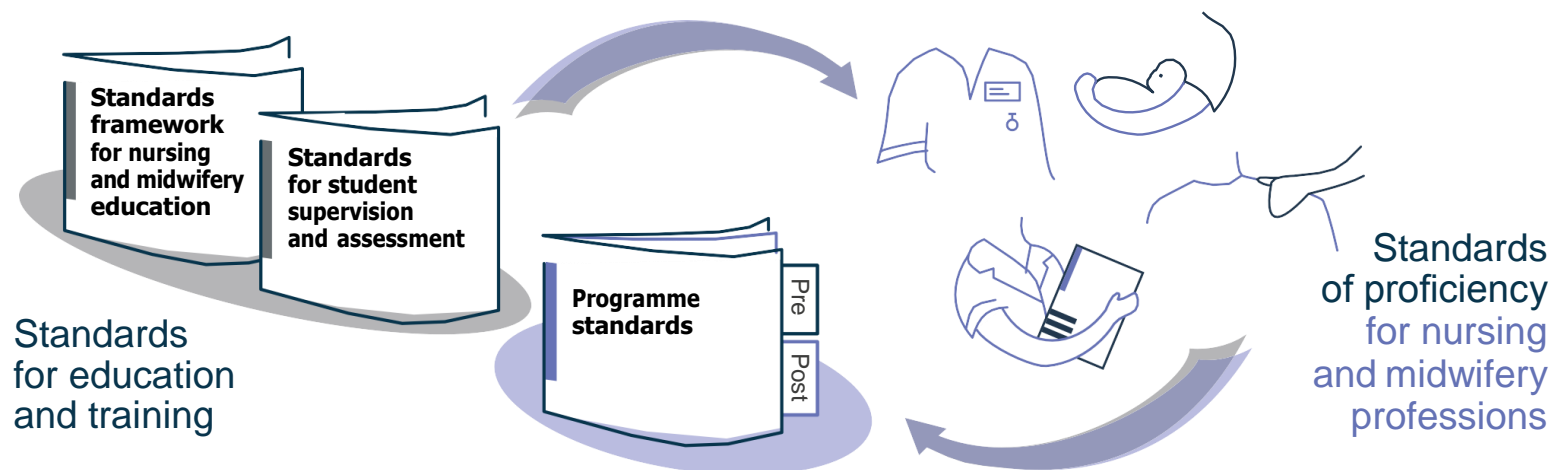
Education providers structure their education programmes to comply with our programme standards. They also design their curricula around the published proficiencies for a particular programme. Students are assessed against published proficiencies to ensure they are capable of providing safe and effective care. Proficiencies are the knowledge, skills and behaviours that nurses, midwives and nursing associates need in order to practise. We publish standards of proficiency for the nursing and midwifery professions as well as proficiencies for NMC approved post-registration programmes.



Through our [quality assurance \(QA\)](#) processes we check that education programmes meet all of our standards regarding the structure and delivery of education programmes and that the programme outcomes relate to the expected proficiencies for particular qualifications. We also check that [approved education institutions \(AEIs\)](#) and [practice learning partners](#) are managing risk effectively. Using internal and external intelligence we monitor potential and actual risk to quality in education and training. This intelligence gathering includes analysis of system regulator reports.

In accordance with our QA framework, before a midwifery programme can be delivered, an approval process takes place through which we check that the proposed programme meets our standards.

Overall responsibility and accountability for compliance with NMC standards lies with AEIs in partnership with practice learning partners.



Legislative framework

Our legislation

Article 15(1) of the Order requires the Council to establish standards of education and training which are necessary to achieve the standards of proficiency. The standards for pre-registration midwifery programmes are established under the provision of Article 15(1) of the Order.

Lead midwife for education

Rule 6(1)(a)(ii) and Rule 6(3) of the Nursing and Midwifery Council (Education, Registration and Registration Appeals) Rules 2004² establish the requirements of the [lead midwife for education](#).

Information about the role of the lead midwife for education can be found [on page 22](#).

EU legislation

~~These standards comply with Directive 2005/36/EC of the European parliament and of the council on the recognition of professional qualifications (as amended) as outlined in [Annexe 1](#) of this document.~~



²The Nursing and Midwifery Council (Education, Registration and Registration Appeals) Rules 2004 (SI 2004/1767)

Standards for pre-registration midwifery programmes

AEIs have ownership, overall responsibility and accountability for education programmes. We expect AEIs to work in partnership with their practice learning partners on the development, delivery and management of pre-registration midwifery programmes. Pre-registration midwifery programmes may offer various routes to registration.

The *Standards framework for nursing and midwifery education*, the *Standards for student supervision and assessment* and the *Standards for pre-registration midwifery programmes* provide the overall regulatory framework, which enables AEIs and practice learning partners to design programmes that meet our requirements while at the same time allowing for local flexibility, innovation and variability within individual curricula.

Midwifery curricula must include the outcomes set out in the *Standards of proficiency for midwives*, ~~which include the content and competencies specified in relevant EU legislation~~. Students will learn and be assessed in a range of environments including AEI and practice learning partner settings and through [simulation](#).

The involvement of women, partners, families and advocacy groups in the design, development, delivery and evaluation of midwifery curricula is intended to promote public confidence in the education of future midwives. We therefore expect the use of supportive evidence and engagement from people who have experienced care by midwives to inform programme design, development, delivery and evaluation.

On successful completion of an NMC approved programme students will be eligible to apply to the NMC to register as a midwife.



The student journey

Standards for pre-registration midwifery programmes follow the student journey and are grouped under the following five headings:

1. Selection, admission and progression

Standards about an applicant's suitability and continued participation in a pre-registration midwifery programme

2. Curriculum

Standards for the content, delivery and evaluation of pre-registration midwifery programmes

3. Practice learning

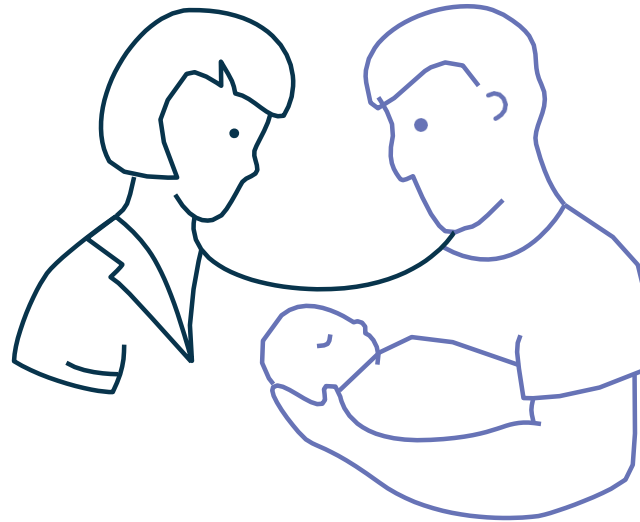
Standards specific to pre-registration learning that takes place in practice settings

4. Supervision and assessment

Standards for safe and effective supervision and assessment for pre-registration midwifery programmes

5. Qualification to be awarded

Standards which state the minimum award and information relating to NMC registration.



1. Selection, admission and progression

AEIs must:

- 1.1 appoint a lead midwife for education who is responsible for midwifery education in the AEI
- 1.2 inform the NMC of the name of the lead midwife for education
- 1.3 ensure recognition of prior learning is not permitted for pre-registration midwifery programmes

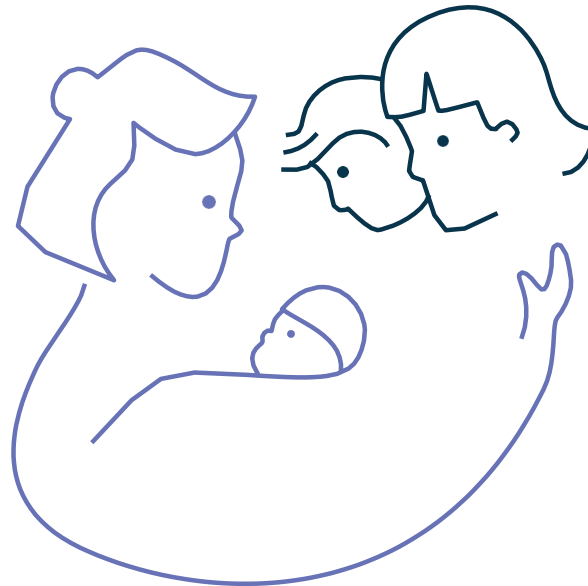
AEIs together with practice learning partners must:

- 1.4 ensure selection, admission and progression comply with the NMC *Standards framework for nursing and midwifery education*
- 1.5 confirm on entry to the programme that students:
 - ~~1.5.1 enrolled on pre-registration midwifery programmes are appropriately compliant with Article 40(2) of Directive 2005/36/EC regarding general education length and/or nursing qualification as outlined in [Annexe 1](#) of this document~~
 - 1.5.1 [meet the entry requirements for the programme as set out by the AEI and are suitable for midwifery practice](#)
 - 1.5.2 demonstrate an understanding of the role and scope of practice of the midwife
 - 1.5.3 demonstrate values in accordance with [the Code](#)

- 1.5.4 have capability to learn behaviours in accordance with the Code
- 1.5.5 have capability to develop numeracy skills required to meet programme outcomes
- 1.5.6 can demonstrate proficiency in English language
- 1.5.7 have capability in literacy to meet programme outcomes
- 1.5.8 have capability to develop digital and technological literacy to meet programme outcomes



- 1.6 support students throughout the programme in continuously developing their abilities in numeracy, literacy and digital and technological literacy to meet programme outcomes
- 1.7 ensure students' [health and character](#) are sufficient to enable safe and effective practice on entering the programme, throughout the programme and when submitting the supporting declaration of health and character in line with the [NMC Guidance on health and character](#). This includes satisfactory occupational health assessments and criminal record checks
- 1.8 ensure students are fully informed of the requirement to declare immediately any cautions, charges, conditional discharges or convictions and any adverse determinations made by other regulators, professional bodies and education establishments and that any declarations are dealt with promptly, fairly and lawfully
- 1.9 ensure the lead midwife for education, or their [designated midwife substitute](#) is able to provide supporting declarations of health and character for students who have successfully completed an NMC approved pre-registration midwifery programme, and
- ~~1.10 ensure NMC registered nurses entering a shortened pre-registration midwifery programme are a Registered nurse: first level (adult) and the programme complies with Article 40(1)(b) of Directive 2005/36/EC outlined in [Annexe 1](#) of this document.~~



2. Curriculum

AEIs together with practice learning partners must:

- 2.1 confirm programmes comply with the NMC *Standards framework for nursing and midwifery education*
- 2.2 confirm programmes comply with the NMC *Standards for student supervision and assessment*
- 2.3 ensure programme learning outcomes reflect the NMC *Standards of proficiency for midwives*
- 2.4 involve women, partners, families and advocacy groups in the design, development, delivery and evaluation of programmes
- 2.5 ensure that programmes delivered in Wales comply with legislation which supports use of the Welsh language
- 2.6 design and deliver programmes that support students and provide relevant and ongoing exposure to midwifery practice
- 2.7 ensure technology-enhanced and simulated learning opportunities are used effectively and proportionately to support learning and assessment, including where practice scenarios occur infrequently and a proficiency is required
- 2.8 design curricula that provide an equal balance of 50 percent theory and 50 percent practice learning, using a range of learning and teaching strategies, and

2.9 ensure NMC approved pre-registration midwifery education programmes are of sufficient length to enable students to meet the NMC *Standards of proficiency for midwives* and respective ~~_~~ programme outcomes, ~~and comply with Article 40 (1) and satisfy Article 41(1) of Directive 2005/36/EC (see Annex 1)~~ by meeting the following criteria:

- 2.9.1 ~~full time education and training as a midwife is a minimum of three years and 4,600 hours, ensure that all pre-registration midwifery programmes meet the equivalent minimum programme length of three (academic) years for full time programmes and 4,600 hours~~ or
- 2.9.2 where a student is already registered with the NMC as a Registered ~~first level~~ nurse ~~first level~~ (adult), ~~full time~~ education and training as a midwife shall be a minimum of two years and 3,600 hours, or
- 2.9.3 where a student is already registered with the NMC as a Registered ~~first level~~ nurse ~~first level~~ (adult), ~~full time~~ education and training as a midwife shall be a minimum of 18 months and 3,000 hours, and in order for the qualification to be recognised in EU member states it must be followed by a year of professional midwifery practice.



3. Practice learning

AEIs together with practice learning partners must:

- 3.1 provide practice learning opportunities that enable students to develop and meet the NMC *Standards of proficiency for midwives*
- 3.2 ensure students experience the role and scope of the midwife enabling them to provide holistic care to women, newborn infants, partners and families
- 3.3 provide students with learning opportunities to enable them to achieve the proficiencies related to interdisciplinary and multiagency team working
- 3.4 provide students with learning opportunities to enable them to achieve the proficiencies related to continuity of midwifery carer across the whole continuum of care for all women and newborn infants

3.5 Provide learning opportunities, across the whole continuum of care, that enables students to gain experience to:

3.5.1 support and care for women during pregnancy, undertaking no less than 100 antenatal examinations

3.5.2 support and care for no less than 40 women in labour and facilitate the birth.

Where 40 births cannot be reached owing to the lack of available women giving birth, it may be reduced to a minimum of 30, provided that the student is given the opportunity to assist with caring for an additional 20 women giving birth.

3.5.3 participate in the support and care of women in labour and having a breech birth. Where there are no opportunities in practice to gain experience of breech births, proficiency may be gained by simulated learning.

3.5.4 support and care for no less than 100 women postnatally and 100 healthy newborn infants

3.5.5 develop the required knowledge, skills and behaviours needed to support and care for no less than 40 women who have additional care needs or develop complications including those related to physical, psychological, social, cultural and spiritual factors

3.5.6 care for newborn infants requiring additional care or have complications, including in a neonatal unit and

3.5.7 care for women across the life course with additional sexual and reproductive health needs.

3.6 provide students with learning opportunities to experience midwifery care for a diverse population across a range of settings, including midwifery-led services.

3.7 ensure students gain experience of different maternity placement providers

3.5 provide students with learning opportunities to experience midwifery care for a diverse population across a range of settings, including midwifery led services

3.6 provide learning opportunities that enable students to develop the required knowledge, skills and behaviours needed when caring for women and newborn infants when complication and additional care needs arise, including as they relate to physical, psychological, social, cultural and spiritual factors

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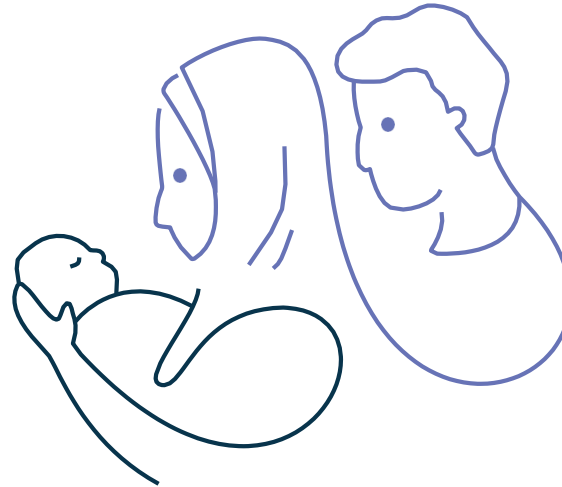
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[3.8](#) take account of students' individual needs and personal circumstances when allocating their practice learning opportunities, including making [reasonable adjustments](#) for students with disabilities

[3.9](#) ensure students experience the range of hours expected of practising midwives, and

[3.10](#) ensure students are [supernumerary](#).



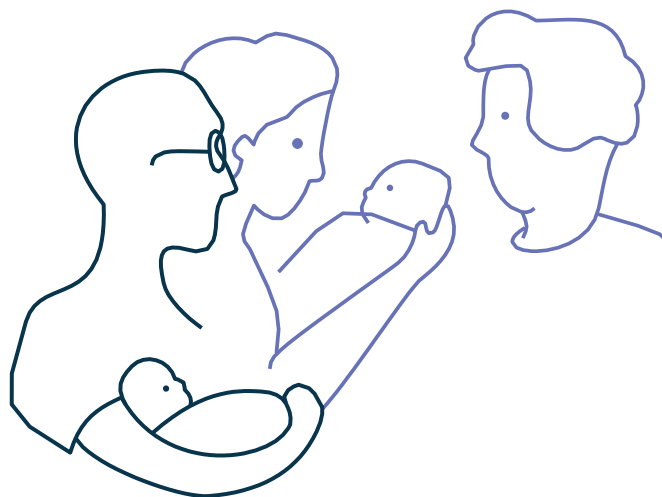
4. Supervision and assessment

AEIs together with practice learning partners must:

- 4.1 provide support, supervision, learning opportunities and assessment that complies with the *NMC Standards framework for nursing and midwifery education*
- 4.2 provide support, supervision, learning opportunities and assessment that complies with the *NMC Standards for student supervision and assessment*
- 4.3 ensure throughout the programme that students meet the *NMC Standards of proficiency for midwives* and programme outcomes
- 4.4 provide students with constructive feedback throughout the programme to support their development
- 4.5 ensure all programmes include a specific focus on numeracy assessment related to the midwifery proficiencies and the calculation of medicines, which must be passed with a score of 100 percent
- 4.6 assess students to confirm proficiency in preparation for professional practice as a midwife, [and](#)

4.7 ensure all proficiencies are recorded in an ongoing record of achievement, which must demonstrate the achievement of proficiencies and skills set out in the *NMC Standards of proficiency for midwives*, [and](#)

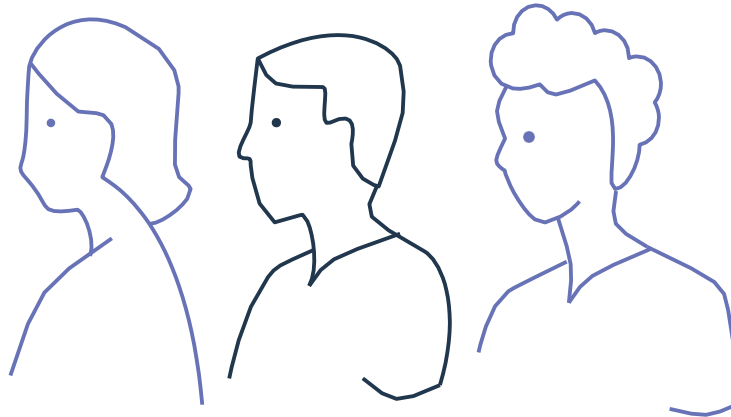
~~4.8 ensure the knowledge and skills for midwives set out in Article 40(3) and the activities of a midwife specified in Article 42 of Directive 2005/36/EC have been met as outlined in [Annexe 1](#) of this document.~~



5. Qualification to be awarded

AEIs together with practice learning partners must:

- 5.1 ensure the minimum award for a pre-registration midwifery programme is a bachelor's degree, and
- 5.2 notify students during and before completion of the programme that they have [five years](#) to apply to register with the NMC if they wish to rely on this qualification³. In the event of a student failing to register their qualification within five years they will have to undertake additional education and training or gain such experience as specified in our standards.



³ Article 9(2)(a) of the Order

Annexe 1

Extract from Directive 2005/36/EC of the European parliament and of the council on the recognition of professional qualifications (as amended)

Article 40

The training of midwives

1. The training of midwives shall comprise a total of at least:
 - a. specific full-time training as a midwife comprising at least three years of theoretical and practical study (route I) comprising at least the programme described in Annex V, point 5.5.1, or
 - b. specific full-time training as a midwife of 18 months' duration (route II), comprising at least the study programme described in Annex V, point 5.5.1, which was not the subject of equivalent training of nurses responsible for general care.

The Member States shall ensure that institutions providing midwife training are responsible for coordinating theory and practice throughout the programme of study.

The Commission shall be empowered to adopt delegated acts in accordance with Article 57c concerning the amendment of the list set out in point 5.5.1 of Annex V with a view to adapting it to scientific and technical progress.

The amendments referred to in the third sub-paragraph shall not entail an amendment of existing essential legislative principles in Member States regarding the structure of professions as regards training and conditions of access by natural persons. Such amendments shall respect the responsibility of the Member States for the organisation of education systems, as set out in Article 165(1) TFEU.

2. Admission to training as a midwife shall be contingent upon one of the following conditions:
 - a. completion of at least 12 years of general school education or possession of a certificate attesting success in an examination, of an equivalent level, for admission to a midwifery school for route I;
 - b. possession of evidence of formal qualifications as a nurse responsible for general care referred to in point 5.2.2 of Annex V for route II.

3. Training as a midwife shall provide an assurance that the professional in question has acquired the following knowledge and skills:

- a. detailed knowledge of the sciences on which the activities of midwives are based, particularly midwifery, obstetrics and gynaecology;
- b. adequate knowledge of the ethics of the profession and the legislation relevant for the practice of the profession;
- c. adequate knowledge of general medical knowledge (biological functions, anatomy and physiology) and of pharmacology in the field of obstetrics and of the newly born, and also knowledge of the relationship between the state of health and the physical and social environment of the human being, and of his behaviour;
- d. adequate clinical experience gained in approved institutions allowing the midwife to be able, independently and under his own responsibility, to the extent necessary and excluding pathological situations, to manage the antenatal care, to conduct the delivery and its consequences in approved institutions, and to supervise labour and birth, postnatal care and neonatal resuscitation while awaiting a medical practitioner;
- e. adequate understanding of the training of health personnel and experience of working with such personnel.

Extract from Directive 2005/36/EC of the European parliament and of the council on the recognition of professional qualifications (as amended)

Article 41

~~Procedures for the recognition of evidence of formal qualifications as a midwife~~

- ~~1. The evidence of formal qualifications as a midwife referred to in point 5.5.2 of Annex V shall be subject to automatic recognition pursuant to Article 21 in so far as they satisfy one of the following criteria:
 - ~~a. full time training of at least three years as a midwife, which may in addition be expressed with the equivalent ECTS credits, consisting of at least 4 600 hours of theoretical and practical training, with at least one third of the minimum duration representing clinical training;~~
 - ~~b. full time training as a midwife of at least two years, which may in addition be expressed with the equivalent ECTS credits, consisting of at least 3 600 hours, contingent upon possession of evidence of formal qualifications as a nurse responsible for general care referred to in point 5.2.2 of Annex V;~~
 - ~~c. full time training as a midwife of at least 18 months, which may in addition be expressed with the equivalent ECTS credits, consisting of at least 3 000 hours, contingent upon possession of evidence of formal qualifications as a nurse responsible for general care referred to in point 5.2.2 of Annex V, and followed by one year's professional practice for which a certificate has been issued in accordance with paragraph 2.~~~~

- ~~2. The certificate referred to in paragraph 1 shall be issued by the competent authorities in the home Member State. It shall certify that the holder, after obtaining evidence of formal qualifications as a midwife, has satisfactorily pursued all the activities of a midwife for a corresponding period in a hospital or a health care establishment approved for that purpose.~~

Extract from Directive 2005/36/EC of the European parliament and of the council on the recognition of professional qualifications (as amended)

Article 42

Pursuit of the professional activities of a midwife

1. The provisions of this section shall apply to the activities of midwives as defined by each Member State, without prejudice to paragraph 2, and pursued under the professional titles set out in Annex V, point 5.5.2.
2. The Member States shall ensure that midwives are able to gain access to and pursue at least the following activities:
 - a. provision of sound family planning information and advice;
 - b. diagnosis of pregnancies and monitoring normal pregnancies; carrying out the examinations necessary for the monitoring of the development of normal pregnancies;
 - c. prescribing or advising on the examinations necessary for the earliest possible diagnosis of pregnancies at risk;
 - d. provision of programmes of parenthood preparation and complete preparation for childbirth including advice on hygiene and nutrition;
 - e. caring for and assisting the mother during labour and monitoring the condition of the foetus in utero by the appropriate clinical and technical means;
 - f. conducting spontaneous deliveries including where required episiotomies and in urgent cases breech deliveries;
 - g. recognising the warning signs of abnormality in the mother or infant which necessitate referral to a doctor and assisting the latter where appropriate; taking the necessary emergency measures in the doctor's absence, in particular the manual removal of the placenta, possibly followed by manual examination of the uterus;
 - h. examining and caring for the new born infant; taking all initiatives which are necessary in case of need and carrying out where necessary immediate resuscitation;
 - i. caring for and monitoring the progress of the mother in the post natal period and giving all necessary advice to the mother on infant care to enable her to ensure the optimum progress of the new born infant;
 - j. carrying out treatment prescribed by doctors;
 - k. drawing up the necessary written reports.

Extract from Directive 2005/36/EC of the European parliament and of the council on the recognition of professional qualifications (as amended)

ANNEX V Recognition on the basis of coordination of the minimum training conditions

V.5. MIDWIFE

5.5.1. Training programme for midwives (Training types I and II)

The training programme for obtaining evidence of formal qualifications in midwifery consists of the following two parts:

A. Theoretical and technical instruction

a. General subjects

- Basic anatomy and physiology
- Basic pathology
- Basic bacteriology, virology and parasitology
- Basic biophysics, biochemistry and radiology
- Paediatrics, with particular reference to new-born infants
- Hygiene, health education, preventive medicine, early diagnosis of diseases
- Nutrition and dietetics, with particular reference to women, new-born and young babies
- Basic sociology and socio-medical questions
- Basic pharmacology
- Psychology
- Principles and methods of teaching

- Health and social legislation and health organisation
- Professional ethics and professional legislation
- Sex education and family planning
- Legal protection of mother and infant
- b. Subjects specific to the activities of midwives
 - Anatomy and physiology
 - Embryology and development of the foetus
 - Pregnancy, childbirth and puerperium
 - Gynaecological and obstetrical pathology
 - Preparation for childbirth and parenthood, including psychological aspects
 - Preparation for delivery (including knowledge and use of technical equipment in obstetrics)
 - Analgesia, anaesthesia and resuscitation
 - Physiology and pathology of the new-born infant
 - Care and supervision of the new-born infant
 - Psychological and social factors

B. Practical and clinical training

This training is to be dispensed under appropriate supervision:

- ~~Advising of pregnant women, involving at least 100 pre-natal examinations.~~
- ~~Supervision and care of at least 40 pregnant women.~~
- ~~Conduct by the student of at least 40 deliveries; where this number cannot be reached owing to the lack of available women in labour, it may be reduced to a minimum of 30, provided that the student assists with 20 further deliveries.~~
- ~~Active participation with breech deliveries. Where this is not possible because of lack of breech deliveries, practice may be in a simulated situation.~~
- ~~Performance of episiotomy and initiation into suturing. Initiation shall include theoretical instruction and clinical practice. The practice of suturing includes suturing of the wound following an episiotomy and a simple perineal laceration. This may be in a simulated situation if absolutely necessary.~~
- ~~Supervision and care of 40 women at risk in pregnancy, or labour or post-natal period.~~
- ~~Supervision and care (including examination) of at least 100 post-natal women and healthy new-born infants.~~
- ~~Observation and care of the new-born requiring special care, including those born pre-term, post-term, underweight or ill.~~
- ~~Care of women with pathological conditions in the fields of gynaecology and obstetrics.~~
- ~~Initiation into care in the field of medicine and surgery. Initiation shall include theoretical instruction and clinical practice.~~

The theoretical and technical training (Part A of the training programme) shall be balanced and coordinated with the clinical training (Part B of the same programme) in such a way that the knowledge and experience listed in this Annex may be acquired in an adequate manner.

Clinical instruction shall take the form of supervised in-service training in hospital departments or other health services approved by the competent authorities or bodies. As part of this training, student midwives shall participate in the activities of the departments concerned in so far as those activities contribute to their training. They shall be taught the responsibilities involved in the activities of midwives.

Glossary

Approved education institutions (AEIs): the status awarded by the NMC to an institution, or part of an institution, or combination of institutions that work in partnership with practice placement and/or work placed learning providers. AEIs will have provided us with assurance that they are accountable and capable of delivering NMC approved education programmes.

Designated midwife substitute: must be a midwife who holds registration with the NMC. Their role is to sign declarations of health and character when the lead midwife for education is not available to do so.

Educators: in the context of the NMC *Standards for education and training* educators are those who deliver, support, supervise and assess theory, practice and/or work placed learning.

Health and character: in the NMC Order those applying to join our register must meet health and character requirements in accordance with the [NMC Guidance on health and character](#).

Lead midwife for education: is responsible for midwifery education in the relevant AEI. The lead midwife for education must be a midwife who holds registration with the NMC.

People: individuals or groups who receive services from nurses and midwives, healthy and sick people, parents, children, families, carers, representatives, also including educators and students and others within and outside the learning environment.

Practice learning partners: organisations that provide practice learning opportunities necessary for supporting pre-registration and post-registration students in meeting proficiencies and programme outcomes.

Quality assurance: NMC processes for making sure all AEIs and their approved education programmes comply with our standards.

Reasonable adjustments: changes in the way services are offered to prevent students with disabilities from being placed at a substantial disadvantage, ensuring a fair and equal chance of accessing services as set out in equalities and human rights legislation.

Simulation: ~~when used for learning and/or assessment is an artificial representation of a real world practice scenario that supports midwifery student development through experiential learning with the opportunity for repetition, feedback, evaluation and reflection. Effective simulation facilitates safety by enhancing knowledge, behaviours and skills~~an educational method which uses a variety of modalities to support student midwives in developing their knowledge, behaviours and skills, with the opportunity for repetition, feedback, evaluation and reflection to achieve their programme outcomes and be confirmed as capable of safe and effective practice.

Student: any individual enrolled onto an NMC approved education programme whether full time or less than full time.

Supernumerary: students in practice or work placed learning must be supported to learn without being counted as part of the staffing required for safe and effective care in that setting. Placements should enable students to learn to provide safe and effective care, not merely to observe; students can and should add real value to care. The contribution students make will increase over time as they gain proficiency and they will continue to benefit from ongoing guidance and feedback. Once a student has demonstrated that they are proficient, they should be able to fulfil tasks without direct oversight. The level of supervision a student needs is based on the professional judgement of their supervisors, taking into account any associated risks and the student's proficiency and confidence.

Woman: the words woman and women have been used throughout this document as this is the way that the majority of those who are pregnant and having a baby will identify. For the purpose of this document,

[this term includes girls. It also includes people whose gender identity does not correspond with their birth sex or who may have a non-binary identity.](#)

Information about the role of the lead midwife for education

The lead midwife for education is responsible for midwifery education in the relevant approved education institution (AEI) and is suitably qualified and experienced to lead and advise on matters relating to midwifery education. The lead midwife for education and their designated midwife substitute must be a midwife who holds registration with the Nursing and Midwifery Council (NMC).

We require an AEI to do the following:

- appoint a lead midwife for education who is responsible for midwifery education
- inform the NMC Council of the name of the lead midwife for education

The requirements of the lead midwife for education are set out in Rule 6(1)(a)(ii) and Rule 6(3) of the Nursing and Midwifery Council (Education, Registration and Registration Appeals) Rules 2004.

The lead midwife for education will:

- be responsible for midwifery education in the AEI
- be accountable for signing the supporting declarations of health and character for applicants applying for admission to the register after completing a pre-registration midwifery programme or for applicants applying for readmission to the register following a return to practice programme
- be accountable for signing the supporting declarations of health and character for applicants who have successfully completed an adaptation programme in the United Kingdom

If the lead midwife for education (or their designated midwife substitute) cannot be assured of a student's health and character they must not sign the supporting declaration. The student therefore, cannot be recommended for admission to the midwives' part of the register. In the case of a student who is already registered with the NMC, action should be taken in accordance with the [NMC Guidance on health and character](#).

In conjunction with Part 3: [Standards for prescribing programmes](#) and [Standards for return to practice programmes](#) the lead midwife for education works with the programme leader and the practice assessor to ensure adequate support for any midwives undertaking prescribing programmes and return to practice programmes.

AEIs in partnership with practice learning partners and/or work based learning partners have overall responsibility for the quality of their education programmes and AEIs may assign the responsibilities they determine appropriate to the lead midwife for education in order to enable them to carry out their role. This may include, but is not limited to, advising on academic standards and quality in midwifery education, contributing to the development, delivery, quality assurance and evaluation of midwifery programmes and providing input at strategic and operational levels within the AEIs on matters relating to midwifery education.

The role of the Nursing and Midwifery Council

What we do

We're the independent regulator for nurses, midwives and nursing associates. We hold a register of all the 690,000 nurses, midwives and nursing associates who can practise in the UK.

Better and safer care for people is at the heart of what we do, supporting the healthcare professionals on our register to deliver the highest standards of care.

We make sure nurses, midwives and nursing associates have the skills they need to care for people safely, with integrity, expertise, respect and compassion, from the moment they step into their first job.

Learning does not stop the day nurses, midwives and nursing associates qualify. To promote safety and public trust, we require professionals to demonstrate throughout their career that they are committed to learning and developing to keep their skills up to date and improve as practitioners.

We want to encourage openness and learning among healthcare professions to improve care and keep the public safe. On the occasions when something goes wrong and people are at risk, we can step in to investigate and take action, giving patients and families a voice as we do so.

These standards were approved by Council at their meeting on 3 October 2019.

NMC Nursing &
Midwifery
Council



Commented [JS6]: Section to be reviewed and updated