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17th May 2024

Staffordshire University's Right of Reply to the Report of the NMC Midwifery Listening Event on 14th December 2023

We were grateful to the Board for the opportunity to provide a delayed response to the listening event report, to allow us time to consider the findings in the context of the outcome of the investigation into the complaints that numerous students independently made to the Nursing and Midwifery Council regarding the process and conduct of the listening event. We are grateful to receive the report including the lessons learned by the Nursing and Midwifery Council and for the subsequent supportive discussions that have taken place with colleagues at the Council.

It is noted that there has been no indication of the time period covered by these discussions and whether or not the visitors focused on the time since the last Monitoring Visit. For some issues raised it is clear that they related to the time period prior to December 2022. There is also recognition that one of our key practice learning partners (PLPs), The Royal Wolverhampton Hospitals NHS Trust, is not acknowledged anywhere in the report (despite students who are placed there being present in the focus groups) and another PLP, University Hospitals of Derby and Burton NHS Foundation Trust, is not referred to in the discussion (although it is acknowledged that students who are placed there were part of the focus groups). The name of University Hospitals of Derby and Burton NHS Foundation Trust, is also incorrect in the report. In the report there is a mixture of Trust names and hospital site names, but students will attend all sites and community. Often the term 'placement area' is used when it should be 'practice learning partner' (PLP).

Throughout the report, it is unclear how many students were reporting negative or positive comments for the various statements made, making it difficult to make sense of whether these claims were widespread or isolated incidents. The NMC have been asked to clarify these numbers, but Staffordshire University has not received a response. We have, however, held discussions with

colleagues from the Council who have drawn our attention to the differential practice of a Monitoring Visit or Review, as compared to a listening event such as this, where the opportunity for panel members to triangulate information with other sources, such as the University or practice learning partners, is not part of the process.

Please find below responses to the report with reference to specific page numbers:

Page No.	Observation/Issue/Right to Reply
6 – Introduction to Staffordshire University programmes	Correction required to the name of ‘University Hospitals of Derby and Burton NHS Foundation Trust’ (UHDB) and inclusion of ‘The Royal Wolverhampton Hospitals NHS Trust’ (RWT) needed.
6 – Summary of feedback in relation to key themes and NMC standards	<p><i>“Students tell us that ‘there are too many students’ in placement areas.”</i></p> <p><i>“The students report experiencing varied learning cultures across the different placement areas.”</i></p> <p>It is not possible to ascertain if this was all student cohorts across all PLPs, and also not possible to ascertain if this was for all maternity placement areas (typically our students go to delivery suite/labour ward, antenatal/postnatal wards, community, midwifery led units, antenatal clinic and maternity assessment unit/triage). SU has requested this information from the NMC, but have not received a reply.</p>
7 – Summary of feedback in relation to key themes and NMC standards	<p><i>“Examples provided include staff expecting them to work unsupervised as ‘the norm’ with them being an ‘extra pairs of hands’.”</i></p> <p>It is not possible to ascertain if this was all student cohorts or if the students indicated that they were not allocated a Practise Supervisor (PS) on these occasions. SU has requested this information from the NMC, but have not received a reply.</p> <p>There is an expectation, in line with the descriptors in the Midwifery Ongoing Record of Achievement (MORA), that second year students will meet proficiencies (as set out in the NMC’s Standards of Proficiency for Midwives, 2019) by being able to “contribute with decreasing supervision”, and third year students should be able to “demonstrate proficiency with appropriate supervision”. This may result in a decreasing amount of supervision across the three years of the programme, at the discretion of the PS who will have an understanding of the level the student is working at and their abilities, however, it does not mean that they are unsupervised.</p> <p><i>“Some students report not knowing who their practice supervisors and practice assessors are and not experiencing any contact with academic assessors.”</i></p> <p>It is not possible to ascertain if this was all student cohorts across all PLPs, and also not possible to ascertain if this was for all maternity placement areas (typically our students go to delivery suite/labour ward, antenatal/postnatal wards, community, midwifery led units, antenatal clinic and maternity</p>

assessment unit/triage). SU has requested this information from the NMC, but have not received a reply.

All students are allocated a Practice Assessor (PA) before commencing placement and this is available for students to view in their electronic MORA (eMORA) via the Practice Assessment Record and Evaluation (PARE) platform. In addition, the PLP may also provide the Staffordshire University's (SU) Academic Link Tutors (ALTs) with this information in advance and in these cases, the names are added to a spreadsheet which is accessible to all students via a SharePoint site. In the event that the PLP cannot provide a student with a PA, the PLP will inform SU, and this is monitored via our Practice Learning Partner Quality and Governance (PLPQG) processes and reported via the PLPQG dashboard. There have been no occasions whereby SU has been notified that a midwifery student cannot be allocated an appropriately trained PA.

SU's Midwifery Team have a 'Schedule of Contacts' for students to access which outlines when Academic Assessors (AA) will be visiting the PLP sites in person (at least once per month), when they will be available to support students (and staff) in practice via an online drop-in session (at least once per month) and when the online student forums are (arranged for all three year groups, by PLP, allocated for placement). AAs also act as Academic Mentors (AM) (personal tutors) and meet with each student three times per year on a one-to-one basis to review their pastoral needs, academic progress and to discuss placement. There is evidence of these meetings in SU's Academic Mentee Log. In addition, AAs will review the eMORA of their allocated students three times per year to check progress and may wish to meet with students to discuss this further.

"Students at UHNM tell us they feel disadvantaged in their learning in comparison to student midwives placed elsewhere."

Although this has been reported for UHNM, SU is unsure if this was explored with students from the other five PLPs. SU has requested this information from the NMC, but have not received a reply.

"They experience poor communication between SU and PLPs"

SU has requested information on this from the NMC in relation to any examples provided by students. and if this applied to particular members of staff at SU and at the PLPs in order for us to address any issues, but have not received a reply.

SU has a number of examples of positive communications between SU staff and UHNM staff, particularly between the ALTs and the Clinical Practice Facilitator (CPF). Monthly meetings take place between the Head of Department for Midwifery and Allied Health at SU and the Director of Midwifery at UHNM, monthly meetings also take place between the Head of Department for Midwifery and Allied Health at SU, the Deputy Director of Midwifery and CPF at UHNM (to discuss the ongoing action plan), the ALTs from SU attend monthly training days at UHNM to communicate with PAs and PSs and ad hoc communication happens between the AAs and PAs/PSs when required due to student need (issues that arise, action plans created, feedback). The AAs also aim to be present at the Summative Holistic Assessment (should service need allow).

“They speak of staff in practice areas ‘lacking people management and leadership skills,’ which influences the treatment and supervision of students and consider additional training on how to treat others as an imperative for student midwives entering the profession.”

Leadership and civility are embedded throughout the programme but is most explicit in the Level 6 module ‘Midwife as a Colleague, Scholar and Leader’.

“Students placed at UHNM tell us that the morale and behaviours of staff in this placement area detrimentally impacts on their own morale, dampens their spirits and causes some of them to question the value of them entering the profession.”

It is not possible to ascertain if this was all maternity placement areas (typically our students go to delivery suite/labour ward, antenatal/postnatal wards, community, midwifery led units, antenatal clinic and maternity assessment unit/triage) or all of the maternity service. SU has requested this information from the NMC, but have not received a reply.

“Students express concern about challenges to their personal long-term mental health and wellbeing should they be employed in such placement areas.”

It is unclear from the report if this comment relates to SaTH or UHNM. SU has requested this information from the NMC, but have not received a reply.

“Students tell us that there’s no intrapartum placement in year one of the programme and in year two, the year three students are prioritised which causes them anxiety regarding the achievement of the required number of births to complete their programme.”

It is not possible to ascertain if this was all student cohorts across all PLPs. SU has requested this information from the NMC, but have not received a reply.

SU requires all PLPs to provide a minimum of exposure to intrapartum care, antenatal/postnatal ward care and community care for each part of the programme to allow students the breadth of experiences to enable them to sign off proficiencies. It is the responsibility of the PLPs to inform SU which specific placement areas students can be allocated to in order to meet these requirements and how many weeks of each they can accommodate. SU has evidence of this on the planners it shares with the students. Students can access these planners via the BlackBoard virtual learning environment or via QR code cards. Due to the pressures created during the Covid-19 pandemic, some prioritisation of third year students to gain the required number of births did occur for certain cohorts (September 2020, September 2021), but they have now achieved their requirements and qualified. All students achieve their required numbers at different stages depending on maternity service circumstances. Students’ proficiencies and numbers are monitored on a regular basis (at least three times per academic year and more frequently if students have issues) and adjustments to their planners made in partnership with the PLP if required (such as additional time on delivery suite to achieve births).

All first years at all PLPs have an intrapartum placement (minimum of four weeks, with some PLPs accommodating more) as well as all second years at all PLPs (ranging from five to nine weeks).

“Continuity of care is an issue for year three students as this is when it’s introduced and for some, their placements don’t facilitate this to be fully achieved.”

Continuity of carer is embedded throughout the programme at SU (Level 4 Holistic Health Across the Reproductive Lifespan, Level 4 Introduction to the Safe and Effective Midwife 3, Level 5 Altered Health in Maternity Care, Level 5 Optimising Neonatal Care and Level 6 The Midwife as a Skilled Practitioner Module 7) and, to ensure a standardised approach to experiencing continuity of carer, SU requests that all students carry out ‘follow-through care’. They are expected to identify five women at the start of year three with the aim of ‘following them through’ to their postnatal discharge. Students are prepared for this during their theory hours and provided with a leaflet to support these discussions with women. Students may not be on a placement at the start of their year 3 where booking appointments occur, but they are supported to attend a booking clinic during their placement block.

SU is currently awaiting approval from the NMC for a re-write of the current curriculum, which will include a proposal of introducing ‘follow-through care’ from Year 1 (one woman), the progressing in Year 2 (two women) and completing in year 3 (three women).

“Completion of practice hours is a concern for many students we see, with some citing between 200 to 600 hours outstanding.”

It is not possible to ascertain if this was all student cohorts across all PLPs, and if students across all three year groups were concerned about these issues. SU has requested this information from the NMC, but have not received a reply.

Students miss placement hours for a range of reasons which usually relates to illness, mental health issues or personal circumstances. Some students miss significant amounts of time in practice, and where this occurs, they are supported by their AM and/or their AA. Students frequently ask if they can ‘make-up’ time during their independent study time, but as this forms part of the 2,300 hours of theory, this is not permitted. Students also ask if they can undertake additional shifts during their placement blocks. SU supports this where possible, ensuring that the working time directive continues to be upheld, and students do not exceed 48 hours in any given week. This is also dependent upon PLP and placement area capacity (as PLPs often have students from other AEs as well as SU students). Students also request to be able to ‘make-up’ hours during holiday weeks. This cannot be accommodated during Christmas holiday due the lack of availability of staff at SU (and some roles within the PLPs) to support students if an issue were to arise. Other holiday weeks may be considered, but it is recognised that students need to take some time ‘off’ theory and practice hours to maintain their own wellbeing. As such, this is only considered in exceptional circumstances and has to be agreed in a plan with the

	<p>student, AM and/or AA and the PLP. SU recognises that, taking into account all of these factors, some students will not be able to complete on time as planned at the start of the programme.</p> <p><i>“There’s a consensus view amongst year three students that responses and changes to programme experiences ‘take too long’ and only benefit other year groups on the programme.”</i></p> <p>SU aims to deal with issues raised by students as quickly as possible, but for some processes this may take up to a year or academic year due to the appropriate governance being applied. For other issues, they can be responded to immediately, for example, in the academic year 2022/23 the September 2021 cohort (referred to above) raised an issue relating to number of weeks on an intrapartum placement area at some PLPs. This was escalated to the CPFs at those PLPs and additional time on intrapartum placement areas was allocated. This assisted with addressing issues related to birth numbers and intrapartum related proficiencies in the MORA.</p>
<p>8 - Summary of feedback in relation to key themes and NMC standards</p>	<p><i>“Most students we meet feel confident with the process of escalating concerns in practice, though students lack clarity about who to go to if there are no clinical placement facilitators (CPF) or information displayed about who to contact.”</i></p> <p>Students are provided with information on how to raise concerns about placement and this is produced as a flowchart for ease of use. This can be accessed via BlackBoard (the virtual learning environment), the student SharePoint and the QR code card. Students are also provided with details of each Freedom to Speak Up Guardian at the PLPs.</p> <p><i>“Whilst most students report issues being followed up by SU and resolved, not all students are confident that certain issues are resolved effectively and in a timely manner.”</i></p> <p><i>“Some students report discriminatory behaviours in practice that haven’t been effectively resolved.”</i></p> <p>It is not possible to ascertain if this was all student cohorts across all PLPs, and also not possible to ascertain if this was for all maternity placement areas (typically our students go to delivery suite/labour ward, antenatal/postnatal wards, community, midwifery led units, antenatal clinic and maternity assessment unit/triage). The NMC have also been asked for examples so that any outstanding issues can be followed up. SU has requested this information from the NMC, but have not received a reply.</p> <p>Where there are serious concerns, SU has a ‘Cause for Concern’ process. This involves sharing the details of the issue with the appropriate people at SU and the PLP, creating an action plan and only closing it down when all actions are completed. Examples can be provided as evidence.</p> <p><i>“They also raise concerns about the professional behaviours and use of inappropriate language by some staff in certain placement areas, which affects students being in learning environments that are effective.”</i></p>

Where this has been raised historically at a particular PLP, the information was collated from a range of students on placement at that PLP, a meeting was arranged with another AEI to share their experience of the PLP (which was similar) and then a further meeting was arranged with the Director of Midwifery at the PLP. There was already a plan being implemented to address the culture in the PLP and this work is ongoing.

“Two students give examples of practice supervisors who refuse to work with students or refuse to sign off proficiencies, which impacts on student progression and causes anxiety for the students.”

It is not possible to ascertain if this was all student cohorts across all PLPs, and also not possible to ascertain if this was for all maternity placement areas (typically our students go to delivery suite/labour ward, antenatal/postnatal wards, community, midwifery led units, antenatal clinic and maternity assessment unit/triage). The NMC have also been asked if the visitors explored this issues further with the students (i.e. If the students reported the issue, who they reported it to and if any action was taken). SU has requested this information from the NMC, but have not received a reply.

“Students across all year groups tell us that they have their placements changed, or new placements introduced due to increased student numbers.”

On occasions, where student numbers from a range of AEIs is high on any given placement area, there is a need to move students to alternative placement areas at short notice. This may be as a result of staff sickness, therefore, there are fewer than expected PSs available in that placement area. PLPs have a responsibility to maintain a safe environment for patients but also maintain a positive learning environment for students. When these issues occur, the PLPs should liaise with SU. This is also discussed at the previously mentioned PLPQG meetings. Universities and PLPs are always exploring new ways of being able to increase capacity for students and therefore, on occasion, new placement areas do become available (and are audited).

“Students at UHNM tell us of being placed in non-midwifery placements of up to five weeks and at inappropriate times in the programme (for example, the first placement on the programme) which includes male urology, orthopaedic and public health ward areas.”

It is a requirement of registration with the NMC for student midwives to be initiated into care in the field of surgery and initiated into care in the field of medicine. In order to address this requirement all students undertake a two-week placement at the end of their second year, which could include male urology and orthopaedics. In addition, SU has recently introduced an optional two weeks at the end of the third year (for students on track with their proficiencies and numbers) for students to experience a critical care placement areas (ED, ITU, HDU etc). The aim of this placement option is for students to gain a better recognition of a deteriorating patient (something midwives have been criticised for in the past).

Specific to UHNM, this academic year, to address the capacity issues for students, SU and UHNM have worked collaboratively to develop a three week programme of placements called the 'Public Health' placement. During this time students will attend a range of different placement areas each day to get an introduction to the following:

- Smoking Cessation
- Hearing Screeners
- Professional Midwifery Advocates
- Diabetic Team
- Vaccinators
- Lifestyle Clinic (BMI etc)
- Fetal Medicine
- Antenatal Screening
- Urodynamics/Pelvic Floor Clinic
- Colposcopy
- Bereavement
- Mental Health
- Ultrasound Scanning
- Sexual Health
- Twins Specialist

This is an innovative approach to ensuring students are exposed to a range of services that the women and families they care for encounter and gives the students a strong foundation of a truly multi-professional approach to care. As this year is the first time that this placement has been implemented there have been some issues, but both positive and negative feedback has been received from students and the PLP. Where the negative issues have significantly impacted a student's experience, this has been addressed with the CPF at the PLP and resolved quickly.

Over the course of a three year programme, the weeks spent on non-maternity placements (recognising that this is an NMC requirement) does not impact the overall ability for students to address their midwifery proficiencies and numbers as has been evidenced in previous years graduate outcomes:

2022/23 – 97.1%

2021/22 – 85.5%

2020/21 – 95.0%

“Students tell us there’s often no induction to these non-midwifery placements, no identified learning outcomes and no underpinning theory.”

Expectations for induction to non-midwifery placement areas is the same as for midwifery placements areas. For the Public Health placement, the CPF at UHNM spends all of the first day completing an induction with the students (and this is stated clearly on their timetable for those weeks). As this rotation around areas is intended as an introduction, students are not expected to have in-depth knowledge of each area, but what they learn can be applied throughout their programme. With regards to any medical and/or surgical placements in Year 2, students undertake a module at Level 5 (Altered Health in Midwifery Practice) which provides them with the underpinning theory and prior to going onto these placement weeks they undertake preparation sessions during their theory hours (as evidenced on the timetable).

“Year three students tell us that being placed for four to five weeks on the neonatal unit ‘is not appropriate for third year students.’”

Having reviewed the allocation planners at all PLPs where third years are placed, the most time any student will spend on neonatal unit in their third year is two weeks. It is important that students are exposed to sufficient experiences for them to get all eMORA proficiencies related to the neonate signed off in year three.

“Students at UHNM tell us that their placements are short in comparison to students having placements in the other hospitals, some being comprised of only one week and this makes them feel disadvantaged when compared to the other students in their group.”

It is not possible to ascertain if this was all student cohorts. SU has requested this information from the NMC, but have not received a reply.

Some placements do consist of only one week (or even one day for Public Health placements at UHNM), but this aligns with the expected outcomes of that placement area. As addressed previously, this may also be as a result of staff sickness and safety of patients and the learning environment having to be maintained (as set out in the NMC’s SSSA, 2023).

“Some students tell us they’re concerned about making up outstanding practice hours, with a minority having up to 600 hours to achieve. They tell us, they’re told ‘not to worry’ and that these will be made up at the end of the programme.”

It is not possible to ascertain if this was all student cohorts across all PLPs, and is students across all three year groups were concerned about these issues. SU has requested this information from the NMC, but have not received a reply.

Students miss placement hours for a range of reasons which usually relates to illness, mental health issues or personal circumstances. Some students miss significant amounts of time in practice, and where this occurs, they are supported by their AM and/or their AA. Students frequently ask if they can ‘make-up’ time during their independent study time, but as this forms part of the 2,300 hours of theory, this is not permitted. Students also ask if they can undertake additional shifts during their placement blocks. SU supports this where possible, ensuring that the working time directive continues to be upheld, and students do not exceed 48 hours in any given week. This is also dependent upon PLP and placement area capacity (as PLPs often have students from other AEIs as well as SU students). Students also request to be able to ‘make-up’ hours during holiday weeks. This cannot be accommodated during Christmas holiday due the lack of availability of staff at SU (and some roles within the PLPs) to support students if an issue were to arise. Other holiday weeks may be considered, but it is recognised that students need to take some time ‘off’ theory and practice hours to maintain their own wellbeing. As such, this is only considered in exceptional circumstances and has to be agreed in a plan with the student, AM and/or AA and the PLP. SU recognises that, taking into account all

of these factors, some students will not be able to complete on time as planned at the start of the programme.

As evidenced in a previous response, a significant majority of our students complete their programme and go on to register as midwives with the NMC.

“Some UHNM students report placement areas as inappropriate to their programme, where staff aren’t expecting them on placement, where students are regularly and frequently sent home for example, during the public health placement (year one). Students report practice hours being recorded for a full day when they’re sent home early and ‘to expect being sent home’.”

It is not possible to ascertain if this was students across all three year groups that were concerned about these issues. SU has requested this information from the NMC, but have not received a reply.

On occasions, communication has not been effective at the PLP and students arrive on shift when the placement area is not expecting them. This is usually dealt with in the placement area swiftly and if the students’ allocated PS is not on shift, they are allocated another registered midwife to work with. Should this not be possible the PLP would contact SU and another shift would be arranged with the student. As outlined in an earlier response, the Public Health placement is being trialled this academic year and will be evaluated once completed. Staffordshire University understands the importance of upholding the standards of the NMC for educational purposes but also for the profession itself. Any suggestion that hours are being fraudulently claimed by students will result in a thorough investigation.

Students are provided with information on how to raise concerns about placement and this is produced as a flowchart for ease of use. This can be accessed via BlackBoard (SU’s virtual learning environment), the student SharePoint and the QR code card. Students are also provided with details of the Freedom to Speak Up Guardian at the PLPs. No issues relating to being sent home or having timesheets signed when they have not been present has been raised with SU by the students, however, this will be followed up with the students and the PLP immediately.

“Some students tell us about students from other AEs taking priority and on occasions there being more students than midwives.”

It is not possible to ascertain if this was all student cohorts across all PLPs, and also not possible to ascertain if this was for all maternity placement areas (typically our students go to delivery suite/labour ward, antenatal/postnatal wards, community, midwifery led units, antenatal clinic and maternity assessment unit/triage). SU has requested this information from the NMC, but have not received a reply.

It is possible that there may be more students than midwives in certain placement areas due to some PLPs adopting a ‘coaching’ model for the supervision of students or a ‘team-based’ model for working in ward areas. This does not, however, mean that students are unsupervised or that they will not have sufficient exposure to experiences needed to sign off any proficiencies.

	<p><i>“Year two students tell us that on intrapartum placement areas, year three students are prioritised to achieve their number of births.”</i></p> <p>Due to the pressures created during the Covid-19 pandemic, some prioritisation of third year students to gain the required number of births did occur for certain cohorts (September 2020, September 2021), but they have now achieved their requirements and qualified. All students achieve their required numbers at different stages depending on maternity service circumstances. Students’ proficiencies and numbers are monitored on a regular basis (at least three times per academic year and more frequently if students have issues) and adjustments to their planners made in partnership with the PLP if required (such as additional time on delivery suite to achieve births).</p>
<p>9 - Summary of feedback in relation to key themes and NMC standards</p>	<p><i>“However, students lack clarity on the tripartite assessment in practice, in terms of the staff to be involved.”</i></p> <p>It is not possible to ascertain if this was students across all three year groups that were concerned about this issue. SU has requested this information from the NMC, but have not received a reply.</p> <p>The ‘tripartite’ which students refer to is the Summative Holistic Assessment in the MORA. Prior to switching to the MORA, the final assessment of practice in each year was called the ‘tripartite meeting’ and therefore some historical terminology may still be being used. It is referred to as the tripartite meeting because involved the student, their mentor (previously) and their personal tutor (now called the AM). The same approach is now taken with the MORA and involves the student, their PA and their AA. The NMC’s Standards for Student Supervision and Assessment (SSSA) (2023) does not explicitly state that a Summative Holistic Assessment cannot happen unless all three parties are present and therefore SU has taken the stance that the AA should be present, however, if the only opportunity for a student and PA to meet is outside of SU’s working hours, then this should not delay the student’s progression. The AA will then review the Summative Holistic Assessment pages in the eMORA and complete the Summary of Progress page to demonstrate AA verification. AAs will also attempt to attend the Summative Holistic Assessment where possible, but if they cannot, due to logistical issues, they will join via Microsoft Teams. Students are made aware of these processes each year, but individual arrangements are made with students closer to the time of their Summative Holistic Assessment.</p> <p><i>“Not all students we meet have received initial or interim meetings on placement. Some students tell us that the academic assessors or practice supervisors and practice assessors haven’t met with students to assess their placement experiences as set out in the midwifery ongoing record of achievement (MORA).”</i></p> <p>It is not possible to ascertain if this was students across all three year groups that were concerned about these issues. SU has requested this information from the NMC, but have not received a reply.</p> <p>At SU students are informed of the need to make contact with their PA as soon as possible once they commence placement and to arrange the initial meeting.</p>

Students have fed back to SU that this does not always occur in the first week. Where students have reported this, it has been fed back to the CPFs at the relevant PLPs. This message is also reinforced during mandatory training sessions at the PLPS which SU ALTs are invited to attend.

Students are also informed about when they need to arrange PA Reviews with the PAs. SU does not stipulate strict deadlines for the reviews but an approximate time which aligns with period of a block of placement, spaced evenly throughout the year. AAs check the students' MORA three times per year and where the initial meeting and/or PA Reviews have not been completed, the AA discusses the reasons with the student and then liaises with the CPF at the relevant PLP to resolve the issue.

"There's a lack of consensus amongst students we speak to as to whether the information provided on the PARE system for placement evaluations is anonymous."

It is not possible to ascertain if this was students across all three year groups that were concerned about this issue. SU has requested this information from the NMC, but have not received a reply.

The placement evaluations requested via the PARE platform are anonymous. There is a process for identifying a student if there is a safety concern about their comments, however, a special request must be made and only certain individuals can access the name of the student related to their personal identifier. Should a safety or safeguarding issue arise, the ALT for the PLP that the evaluation relates to, would ask the students if they are willing to come forward as the person who raised the concern, rather than trying to identify them via the system. To date, this has only occurred once during the time the PARE system has been in place and the student was willing to identify themselves to the ALT.

"Some students provide examples of placement capacity appearing overloaded in certain placement areas accommodating students from multiple AEs with ineffective student allocation by shift, resulting in either poor experience, short notice changes or inappropriate placement allocations."

It is not possible to ascertain if this was students across all three year groups that were concerned about this issue. SU has requested this information from the NMC, but have not received a reply.

As students numbers increase (and staffing numbers decrease in some placement areas) PLPs have devised different models to accommodate the students. Some PLPs, in some placement areas, have adopted a coaching model which may result in one PS overseeing more than one student. This is a recognised, evidence-based model which is supported by NHS England Workforce, Training and Education (funded pilots). Some PLPs have also adopted a team approach to their own staffing models (for example, in ward areas), which, again, may lead to one PS overseeing a number of midwifery students. This does not mean that the students are unsupervised or that they have fewer

opportunities to gain experiences whilst on placement. SU places midwifery students at six different PLPs and they all adopt different staffing and student supervision models. The models will also be dependent upon the placement area, for example, it would be inappropriate for there to be more than one midwifery student per PS on delivery suite. SU has not received any feedback that this has happened to date.

“Students want to know their shifts to plan their lives, as for some students, they’re advised of their shifts only one to two weeks ahead.”

It is not possible to ascertain if this was all student cohorts across all PLPs, and also not possible to ascertain if this was for all maternity placement areas (typically our students go to delivery suite/labour ward, antenatal/postnatal wards, community, midwifery led units, antenatal clinic and maternity assessment unit/triage). SU has requested this information from the NMC, but have not received a reply.

SU aims for students to have their rota four weeks in advance of their placement. This is also communicated with the PLPs as it is their responsibility to plan and release the shifts to the students. Due to the dynamic nature of the maternity services within NHS PLPs, there are sometimes logistical issues in meeting the four week aim. Students are given the contact details for the placement areas where they are being allocated and it is their responsibility to make contact with those areas to get their rotas. This is communicated to students in their Placement Preparation sessions and in the Placement Handbook. Where issues arise with rotas, students make contact with the CPF at the PLP or with their AM/AA. The AM/AA then contacts the PLP and mediates in order to resolve the issue. This is an issue that has been fed back to SU by students placed at all six PLPs and has, in turn, been fed back to the PLPs via the ALTs.

“They also want to ensure that they’re placed on shifts with their practice supervisors.”

Students will be allocated PSs in line with the SSSA which does allow for students to work with more than one PS (and does not assign a minimum number of hours, shifts or percentage of time to work with one PS, as was previously the case when mentors were in place). It is the responsibility of the PLP to allocate students to PSs and to ensure that no student is unsupervised. Many midwives in the PLPs work part-time or may need to change their shifts at short notice. This can lead to difficulties of continuity for students with a single PS.

“Some students tell us that they experience shifts with too many other students, when on some shifts there are no students.”

It is not possible to ascertain if this was all student cohorts across all PLPs, and also not possible to ascertain if this was for all maternity placement areas (typically our students go to delivery suite/labour ward, antenatal/postnatal wards, community, midwifery led units, antenatal clinic and maternity assessment unit/triage). SU has requested this information from the NMC, but have not received a reply.

Students may not be aware of the complexities of allocating shifts to them and all of the factors that have to be taken into consideration by the PLPs. It may be that the 'quieter' shifts have a number of newly qualified midwives allocated to them (who are unable to have students during their preceptorship period) and who require additional support from more experienced midwives. It is also possible that there may be a number of internationally recruited midwives on that shift who require a period of being supernumerary and supervised by the other midwives. It may be that a student was due to be on the shift but they called in sick or the midwife they were due to work with called in sick. Without any specific details it is difficult to comment on the reasons for this. An additional factor to take into account is whether or not the shift has appropriately trained PSs to allocate students to. If the midwives have not yet undertaken the training to become a PS, then they cannot act as one for a student.

“Based on student reports concerning interactions with their practice supervisors and practice assessors, the preparation of practice supervisors and practice assessors appears to be variable.”

Each PLP plans and prepares its own training for PAs and PSs (as well as ongoing support). This training is shared with SU by the six PLPs where midwifery students are based in order for them to be assured that it contains all relevant information. All PLPs linked to SU also host students from other AELs and therefore the training is also shared with them for comment. As there are no nationally dictated requirements for the training of PAs/PSs (no minimum time for the training, no set content, no profession specific requirements), this does lead to variation across PLPs. PLPs also hold the lists of staff who have trained as PAs and PSs and are reluctant to share these lists with SU due to a potential breach of GDPR. As such, SU only receives the numbers of midwives who have received PA or PS training from some PLPs.

“This is in addition to concerns with transition from paper MORA to e-MORA and access to PARE also has some challenges in practice, this was particularly reported by students at UHNM.”

It is not possible to ascertain if this was students across all three year groups that were concerned about this issue. SU has requested this information from the NMC, but have not received a reply.

There has been no transition from a paper MORA to the eMORA. The previous BSc Midwifery Practice (Hons) programme made use of a paper practice assessment document (PAD) but it was not the MORA. Current students are on the Bachelor of Midwifery (Hons)(BMid) programme and all commenced on the eMORA and as such have not had to transition. One student has had to transition from the paper PAD to the eMORA due to taking an extended intermission from the programme, but bespoke arrangements were put in place for their transition onto the new BMid programme from the BSc programme.

Access to PARE by PAs and PSs in practice has been fed back by students in every form of feedback they have access to. This is continually fed back to the PLPs by

SU. In order to try to establish the root cause of the problems experienced by PAs and PSs in accessing the PARE platform an audit was undertaken at each PLP. The PLPs were asked to compare their lists of PAs and PSs amongst their midwifery workforce to the lists of those midwives who had been given a username and password to access PARE. It was confirmed that all midwifery PAs and PSs had a live account. An offer was made to PLPs during the Spring of 2023 to put on additional training sessions for staff to support them with PARE but there was a very poor uptake of this offer. Instead SU created some resources for staff to access asynchronously and via the 'Midwifery Practice Assessor and Practice Supervisor Support' QR code card (which can be viewed here <https://staffs.padlet.org/alexandrabirch/mora-pare-guidance-bwlah9xjvwv7aemb>). The PLPs believe that PAs and PSs are not accessing the activation email which they receive for their PARE account, but this is being addressed through line managers.

“Many students report challenges in getting proficiencies signed-off. In their view, this is due to the allocation of inappropriate placements and challenges of contacting staff to do this via email as staff are very busy on shifts.”

It is not possible to ascertain if this was all student cohorts across all PLPs, and also not possible to ascertain if this was for all maternity placement areas (typically our students go to delivery suite/labour ward, antenatal/postnatal wards, community, midwifery led units, antenatal clinic and maternity assessment unit/triage). SU has requested this information from the NMC, but have not received a reply.

This issue has been raised on a number of occasions by students to SU and is continually fed back to the PLPs via the ALTs to the CPFs and via other mechanisms, such as the PLPQG meetings and any mandatory training days attended at the PLPs. SU believes that a solution would be for PLPs to give PAs and PSs protected time during shifts to be able to complete student documentation effectively, however, due to service pressures, this is often not possible. This issue has also been raised at the Lead Midwife for Education (LME) Network meeting (a national meeting for all LMEs at universities across the UK).

“Students tell us that access to the e-MORA has been problematic for some practice supervisors and practice assessors. One placement area only has one practice supervisor who can access the PARE system to sign off proficiencies.”

It is not possible to ascertain if this was all student cohorts across all PLPs, and also not possible to ascertain if this was for all maternity placement areas (typically our students go to delivery suite/labour ward, antenatal/postnatal wards, community, midwifery led units, antenatal clinic and maternity assessment unit/triage). SU has requested this information from the NMC, but have not received a reply.

Access to PARE by PAs and PSs in practice has been fed back by students in every form of feedback they have access to. This is continually fed back to the PLPs by SU. In order to try to establish the root cause of the problems experienced by PAs and PSs in accessing the PARE platform an audit was undertaken at each PLP. The PLPs were asked to compare their lists of PAs and PSs amongst their

	<p>midwifery workforce to the lists of those midwives who had been given a username and password to access PARE. It was confirmed that all midwifery PAs and PSs had a live account. An offer was made to PLPs during the Spring of 2023 to put on additional training sessions for staff to support them with PARE but there was a very poor uptake of this offer. Instead SU created some resources for staff to access asynchronously and via the ‘Midwifery Practice Assessor and Practice Supervisor Support’ QR code card (which can be viewed her https://staffs.padlet.org/alexandrabirch/mora-pare-guidance-bwlah9xjvwv7aemb). The PLPs believe that PAs and PSs are not accessing the activation email which they receive for their PARE account, but this is being addressed through line managers.</p>
<p>10 - Summary of feedback in relation to key themes and NMC standards</p>	<p><i>“Communication between the practice assessor and the academic assessor isn’t effective for some students, particularly at UHNM. Some students at UHNM tell us they only learned of who their practice assessor is one day prior to the end of their placement.”</i></p> <p>It is not possible to ascertain if this was all student cohorts across all PLPs, and also not possible to ascertain if this was for all maternity placement areas (typically our students go to delivery suite/labour ward, antenatal/postnatal wards, community, midwifery led units, antenatal clinic and maternity assessment unit/triage). It is unclear what time period this relates to and if the NMC were provided with any specific examples. SU has requested this information from the NMC, but have not received a reply.</p> <p>SU has collaborated with all PLPs to implement a system of allocating students one PA for each part of the programme. This allows for some continuity of assessment and oversight of progress. UHNM was the last PLP to implement this way of working and this caused a brief delay in allocation of PAs to students. The ALT was made aware by the CPF at UHNM and a plan was put in place to rectify.</p> <p><i>“Most students tell us that link lecturers are visible in practice, particularly at SaTH, with a schedule of visits available. This is less evident at UHNM.”</i></p> <p>SU’s Midwifery Team have a ‘Schedule of Contacts’ for students to access which outlines when ALTs will be visiting the PLP sites in person (at least once per month), when they will be available to support students (and staff) in practice via an online drop-in session (at least once per month) and when the online student forums are (arranged for all three year groups, by PLP, allocated for placement). This system is in place for all six PLPs, including UHNM, and all ALTs complete SU’s ‘Practice Activity Log’ each time they visit the PLP’s site (which includes the staff and students they met with during their visit and any issues that were raised). The ALT for the PLP where the student is placed is also the AA (alternate years) as well as AM and, therefore, this appears to be contradictory to other accounts of students being supported by their AA.</p> <p><i>“Students tell us that improvements are made to the curriculum, in terms of organisation and content of modules in response to student feedback. Year three students feel that this has benefitted subsequent year groups.”</i></p>

SU aims to deal with issues raised by students as quickly as possible, but for some processes this may take up to a year or academic year due to the appropriate governance being applied. For other issues, they can be responded to immediately. In the academic year 2022/23, mid-module evaluations were introduced in addition to the end of module evaluations. This allowed students to feed back on any issues at the mid-point of the module and immediate corrective action could be taken before the conclusion of the module, if possible.

“Students tell us that reasonable adjustments are accommodated within placement areas with the exception to off-duty allocation.”

Midwifery students at SU are expected to experience all aspects of being a qualified midwife which includes shift work. SU expects its midwifery students to work both day and night shifts as well as weekdays and weekends (including bank holidays) as this will help prepare them for life as a qualified midwife upon completion of the programme. This also helps to prepare students by exposing them to the different activities that happen at different times of the day/night in a maternity unit or out on community. SU understands that reasonable adjustments may need to be in place for a fixed period of time (such as a student changing their medication and not being able to do night shifts until their condition stabilises), and where possible, in conjunction with the PLP, this will be accommodated. SU cannot, however, accommodate long term requests for adjustments due to childcare or other caring responsibilities (such as no nights for the duration of the three year programme) as this will not adequately prepare a student for life as a qualified midwife.

“Students at UHNM tell us that their placements are short in comparison to students having placements in the other hospitals, some being comprised of only one week and this makes them feel disadvantaged when compared to the other students in their group.”

It is not possible to ascertain if this was all student cohorts placed at UHNM. SU has requested this information from the NMC, but have not received a reply.

Some placements do consist of only one week (or even one day for Public Health placements at UHNM), but this aligns with the expected outcomes of that placement area. As addressed previously, this may also be as a result of staff sickness and safety of patients and the learning environment having to be maintained (as set out in the NMC’s SSSA, 2023).

“Some students are unaware of and anxious about how practice hours can be made up following programme interruptions or absences.”

It is not possible to ascertain if this was all student cohorts across all PLPs that were concerned about this issue. SU has requested this information from the NMC, but have not received a reply.

Students miss placement hours for a range of reasons which usually relates to illness, mental health issues or personal circumstances. Some students miss significant amounts of time in practice, and where this occurs, they are supported by their AM and/or their AA. Students frequently ask if they can

'make-up' time during their independent study time, but as this forms part of the 2,300 hours of theory, this is not permitted. Students also ask if they can undertake additional shifts during their placement blocks. SU supports this where possible, ensuring that the working time directive continues to be upheld, and students do not exceed 48 hours in any given week. This is also dependent upon PLP and placement area capacity (as PLPs often have students from other AEIs as well as SU students). Students also request to be able to 'make-up' hours during holiday weeks. This cannot be accommodated during Christmas holiday due the lack of availability of staff at SU (and some roles within the PLPs) to support students if an issue were to arise. Other holiday weeks may be considered, but it is recognised that students need to take some time 'off' theory and practice hours to maintain their own wellbeing. As such, this is only considered in exceptional circumstances and has to be agreed in a plan with the student, AM and/or AA and the PLP. SU recognises that, taking into account all of these factors, some students will not be able to complete on time as planned at the start of the programme.

As evidenced in a previous response, a significant majority of our students complete their programme and go on to register as midwives with the NMC.

“Students tell us that continuity of care experience isn’t introduced until year three of the programme, which creates challenges for them to get the necessary experiences completed prior to the end of their final placement.”

Continuity of carer is embedded throughout the programme at SU (Level 4 Holistic Health Across the Reproductive Lifespan, Level 4 Introduction to the Safe and Effective Midwife 3, Level 5 Altered Health in Maternity Care, Level 5 Optimising Neonatal Care and Level 6 The Midwife as a Skilled Practitioner Module 7) and, to ensure a standardised approach to experiencing continuity of carer, SU requests that all students carry out 'follow-through care'. They are expected to identify five women at the start of year three with the aim of 'following them through' to their postnatal discharge. Students are prepared for this during their theory hours and provided with a leaflet to support these discussions with women. Students may not be on a placement at the start of their year 3 where booking appointments occur, but they are supported to attend a booking clinic during their placement block.

SU is currently awaiting approval from the NMC for a re-write of the current curriculum, which will include a proposal of introducing 'follow-through care' from Year 1 (one woman), the progressing in Year 2 (two women) and completing in year 3 (three women).

“The year three students tell us that a practice education facilitator has developed a leaflet to assist them with this requirement.”

It is not possible to ascertain which PLPs this practice education facilitator is employed by. SU has requested this information from the NMC, but have not received a reply.

I am unsure if these students were actually referring to one of SU's midwifery lecturers, who has produced a leaflet for all students. The students showed this leaflet to the visitors during the listening event.

<p>11 – Evaluative narrative against key risk areas Theme one: Learning culture</p>	<p><i>“Students in some placement areas perceive that due to staffing pressures they can’t always be supernumerary, for example in UHNM.”</i> <i>“In UHNM, students report unsupervised practice as ‘the norm’. These students make it clear that they have to take responsibility and initiative in such instances by declining to do what’s asked of them or seek help from a more senior member of staff in their placement area. In UHNM, students tell us they feel that ‘they make up the numbers.’”</i></p> <p>It is not possible to ascertain if this was all student cohorts across all PLPs, and also not possible to ascertain if this was for all maternity placement areas (typically our students go to delivery suite/labour ward, antenatal/postnatal wards, community, midwifery led units, antenatal clinic and maternity assessment unit/triage). SU has requested this information from the NMC, but have not received a reply.</p> <p>There is an expectation, in line with the descriptors in the Midwifery Ongoing Record of Achievement (MORA), that second year students will meet proficiencies (as set out in the NMC’s Standards of Proficiency for Midwives, 2019) by being able to <i>“contribute with decreasing supervision”</i>, and third year students should be able to <i>“demonstrate proficiency with appropriate supervision”</i>. This may result in a decreasing amount of supervision across the three years of the programme, at the discretion of the PS who will have an understanding of the level the student is working at and their abilities, however, it does not mean that they are unsupervised.</p> <p>As student numbers increase (and staffing numbers decrease in some placement areas) PLPs have devised different models to accommodate the students. Some PLPs, in some placement areas, have adopted a coaching model which may result in one PS overseeing more than one student. This is a recognised, evidence-based model which is supported by NHS England Workforce, Training and Education (funded pilots). Some PLPs have also adopted a team approach to their own staffing models (for example, in ward areas), which, again, may lead to one PS overseeing a number of midwifery students. This does not mean that the students are unsupervised or that they have fewer opportunities to gain experiences whilst on placement. SU places midwifery students at six different PLPs and they all adopt different staffing and student supervision models. The models will also be dependent upon the placement area, for example, it would be inappropriate for there to be more than one midwifery student per PS on delivery suite. SU has not received any feedback that this has happened to date.</p> <p><i>“One student placed at Walsall provides an example of being directed to perform tasks that that they haven’t been taught to undertake unsupervised. The student declined to undertake the task and reported this to a senior manager who was supportive.”</i></p> <p>Although SU is disappointed to learn that students have been asked to undertake tasks for which they have not yet received the underpinning theory or unsupervised, in the example given above SU is pleased that the student was able to respond appropriately. Students at SU are encouraged to raise concerns and understand how to do this in a professional manner.</p> <p>Students are provided with information on how to raise concerns about placement and this is produced as a flowchart for ease of use. This can be</p>
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accessed via BlackBoard (the virtual learning environment), the student SharePoint and the QR code card. Students are also provided with details of each Freedom to Speak Up Guardian at the PLPs.

“Students tell us that midwives in some placement areas, such as UHNM, lack clarity about what they’ve covered in their programme, which raises the appropriateness and timeliness of the preparation and training of practice assessors and practice supervisors.”

Each PLP plans and prepares its own training for PAs and PSs (as well as ongoing support). This training is shared with SU by the six PLPs where midwifery students are placed in order for them to be assured that it contains all relevant information. All PLPs linked to SU also host students from other AEs and therefore the training is also shared with them for comment. As there are no nationally dictated requirements for the training of PAs/PSs (no minimum time for the training, no set content, no profession specific requirements), this does lead to variation across PLPs. PLPs also hold the lists of staff who have trained as PAs and PSs and are reluctant to share these lists with SU due to a potential breach of GDPR. As such, SU only receives the numbers of midwives who have received PA or PS training from some PLPs.

“A year two student raises concerns about being allocated a practice supervisor who hasn’t been trained in the role. This was escalated and managed with the student being reassigned a midwife trained in the role.”

Although SU is disappointed to learn that a student has not been allocated an appropriately trained PS, in the example given above SU is pleased that the student was able to respond appropriately. Students at SU are encouraged to raise concerns and understand how to do this in a professional manner. PLPs hold lists of appropriately trained PAs and PSs and are responsible for allocating them to midwifery students. In the event that the PLP cannot provide a student with a PS, the PLP will inform SU, and this is monitored via our PLPQG processes and reported via the PLPQG dashboard. There have been no occasions whereby SU has been notified that a midwifery student cannot be allocated an appropriately trained PS.

“In most other placement areas, students report that appropriately qualified midwives and practice staff are good role models, demonstrate practice skills and supervise students undertaking tasks and provide encouragement and supportive feedback.”

It is not possible to ascertain if this was all student cohorts across all PLPs, and also not possible to ascertain if this was for all maternity placement areas (typically our students go to delivery suite/labour ward, antenatal/postnatal wards, community, midwifery led units, antenatal clinic and maternity assessment unit/triage). It is unclear what time period this relates to and if the NMC were provided with any specific examples. SU has requested this information from the NMC, but have not received a reply.

“Whilst most students generally report that they’ve an allocated practice supervisor and practice assessor whilst on practice, this isn’t consistent for all

	<p><i>students in all placement areas. Year one students at UHNM report completing their first placement without the allocation of a named practice assessor until the penultimate day of placement.”</i></p> <p>It is not possible to ascertain if this was all student cohorts across all PLPs, and also not possible to ascertain if this was for all maternity placement areas (typically our students go to delivery suite/labour ward, antenatal/postnatal wards, community, midwifery led units, antenatal clinic and maternity assessment unit/triage). It is unclear what time period this relates to and if the NMC were provided with any specific examples. SU has requested this information from the NMC, but have not received a reply.</p> <p>All students are allocated a Practice Assessor (PA) before commencing placement and this is available for students to view in their electronic MORA (eMORA) via the Practice Assessment Record and Evaluation (PARE) platform. In addition, the PLP may also provide the Staffordshire University’s (SU) Academic Link Tutors (ALTs) with this information in advance and in these cases, the names are added to a spreadsheet which is accessible to all students via a SharePoint site. In the event that the PLP cannot provide a student with a PA, the PLP will inform SU, and this is monitored via our Practice Learning Partner Quality and Governance (PLPQG) processes and reported via the PLPQG dashboard. There have been no occasions whereby SU has been notified that a midwifery student cannot be allocated an appropriately trained PA.</p> <p>SU has collaborated with all PLPs to implement a system of allocating students one PA for each part of the programme. This allows for some continuity of assessment and oversight of progress. UHNM was the last PLP to implement this way of working and this caused a brief delay in allocation of PAs to students. The ALT was made aware by the CPF at UHNM and a plan was put in place to rectify.</p> <p><i>“However, finding time to meet with practice supervisors and practice assessors can prove challenging for some students given the staffing pressures in certain placement areas.”</i></p> <p>It is not possible to ascertain if this was all student cohorts across all PLPs, and also not possible to ascertain if this was for all maternity placement areas (typically our students go to delivery suite/labour ward, antenatal/postnatal wards, community, midwifery led units, antenatal clinic and maternity assessment unit/triage). It is unclear what time period this relates to and if the NMC were provided with any specific examples. SU has requested this information from the NMC, but have not received a reply.</p>
<p>12 – Evaluative narrative against key risk areas Theme one: Learning culture</p>	<p><i>“Students tell us that support for this in practice is inconsistent due to the negative behaviours and attitudes of midwives in certain placement areas.”</i></p> <p>It is not possible to ascertain if this was all student cohorts across all PLPs, and also not possible to ascertain if this was for all maternity placement areas (typically our students go to delivery suite/labour ward, antenatal/postnatal wards, community, midwifery led units, antenatal clinic and maternity assessment unit/triage). It is unclear what time period this relates to and if the NMC were provided with any specific examples. SU has requested this information from the NMC, but have not received a reply.</p>

“In areas where there’s a CPF, students perceive that they can go to them and raise any concerns. Students report that this is a new initiative at UHNM, which is helpful to students. Not all placement areas have a CPF in post.”

All PLPs have a CPF in post. They are not always called a ‘CPF’, sometimes they are called a Practice Education Facilitator (PEF). SaTH has recently recruited to the post as the previous person secured a new job (in November 2023), however, during the interim period arrangements were put in place for students to make contact with the Education Team at the PLP. This was communicated out to the students via BlackBoard announcement and during student forum meetings. The newly appointed CPF has made contact with all students placed at SaTH to introduce herself and offer to meet with them. There was a Practice Education Team dedicated email address given to students in the interim period which was monitored daily by the Practice Education Team (of which, there were three members of staff, one of whom went on to secure the CPF role). The Practice education Team also had weekly contact with the ALT.

The CPF is not a new initiative at UHNM, they have always had one. Prior to May 2023, UHNM had a CPF who only worked one day per week, however, since May they have had a CPF in place who is full time. This may be the perceived difference that has been vocalised by the students. The new CPF at UHNM has had a significant positive impact on the students’ experience at the PLP and this is regularly fed back by students and ALTs.

“Some students tell us of feeding back to their CPF when they perceive to be working unsupervised, with limited feedback or actions being provided.”

It is not possible to ascertain if this was all student cohorts across all PLPs, and also not possible to ascertain if this was for all maternity placement areas (typically our students go to delivery suite/labour ward, antenatal/postnatal wards, community, midwifery led units, antenatal clinic and maternity assessment unit/triage). It is unclear what time period this relates to and if the NMC were provided with any specific examples. The NMC has been asked to provide examples to SU in order for appropriate follow up to be conducted. SU has requested this information from the NMC, but have not received a reply.

Although it is disappointing to learn that student concerns have not been followed up by CPFs at the PLPs, students are provided with information on how to raise concerns about placement and this is produced as a flowchart for ease of use. This can be accessed via BlackBoard (the virtual learning environment), the student SharePoint and the QR code card. Students are also provided with details of each Freedom to Speak Up Guardian at the PLPs. The next step in the process (should the CPF not address the concern) is for students to contact an ALT for the PLP where they are placed, the Course Director and then the Head of Department at SU.

“Most students report effective contact with SU lecturers whilst on placement. Year one students at SaTH report a link lecturer visiting the placement area and opportunities to meet link lecturers online. Students say that link lecturers schedule visits for both face to face and online meetings.”

It is not possible to ascertain if this was all student cohorts across all PLPs. SU has requested this information from the NMC, but have not received a reply.

SU's Midwifery Team have a 'Schedule of Contacts' for students to access which outlines when ALTs will be visiting the PLP sites in person (at least once per month), when they will be available to support students (and staff) in practice via an online drop-in session (at least once per month) and when the online student forums are (arranged for all three year groups, by PLP, allocated for placement). This system is in place for all six PLPs, not just SaTH, and all ALTs complete SU's 'Practice Activity Log' each time they visit the PLPs site (which includes which staff and students they met with during their visit and any issues that were raised).

"Some students at UHNM report witnessing a bullying culture and unprofessional behaviours of staff. Students and newly qualified midwives have been berated in front of women and not treated respectfully."

It is not possible to ascertain if this was all student cohorts across all PLPs, and also not possible to ascertain if this was for all maternity placement areas (typically our students go to delivery suite/labour ward, antenatal/postnatal wards, community, midwifery led units, antenatal clinic and maternity assessment unit/triage). It is unclear if the students and newly qualified midwives were berated by other midwives, doctors or other members of staff. SU has requested this information from the NMC, but have not received a reply.

Where this has been raised historically at UHNM, the information was collated from a range of students on placement at that PLP, a meeting was arranged with another AEI to share their experience of the PLP (which was similar) and then a further meeting was arranged with the Director of Midwifery at the PLP. There was already a plan being implemented to address the culture in the PLP and this work is ongoing. The situation continues to be monitored through student feedback and regular meetings with the PLP.

"Students report discriminatory behaviours towards SU staff."

It is not possible to ascertain if this was all student cohorts across all PLPs, and also not possible to ascertain if this was for all maternity placement areas (typically our students go to delivery suite/labour ward, antenatal/postnatal wards, community, midwifery led units, antenatal clinic and maternity assessment unit/triage). It is unclear which members of staff this relates to at SU. SU has requested this information from the NMC, but have not received a reply.

"When listening to the students, more bullying type behaviours are reported in UHNM than in other placement areas, where students tell us it's 'normalised'."

It is unclear if the visitors are referring to 'other PLPs' rather than 'other placement areas'. SU has requested this information from the NMC, but have not received a reply.

“The academic assessor isn’t in contact with students on placement at UHNM and year three students report it feeling like a ‘battle between SU and practice areas.’”

It is unclear what is meant by the ‘battle between SU and practice areas’ and it would be useful to have examples of this. SU has requested this information from the NMC, but has not received a reply.

SU’s Midwifery Team have a ‘Schedule of Contacts’ for students to access which outlines when AAs will be visiting the PLP sites in person (at least once per month), when they will be available to support students (and staff) in practice via an online drop-in session (at least once per month) and when the online student forums are (arranged for all three year groups, by PLP, allocated for placement). This system is in place for all six PLPs, including UHNM, and all AAs complete SU’s ‘Practice Activity Log’ each time they visit the PLP’s site (which includes the staff and students they met with during their visit and any issues that were raised). The ALT for the PLP where the student is placed is also the AA (alternate years) as well as AM and, therefore, this appears to be contradictory to other accounts of students being supported by their AA.

“Students tell us of being placed in non-midwifery placements of up to five weeks and at inappropriate times in the programme (for example, the first placement on the programme) which includes male urology, orthopaedic and public health ward areas. Students tell us there’s often no induction to these non-midwifery placements and that their feedback isn’t acted upon.”

It is a requirement of registration with the NMC for student midwives to be initiated into care in the field of surgery and initiated into care in the field of medicine. In order to address this requirement all students undertake a two-week placement at the end of their second year, which could include male urology and orthopaedics. In addition, SU has recently introduced an optional two weeks at the end of the third year (for students on track with their proficiencies and numbers) for students to experience a critical care placement areas (ED, ITU, HDU etc). The aim of this placement option is for students to gain a better recognition of a deteriorating patient (something midwives have been criticised for in the past).

Specific to UHNM, this academic year, to address the capacity issues for students, SU and UHNM have worked collaboratively to develop a three week programme of placements called the ‘Public Health’ placement. During this time students will attend a range of different placement areas each day to get an introduction to the following:

- Smoking Cessation
- Hearing Screeners
- Professional Midwifery Advocates
- Diabetic Team
- Vaccinators
- Lifestyle Clinic (BMI etc)
- Fetal Medicine
- Antenatal Screening
- Urodynamics/Pelvic Floor Clinic
- Colposcopy

- Bereavement
- Mental Health
- Ultrasound Scanning
- Sexual Health
- Twins Specialist

This is an innovative approach to ensuring students are exposed to a range of services that the women and families they care for encounter and gives the students a strong foundation of a truly multi-professional approach to care. As this year is the first time that this placement has been implemented there have been some issues, but both positive and negative feedback has been received from students and the PLP. Where the negative issues have significantly impacted a student's experience, this has been addressed with the CPF at the PLP and resolved quickly.

Over the course of a three year programme, the weeks spent on non-maternity placements (recognising that this is an NMC requirement) does not impact the overall ability for students to address their midwifery proficiencies and numbers as has been evidenced in previous years graduate outcomes:

2022/23 – 97.1%

2021/22 – 85.5%

2020/21 – 95.0%

Expectations for induction to non-midwifery placement areas is the same as for midwifery placements areas. For the Public Health placement, the CPF at UHNM spends all of the first day completing an induction with the students (and this is stated clearly on their timetable for those weeks). As this rotation around areas is intended as an introduction, students are not expected to have in-depth knowledge of each area, but what they learn can be applied throughout their programme. With regards to any medical and/or surgical placements in Year 2, students undertake a module at Level 5 (Altered Health in Midwifery Practice) which provides them with the underpinning theory and prior to going onto these placement weeks they undertake preparation sessions during their theory hours (as evidenced on the timetable).

“Some students in year two report discriminatory behaviour where practice supervisors refuse to work with students or sign-off proficiencies for them and others.”

It is not possible to ascertain if this was all student cohorts across all PLPs, and also not possible to ascertain if this was for all maternity placement areas (typically our students go to delivery suite/labour ward, antenatal/postnatal wards, community, midwifery led units, antenatal clinic and maternity assessment unit/triage). The NMC have also been asked if the visitors explored this issues further with the students (i.e. If the students reported the issue, who they reported it to and if any action was taken). SU has requested this information from the NMC, but have not received a reply.

The issue of getting proficiencies signed off has been raised on a number of occasions by students to SU and is continually fed back to the PLPs via the ALTs to the CPFs and via other mechanisms, such as the PLPQG meetings and any mandatory training days attended at the PLPs. SU believes that a solution would be for PLPs to give PAs and PSs protected time during shifts to be able to complete student documentation effectively, however, due to service pressures,

	<p>this is often not possible. This issue has also been raised at the Lead Midwife for Education (LME) Network meeting (a national meeting for all LMEs at universities across the UK).</p>
<p>13 – Evaluative narrative against key risk areas Theme two: Educational governance and quality</p>	<p><i>“Support from the academic assessor is reported.”</i></p> <p>It is not possible to ascertain if this was all student cohorts across all PLPs. SU has requested this information from the NMC, but have not received a reply.</p> <p>The AA is also the ALT for the PLP where the student is placed as well as AM (alternate years) and, therefore, this appears to be contradictory to previous accounts of students not being supported by their ALT or AA.</p> <p><i>“Students report variation across placement areas in terms of them being provided with the information and support they require to understand and comply with local and national governance processes.”</i></p> <p>It is not possible to ascertain if this was all student cohorts across all PLPs, and also not possible to ascertain if this was for all maternity placement areas (typically our students go to delivery suite/labour ward, antenatal/postnatal wards, community, midwifery led units, antenatal clinic and maternity assessment unit/triage). It is also unclear if this is in relation to SU or the PLPs. SU has requested this information from the NMC, but have not received a reply.</p> <p><i>“Many students across year groups tell us of the visibility of the link lecturer in the practice areas except for UHNM.”</i></p> <p>SU’s Midwifery Team have a ‘Schedule of Contacts’ for students to access which outlines when ALTs will be visiting the PLP sites in person (at least once per month), when they will be available to support students (and staff) in practice via an online drop-in session (at least once per month) and when the online student forums are (arranged for all three year groups, by PLP, allocated for placement). This system is in place for all six PLPs, including UHNM, and all ALTs complete SU’s ‘Practice Activity Log’ each time they visit the PLP’s site (which includes the staff and students they met with during their visit and any issues that were raised). The ALT for the PLP where the student is placed is also the AA (alternate years) as well as AM and, therefore, this appears to be contradictory to previous accounts of students being supported by their AA.</p> <p><i>“Students tell us that they’re concerned about achieving the SPM and the number of births required.”</i></p> <p>Students’ proficiencies and numbers are monitored on a regular basis (at least three times per academic year and more frequently if students have issues) and adjustments to their planners made in partnership with the PLP if required (such as additional time on delivery suite to achieve births).</p> <p><i>“Some UHNM students report placement areas perceived as inappropriate to their programme, where staff aren’t expecting them and where students are regularly and frequently sent home for example, a public health placement in year one. Students report practice hours being recorded inaccurately. They</i></p>

perceive new placements are being introduced into the programme due to insufficient midwifery placements for the number of students on the programme.”

It is not possible to ascertain if this was all student cohorts across all three years that were concerned about this issue. SU has requested this information from the NMC, but have not received a reply.

On occasions, communication has not been effective at the PLP and students arrive on shift when the placement area is not expecting them. This is usually dealt with in the placement area swiftly and if the students' allocated PS is not on shift, they are allocated another registered midwife to work with. Should this not be possible the PLP would contact SU and another shift would be arranged with the student. As outlined in an earlier response, the Public Health placement is being trialled this academic year and will be evaluated once completed. Staffordshire University understands the importance of upholding the standards of the NMC for educational purposes but also for the profession itself. Any suggestion that hours are being fraudulently claimed by students will result in a thorough investigation.

Students are provided with information on how to raise concerns about placement and this is produced as a flowchart for ease of use. This can be accessed via BlackBoard (SU's virtual learning environment), the student SharePoint and the QR code card. Students are also provided with details of the Freedom to Speak Up Guardian at the PLPs. No issues relating to being sent home or having timesheets signed when they have not been present has been raised with SU by the students, however, this will be followed up with the students and the PLP immediately.

“Year three students said that achievement of the systematic physical examination of the newborn proficiency isn't well planned unlike students placed at another AEI and they're concerned that this won't be achieved. Students tell us the link lecturers are aware but that there's no action plan reassuring them how this will be achieved.”

It is not possible to ascertain if this was third years across all PLPs that were concerned about this issue. SU has requested this information from the NMC, but have not received a reply.

Planning for students to undertake systematic physical examination of the newborn (SPEN) is a complex issue as this is not a specific placement 'area'. Some PLPs have a midwife specifically allocated to completed SPEN on the ward areas, but some allocate on the day, which can prove to be difficult logistically when students are assigned to PSs, rather than SPEN roles. SU monitors the achievement of the numbers of SPEN episodes of care signed for students in the same way as any other proficiencies in the MORA. Students' proficiencies and numbers are monitored on a regular basis (at least three times per academic year and more frequently if students have issues) by their AA and adjustments to their planners made in partnership with the PLP if required (such as additional time on areas where SPEN is undertaken).

	<p><i>“Students feel that there hasn’t been sufficient education regarding this requirement from SU with students saying midwives believe it’s ‘a nice to have’.”</i></p> <p>It is not possible to ascertain if this was all student cohorts across all PLPs, and also not possible to ascertain if this was for all maternity placement areas (typically our students go to delivery suite/labour ward, antenatal/postnatal wards, community, midwifery led units, antenatal clinic and maternity assessment unit/triage). SU has requested this information from the NMC, but have not received a reply.</p> <p>In a previous curriculum (BSc) it was not a requirement to complete the systematic examination of the newborn in order to qualify, but students did have the option to complete this and received a certificate of completion (to improve their employability). The requirement to complete this is embedded within the BMid programme and requires sign off in the MORA. As such, there may be some misunderstanding amongst PAs and PSs in the crossover from one curriculum to another (the last cohort of the BSc completed in the academic year 2022/23). The ALTs now regularly attend mandatory training days at all PLPs where this message can be reinforced.</p>
<p>14 – Evaluative narrative against key risk areas Theme two: Educational governance and quality</p>	<p><i>“Both year two and three students are concerned about birth numbers, with year two students saying that year three students receive priority and that in year three ‘students will be shoved into a room’. There’s no intrapartum placement in year one and students tell us that there’s limited exposure in year two.”</i></p> <p>It is not possible to ascertain if this was across all PLPs. SU has requested this information from the NMC, but have not received a reply.</p> <p>SU requires all PLPs to provide a minimum of exposure to intrapartum care, antenatal/postnatal ward care and community care for each part of the programme to allow students the breadth of experiences to enable them to sign off proficiencies. It is the responsibility of the PLPs to inform SU which specific placement areas students can be allocated to in order to meet these requirements and how many weeks of each they can accommodate. SU has evidence of this on the planners it shares with the students. Students can access these planners via the BlackBoard virtual learning environment or via QR code cards. Due to the pressures created during the Covid-19 pandemic, some prioritisation of third year students to gain the required number of births did occur for certain cohorts (September 2020, September 2021), but they have now achieved their requirements and qualified. All students achieve their required numbers at different stages depending on maternity service circumstances. Students’ proficiencies and numbers are monitored on a regular basis (at least three times per academic year and more frequently if students have issues) and adjustments to their planners made in partnership with the PLP if required (such as additional time on delivery suite to achieve births). All first years at all PLPs have an intrapartum placement (minimum of four weeks, with some PLPS accommodating more) as well as all second years at all PLPs (ranging from five to nine weeks).</p>

“The intrapartum proficiencies for year one and some of those for year two in the MORA are generally achieved through discussion.”

It is recognised in the MORA guidance (page 7 of the PDF version of the MORA) that achievement of proficiencies may not always be linked to a practice episode record but instead can be achieved through “discussion, demonstration, reflection or simulation”. As previously stated, students in year one and two of the programme have intrapartum placements where they will be able to have practice episode records signed off.

“Students tell us continuity of care/caseloading isn’t commenced until year three of the programme, with some of the year three students telling us that they’re not commencing their community placement until later in the year, leaving them very limited opportunity for this to be achieved.”

Continuity of carer is embedded throughout the programme at SU (Level 4 Holistic Health Across the Reproductive Lifespan, Level 4 Introduction to the Safe and Effective Midwife 3, Level 5 Altered Health in Maternity Care, Level 5 Optimising Neonatal Care and Level 6 The Midwife as a Skilled Practitioner Module 7) and, to ensure a standardised approach to experiencing continuity of carer, SU requests that all students carry out ‘follow-through care’. They are expected to identify five women at the start of year three with the aim of ‘following them through’ to their postnatal discharge. Students are prepared for this during their theory hours and provided with a leaflet to support these discussions with women. Students may not be on a placement at the start of their year 3 where booking appointments occur, but they are supported to attend a booking clinic during their placement block.

SU is currently awaiting approval from the NMC for a re-write of the current curriculum, which will include a proposal of introducing ‘follow-through care’ from Year 1 (one woman), the progressing in Year 2 (two women) and completing in year 3 (three women).

“Few students we meet report receiving an appropriate induction into placement areas.”

It is not possible to ascertain if this was all student cohorts across all PLPs, and also not possible to ascertain if this was for all maternity placement areas (typically our students go to delivery suite/labour ward, antenatal/postnatal wards, community, midwifery led units, antenatal clinic and maternity assessment unit/triage). SU has requested this information from the NMC, but have not received a reply.

There is a section with the eMORA on the PARE platform which is required to be signed off to evidence induction to each placement area. AAs monitor sign off of this on a regular basis (at least three times per academic year) and liaise with the CPF at the PLPs where this is not happening. This has also been raised across nursing and midwifery students at SU via the PARE placement evaluations. This issue has been raised at each PLPs PLPQG meeting by SU and the PLPs will attempt to improve completion rates with their PSs (this can be evidenced within the minutes of each meeting). This will be monitored via the PLPQG processes.

“A year two student praised an individual midwife for providing a comprehensive induction booklet.”

It is not possible to ascertain which PLP this refers to, and also not possible to ascertain which maternity placement areas (typically our students go to delivery suite/labour ward, antenatal/postnatal wards, community, midwifery led units, antenatal clinic and maternity assessment unit/triage). SU has requested this information from the NMC, but have not received a reply.

“Some students perceive that depleted staffing levels in some placement areas limits their opportunities for learning.”

It is not possible to ascertain if this was all student cohorts across all PLPs, and also not possible to ascertain if this was for all maternity placement areas (typically our students go to delivery suite/labour ward, antenatal/postnatal wards, community, midwifery led units, antenatal clinic and maternity assessment unit/triage). SU has requested this information from the NMC, but have not received a reply.

“Year one students report that the UHNM birth centre provides a positive experience, but on one occasion there were two midwives and five students from SU and other AEs.”

The NMC have been asked if the visitors explored this issues further with the students (i.e. If the students reported the issue, who they reported it to and if any action was taken). SU has requested this information from the NMC, but have not received a reply.

“In the antenatal clinic, students say that there are too many medical students as well as student midwives.”

It is not possible to ascertain which PLP this refers to. SU has requested this information from the NMC, but have not received a reply.

“In WHT, there are often more students than midwives, but students report learning from dedicated midwives.”

The NMC have been asked if the visitors explored this issues further with the students (i.e. If the students reported the issue, who they reported it to and if any action was taken). SU has requested this information from the NMC, but have not received a reply.

“A minority of students provide examples of practice supervisors that refuse to work with students. A year two student plans to report this to the link lecturer/academic assessor as the student is concerned that such behaviour will cause them to fail the year.”

It is not possible to ascertain if this was all student cohorts across all PLPs, and also not possible to ascertain if this was for all maternity placement areas (typically our students go to delivery suite/labour ward, antenatal/postnatal

	<p>wards, community, midwifery led units, antenatal clinic and maternity assessment unit/triage). The NMC have been asked if the visitors explored this issues further with the students (i.e. If the students reported the issue, who they reported it to and if any action was taken). SU has requested this information from the NMC, but have not received a reply.</p> <p><i>“Year three students at UHNM report concerns that midwives are being encouraged to be ‘more resilient’ and have a ‘thick skin’ rather than nurture compassionate practices, which underpin the Code.”</i></p> <p>The NMC have been asked if the visitors explored this issues further with the students (i.e. If the students reported the issue, who they reported it to and if any action was taken). SU has requested this information from the NMC, but have not received a reply.</p> <p><i>“Placement capacity appears overloaded in certain placement areas with students from multiple AEs appearing to receive inappropriate student shift allocation, resulting in either poor experience, short notice changes or inappropriate placement allocations.”</i></p> <p>It is not possible to ascertain if this was all three year groups across all PLPs that were concerned about this issue. SU has requested this information from the NMC, but have not received a reply.</p> <p>As student numbers increase (and staffing numbers decrease in some placement areas) PLPs have devised different models to accommodate the students. Some PLPs, in some placement areas, have adopted a coaching model which may result in one PS overseeing more than one student. This is a recognised, evidence-based model which is supported by NHS England Workforce, Training and Education (funded pilots). Some PLPs have also adopted a team approach to their own staffing models (for example, in ward areas), which, again, may lead to one PS overseeing a number of midwifery students. This does not mean that the students are unsupervised or that they have fewer opportunities to gain experiences whilst on placement. SU places midwifery students at six different PLPs and they all adopt different staffing and student supervision models. The models will also be dependent upon the placement area, for example, it would be inappropriate for there to be more than one midwifery student per PS on delivery suite. SU has not received any feedback that this has happened to date.</p>
<p>15 – Evaluative narrative against key risk areas Theme two: Educational governance and quality</p>	<p><i>“WHT, year two students report there being more students than midwives, which limits their supervision and opportunities to demonstrate the SPM required of the programme.”</i></p> <p>The NMC have been asked if the visitors explored this issues further with the students (i.e. If the students reported the issue, who they reported it to and if any action was taken). SU has requested this information from the NMC, but have not received a reply.</p> <p><i>“Some UHNM students report placement areas as inappropriate to their programme, where staff aren’t expecting them on placement or where students are regularly and frequently sent home. Students report practice</i></p>

hours being recorded inaccurately. They report that the hours for a full day are signed-off when they're sent home early and 'to expect being sent home.'

It is not possible to ascertain if this was students across all three year groups that were concerned about this issue. SU has requested this information from the NMC, but have not received a reply.

On occasions, communication has not been effective at the PLP and students arrive on shift when the placement area is not expecting them. This is usually dealt with in the placement area swiftly and if the students' allocated PS is not on shift, they are allocated another registered midwife to work with. Should this not be possible the PLP would contact SU and another shift would be arranged with the student. As outlined in an earlier response, the Public Health placement is being trialled this academic year and will be evaluated once completed. Staffordshire University understands the importance of upholding the standards of the NMC for educational purposes but also for the profession itself. Any suggestion that hours are being fraudulently claimed by students will result in a thorough investigation.

Students are provided with information on how to raise concerns about placement and this is produced as a flowchart for ease of use. This can be accessed via BlackBoard (SU's virtual learning environment), the student SharePoint and the QR code card. Students are also provided with details of the Freedom to Speak Up Guardian at the PLPs. No issues relating to being sent home or having timesheets signed when they have not been present has been raised with SU by the students, however, this will be followed up with the students and the PLP immediately.

"A student at WHT reports placement challenges to their first placement on the programme and another year one had a night shift allocated as their first ever shift in placement."

The NMC have been asked if the visitors explored this issues further with the students (i.e. what types of 'challenges', who they reported it to and if any action was taken). SU has requested this information from the NMC, but have not received a reply.

Midwifery students at SU are expected to experience all aspects of being a qualified midwife which includes shift work. SU expects its midwifery students to work both day and night shifts as well as weekdays and weekends (including bank holidays) as this will help prepare them for life as a qualified midwife upon completion of the programme. This also helps to prepare students by exposing them to the different activities that happen at different times of the day/night in a maternity unit or out on community. SU recognises that it may not be appropriate to allocate a first year student a night shift as their first ever experience of clinical practice and this will be fed back to WHT.

"Whilst most students generally report that they've an identified practice supervisor and practice assessor, this isn't consistent for all students in all placement areas. Year one students at UHNM report completing their first placement without the allocation of a named practice assessor until the penultimate day of placement."

It is not possible to ascertain if this was all student cohorts across all PLPs, and also not possible to ascertain if this was for all maternity placement areas (typically our students go to delivery suite/labour ward, antenatal/postnatal wards, community, midwifery led units, antenatal clinic and maternity assessment unit/triage). SU has requested this information from the NMC, but have not received a reply.

All students are allocated a Practice Assessor (PA) before commencing placement and this is available for students to view in their electronic MORA (eMORA) via the Practice Assessment Record and Evaluation (PARE) platform. In addition, the PLP may also provide the Staffordshire University's (SU) Academic Link Tutors (ALTs) with this information in advance and in these cases, the names are added to a spreadsheet which is accessible to all students via a SharePoint site. In the event that the PLP cannot provide a student with a PA, the PLP will inform SU, and this is monitored via our Practice Learning Partner Quality and Governance (PLPQG) processes and reported via the PLPQG dashboard. There have been no occasions whereby SU has been notified that a midwifery student cannot be allocated an appropriately trained PA.

SU has collaborated with all PLPs to implement a system of allocating students one PA for each part of the programme. This allows for some continuity of assessment and oversight of progress. UHNM was the last PLP to implement this way of working and this caused a brief delay in allocation of PAs to students. The ALT was made aware by the CPF at UHNM and a plan was put in place to rectify.

“Progression decisions for summative assessment between academic assessors and practice assessors aren't visible to students and many students don't have timely initial and interim interviews as per MORA guidance.”

It is not possible to ascertain if this was students across all three year groups that were concerned about this issue. SU has requested this information from the NMC, but have not received a reply.

At SU students are informed of the need to make contact with their PA as soon as possible once they commence placement and to arrange the initial meeting. Students have fed back to SU that this does not always occur in the first week. Where students have reported this, it has been fed back to the CPFs at the relevant PLPs. This message is also reinforced during mandatory training sessions at the PLPS which SU ALTs are invited to attend.

Students are also informed about when they need to arrange PA Reviews with the PAs. SU does not stipulate strict deadlines for the reviews but an approximate time which aligns with period of a block of placement, spaced evenly throughout the year. AAs check the students' MORA three times per year and where the initial meeting and/or PA Reviews have not been completed, the AA discusses the reasons with the student and then liaises with the CPF at the relevant PLP to resolve the issue.

The NMC's Standards for Student Supervision and Assessment (SSSA) (2023) does not explicitly state that a Summative Holistic Assessment cannot happen unless all three parties are present and therefore SU has taken the stance that the AA should be present, however, if the only opportunity for a student and PA to meet is outside of SU's working hours, then this should not delay the

	<p>student’s progression. The AA will then review the Summative Holistic Assessment pages in the eMORA and complete the Summary of Progress page to demonstrate AA verification. AAs will also attempt to attend the Summative Holistic Assessment where possible, but if they cannot, due to logistical issues, they will join via Microsoft Teams. Students are made aware of these processes each year, but individual arrangements are made with students closer to the time of their Summative Holistic Assessment.</p> <p><i>“Year one students at MCHT and WHT hospitals are aware that link tutors visit placement areas. This isn’t the case for all students.”</i></p> <p>SU’s Midwifery Team have a ‘Schedule of Contacts’ for students to access which outlines when ALTs will be visiting the PLP sites in person (at least once per month), when they will be available to support students (and staff) in practice via an online drop-in session (at least once per month) and when the online student forums are (arranged for all three year groups, by PLP, allocated for placement). This system is in place for all six PLPs, not just WHT and MCHT, and all ALTs complete SU’s ‘Practice Activity Log’ each time they visit the PLP’s site (which includes the staff and students they met with during their visit and any issues that were raised).</p> <p><i>“Some second-year students report that communication between practice assessors and academic assessors is poor, particularly at UHNM which students believe is due to retirement and sick leave.”</i></p> <p>This refers to an historical issue where there were two ALTs allocated to UHNM; one was on sickness absence for an extended period of time and the other retired. The ALT allocation was quickly changed and a new ALT for UHNM was allocated. This ALT has attended all contacts on the previously mentioned ‘Schedule of Contacts’ as well as attending mandatory training days. More recently, due to staff recruitment, an additional ALT has been allocated to UHNM so there are once again, two allocated for students placed at UHNM.</p>
<p>16 – Evaluative narrative against key risk areas Theme three: Student Empowerment</p>	<p><i>“Students tell us that they’re provided with accurate information about the curriculum by SU. However, some students are confused about the tripartite assessment in terms of the staff to be involved.”</i></p> <p>It is not possible to ascertain if this was students across all three year groups that were concerned about this issue. SU has requested this information from the NMC, but have not received a reply.</p> <p>The ‘tripartite’ which students refer to is the Summative Holistic Assessment in the MORA. Prior to switching to the MORA, the final assessment of practice in each year was called the ‘tripartite meeting’ and therefore some historical terminology may still be being used. It is referred to as the tripartite meeting because involved the student, their mentor (previously) and their personal tutor (now called the AM). The same approach is now taken with the MORA and involves the student, their PA and their AA. The NMC’s Standards for Student Supervision and Assessment (SSSA) (2023) does not explicitly state that a Summative Holistic Assessment cannot happen unless all three parties are present and therefore SU has taken the stance that the AA should be present,</p>

however, if the only opportunity for a student and PA to meet is outside of SU's working hours, then this should not delay the student's progression. The AA will then review the Summative Holistic Assessment pages in the eMORA and complete the Summary of Progress page to demonstrate AA verification. AAs will also attempt to attend the Summative Holistic Assessment where possible, but if they cannot, due to logistical issues, they will join via Microsoft Teams. Students are made aware of these processes each year, but individual arrangements are made with students closer to the time of their Summative Holistic Assessment.

“Details of the assessment processes and SPM required are in the e-MORA but students indicate that these processes aren't consistently followed for all students across all placement areas.”

It is not possible to ascertain if this was all student cohorts across all PLPs, and also not possible to ascertain if this was for all maternity placement areas (typically our students go to delivery suite/labour ward, antenatal/postnatal wards, community, midwifery led units, antenatal clinic and maternity assessment unit/triage). The NMC have been asked if the visitors explored this issues further with the students (i.e. examples of processes which were not consistently followed, who they reported it to and if any action was taken). SU has requested this information from the NMC, but have not received a reply.

“Not all the students we meet have received initial or interim meetings on placement. Not all the students we meet have access to a nominated practice assessor.”

It is not possible to ascertain if this was students across all three year groups that were concerned about this issue. SU has requested this information from the NMC, but have not received a reply.

At SU students are informed of the need to make contact with their PA as soon as possible once they commence placement and to arrange the initial meeting. Students have fed back to SU that this does not always occur in the first week. Where students have reported this, it has been fed back to the CPFs at the relevant PLPs. This message is also reinforced during mandatory training sessions at the PLPS which SU ALTs are invited to attend.

Students are also informed about when they need to arrange PA Reviews with the PAs. SU does not stipulate strict deadlines for the reviews but an approximate time which aligns with period of a block of placement, spaced evenly throughout the year. AAs check the students' MORA three times per year and where the initial meeting and/or PA Reviews have not been completed, the AA discusses the reasons with the student and then liaises with the CPF at the relevant PLP to resolve the issue.

All students are allocated a Practice Assessor (PA) before commencing placement and this is available for students to view in their electronic MORA (eMORA) via the Practice Assessment Record and Evaluation (PARE) platform. In addition, the PLP may also provide the Staffordshire University's (SU) Academic Link Tutors (ALTs) with this information in advance and in these cases, the names are added to a spreadsheet which is accessible to all students via a SharePoint site. In the event that the PLP cannot provide a student with a PA, the PLP will inform SU, and this is monitored via our Practice Learning Partner Quality and

Governance (PLPQG) processes and reported via the PLPQG dashboard. There have been no occasions whereby SU has been notified that a midwifery student cannot be allocated an appropriately trained PA.

“Year two students at UHNM report that communication between the practice assessor and academic assessor is lacking and that not all staff have undertaken the training on the use of the MORA and its online platform, PARE.”

SU has a number of examples of positive communications between AAs and PAs. AAs from SU attend monthly training days at UHNM to communicate with PAs and PSs and ad hoc communication happens between the AAs and PAs/PSs when required due to student need (issues that arise, action plans created, feedback). The AAs also aim to be present at the Summative Holistic Assessment (should service need allow).

An offer was made to PLPs during the Spring of 2023 to put on additional training sessions for staff to support them with PARE but there was a very poor uptake of this offer. Instead SU created some resources for staff to access asynchronously and via the ‘Midwifery Practice Assessor and Practice Supervisor Support’ QR code card (which can be viewed her <https://staffs.padlet.org/alexandrabirch/mora-pare-guidance-bwlah9xjvwv7aemb>). It is difficult for PAs and PSs to be released from clinical shifts to attend non-mandatory training, and therefore this was felt to be the best approach.

“Students vary in their awareness of the information they receive regarding entry to the NMC professional register.”

It is not possible to ascertain if this was students across all three year groups that were concerned about this issue. SU has requested this information from the NMC, but have not received a reply.

“Year three students report receiving little information on this so far but believe that it will be covered in modules in the new year. Neither year one nor year two students knew how to register as a midwife upon programme completion.”

The requirements for completion of the programme are briefly discussed during Welcome Week in year one, when the role of the Lead Midwife for Education is also introduced. This is reinforced, more informally, throughout the programme and during discussions between students and AAs with regards to progress towards their proficiencies. During the 2023/24 academic year a session will be held on the 15th July 2024 for third years to discuss this in detail as this is an appropriate time to be outlining the process. There is also information on BlackBoard virtual learning environment which students can view at any time.

“Students provide some positive examples of the use of their learning time in placement areas but don’t feel that they’re always supernumerary due to the pressures on staffing levels in certain placement areas.”

	<p>It is not possible to ascertain if this was all student cohorts across all PLPs, and also not possible to ascertain if this was for all maternity placement areas (typically our students go to delivery suite/labour ward, antenatal/postnatal wards, community, midwifery led units, antenatal clinic and maternity assessment unit/triage). SU has requested this information from the NMC, but have not received a reply.</p> <p>There is an expectation, in line with the descriptors in the Midwifery Ongoing Record of Achievement (MORA), that second year students will meet proficiencies (as set out in the NMC's Standards of Proficiency for Midwives, 2019) by being able to <i>"contribute with decreasing supervision"</i>, and third year students should be able to <i>"demonstrate proficiency with appropriate supervision"</i>. This may result in a decreasing amount of supervision across the three years of the programme, at the discretion of the PS who will have an understanding of the level the student is working at and their abilities, however, it does not mean that they are unsupervised.</p> <p>As student numbers increase (and staffing numbers decrease in some placement areas) PLPs have devised different models to accommodate the students. Some PLPs, in some placement areas, have adopted a coaching model which may result in one PS overseeing more than one student. This is a recognised, evidence-based model which is supported by NHS England Workforce, Training and Education (funded pilots). Some PLPs have also adopted a team approach to their own staffing models (for example, in ward areas), which, again, may lead to one PS overseeing a number of midwifery students. This does not mean that the students are unsupervised or that they have fewer opportunities to gain experiences whilst on placement. SU places midwifery students at six different PLPs and they all adopt different staffing and student supervision models. The models will also be dependent upon the placement area, for example, it would be inappropriate for there to be more than one midwifery student per PS on delivery suite. SU has not received any feedback that this has happened to date.</p>
<p>17 – Evaluative narrative against key risk areas Theme three: Student Empowerment</p>	<p><i>"Students' induction experiences range from very poor to very good depending on their placement areas."</i></p> <p>It is not possible to ascertain if this was all student cohorts across all PLPs, and also not possible to ascertain if this was for all maternity placement areas (typically our students go to delivery suite/labour ward, antenatal/postnatal wards, community, midwifery led units, antenatal clinic and maternity assessment unit/triage). SU has requested this information from the NMC, but have not received a reply.</p> <p>There is a section with the eMORA on the PARE platform which is required to be signed off to evidence induction to each placement area. AAs monitor sign off of this on a regular basis (at least three times per academic year) and liaise with the CPF at the PLPs where this is not happening. This has also been raised across nursing and midwifery students at SU via the PARE placement evaluations. This issue has been raised at each PLPs PLPQG meeting by SU and the PLPs will attempt to improve completion rates with their PSs (this can be evidenced within the minutes of each meeting). This will be monitored via the PLPQG processes.</p>

“Year two students praise one practice supervisor that produced a comprehensive booklet on the placement area that was very useful to students regarding induction to placement.”

It is not possible to ascertain which PLP this relates to, and also not possible to ascertain which maternity placement area. SU has requested this information from the NMC, but have not received a reply.

“Students at UHNM report that placement capacity challenges the quality of their learning. Placement areas in male urology are provided due to lack of midwifery placements. Year two students report spending five weeks in medical and surgical and outpatient placements. This left students anxious about how to gain the SPM they need to qualify in midwifery at the end of the programme.”

It is a requirement of registration with the NMC for student midwives to be initiated into care in the field of surgery and initiated into care in the field of medicine. In order to address this requirement all students undertake a two-week placement at the end of their second year, which could include male urology and orthopaedics. In addition, SU has recently introduced an optional two weeks at the end of the third year (for students on track with their proficiencies and numbers) for students to experience a critical care placement areas (ED, ITU, HDU etc). The aim of this placement option is for students to gain a better recognition of a deteriorating patient (something midwives have been criticised for in the past).

Over the course of a three year programme, the weeks spent on non-maternity placements (recognising that this is an NMC requirement) does not impact the overall ability for students to address their midwifery proficiencies and numbers as has been evidenced in previous years graduate outcomes:

2022/23 – 97.1%

2021/22 – 85.5%

2020/21 – 95.0%

Having reviewed the allocation planners at all PLPs where second years are placed, the most time any student will spend on medical and surgical placement areas in their second year is two weeks. It is important that students are exposed to sufficient experiences for them to get meet all requirements of registration with the NMC, including those which are non-midwifery related.

“Other year two students perceive that students from another AEI are prioritised over students from SU.”

It is not possible to ascertain if this was all student cohorts across all PLPs, and also not possible to ascertain if this was for all maternity placement areas (typically our students go to delivery suite/labour ward, antenatal/postnatal wards, community, midwifery led units, antenatal clinic and maternity assessment unit/triage). SU has requested this information from the NMC, but have not received a reply.

Although SU has received anecdotal reports relating to this at UHNM, there is no evidence of this in practice. This has, however, been fed back to the PLP to pick up with midwifery staff.

“Some students provide examples of placements being overloaded, accommodating students from multiple AEIs with ineffective student allocation by shift, resulting in either a poor experience, short notice changes or inappropriate placement allocations.”

It is not possible to ascertain if this was all three year groups and across all PLPs that were concerned about this issue. SU has requested this information from the NMC, but have not received a reply.

As student numbers increase (and staffing numbers decrease in some placement areas) PLPs have devised different models to accommodate the students. Some PLPs, in some placement areas, have adopted a coaching model which may result in one PS overseeing more than one student. This is a recognised, evidence-based model which is supported by NHS England Workforce, Training and Education (funded pilots). Some PLPs have also adopted a team approach to their own staffing models (for example, in ward areas), which, again, may lead to one PS overseeing a number of midwifery students. This does not mean that the students are unsupervised or that they have fewer opportunities to gain experiences whilst on placement. SU places midwifery students at six different PLPs and they all adopt different staffing and student supervision models. The models will also be dependent upon the placement area, for example, it would be inappropriate for there to be more than one midwifery student per PS on delivery suite. SU has not received any feedback that this has happened to date.

“Year three students at UHNM feel that they receive their shifts late which affects their lives outside of the programme and often means that they’re placed on shifts without their identified practice supervisors. They report that this has been addressed in Leighton Hospital.”

SU aims for students to have their rota four weeks in advance of their placement. This is also communicated with the PLPs as it is their responsibility to plan and release the shifts to the students. Due to the dynamic nature of the maternity services within NHS PLPs, there are sometimes logistical issues in meeting the four week aim. Students are given the contact details for the placement areas where they are being allocated and it is their responsibility to make contact with those areas to get their rotas. This is communicated to students in their Placement Preparation sessions and in the Placement Handbook. Where issues arise with rotas, students make contact with the CPF at the PLP or with their AM/AA. The AM/AA then contacts the PLP and mediates in order to resolve the issue. This is an issue that has been fed back to SU by students placed at all six PLPs and has, in turn, been fed back to the PLPs via the ALTs.

“Year one students report that community placements are disorganised due to a lack of staff and them ‘having to compete with other students’ to take their turn to get proficiencies sign-off. These concerns have been raised with SU.”

The NMC have been asked if the visitors explored this issues further with the students (i.e. if any action was taken). SU has requested this information from the NMC, but have not received a reply.

	<p><i>“There’s a lack of consensus amongst students across all years as to whether the information provided in the PARE for placement evaluations is anonymous. Students tell us that if they believe this to not be anonymous this influences their confidence to respond openly and honestly on their placement experiences.”</i></p> <p>It is not possible to ascertain if students across all three year groups were concerned about this issue. SU has requested this information from the NMC, but have not received a reply.</p> <p>The placement evaluations requested via the PARE platform are anonymous. There is a process for identifying a student if there is a safety concern about their comments, however, a special request must be made and only certain individuals can access the name of the student related to their personal identifier. Should a safety or safeguarding issue arise, the ALT for the PLP that the evaluation relates to, would ask the students if they are willing to come forward as the person who raised the concern, rather than trying to identify them via the system. To date, this has only occurred once during the time the PARE system has been in place and the student was willing to identify themselves to the ALT.</p>
<p>18 – Evaluative narrative against key risk areas Theme three: Student Empowerment</p>	<p><i>“Students aren’t always protected from discrimination, harassment and other behaviours that can undermine their confidence.”</i></p> <p>It is not possible to ascertain if this was all student cohorts across all PLPs, and also not possible to ascertain if this was for all maternity placement areas (typically our students go to delivery suite/labour ward, antenatal/postnatal wards, community, midwifery led units, antenatal clinic and maternity assessment unit/triage). The NMC have been asked to provide examples so that SU can follow up. SU has requested this information from the NMC, but have not received a reply.</p> <p><i>“Some students at UHNM report witnessing bullying culture and unprofessional behaviours of staff.”</i></p> <p>It is not possible to ascertain if this was all student across all cohorts that raised this issue as a concern. SU has requested this information from the NMC, but have not received a reply.</p> <p>Where this has been raised historically at UHNM, the information was collated from a range of students on placement at that PLP, a meeting was arranged with another AEI to share their experience of the PLP (which was similar) and then a further meeting was arranged with the Director of Midwifery at the PLP. There was already a plan being implemented to address the culture in the PLP and this work is ongoing. The situation continues to be monitored through student feedback and regular meetings with the PLP.</p> <p><i>“More bullying type behaviours are perceived in UHNM than in other placement areas.”</i></p>

It is unclear if the visitors are referring to 'other PLPs' rather than 'other placement areas'. SU has requested this information from the NMC, but have not received a reply.

"The academic assessor hasn't been in contact with students on placement at UHNM."

It is not possible to ascertain if this was all students across all cohorts that raised this issue as a concern. SU has requested this information from the NMC, but have not received a reply.

SU's Midwifery Team have a 'Schedule of Contacts' for students to access which outlines when AAs will be visiting the PLP sites in person (at least once per month), when they will be available to support students (and staff) in practice via an online drop-in session (at least once per month) and when the online student forums are (arranged for all three year groups, by PLP, allocated for placement). This system is in place for all six PLPs, including UHNM, and all AAs complete SU's 'Practice Activity Log' each time they visit the PLP's site (which includes the staff and students they met with during their visit and any issues that were raised). The ALT for the PLP where the student is placed is also the AA (alternate years) as well as AM and, therefore, this appears to be contradictory to other accounts of students being supported by their AA.

"Students report receiving information about interruptions to their programme from lecturers at SU, however there are some students who are unclear about making up practice hours, with some being told they can use independent study days or reading weeks which have been reintroduced into the programme. Some students have up to 600 hours of practice time outstanding and are being told 'not to worry' and for this to be relooked at, at Easter. Students believe these hours will be added to their programme at the end, which would delay their programme completion and entering the workforce as a qualified midwife."

It is not possible to ascertain if this students from all cohorts and across the PLPs that raised this issue as a concern. SU has requested this information from the NMC, but have not received a reply.

Students miss placement hours for a range of reasons which usually relates to illness, mental health issues or personal circumstances. Some students miss significant amounts of time in practice, and where this occurs, they are supported by their AM and/or their AA. Students frequently ask if they can 'make-up' time during their independent study time, but as this forms part of the 2,300 hours of theory, this is not permitted. Students also ask if they can undertake additional shifts during their placement blocks. SU supports this where possible, ensuring that the working time directive continues to be upheld, and students do not exceed 48 hours in any given week. This is also dependent upon PLP and placement area capacity (as PLPs often have students from other AEIs as well as SU students). Students also request to be able to 'make-up' hours during holiday weeks. This cannot be accommodated during Christmas holiday due the lack of availability of staff at SU (and some roles within the PLPs) to

	<p>support students if an issue were to arise. Other holiday weeks may be considered, but it is recognised that students need to take some time 'off' theory and practice hours to maintain their own wellbeing. As such, this is only considered in exceptional circumstances and has to be agreed in a plan with the student, AM and/or AA and the PLP. SU recognises that, taking into account all of these factors, some students will not be able to complete on time as planned at the start of the programme.</p> <p>As evidenced in a previous response, a significant majority of our students complete their programme and go on to register as midwives with the NMC.</p> <p><i>“Students tell us that there isn’t a process for checking students’ achievements of the SPM, birth numbers or hours outstanding which would reassure them that they will complete on time.”</i></p> <p>It is not possible to ascertain if this was all students across all cohorts that raised this issue as a concern. SU has requested this information from the NMC, but have not received a reply.</p> <p>Students’ proficiencies and numbers are monitored on a regular basis (at least three times per academic year and more frequently if students have issues) by their AA and adjustments to their planners made in partnership with the PLP if required (such as additional time on delivery suite to achieve births). In addition, the students’ AM will also meet with them three time per year to review the academic and practice progress. It is at these reviews that any issues with their progress will be communicated (or earlier if urgent action is required).</p>
<p>19 – Evaluative narrative against key risk areas Theme four: Educators and assessors</p>	<p><i>“Some students tell us that both practice supervisors and practice assessors are unclear regarding their roles, responsibilities and the SPM they’re required to achieve at each stage of the programme. Students tell us that they sometimes feel that they’re teaching the midwives as to what they need to achieve and taking them through the MORA document.”</i></p> <p>It is not possible to ascertain if this was all student cohorts across all PLPs, and also not possible to ascertain if this was for all maternity placement areas (typically our students go to delivery suite/labour ward, antenatal/postnatal wards, community, midwifery led units, antenatal clinic and maternity assessment unit/triage). SU has requested this information from the NMC, but have not received a reply.</p> <p>Each PLP plans and prepares its own training for PAs and PSs (as well as ongoing support). This training is shared with SU by the six PLPs where midwifery students are based in order for them to be assured that it contains all relevant information. All PLPs linked to SU also host students from other AEs and therefore the training is also shared with them for comment. As there are no nationally dictated requirements for the training of PAs/PSs (no minimum time for the training, no set content, no profession specific requirements), this does lead to variation across PLPs. SU has created some resources for staff to access asynchronously via the ‘Midwifery Practice Assessor and Practice Supervisor Support’ QR code card (which can be viewed here https://linktr.ee/staffsuni_mid_practice_support), including a document called ‘University and Practice Staff Roles’ (which can be viewed here</p>

<https://staffs.padlet.org/alexandrabirch/university-and-practice-staff-roles-t6rh1gwg41tyfuor>).

“SSSA preparation is variable in addition to concerns with the transition from a paper MORA to the e-MORA and access to PARE has raised some challenges in practice.”

It is not possible to ascertain if this was students across all three year groups that were concerned about this issue. SU has requested this information from the NMC, but have not received a reply.

There has been no transition from a paper MORA to the eMORA. The previous BSc Midwifery Practice (Hons) programme made use of a paper practice assessment document (PAD) but it was not the MORA. Current students are on the Bachelor of Midwifery (Hons)(BMid) programme and all commenced on the eMORA and as such have not had to transition. One student has had to transition from the paper PAD to the eMORA due to taking an extended intermittance from the programme, but bespoke arrangements were put in place for their transition onto the new BMid programme from the BSc programme.

Access to PARE by PAs and PSs in practice has been fed back by students in every form of feedback they have access to. This is continually fed back to the PLPs by SU. In order to try to establish the root cause of the problems experienced by PAs and PSs in accessing the PARE platform and audit was undertaken at each PLP. The PLPs were asked to compare their lists of PAs and PSs amongst their midwifery workforce to the lists of those midwives who had been given a username and password to access PARE. It was confirmed that all midwifery PAs and PSs had a live account. An offer was made to PLPs during the Spring of 2023 to put on additional training sessions for staff to support them with PARE but there was a very poor uptake of this offer. Instead SU created some resources for staff to access asynchronously and via the ‘Midwifery Practice Assessor and Practice Supervisor Support’ QR code card (which can be viewed here <https://staffs.padlet.org/alexandrabirch/mora-pare-guidance-bwlah9xjvwv7aemb>). The PLPs believe that PAs and PSs are not accessing the activation email which they receive for their PARE account, but this is being addressed through line managers.

“Year three students at UHNM report challenges with the systematic physical examination of the newborn, as practice supervisors, practice assessors and CPF’s don’t understand this to be a programme requirement.”

It is not possible to ascertain if this was all student cohorts across all PLPs, and also not possible to ascertain if this was for all maternity placement areas (typically our students go to delivery suite/labour ward, antenatal/postnatal wards, community, midwifery led units, antenatal clinic and maternity assessment unit/triage). SU has requested this information from the NMC, but have not received a reply.

In a previous curriculum (BSc) it was not a requirement to complete the systematic examination of the newborn in order to qualify, but students did have the option to complete this and received a certificate of completion (to

improve their employability). The requirement to complete this is embedded within the BMid programme and requires sign off in the MORA. As such, there may be some misunderstanding amongst PAs and PSs in the crossover from one curriculum to another (the last cohort of the BSc completed in the academic year 2022/23). The ALTs now regularly attend mandatory training days at all PLPs where this message can be reinforced.

“Students tell us that continuity of care (case-loading) doesn’t seem to be planned appropriately, with year three students expressing concern that this won’t be achieved due to their placement allocations and the requirement not being introduced until year three of the programme. Year one and two students confirm that this isn’t currently an expectation of them in practice.”

Continuity of carer is embedded throughout the programme at SU (Level 4 Holistic Health Across the Reproductive Lifespan, Level 4 Introduction to the Safe and Effective Midwife 3, Level 5 Altered Health in Maternity Care, Level 5 Optimising Neonatal Care and Level 6 The Midwife as a Skilled Practitioner Module 7) and, to ensure a standardised approach to experiencing continuity of carer, SU requests that all students carry out ‘follow-through care’. They are expected to identify five women at the start of year three with the aim of ‘following them through’ to their postnatal discharge. Students are prepared for this during their theory hours and provided with a leaflet to support these discussions with women. Students may not be on a placement at the start of their year 3 where booking appointments occur, but they are supported to attend a booking clinic during their placement block.

SU is currently awaiting approval from the NMC for a re-write of the current curriculum, which will include a proposal of introducing ‘follow-through care’ from Year 1 (one woman), the progressing in Year 2 (two women) and completing in year 3 (three women).

“Intrapartum care experience isn’t an expectation of the programme in year one and year two. Students tell us that placements on labour ward are insufficient to meet the intrapartum proficiencies, or to achieve the required number of births, of which there’s guidance of this in the MORA document. Students tell us that final year students take priority over year two students and that final year students are ‘shoved into rooms.’”

It is not possible to ascertain if this was students across all three year groups and across all PLPs that were concerned about this issue. SU has requested this information from the NMC, but have not received a reply.

SU requires all PLPs to provide a minimum of exposure to intrapartum care, antenatal/postnatal ward care and community care for each part of the programme to allow students the breadth of experiences to enable them to sign off proficiencies. It is the responsibility of the PLPs to inform SU which specific placement areas students can be allocated to in order to meet these requirements and how many weeks of each they can accommodate. SU has evidence of this on the planners it shares with the students. Students can access these planners via the BlackBoard virtual learning environment or via QR code cards. Due to the pressures created during the Covid-19 pandemic, some prioritisation of third year students to gain the required number of births did

occur for certain cohorts (September 2020, September 2021), but they have now achieved their requirements and qualified. All students achieve their required numbers at different stages depending on maternity service circumstances. Students' proficiencies and numbers are monitored on a regular basis (at least three times per academic year and more frequently if students have issues) and adjustments to their planners made in partnership with the PLP if required (such as additional time on delivery suite to achieve births). All first years at all PLPs have an intrapartum placement (minimum of four weeks, with some PLPS accommodating more) as well as all second years at all PLPs (ranging from five to nine weeks).

“Whilst many students work with dedicated staff, who students say are good role models and are supportive and objective in their approach to supervision and assessment, this isn't consistent in all placement areas. For example, students report that some midwives in UHNM can be obstructive and openly state that they're unwilling to sign-off proficiencies.”

It is not possible to ascertain if this was all student cohorts across all PLPs, and also not possible to ascertain if this was for all maternity placement areas (typically our students go to delivery suite/labour ward, antenatal/postnatal wards, community, midwifery led units, antenatal clinic and maternity assessment unit/triage). The NMC have also been asked if the visitors explored this issues further with the students (i.e. If the students reported the issue, who they reported it to and if any action was taken). SU has requested this information from the NMC, but have not received a reply.

“Initial placement and interim placement meetings don't happen for all students across all placement areas.”

It is not possible to ascertain if this was all student cohorts across all PLPs, and also not possible to ascertain if this was for all maternity placement areas (typically our students go to delivery suite/labour ward, antenatal/postnatal wards, community, midwifery led units, antenatal clinic and maternity assessment unit/triage). SU has requested this information from the NMC, but have not received a reply.

At SU students are informed of the need to make contact with their PA as soon as possible once they commence placement and to arrange the initial meeting. Students have fed back to SU that this does not always occur in the first week. Where students have reported this, it has been fed back to the CPFs at the relevant PLPs. This message is also reinforced during mandatory training sessions at the PLPS which SU ALTs are invited to attend.

Students are also informed about when they need to arrange PA Reviews with the PAs. SU does not stipulate strict deadlines for the reviews but an approximate time which aligns with period of a block of placement, spaced evenly throughout the year. AAs check the students' MORA three times per year and where the initial meeting and/or PA Reviews have not been completed, the AA discusses the reasons with the student and then liaises with the CPF at the relevant PLP to resolve the issue.

	<p><i>“Students at UHNM tell us they’re not allocated a practice supervisor on a regular basis, may not be on the same shift or not know who they’re on with each day.”</i></p> <p>It is not possible to ascertain if this was all student cohorts and if this was for all maternity placement areas (typically our students go to delivery suite/labour ward, antenatal/postnatal wards, community, midwifery led units, antenatal clinic and maternity assessment unit/triage). SU has requested this information from the NMC, but have not received a reply.</p> <p>Students will be allocated PSs in line with the SSSA which does allow for students to work with more than one PS (and does not assign a minimum number of hours, shifts or percentage of time to work with one PS, as was previously the case when mentors were in place). It is the responsibility of the PLP to allocate students to PSs and to ensure that no student is unsupervised. Many midwives in the PLPs work part-time or may need to change their shifts at short notice. This can lead to difficulties of continuity for students with a single PS.</p>
<p>20 – Evaluative narrative against key risk areas Theme four: Educators and assessors</p>	<p><i>“Whilst some students report having effective supervision and assessment, this isn’t consistent across all students in all placement areas. Some students have to ‘chase’ practice supervisors to get proficiencies signed off and some didn’t reply to their emails which students tell us implies that they haven’t achieved as expected. Students provide examples of this.”</i></p> <p>It is not possible to ascertain if this was all student cohorts across all PLPs, and also not possible to ascertain if this was for all maternity placement areas (typically our students go to delivery suite/labour ward, antenatal/postnatal wards, community, midwifery led units, antenatal clinic and maternity assessment unit/triage). SU has requested this information from the NMC, but have not received a reply.</p> <p>This issue has been raised on a number of occasions by students to SU and is continually fed back to the PLPs via the ALTs to the CPFs and via other mechanisms, such as the PLPQG meetings and any mandatory training days attended at the PLPs. SU believes that a solution would be for PLPs to give PAs and PSs protected time during shifts to be able to complete student documentation effectively, however, due to service pressures, this is often not possible. This issue has also been raised at the Lead Midwife for Education (LME) Network meeting (a national meeting for all LMEs at universities across the UK).</p> <p><i>“Students tell us that the process of undertaking progression reviews between the practice assessor, academic assessor and themselves appears inconsistent with conflicting information being provided over the course of the programme. They’ve been told this is no longer required and that it doesn’t matter if all parties don’t attend. Students are unclear as to the correct process and refer to this as a tripartite arrangement.”</i></p> <p>It is not possible to ascertain if this was students across all three year groups that were concerned about this issue. SU has requested this information from the NMC, but have not received a reply.</p>

	<p>The ‘tripartite’ which students refer to is the Summative Holistic Assessment in the MORA. Prior to switching to the MORA, the final assessment of practice in each year was called the ‘tripartite meeting’ and therefore some historical terminology may still be being used. It is referred to as the tripartite meeting because involved the student, their mentor (previously) and their personal tutor (now called the AM). The same approach is now taken with the MORA and involves the student, their PA and their AA. The NMC’s Standards for Student Supervision and Assessment (SSSA) (2023) does not explicitly state that a Summative Holistic Assessment cannot happen unless all three parties are present and therefore SU has taken the stance that the AA should be present, however, if the only opportunity for a student and PA to meet is outside of SU’s working hours, then this should not delay the student’s progression. The AA will then review the Summative Holistic Assessment pages in the eMORA and complete the Summary of Progress page to demonstrate AA verification. AAs will also attempt to attend the Summative Holistic Assessment where possible, but if they cannot, due to logistical issues, they will join via Microsoft Teams. Students are made aware of these processes each year, but individual arrangements are made with students closer to the time of their Summative Holistic Assessment.</p> <p><i>“Students also report issues with practice supervisor and practice assessor login access to the e-MORA to sign-off proficiencies, practice experience records and to provide timely feedback on practice.”</i></p> <p>It is not possible to ascertain if this was all student cohorts across all PLPs, and also not possible to ascertain if this was for all maternity placement areas (typically our students go to delivery suite/labour ward, antenatal/postnatal wards, community, midwifery led units, antenatal clinic and maternity assessment unit/triage). SU has requested this information from the NMC, but have not received a reply.</p> <p>Access to PARE by PAs and PSs in practice has been fed back by students in every form of feedback they have access to. This is continually fed back to the PLPs by SU. In order to try to establish the root cause of the problems experienced by PAs and PSs in accessing the PARE platform an audit was undertaken at each PLP. The PLPs were asked to compare their lists of PAs and PSs amongst their midwifery workforce to the lists of those midwives who had been given a username and password to access PARE. It was confirmed that all midwifery PAs and PSs had a live account. An offer was made to PLPs during the Spring of 2023 to put on additional training sessions for staff to support them with PARE but there was a very poor uptake of this offer. Instead SU created some resources for staff to access asynchronously and via the ‘Midwifery Practice Assessor and Practice Supervisor Support’ QR code card (which can be viewed her https://staffs.padlet.org/alexandrabirch/mora-pare-guidance-bwlah9xjvwv7aemb). The PLPs believe that PAs and PSs are not accessing the activation email which they receive for their PARE account, but this is being addressed through line managers.</p>
20 – Evaluative narrative	<i>“Year three students report that continuity of care experience is only provided in year three, putting pressure on students to gain sufficient experiences.”</i>

<p>against key risk areas Theme five: Curricula and assessment</p>	<p>Continuity of carer is embedded throughout the programme at SU (Level 4 Holistic Health Across the Reproductive Lifespan, Level 4 Introduction to the Safe and Effective Midwife 3, Level 5 Altered Health in Maternity Care, Level 5 Optimising Neonatal Care and Level 6 The Midwife as a Skilled Practitioner Module 7) and, to ensure a standardised approach to experiencing continuity of carer, SU requests that all students carry out ‘follow-through care’. They are expected to identify five women at the start of year three with the aim of ‘following them through’ to their postnatal discharge. Students are prepared for this during their theory hours and provided with a leaflet to support these discussions with women. Students may not be on a placement at the start of their year 3 where booking appointments occur, but they are supported to attend a booking clinic during their placement block.</p> <p>SU is currently awaiting approval from the NMC for a re-write of the current curriculum, which will include a proposal of introducing ‘follow-through care’ from Year 1 (one woman), the progressing in Year 2 (two women) and completing in year 3 (three women).</p> <p><i>“Some year three students report midwives and midwifery managers needing more education and training on ‘leadership’ and people management skills to prepare working with student midwives and managing and leading services.”</i></p> <p>It is not possible to ascertain if this was all PLPs, and also not possible to ascertain if this was for all maternity placement areas (typically our students go to delivery suite/labour ward, antenatal/postnatal wards, community, midwifery led units, antenatal clinic and maternity assessment unit/triage). SU has requested this information from the NMC, but have not received a reply.</p> <p>Leadership and civility are embedded throughout the students’ programme but is most explicit in the Level 6 module ‘Midwife as a Colleague, Scholar and Leader’. The training of qualified midwives is the responsibility of the PLPs, however, we do feed these opinions back via evaluation mechanisms.</p>
<p>21 – Evaluative narrative against key risk areas Theme five: Curricula and assessment</p>	<p><i>“Students across the programme raise concerns about meeting specific SPM and programme requirements for example, births, systematic physical examination of the newborn and continuity of care or case-loading. Students tell us that there doesn’t appear to be a system in place to monitor how these are being achieved to provide reassurance to both students and the programme team and this causes great anxiety predominantly to students in their final year.”</i></p> <p>It is not possible to ascertain if this was all student cohorts across all year groups. SU has requested this information from the NMC, but have not received a reply.</p> <p>Students’ proficiencies and numbers are monitored on a regular basis (at least three times per academic year and more frequently if students have issues) by their AA and adjustments to their planners made in partnership with the PLP if required (such as additional time on delivery suite to achieve births). In addition, the students’ AM will also meet with them three time per year to review the academic and practice progress. It is at these reviews that any issues with their progress will be communicated (or earlier if urgent action is required).</p>

“Students tell us that their placements are at times ‘ad-hoc’, with insufficient exposure to labour ward. Year two students perceive that year three students are given priority and consequently don’t receive sufficient experience in year two as there are too many students.”

SU requires all PLPs to provide a minimum of exposure to intrapartum care, antenatal/postnatal ward care and community care for each part of the programme to allow students the breadth of experiences to enable them to sign off proficiencies. It is the responsibility of the PLPs to inform SU which specific placement areas students can be allocated to in order to meet these requirements and how many weeks of each they can accommodate. SU has evidence of this on the planners it shares with the students. Students can access these planners via the BlackBoard virtual learning environment or via QR code cards. Due to the pressures created during the Covid-19 pandemic, some prioritisation of third year students to gain the required number of births did occur for certain cohorts (September 2020, September 2021), but they have now achieved their requirements and qualified. All students achieve their required numbers at different stages depending on maternity service circumstances. All first years at all PLPs have an intrapartum placement (minimum of four weeks, with some PLPS accommodating more) as well as all second years at all PLPs (ranging from five to nine weeks).

“Students have varied understanding of how to make up missed time on placement. Not all possess clarity over ways of achieving this in time to complete their programme. Some students report using independent study days for additional ward shifts.”

It is not possible to ascertain if this was students across all three year groups and all PLPs that were concerned about this issue. SU has requested this information from the NMC, but have not received a reply.

Students miss placement hours for a range of reasons which usually relates to illness, mental health issues or personal circumstances. Some students miss significant amounts of time in practice, and where this occurs, they are supported by their AM and/or their AA. Students frequently ask if they can ‘make-up’ time during their independent study time, but as this forms part of the 2,300 hours of theory, this is not permitted. Students also ask if they can undertake additional shifts during their placement blocks. SU supports this where possible, ensuring that the working time directive continues to be upheld, and students do not exceed 48 hours in any given week. This is also dependent upon PLP and placement area capacity (as PLPs often have students from other AEs as well as SU students). Students also request to be able to ‘make-up’ hours during holiday weeks. This cannot be accommodated during Christmas holiday due the lack of availability of staff at SU (and some roles within the PLPs) to support students if an issue were to arise. Other holiday weeks may be considered, but it is recognised that students need to take some time ‘off’ theory and practice hours to maintain their own wellbeing. As such, this is only considered in exceptional circumstances and has to be agreed in a plan with the student, AM and/or AA and the PLP. SU recognises that, taking into account all of these factors, some students will not be able to complete on time as planned at the start of the programme.

Yours sincerely

A handwritten signature in black ink, appearing to read 'Mike Phillips', written in a cursive style.

Mike Phillips

Executive Dean of the School of Health, Education, Policing and Sciences