

**2013-14**

**Annual monitoring report of performance in mitigating  
key risks identified in the NMC Quality Assurance  
framework for nursing and midwifery education**

Programme provider	Edinburgh Napier University
Programmes monitored	Registered Nurse - Children; Registered Midwife – 18 month and three years
Date of monitoring event	15-16 January 2014
Managing Reviewer	Brenda Poulton
Lay Reviewer	Kate Taylor
Registrant Reviewer(s)	Julia Winter, Nicola Clark
Placement partner visits undertaken during the review	<p>Children's Ward: St. John's Hospital, Edinburgh            Ward 11(ante/postnatal): St. John's Hospital, Edinburgh            Forthview Nursery School            Children's Community Team: NHS Lothian            Neurology Ward: Edinburgh Children's Hospital            Midwife Led unit, Victoria Hospital, Kirkcaldy.            Community Midwifery, Queen Margaret Hospital, Dunfermline            Community Midwifery South West, Sighthill Health Centre            Pregnancy and Parent Centre, Edinburgh            Lothian Birth Centre, Royal Infirmary of Edinburgh</p>
Date of Report Publication	4 July 2014

## Introduction to NMC QA framework

The Nursing and Midwifery Council is the professional regulatory body for nurses and midwives in the UK. Our role is to protect patients and the public through efficient and effective regulation. We aspire to deliver excellent patient and public-focused regulation. We seek assurance that registered nurses and midwives and those who are about to enter the register have the knowledge, skills and behaviours to provide safe and effective care.

We set standards for nursing and midwifery education that must be met by students prior to entering the register. Providers of higher education and training can apply to deliver programmes that enable students to meet these standards. The NMC approves programmes when it judges that the relevant standards have been met. We can withhold or withdraw approval from programmes when standards are not met.

Published in June 2013, the NMC's QA framework identified key areas of improvement for our QA work, which included: using a proportionate, risk based approach; a commitment to using lay reviewers; an improved 'responding to concerns' policy; sharing QA intelligence with other regulators and greater transparency of QA reporting.

Our risk based approach increases the focus on aspects of education provision where risk is known or anticipated, particularly in practice placement settings. It promotes self-reporting of risks by Approved Education Institutions (AEIs) and it engages nurses, midwives, students, service users, carers and educators.

Our QA work has several elements. If an AEI wishes to run a programme it must request an approval event and submit documentation for scrutiny to demonstrate it meets our standards. After the event the QA review team will submit a report detailing whether our standards are "met", "not met" or "partially met" (with conditions). If conditions are set they must be met before the programme can be delivered.

Review is the process by which the NMC ensures AEIs continue to meet our standards. Reviews take account of self-reporting of risks and they factor in intelligence from a range of other sources that can shed light on risks associated with AEIs and their practice placement partners. Our focus for reviews, however, is not solely risk-based. We might select an AEI for review due to thematic or geographical considerations. Every year the NMC will publish a schedule of planned reviews, which includes a sample chosen on a risk basis. We can also conduct extraordinary reviews or unscheduled visits in response to any emerging public protection concerns.

This annual monitoring report forms a part of this year's review process. In total, 16 AEIs and 32 programmes were reviewed. The programmes have been reviewed by a review team including a managing reviewer, nurse and midwifery reviewers and a lay reviewer. The review takes account of feedback from many stakeholder groups including academics, managers, mentors, practice teachers, students, service users

and carers involved with the programmes under scrutiny. We report how the AEI under scrutiny has performed against key risks identified at the start of the review cycle. Standards are judged as “met”, “not met” or “requires improvement” When a standard is not met an action plan is formally agreed with the AEI directly and is delivered against an agreed timeline.

Summary of findings against key risks					
Resources	1.1 Programme providers have inadequate resources to deliver approved programmes to the standards required by the NMC	1.1.1 Registrant teachers hold NMC recordable teaching qualifications and have experience /qualifications commensurate with role			
	1.2 Inadequate resources available in practice settings to enable students to achieve learning outcomes	1.2.1 Sufficient appropriately qualified mentors / sign-off mentors / practice teachers available to support numbers of students			
Admissions & Progression	2.1 Inadequate safeguards are in place to prevent unsuitable students from entering and progressing to qualification	2.1.1 Admission processes follow NMC requirements	2.1.2 Programme providers' procedures address issues of poor performance in both theory and practice	2.1.3 Programme providers' procedures are implemented by practice placement providers in addressing issues of poor performance in practice	2.1.4 Systems for the accreditation of prior learning and achievement are robust and supported by verifiable evidence, mapped against NMC outcomes and standards of proficiency
Practice Learning	3.1 Inadequate governance of and in practice learning	3.1.1 Evidence of effective partnerships between education and service providers at all levels, including partnerships with multiple education institutions who use the same practice placement locations			
	3.2 Programme providers fail to provide learning opportunities of suitable quality for students	3.2.1 Practitioners and service users and carers are involved in programme development and delivery	3.2.2 Academic staff support students in practice		
	3.3 Assurance and confirmation of student achievement is unreliable or invalid	3.3.1 Evidence that mentors, sign-off mentors, practice teachers are properly prepared for their role in assessing practice	3.3.2 Mentors, sign off mentors and practice teachers are able to attend annual updates sufficient to meet requirements for triennial review	3.3.3 Records of mentors / practice teachers are accurate and up to date	
Fitness for Practice	4.1 Approved programmes fail to address all required learning outcomes that the NMC sets standards for	4.1.1 Students achieve NMC learning outcomes, competencies and proficiencies at progression points and for entry to the register for all programmes that the NMC sets standards for			
	4.2 Audited practice placements fail to address all required learning outcomes in practice that the NMC sets standards for	4.2.1 Students achieve NMC practice learning outcomes, competencies and proficiencies at progression points and for entry to the register for all programmes that the NMC sets standards for			
Quality Assurance	5.1 Programme providers' internal QA systems fail to provide assurance against NMC standards	5.1.1 Student feedback and evaluation/ Programme evaluation and improvement systems address weakness and enhance delivery	5.1.2 - concerns and complaints raised in practice learning settings are appropriately dealt with and communicated to relevant partners		
Standard Met		Requires Improvement		Standard Not met	

## Introduction to Edinburgh Napier University's programmes

The School of nursing, midwifery and social care at Edinburgh Napier University (ENU) was reapproved to deliver pre-registration nursing and midwifery programmes in 2011. This monitoring review focuses on the pre-registration nursing child field and pre-registration midwifery, three year and 18 month shortened programmes. To date the programmes implemented in 2011 are reported as successful by students, mentors and employers.

As a result of the Scottish Government workforce analysis the number of student midwives educated in Scotland was reduced from September 2011. Subsequently, the number of providers of midwifery education was reduced to three, of which ENU was one. Further workforce analysis has led to a 40% increase in midwifery students across Scotland, from September 2013. ENU has taken on new practice placement providers in NHS Fife and NHS Forth Valley. This risk has been well managed by the university and placement providers with students being given extra support.

Midwifery mentors are well prepared for grading of practice with link lecturer support as required. The early years framework supports the introduction of maternity placements for children's nursing students and this has evaluated well with students and service managers. The NMC standards for pre-registration nursing child and pre-registration midwifery are met.

The monitoring visit took place over two days and involved visits to practice placements to meet a range of stakeholders.

## Summary of public protection context and findings

Our findings suggest that the admissions process has been improved by the values based interview approach. All stakeholders agree that this is an effective tool in ensuring that students have the necessary personal attributes to work appropriately with service users, including good communication skills and adaptability. Such improvements are fundamental to achieving the selection of candidates demonstrating the care and compassion required for public protection.

The university has effective policies and procedures for managing poor performance of students in both theory and practice. A robust fitness to practise process manages incidents of concern, such as poor academic performance and professional misconduct. We found evidence of the effective implementation of these procedures and examples of where students have had conditions imposed or their programme terminated. Furthermore, we are confident that practice placement providers have the confidence and knowledge to implement the cause for concern policy in situations where students are not achieving the required competencies and may be a danger to public protection.

We found effective partnership between the university and its practice placement

partners in both the public and private sectors. This partnership is evident in dealing with clinical governance issues and the prompt removal of students from unsuitable placement areas. The partnership is further enhanced by established joint appointments between the university and some of its practice placement partners.

Our findings show that the university has responded proactively in managing the changes in workforce demand for midwives. Increased support has been introduced to newly acquired midwifery placement areas. Members of staff have been seconded to support students and mentors to ensure shared understanding of documentation and consistency of grading of midwifery practice, a key issue for public protection.

The inclusion of the compassionate connections project in the midwifery programmes is a positive step towards the improvement of maternal and child health in Scotland. The project contributes to the achievement of essential skills, particularly in assessment and communication, and evaluates well with midwifery students.

We found that students feel confident and competent to practise at the end of their programme and to enter the NMC professional register. Mentors and employers describe students completing the programmes as fit for practice and purpose.

The university alerted us to a few clinical governance issues which may impact on the student experience. Our discussions with students, lecturers and practice personnel have given us confidence that all these issues have been appropriately addressed and that student experience and public protection is assured.

### Summary of areas that require improvement

None noted.

### Summary of areas for future monitoring

- The development of the academic in practice role.
- Assessment of pre-registration child students at year one progression point by non-nurses.
- The accuracy and consistency of grading of practice between sign-off mentors in pre-registration midwifery programmes.
- Response rates to student evaluation surveys.
- Service user involvement in programme development and delivery.

### Summary of notable practice

#### Admissions and Progression

The values based group interviews, used as part of the recruitment process enhance partnerships as clinical managers co-facilitate the groups. Both the programme team and clinical partners judge this as an effective approach to ensure that students have

the necessary personal attributes to work appropriately with service users, including good communication skills and adaptability.

ENU is committed to reducing student attrition rates. The Peer Assisted Student Support (PASS) project has the potential to help meet this commitment. It involves senior students in support of new and prospective students. Currently about 50 volunteer nursing and midwifery students are enrolled in the project, which aims to improve retention and progression of students, and to enhance the experience of both junior and senior students.

### **Fitness for practice**

Compassionate connections is a project led by NHS Education for Scotland (NES) to support the improvement of maternal and child health in Scotland. The learning resource provided by the project forms part of the midwifery programme, and uses stories, based on real experiences of maternity care staff and women, as a vehicle for learning. This contributes to the achievement of essential skills, particularly in assessment and communication. The scenarios used in the resource have the potential to be adapted for other health and social care programmes, and whilst the project is only currently rolled out across Scotland a member of the project team has been invited to present the findings at an international conference.

## **Summary of feedback from groups involved in the review**

### **Academic team**

The academic team includes staff with dual contracts (clinical). The team has developed close working partnerships with local placement providers and has systems in place to support students in both theory and practice learning, in order to ensure that the relevant NMC standards are met.

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

We found that for both pre-registration child and midwifery students there are sufficient appropriately qualified mentors with access to mentor training and updates. Records of mentors, mentor updates, triennial reviews and audits are held in each practice area and are accurate and up to date. Employers and clinical managers are satisfied with children's nurses and midwives graduating from ENU; and are receptive to supporting students through their consolidation placement and offering employment to newly registered nurses and midwives. There are effective and supportive working relationships between ENU programme teams and practice placement partners. Clinical staff report that students recruited through the values based interviewing approach show confidence and adaptability in their patient interactions and use these attributes to apply skills based learning in practice. Mentors/sign-off mentors and practice educator facilitators (PEFs) report a high level of satisfaction with their roles.

### **Students**

We found that students are positive about their choice of university and complimentary about their experience at all levels within the programmes.

### **Service users and carers**

We found evidence of direct involvement of users and their families in many aspects of midwifery services. Child health nurses collect evidence of users and carers feedback on their services. There are several other examples of the indirect influence of contact with service users and carers which are not always recognised by students. Opportunities exist to expand this involvement in e.g. video recording, non-verbal responses to interventions with children, comments on placement providers' audits, use of carers in simulation training packages.

### **Relevant issues from external quality assurance reports**

Pentland Hill Nursing Home – In June 2013 there was an initial referral from NHS Lothian followed by a poor Care Inspectorate report and police investigation. As a result students were removed and re-allocated and the placement was suspended.

Findlay House (NHS Lothian) – In December 2012 a student complained about poor standards of care. There was an NHS investigation completed and actions taken. The work with mentors by the link lecturer and PEFs is ongoing and students will be re-introduced to the placement in 2014.

There are a further seven placements currently suspended as a placement learning environment for students:

Four of these are care homes which have had unsatisfactory / poor Care Inspectorate reports.

One is a NHS Lothian ward where in November 2013 there was a drug error involving a student followed by a statement about poor practice. The students were removed and re-allocated and the placement suspended pending an NHS investigation.

One area has insufficient mentors combined with leadership issues.

One area was suspended following a mentor report of staff suspensions.

At the monitoring visit we found that all these clinical governance issues are controlled and well managed.

(see 3.1.1)

### **Evidence / Reference Source**

1. Edinburgh Napier University Self-assessment report 2013-14
2. Meeting with Nurse Directors, 15 January 2014



### Follow up on recommendations from approval events within the last year

Teacher programme approved April 2013:

Recommendations include:

- To further explore the role of IT/distance learning in the delivery of modules.
- To consider offering students the opportunity to teach in formal settings if not part of the students' normal roles.

We were informed that online delivery is now integrated into the programme. Potential applicants must have a teaching role within their job specification and access to students enrolled on NMC approved programmes. The recommendations are fulfilled.

### Evidence / Reference Source

1. Minutes of meeting of programme approval panel, 25 April 2013
2. Meetings with programme leader and senior lecturer, 15 January 2014

### Specific issues to follow up from self-report

All actions highlighted in the self-report are complete. Specific issues followed up include:

#### **Identification of students at risk of non-completion.**

The average attrition rate for the midwifery programme is 4% but higher for the child field. The university has put strategies in place to improve attrition by 2-3% year on year. One of the initiatives is the PASS project. This involves senior students supporting new and prospective students. Currently there are about 50 volunteer midwifery and nursing students enrolled in the project which aims to improve retention and progression of students and enhance experience of both junior and senior students.

#### **Use of maternity placements for children's nursing students.**

The overall outcomes for maternity placements for children's nursing students are positive (see 4.1.2).

#### **Embedding of compassionate connections across all fields of practice and midwifery.**

The leadership in compassionate care programme is a collaboration between ENU and NHS Lothian which established Beacon wards as centres of excellence for compassionate care. This has now been embedded into the midwifery programme using the compassionate connections learning resources.

#### **Monitoring new practice placement provision.**

New practice placements in NHS Forth Valley and NHS Fife are being given extra support (see 3.1.1).

### Evidence / Reference Source

1. AEI self-assessment report 2013-14
2. Combined NMC programme annual reports: Bachelor of Nursing (BN), Bachelor of Midwifery (BM), mentorship November 2013
3. Powerpoint presentation PASS (undated)
4. Meeting with pastoral support adviser, 15 January 2014
5. Interviews with students, 15- 16 January 2014
6. Meetings with senior managers, PEFs, clinical leads, 15-16 January 2014

## Findings against key risks

### Key risk 1 – Resources

- 1.1 Programme providers have inadequate resources to deliver approved programmes to the standards required by the NMC**
- 1.2 Inadequate resources available in practice settings to enable students to achieve learning outcomes**

Risk indicator 1.1.1 - registrant teachers hold NMC recordable teaching qualifications and have experience / qualifications commensurate with role

What we found before the event

All programme leaders have NMC recordable teaching qualifications. Furthermore, academic staff with a professional qualification have NMC recorded recordable teaching qualifications or are working towards achievement. The school maintains a well administrated electronic record ensuring that nursing and midwifery teachers maintain their registration with the NMC and these are checked on a monthly basis with the NMC registration database. There is a clear academic induction procedure for new staff which includes planning to undertake the postgraduate teaching certificate where necessary.

Processes are in place to ensure nurses and midwives meet 20% of their time in practice through link lecturing, research or practice/policy development. Lecturers maintain a profile document of locations, activities and percentage of workload

dedicated to practice related activity.
What we found at the event
<p>The school has robust systems to ensure that lecturers maintain their registration and hold recorded teaching qualifications. We evidenced this by scrutinising the documents and checking the NMC register.</p> <p>Staff CVs demonstrate that lecturers engage in scholarly activities which enhance their teaching role.</p> <p>A Lead Midwife for Education (LME) is in post and is supported by the university to undertake her role effectively, liaising with commissioners and external stakeholders. The LME has responsibility for strategic planning and the management of staff resources. The role and responsibilities meets NMC requirements.</p>
Evidence / Reference Source
<ol style="list-style-type: none"> <li>1. Previous NMC Monitoring Report, March 2011</li> <li>2. NMC register checked 18 January 2013</li> <li>3. Edinburgh Napier university, Academic Induction Procedure April 2012</li> <li>4. School of Nursing, Midwifery &amp; Social Care, Practice Teaching Profile (undated)</li> <li>5. Staff CVs</li> </ol>
Risk indicator 1.2.1 - sufficient appropriately qualified mentors / sign-off mentors / practice teachers available to support numbers of students
What we found before the event
<p>There is a clear process for allocating students to mentors in practice learning environments.</p> <p>Capacity to accommodate student numbers has been a problem, particularly in community placements and children's services in NHS Lothian.</p> <p>Service redesign in NHS Borders did impact on student placements but is less of a challenge this year. PEFs review mentor capacity and demand for student placements to ensure sufficient mentors are available. Additionally, there is the challenge of one annual intake for the child field, which means that more students are out on placement at one time.</p>

### What we found at the event

#### Child:

Despite moving to one annual intake, there are sufficient placements for allocated student numbers, with each student paired with an appropriately qualified mentor. Some have capacity to accommodate more students. There is an annual contract for numbers of students and managers work closely with ENU to manage student allocation.

#### Midwifery:

There are sufficient sign off mentors to cater for student numbers. The new midwives appointed show enthusiasm for continuing professional development (CPD) and there is no shortage of applicants for the mentor programme.

### Evidence / Reference Source

1. Interview with Operational Manager NHS Borders, 15 January 2014
2. Edinburgh Napier (ENU) University Process for allocation of practice learning experience, November 2013
3. NHS Education for Scotland, Performance Management of Pre- registration nursing and midwifery education. Executive Directors report for 2013 Annual Reviews: NHS Lothian July 2013
4. Education for Scotland, Performance Management of pre- registration nursing and midwifery education Executive Directors Report for 2013 Annual Reviews: NHS Borders July 2013
5. Child field: Mentor e–database held and maintained by each ward /unit manager, 15-16 January 2014
6. Child field: Database of staff development held and maintained by each ward /unit manager, 15-16 January 2014
7. Child field: ward/unit student allocation information. 15-16 January 2014
8. Midwifery: mentor registers, interviews with sign off mentors, clinical managers, midwifery lecturers, student midwives and the PEF 15-16 January 2014
9. Interviews with service managers, 15 January 2014

**Outcome: Standard met**

Comments: no further comments.

Areas for future monitoring: none.

Findings against key risks
<p><b>Key risk 2 – Admissions &amp; Progression</b></p> <p><b>2.1 Inadequate safeguards are in place to prevent unsuitable students from entering and progressing to qualification</b></p>
<p>Risk indicator 2.1.1 - admission processes follow NMC requirements</p>
<p>What we found before the event</p>
<p>The clear admissions policy includes face to face interviews conducted jointly with practice placement partners. Interview panel members must have all undertaken equality and diversity training in the last two years.</p> <p>Recently group interviews were introduced for selection in nursing and midwifery programmes. Service users/carers, practitioners and lecturers are all involved. There is limited evidence as to how service users/carers are involved in selection for the child field.</p> <p>The approval panel for the pre-registration nursing programme recommended that the service user involvement model used in the selection process for learning disability and mental health be extended to adult and child fields.</p> <p>Midwifery programmes have established service users/carers involvement in recruitment and selection by linking with the pregnancy and birth centre. There is evidence of a user/carer representative on midwifery interview panels but not for the child health field.</p> <p>All entrants have disclosure Scotland and occupational health screening at commencement of the programme.</p> <p>Students self declare good health and good character on an annual basis.</p> <p>There is a flow chart for monitoring good health and good character.</p> <p>All applicants are assessed for literacy, numeracy and computer based communication skills.</p> <p>The school has a system for supporting students with additional needs in the academic setting and in practice (cross university policy).</p>
<p>What we found at the event</p>
<p>Child:</p>

Students prefer the group interview method as it is less intimidating than a one to one interview. Practice placement partners report that the process gives more opportunity to observe communication skills, compassion and enthusiasm. The admission process for child health student nurses is managed jointly by ENU and their clinical partners.

Clinical managers co-facilitate the values based group interviews used as part of the recruitment process.

Both the programme team and clinical partners judge the values based interview approach as an effective tool in ensuring that students have the necessary personal attributes to work appropriately with service users, including good communication skills and adaptability. The service user perspective is considered in group interviews for children's nursing, by inclusion of a service user generated question.

#### Midwifery:

Midwives are involved in the recruitment and selection process and many attend for the interview process.

Service user links are strong. They are involved in the recruitment process and undertake NHS training for equality and diversity.

The documentary and verbal evidence presented demonstrates the admission processes meet NMC requirements.

Students confirm that they declare good health and good character on an annual basis.

#### Evidence / Reference Source

1. Previous NMC Monitoring Report 2011
2. Policy for interviewing applicant to undergraduate nursing or midwifery programme (undated)
3. Disclosure Scotland – PVG checks (undated)
4. Self declaration of good health and good character 14 August 2012
5. Policy for monitoring good health and good character (undated)
6. NMC Approval report: Pre registration nursing, 2011
7. Examples of Good Practice – Service user and carer involvement, 27 November 2013
8. Exemplar Interview Plan summer, 2013
9. Support for students with additional needs (undated)
10. Queen Margaret University, Edinburgh Napier University & University of Edinburgh, Supporting nursing and midwifery students with disability in practice placements: A guide for mentors (undated)
11. Poster School evaluation results of group interviews (undated)
12. Interviews with service managers, 15 January 2014
13. Interviews with clinical staff and students re admissions process, 15-16 January 2014
14. Interviews with sign off mentors, student midwives, midwifery managers, midwifery lecturers and the PEFs.

15-16 January 2014
Risk indicator 2.1.2 - programme providers procedures address issues of poor performance in both theory and practice
What we found before the event
<p>There are clear procedures and protocols to raise 'cause for concern' where a student is not progressing either academically or in practice. A flow chart demonstrates the cause for concern process.</p> <p>The university has student conduct regulations and fitness to practise processes. The former deal with academic and non-academic conduct and both include fitness to practise arrangements as required.</p> <p>The programme handbook provides information for students regarding fitness to practise; self-declaration of good health and good character; and cause for concern. Students are given instruction on these processes as part of their orientation sessions.</p> <p>The whistle blowing policy was approved at the practice placement committee in December 2013. Following this the existing flowchart will be reviewed.</p>
What we found at the event
<p>During the last academic year (2012/13) there were 21 fitness to practise cases investigated, of which 18 were adult field, three midwifery and nine post-registration students. The majority of these resulted in outcomes of no further action. Three students are currently undertaking periods of professional supervision; two students left the programme; one was withdrawn; one is currently suspended; and one case is outstanding.</p> <p>Students receive good support from their personal development tutor (PDT) including regular reviews of progress. Support for academic skills development is available through central university services.</p>
Evidence / Reference Source
<ol style="list-style-type: none"> <li>1. Previous NMC Monitoring Report 2011</li> <li>2. Fitness to Practise policy and processes 27 November.2013</li> <li>3. Terms of reference, remit and membership of the Fitness to practise panel (undated)</li> <li>4. Whistle Blowing policy: Flowchart (undated)</li> <li>5. Whistle Blowing policy: reporting form (undated)</li> </ol>

<ol style="list-style-type: none"> <li>6. Whistle blowing and guidance for students, December 2013</li> <li>7. Assessment Regulations Edinburgh Napier 2013/14</li> <li>8. BN Nursing (Child): competence booklet 2013/14</li> <li>9. Interviews with students, 15-16 January 2014</li> </ol>
<p>Risk indicator 2.1.3- programme providers procedures are implemented by practice placement providers in addressing issues of poor performance in practice</p>
<p>What we found before the event</p>
<p>Mentors have confidence in the university system for managing non progressing students. A cause for concern flow chart is available in each setting to inform on the reporting process. Academic staff, mentors and students are fully aware of these procedures.</p>
<p>What we found at the event</p>
<p>Child :</p> <p>Clinical managers and mentors fully understand the processes for managing poor performance and these are explained in the students' practice assessment documents. The cause for concern flow chart is on display in placement areas visited.</p> <p>Students and staff confirm that cause for concern can cover students having concern about what they have observed in placements. Students and staff have confidence that such issues are thoroughly investigated.</p> <p>All midwifery mentors and PEFs know the process to follow should a student not be achieving, and the process works well.</p>
<p>Evidence / Reference Source</p>
<ol style="list-style-type: none"> <li>1. Previous NMC Monitoring Report 2011</li> <li>2. Mentor and clinical staff interviews 15-16 January 2014</li> <li>3. Reporting a cause for concern – Flow chart, undated</li> </ol>
<p>Risk indicator 2.1.4 - systems for the accreditation of prior learning and achievement are robust and supported by verifiable evidence, mapped against NMC outcomes and standards of proficiency</p>



What we found before the event
There is a policy for recognition of prior learning (RPL). The shortened route for graduates requires applicants to map prior learning against the three year programme. Conversion route applicants must demonstrate that practice hours meet the minimum standard of 2300 hours.
What we found at the event
RPL claims for conversion from adult to child; shortened route; and one midwifery transfer demonstrate effective processes. The child field students are aware of the facility for entry with RPL and a check-list is included in the first year handbook.
Evidence / Reference Source
<ol style="list-style-type: none"> <li>1. Management of recognition of prior learning 27 November 2013</li> <li>2. Example RPL transcripts - 2013</li> <li>3. Guidance to students (undated)</li> <li>4. Ongoing achievement record (Oar) BN Nursing(child) 2013/14</li> <li>5. Interviews with students, 15-16 January 2014</li> </ol>
<b>Outcome: Standard met</b>
Comments: no further comments
Areas for future monitoring: none

<b>Findings against key risks</b>
<p><b>Key risk 3- Practice Learning</b></p> <p><b>3.1 Inadequate governance of and in practice learning</b></p> <p><b>3.2 Programme providers fail to provide learning opportunities of suitable</b></p>

<p><b>quality for students</b></p> <p><b>3.3 Assurance and confirmation of student achievement is unreliable or invalid</b></p>
<p>Risk indicator 3.1.1 - evidence of effective partnerships between education and service providers at all levels, including partnerships with multiple education institutions who use the same practice placement locations</p>
<p>What we found before the event</p>
<p>The university and practice placement partners have developed service level agreements (SLA), clearly setting out responsibilities of all stakeholders in the preparation of nurses and midwives.</p> <p>Timelines are set for the review and completion of SLAs with NHS and non NHS placement providers, including dates and partners who are responsible for sign off.</p> <p>Examples of partnership working include: practice placement and education committee (PPEC); ENU audit sub group committee; joint education forums; practice learning improvement project; mentorship steering group; child health professional nurse forum; midwifery partnership committees and group; midwifery supervision group.</p> <p>Audits of all practice learning environments are documented as being up to date.</p> <p>Based on NES standards for practice placements (NES 2003), ENU, in collaboration with the University of Edinburgh and Queen Margaret University, has developed practice placement standards. These set out procedures for approval of practice placements and the procedure for audit of practice placements. Audit teams include a senior nurse, a mentor, a link lecturer and a PEF. Audit documentation is clear and detailed.</p>
<p>What we found at the event</p>
<p>It was found that clinical governance issues are discussed at senior level between ENU and practice placement providers. As appropriate this will involve link lecturers and PEFs and be included as agenda items at partnership meetings. There is a clear process for removal of students from unsuitable practice learning environments. Several staff members have joint appointments with offices in both ENU and the NHS board. This affords opportunity to have dialogue with appropriate ENU staff to share developments of new service policies.</p> <p>NHS Forth Valley and NHS Fife have recently become practice placement partners and still have students in other Scottish universities. There are common principles for audit and representation on practice placement committees. NES are working with universities and health boards to develop a common assessment tool.</p> <p>To support midwifery students from the Stirling area ENU has employed the LME from</p>

<p>the University of Stirling (0.2 WTE) to assist in the transition.</p> <p>All practice placement partners told us that partnership working with ENU is highly effective.</p> <p>Visits to two non NHS providers confirmed there are detailed SLAs with good support from link lecturers.</p> <p>Students reported positive experience of situations where students from other areas were present.</p> <p>There is very strong partnership working between the link lecturers and the placement teams. The LME meets regularly with clinical midwifery managers and there are partnership forums where workforce development needs are agreed; examples of these are lead midwives Scotland group, the midwifery placement support group and maternity services liaison committee.</p>
<p>Evidence / Reference Source</p>
<ol style="list-style-type: none"> <li>1. Service Level Agreement between Edinburgh Napier University and NHS Board November 2013</li> <li>2. Service Level Agreements with Edinburgh Napier University and NHS and non NHS providers, Proposed timeline for completion November 2013</li> <li>3. Edinburgh Napier University, Examples of partnership working, undated</li> <li>4. Edinburgh Napier University Practice learning database, 28 November 2013</li> <li>5. Lothian and Borders Practice placement and education handbook, a guide for health professionals involved in the supervision of student nurse/midwives and other learners in practice placements. 4th edition May 2012.</li> <li>6. Interviews with senior managers, practice learning leads, operational managers and clinical nurse managers. 15 January</li> <li>7. PowerPoint presentation: Midwifery provision summary, 15 January 2014</li> <li>8. Interviews with children's nursing placement staff, 15 January 2014</li> </ol>
<p>Risk indicator 3.2.1 - practitioners and service users and carers are involved in programme development and delivery</p>
<p>What we found before the event</p>
<p>There is an ongoing commitment to service user and carer involvement, demonstrated within pre-registration nursing and midwifery and included in the service user and carer (SUC) strategy. The SUC feedback form is included in all pre-registration nursing practice learning documents. As students progress through the nursing programmes they are encouraged to be more proactive in obtaining user feedback: Year one: SUC feedback is requested by mentor and discussed with the student; year two: the student is present but SUC feedback is facilitated by mentor; year three: the student facilitates feedback with the mentor present. Following discussion with the SUC the student is</p>

<p>encouraged to write a short reflective account. The midwifery programme promotes SUC involvement in assessment of students. SUCs evaluate care delivered by student midwives and students write reflective accounts. The challenges for SUC involvement in the child health field and midwifery programmes is addressed by making links with SUC representatives and projects/organisations.</p>
<p>What we found at the event</p>
<p>The clinical academic strategy is building capacity among PEFs and mentors to become more involved in curriculum development and teaching as part of their professional development.</p> <p>Child :</p> <p>Young people help as simulated patients for student objective structured clinical examinations (OSCEs). Students must gain feedback from a SUC from two placements each year. This contributes to the judgement made regarding suitability to progress and to register on completion of the programme.</p> <p>Students and mentors routinely collect and document feedback from service users/ carers as part of placement assessment.</p> <p>Service users' stories are videoed for training purposes.</p> <p>Midwifery:</p> <p>Service users and practising midwives are actively involved as panel members in the interview process for the midwifery programme. Midwives and service users are involved in some of the teaching of student midwives and included in programme development.</p>
<p>Evidence / Reference Source</p>
<ol style="list-style-type: none"> <li>1. Examples of Good Practice – Service user and carer involvement 27 November 2013</li> <li>2. Bachelor of Nursing and Midwifery Service User and Carer Strategy June 2012</li> <li>3. Service User/Carer Feedback November 2012</li> <li>4. Interview with joint appointment lecturer 15 January 2014</li> <li>5. Discussion with mentors, midwifery managers, lecturers, PEFs and service user, 15-16 January 2014</li> <li>6. Simulated patient programme: <a href="http://www.napier.ac.uk/ISHsite/centres/scsc/Pages/SPP.aspx">http://www.napier.ac.uk/ISHsite/centres/scsc/Pages/SPP.aspx</a></li> <li>7. Service user feedback in placement requirements in BN Nursing (Child): Competence booklet</li> </ol>
<p>Risk indicator 3.2.2 - academic staff support students in practice</p>

What we found before the event
All practice placements have a named link lecturer, who is a member of the academic staff. Contact details are displayed in clinical areas.
What we found at the event
We found that link lecturers give regular and timely support; participate in mentor update sessions either as part of the mandatory timetabled days or on a bespoke basis as required; and assist clinical managers in the management of placement capacity. Child field mentors and clinical managers are able to name link lecturers and other university staff available to support practice placement concerns. Midwifery link lecturers are easily contactable and responsive.
Evidence / Reference Source
<ol style="list-style-type: none"> <li>1. BN Programme Handbook 2013/14</li> <li>2. Interviews with child field clinical management staff and Practice education facilitator (PEF) 15-16 January 2014</li> <li>3. Meetings with midwives, managers, Head of midwifery, PEFs and student midwives. 15-16 January 2014</li> </ol>
Risk indicator 3.3.1 - evidence that mentors, sign-off mentors and practice teachers are properly prepared for their role in assessing practice
What we found before the event
<p>ENU offers a mentorship programme with places allocated proportionately depending on the number of mentors required in each practice area. PEFs in NHS Lothian and Borders have developed a range of mentor updates for mentors. Practice placement assessment documentation requires mentors to provide details of their last annual update. Local mentor databases record mentor updates and triennial reviews.</p> <p>All the necessary documents, e.g. list of mentor updates, and enrolment are provided via the online mentor centre.</p> <p>The role of the sign off mentor in midwifery is clearly articulated in midwifery assessment documentation.</p>

<p>What we found at the event</p>
<p>Child:</p> <p>We were told that staff members undertake mentor preparation approximately two years after qualifying.</p> <p>All mentor databases seen show all listed mentors holding mentor qualifications with a suitable number of sign-off mentors.</p> <p>A review of placement assessment feedback shows appropriate and consistent feedback between mentors.</p> <p>Midwifery:</p> <p>The sign-off mentors told us they feel prepared for their role. Most confirm that grading of practice documentation has been explained prior to the student being on placement, and for two midwives who said that they did not understand the documentation the link lecturer provided an explanation on an individual basis. For the clinical area which previously took students from another university, mentors are supported to deal with different documentation.</p>
<p>Evidence / Reference Source</p>
<ol style="list-style-type: none"> <li>1. Live register of mentors e- databases and staff development e databases. 15-16 January 2014</li> <li>2. Completed placement summative feedback sheets for child field, viewed 16 January 2014</li> <li>3. Bachelor of Midwifery Programme Competency assessment book 2013/14</li> <li>4. Interviews with students and mentors, 15-16 January 2014</li> </ol>
<p>Risk indicator 3.3.2 - mentors, sign off mentors and practice teachers are able to attend annual updates sufficient to meet requirements for triennial review</p>
<p>What we found before the event</p>
<p>The mentorship framework emphasises the obligation to attend regular mentor updates and the importance of triennial review.</p> <p>NHS Lothian and NHS Borders support mentorship training and updates.</p>
<p>What we found at the event</p>
<p>Practice education leads have developed a comprehensive portfolio for mentors to</p>

provide evidence, over a three year period, demonstrating how requirements for triennial review are met.

Child :

We found that annual updates for all nurses working in NHS Lothian are incorporated into mandatory update study days and facilitated by the PEF and link lecturers.

Mechanisms for self-update are also available.

Link lecturers offer individual updates if required.

The record of updates and triennial reviews for each staff member checked is up to date.

Midwifery:

We found that all sign off midwives attend for their annual update and meet the requirements of the triennial reviews, which are clearly documented on the mentor register. Clinical managers have no issue releasing staff to attend for the updates or to undertake the mentor preparation programme.

#### Evidence / Reference Source

1. Education for Scotland, Performance management of pre- registration nursing and midwifery education Executive Directors Report for 2013 Annual reviews
2. NHS Borders & NHS Lothian Mentorship Portfolio of Evidence (draft) (undated)
3. Guidance on mentor self-update: the Napier mentor centre viewed 15 January 2014
4. Live e-database of mentors and staff development. Viewed 15-16 January 2014
5. Interviews with sign off midwives, clinical managers, PEFs and Head of midwifery, 15-16 January 2014

Risk indicator 3.3.3 - records of mentors / practice teachers are accurate and up to date

What we found before the event

Systems are in place to ensure accurate updating of live mentor registers.

What we found at the event

We found that clinical managers and practice education facilitators have access to online records and update them regularly.

Child:

We viewed online records and found that a small number of mentors had not updated their records. However, the clinical manager is able to identify valid reasons for these

<p>omissions e.g. staff on maternity leave.</p> <p>Midwifery:</p> <p>The mentor register is clear and up-to-date, with evidence of annual updates and triennial reviews. Omissions are justified by the PEF as mentors are off sick or on maternity leave.</p>
<p>Evidence / Reference Source</p>
<ol style="list-style-type: none"> <li>1. Live e-database of mentors and staff development. viewed 15-16 January 2014</li> <li>2. Meeting with the PEFs, 15-16 January 2014</li> </ol>
<p><b>Outcome: Standard met</b></p>
<p>Comments:</p> <ul style="list-style-type: none"> <li>• There is significant progress in service user involvement in the planning, delivery and evaluation of the child field programme. However, the university is seeking innovative ways of more directly involving service users in the programme.</li> <li>• Overall, midwifery mentors feel well prepared for the grading of practice. However, extra support is being given to help mentors who hitherto have worked with documentation from a neighbouring university.</li> </ul>
<p>Areas for future monitoring:</p> <ul style="list-style-type: none"> <li>• Service user involvement in course development and delivery.</li> <li>• The accuracy and consistency of grading of practice between sign off mentors in pre-registration midwifery programmes.</li> </ul>

<p><b>Findings against key risks</b></p>
<p><b>Key risk 4 - Fitness to Practice</b></p> <p><b>4.1 Approved programmes fail to address all required learning outcomes that the NMC sets standards for</b></p> <p><b>4.2 Audited practice placements fail to address all required learning outcomes in practice that the NMC sets standards for</b></p>
<p>Risk indicator 4.1.1 - students achieve NMC learning outcomes, competencies and proficiencies at progression points and for entry to the register for all programmes that</p>



the NMC sets standards for
What we found before the event
<p>Child:</p> <p>The school of nursing, midwifery and social care has a simulation and clinical skills centre where students can learn and practice clinical skills. This enables replication of a hospital ward (paediatrics and adult). Clinical skills taught map to essential skills clusters (ESC). Some practice placement partners participate in clinical skills sessions.</p> <p>In response to Scottish Government Early Years Framework ENU has introduced maternity placements in year one of the child health field programme.</p> <p>The Hub and Spoke project commenced in November 2012 and has a dedicated project worker.</p>
What we found at the event
<p>Child:</p> <p>We found that requirements for progression are clearly articulated in ENU assessment regulations and in practice assessment documents. There is clear evidence that students achieve NMC learning outcomes at progression points and for entry to the NMC register.</p> <p>Students have a detailed competency based framework against which they are measured and staff and students are able to identify progression points.</p> <p>Cancellation of lectures and access to skills teaching is rarely an issue but in the event of this happening students are promptly informed and alternate arrangements are made.</p> <p>The clinical skills facility is valued by students who have acceptable levels of access.</p> <p>We found that first year students gain experience in local authority nurseries. This may necessitate students being assessed at the year one progression point by non-nurses (nursery teachers). The programme team currently have in place mechanisms to ensure that such staff meet the guidance requirements as described in NMC (2010) standards for pre-registration nursing education.</p> <p>Practice placement partners are satisfied that qualifying students exiting the programme are fit for practice and fit for purpose.</p>
Evidence / Reference Source
<ol style="list-style-type: none"> <li>1. Edinburgh Napier University Clinical skills strategy School of nursing midwifery and social care version, 3</li> </ol>

<p>November 2013</p> <ol style="list-style-type: none"> <li>2. Combined Programme annual report 2013</li> <li>3. BN Child Nursing: Competence booklet 2013/14</li> <li>4. OAR Pre-registration nursing; Child health field. 2013/14</li> <li>5. Summative clinical assessment paperwork (child field) viewed 16 January 2014</li> <li>6. Interviews with students, 15-16 January 2014</li> <li>7. Interviews with managers, 15-16 January 2014</li> </ol>
<p>Risk indicator 4.2.1 - students achieve NMC practice learning outcomes, competencies and proficiencies at progression points and for entry to the register for all programmes that the NMC sets standards for</p>
<p>What we found before the event</p>
<p>Midwifery:</p> <p>The school of nursing, midwifery and social care has a simulation and clinical skills centre where students can learn and practice clinical skills. This enables replication of a labour ward to prepare students for this birthing area.</p> <p>Midwifery practice is graded. A detailed practice marking tool is completed by sign off mentors with a comprehensive guide to scoring included in the competency assessment book.</p>
<p>What we found at the event</p>
<p>Midwifery:</p> <p>We found that requirements for progression are clearly articulated in ENU assessment regulations and in practice assessment documents. Furthermore, there is evidence that students achieve NMC learning outcomes at progression points and for entry to the NMC register.</p> <p>Mentors are given extra support to ensure consistent grading of practice.</p> <p>Compassionate connections is a project lead by NES to support the improvement of maternal and child health in Scotland. The learning resource provided by the project forms part of the midwifery programme and uses stories, based on real experience of maternity care staff and service users as a vehicle for learning. This contributes to achievement of essential skills, particularly in assessment and communication.</p> <p>Practice placement partners are satisfied that qualifying students exiting the programme are fit for practice and fit for purpose.</p>

<b>Evidence / Reference Source</b>
<ol style="list-style-type: none"> <li>1. Edinburgh Napier University , Bachelor of Midwifery programme, Competency assessment book 2013/14</li> <li>2. OAR Pre registration midwifery 2013/14</li> <li>3. Interviews with students and managers, 15-16 January 2014</li> <li>4. NHS Education for Scotland, Compassionate Connections, Story Worlds learning resource demonstrated 15 January 2014</li> </ol>
<b>Outcome: Standard met</b>
<p>Comments:</p> <ul style="list-style-type: none"> <li>• In line with NMC standards, first year children’s nursing students may gain experience in nurseries and as such may have some of their competences assessed by non-nurses. We are satisfied that the university has put in the necessary safeguards to ensure accurate and safe assessments are undertaken.</li> </ul>
<p>Areas for future monitoring:</p> <ul style="list-style-type: none"> <li>• Assessment of pre-registration child students at year one progression point by non-nurses.</li> </ul>

<b>Findings against key risks</b>
<p><b>Key risk 5- Quality Assurance</b></p> <p><b>5.1 Programme providers' internal QA systems fail to provide assurance against NMC standards</b></p>
<p>Risk indicator 5.1.1 - student feedback and evaluation/ Programme evaluation and improvement systems address weakness and enhance delivery</p>
<p>What we found before the event</p>
<p>The module evaluation forms the basis of the module leaders’ reports. Module evaluations are discussed at the module board and the board of studies.</p> <p>At the end of each practice placement students have the opportunity to complete an evaluation of their experience and the learning environment. Practice placement</p>

<p>evaluations form the basis of the annual audit of practice placements that are reported to the practice placement committee. The programme team respond to on-going comments and issues raised.</p> <p>Students also have the opportunity to formally raise any concerns via class representatives at the programme board of studies.</p>
<p>What we found at the event</p>
<p>It was found that effective evaluation processes are in place. We viewed placement audits, student and mentor evaluations of clinical placements and subsequent action plans.</p> <p>Children’s nursing students confirm they have the opportunity to feedback and that mechanisms for responding to student evaluations are explicit and appropriate. An example given was how module feedback from a previous cohort is shared with subsequent cohorts with details of how this has impacted on module/programme design.</p> <p>Midwifery students complete placement and module evaluations and changes have been made in response to feedback. Clinical areas receive placement evaluation feedback via the link lecturer or the PEF.</p> <p>Programme teams are mindful that evaluation return rates could be improved across all programmes. NES is developing an online evaluation system and it is hoped this will improve the evaluation process.</p>
<p>Evidence / Reference Source</p>
<ol style="list-style-type: none"> <li>1. Combined Programme annual report, 2013</li> <li>2. Placement audit list, 2013</li> <li>3. Student placement evaluations, 2013</li> <li>4. Interviews with child field students, 15-16 January 2014</li> <li>5. Clinical audits, student placement evaluations, mentor evaluations and placement profiles. - viewed 15-16 January 2014</li> <li>6. Discussion with student midwives, sign off mentors, director and co-ordinator of the Pregnancy and Parent centre, PEFs and midwifery lecturers,- 15-16 January 2014</li> <li>7. Student reflections - viewed 16 January 2014</li> </ol>
<p>Risk indicator 5.1.2 - concerns and complaints raised in practice learning settings are appropriately dealt with and communicated to relevant partners</p>

<p>What we found before the event</p>
<p>The three partner universities in collaboration with NHS Lothian and NHS Borders have a clear cause for concern reporting policy. Any new risks identified by practice placement providers are reported to the chair of the practice placement and education committee. Students are made aware of how to escalate concerns in practice.</p> <p>External examiners engage with both theory and practice elements of the programmes.</p>
<p>What we found at the event</p>
<p>We found that students are given clear guidance about the importance of, and the process for escalating concerns. This information is found in their practice assessment documentation.</p> <p>Everyone we spoke to knew the process for escalating and raising concerns. The student midwives suggested they would feel uncomfortable raising concerns in the practice setting and would rather go to the university lecturers as they felt they would be better supported. This is an option within the cause for concern process. No one we spoke to had initiated the process or been part of it.</p> <p>The mentors would go to the link lecturer if it concerned a student.</p> <p>We saw evidence that external examiners engage with theory and practice in both programmes.</p>
<p>Evidence / Reference Source</p>
<ol style="list-style-type: none"> <li>1. University of Edinburgh, EDU, Queen Margaret University, NHS Borders, NHS Lothian Lothian and Borders Practice placement committee record of concern identified within practice settings - undated</li> <li>2. External examiner reports for midwifery and child field programmes academic year 2012/13</li> <li>3. Interviews with student midwives, sign off mentors, Director and co-ordinator of the Pregnancy and Parent centre, PEFs and midwifery lecturers. 15-16 January 2014</li> <li>4. The process flowchart for escalating concerns is in the placement documentation for each year of study.</li> </ol>
<p><b>Outcome: Standard met</b></p>
<p>Comments:</p> <ul style="list-style-type: none"> <li>• The mechanisms for student feedback and evaluation clearly address weaknesses and enhance delivery. However, the university is seeking ways of improving student response rates.</li> </ul>

Areas for future monitoring:

- Response rates to student evaluation surveys.

### Personnel supporting programme monitoring

#### Initial visit on 16 December 2013 prior to monitoring event. Meetings with:

Senior Teaching Fellow, School Director of Academic Quality  
 BM Midwifery Programme Leader  
 BN Child Health Programme Leader  
 Joint Appointment: Lead Practitioner for Practice Education NHS Lothian – Senior Lecturer Edinburgh Napier University, Module Lead for Mentorship  
 Senior Lecturer for Practice Learning (Secondment), Programme Leader for Learning Disabilities  
 Joint Appointment: Head of Service – Training & Professional Development NHS Borders – Senior Lecturer Edinburgh Napier University  
 Senior Lecturer/ Lead Midwife for Education, Subject Group Leader, Midwifery & Child Health  
 Head of School  
 Assistant Dean, Faculty Health Life and Social Sciences

#### During monitoring event. Meetings with:

Head of School  
 Nurse Director, NHS Lothian  
 Associate Nurse Director, NHS Lothian  
 Interim Professional Lead/Operational Manager – Midwifery NHS Borders  
 Head of Service: Training & Professional Development, NHS Borders Senior Lecturer, Edinburgh Napier University (joint appointment)  
 Clinical nurse manager, Royal Hospital for Sick Children, Edinburgh  
 Senior lecturer/ Lead midwife for education, Subject group leader, Midwifery and child health  
 Senior teaching fellow, School Director of Academic Quality  
 Senior lecturer for practice learning (secondment)  
 Programme leader for learning disabilities  
 Academic conduct officer, Senior teaching fellow,  
 Senior lecturer – clinical skills

<p>BN Child health programme leader</p> <p>BM programme leader</p> <p>Lead Practitioner for practice education, NHS Lothian , Senior lecturer, Edinburgh Napier University module leader for mentorship (joint appointment)</p> <p>Senior lecturer, Edinburgh Napier University Module Leader for Mentorship</p> <p>Clinical nurse manager, Royal Hospital for Sick Children, Edinburgh</p> <p>Faculty advisor of studies</p> <p>Lecturer (shadowing faculty advisor of studies)</p> <p>Senior lecturer and Senior teaching fellow, Subject group leader for mental health and learning disabilities</p> <p>Head of academic practice, programme leader: Postgraduate certificate in teaching and learning</p> <p>Pastoral care advisor</p> <p>Senior lecturer, lead nurse in compassionate care</p> <p>Acting Senior lecturer/child health lecturer</p>
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Meetings with:

Mentors / sign-off mentors	25
Practice teachers	0
Service users / Carers	3
Practice Education Facilitator	2
Director / manager nursing	5
Director / manager midwifery	6
Education commissioners or equivalent	0
Designated Medical Practitioners	0



Other:	<p>3</p> <p>Local Authority education nursery teacher.</p> <p>Director of Pregnancy and parent centre</p> <p>Manager of Pregnancy and parenting centre.</p>
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Meetings with students:

<b>Student Type</b>	<b>Number met</b>
Nursing - Child	Year 1: 2 Year 2: 2 Year 3: 2 Year 4:
Midwifery three years	Year 1: 3 Year 2: 2 Year 3: 3