University of East Anglia

School of Nursing Sciences

UNIVERSITY OF EAST ANGLIA

School of Nursing Sciences
Faculty of Medicine and Health Sciences

Volume A
Curriculum Document

BSc (Hons) Midwifery (shortened)

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School of Nursing Sciences
Programme Information Sheet

Programme title	BSc (Hons) Midwifery Shortened
Name of Awarding institution	University of East Anglia
Name of Teaching institution(s)	University of East Anglia
Mode(s) (full time/part time)	Full Time
Cohort Size and number of Intakes	Normally between 10 and 20 students (subject to annual negotiation between Commissions and School) via one intake per year.
Duration of Programme	84 weeks
Final Award/title	BSc (Hons) Midwifery
School	School of Nursing Sciences (NSC)
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1.0 INTRODUCTION TO THE CURRICULUM

1.1 Structure of the validation documents

Six documents are submitted for the validation of the BSc (Hons) Midwifery (Shortened) programme:

Volume A - Curriculum Document

- Section 1 - Development, Structure, organisation
- Section 2 - Programme Specification Document
- Section 3 - Teaching and Learning Strategies
- Section 4 - Assessment Strategy
- Section 5 - Resources
- Section 6 - Mechanisms for Quality Assurance.
- Section 7 - Programme Specification
- Section 8 – Mapping to Professional Standards
- Section 9 - Glossary

Appendices indicated in this document can be found in Volume F.

Volume B - Assessment of Practice Documentation

This contains the students' formal practice assessment guidance and practice assessment documentation for the three practice modules: Professional Practice I,II and III of the BSc (Hons) Midwifery (Shortened). It contains specific information relating to the practice assessment requirements, the process by which students are to be assessed and the necessary documentation for formative and summative assessment for each module.

The assessment of practice has been developed to meet the Nursing and Midwifery Council (NMC) midwifery education competencies (NMC 2009) with the Essential Skills Clusters along with the Midwifery Benchmark requirements (QAA 2001). It acknowledges the requirement for practice to be graded for direct hands-on care (NMC 2009).

Volume C - Programme Handbook for the BSc (Hons) Midwifery (Shortened)

This document contains information specific to this programme for the student and supports the University's Handbook detailed below. It provides information related to aspects of the students' experiences on the programme including: the midwifery-specific support, the available learning opportunities of relevance for midwifery practice, avenues of support and student responsibilities.

Volume D - University Undergraduate Student Handbook

This handbook aims to give new and continuing students a central reference point for University-wide regulations, processes and guidance to help and

support students through their studies. It provides links to key areas of information held on the relevant sections of the university's student-focused intranet sites.

Volume E- Clinical Requirements to meet European Union Directive

A student midwife must record certain aspects of their clinical experience in a verifiable manner in order to satisfy the requirements of the NMC (2009) Standards for Pre-registration Education: Annexe v, Point 5.5.1, the European Union (EU) and Article 40 (training of midwives) of Directive 2005/36/EU. As such there are essential clinical requirements which students are required to achieve in order to be eligible for registration as a midwife with the NMC.

This document is also used as a 'passport' to record mandatory aspects of learning to comply with the legislation for Practice Education Partner's (PEP) health and safety requirements.

Volume F- The Appendices Document

This contains the relevant appendices which are referred to within this document (Volume A) and serves as a resource for the panel members.

Volume G- Curriculum Vitae of Midwifery Lecturers

1.2   Rationale for the Curriculum Design and Delivery

The 84-week pre-registration midwifery programme provides the route for the Registered Nurse (RN) – Adult, to become a Registered Midwife (RM). The programme leads to the award of BSc (Hons) Midwifery (Shortened) and provides eligibility to be registered with the Nursing and Midwifery Council (NMC) as a Registered Midwife (RM). The University of East Anglia (UEA) provides both of the recognised Pre- registration routes into midwifery. The 84 week programme complies with the minimum length of 78 weeks (NMC 2009) for those level 1 adult nurses with advanced standing by virtue of a current registration with the NMC. It is only adult nurses who have this eligibility.

The midwifery team of lecturers at UEA have been providing the shortened midwifery programme since 1995. Experience gained over this time in managing the learning needs of these particular students have led us to the decision to return to delivering a programme at BSc rather than Postgraduate Diploma to better reflect the profile of applicants who are seeking to become midwives through this route.

The local Heads of Midwifery value the balance of experience within their workforce amongst Bands five and six in providing care and service for women with complex care needs. They equally value the means this programme gives them to respond swiftly to unexpected pressures of workforce attrition due to the shorter interval from start to registration.

The current NMC Standards for Pre-registration Midwifery Education (NMC 2009) and the Subject Specific Benchmark Statements for Midwifery Quality Assurance Agency for Higher Education (QAA 2001) direct the professional outcomes for this programme. As such the programme will prepare the registrant for an autonomous role leading the care of women experiencing normal childbirth in line with Article 42 of Directive 2005/36/EU for the activities of midwife within EU member states. The development team have addressed the requirement for pre-registration preparation to prepare the registrant for confident and competent practice in normal midwifery. Equally vital is the preparation enabling registrants to use clinical assessment and decision-making skills to provide relevant midwifery care and support and recognise and respond to adverse changes as necessary in order to manage immediate urgent needs and make prompt and effective referrals. In such events the midwife supports the referral and sustains a midwifery lead within a multidisciplinary team when normal processes are compromised. This supports the policy of midwives being the first point of contact for pregnant women (DH 2004) and reflects the capacity needed for autonomy required by the NMC stated within the Pre-registration Standards for Midwifery Education (2009).

The recent report by Francis (Department of Health (DH) 2013) reinforce the importance of sensitivity and compassion. Such values are critical at the initial meeting between the midwife and the woman while being relevant to all areas of midwifery practice thereafter. The relationship of these values with accountability and professional integrity has particular relevance in the context of autonomy. Such values are necessary for progression across this programme and take account of the strategic implementation of Compassion in Practice (Cummings; Bennet 2012) with care, compassion, courage, communication, competence and commitment being reflected across the programme.

For women whose health and social circumstances are more complex the need to engage the relevant agencies and professionals supporting referral and maintaining a midwifery lead within the multidisciplinary team is paramount. Midwives need to be skilled, autonomous practitioners within the context of inter-professional/interagency networks and pathways and hospital-based multidisciplinary teams since all women, whether their needs are complex or normal, require a midwifery contribution to their care. The importance of a recognised professional coordinator of information and activity who is central to the woman's care is shown repeatedly in Saving Mothers Lives (Lewis 2011). This position is reinforced through the UK wide review of services, Midwifery 2020 Delivering Expectations (DH 2010), in which the future midwifery provision is set out as a framework to guide policy makers in each of the four countries.

The policy drivers stemming from the National Service Framework for Children and Young Adults (DH 2004), Maternity Matters Report (DH 2007), Midwifery 2020 (DH 2010) acknowledge a social model of care for normal childbirth in the UK. While care for most childbearing women is led by midwives, social circumstances surrounding the lives of women can impact negatively upon their health, their pregnancy and that of the fetus and neonate. As such the position

afforded by the UK role of the midwife provides a key platform for the building of trusting partnerships with health services for the longer term. The midwife becomes a catalyst for improving the health of families through effective referral and support, providing a key coordinating role across the childbearing period as midwives and agents of public health. The role laid down within the Midwives Rules and Standards (NMC 2012) effectively positions the midwife as a key member of the multidisciplinary team in community settings. Improvement of health outcomes and the positive impact upon families by addressing the imbalance posed through inequalities of health was stated within the series of reports initiated by Lord Darzi (DoH 2008, 2009) and more recently reinforced through Marmot (2010) and Midwifery 2020. Of particular importance is the support extended to fathers, particularly young fathers, in influencing positive health outcomes for the family, both short and longer term.

The emphasis on providing an autonomous lead for normal care and fulfilling a coordinating role when multiprofessional involvement exists, serve to illustrate the complexity of skills required for the future midwife. The steps taken to strengthen quality of provision around care for vulnerable groups, public health in general and the increasingly complex health needs of women reflect a changing workforce for midwifery. The King's Fund Report, 'Safe Births: Everybody's Business' (2008) and the NICE (2007) recommendations for acutely ill patients in hospital highlights the significance of sound preparation for the midwifery role regarding women whose health is less than optimal. For those women who are, or who become ill during childbearing, both National Health Service Trusts and women require midwives to be conversant with the recognition of deteriorating health for safe immediate responses and contribution to the ongoing management of such care. These reports and the findings of Saving Mothers Lives, Reviewing Maternal Deaths to make Motherhood Safer (Lewis 2011), The King's Fund Report, 'Safe Births: Everybody's Business' (2008) and the NICE (2007) recommendations for acutely ill patients in hospital all highlight the importance of being able to respond and manage the complex, while balancing the needs for individuality and normality. Using suitably managed care pathways for ill, vulnerable, disadvantaged women and their families, social factors surrounding age, obesity, mental health and long term conditions have an explicit focus within the curriculum. However, this is balanced with the NMC (2009) position within the Pre-registration Education Standards, to create midwives who upon registration are able to fulfil an autonomous role in the provision of midwifery-led care. These midwives will act as partners with women and their families to navigate them across services while providing a midwifery lead for integrated pathways (DH 2008a DH 2010) within the context of a family-centred approach to improve health.

1.3 Curriculum Development Process

The process for developing this curriculum has been led by the Lead Midwife for Education (LME) and the Course Director (CD) with the Programme Development Team comprising the Module Organisers, User Representation, Practice Education Facilitator, and PEPs. Other members of the midwifery

teaching team have contributed through regular curriculum related sessions and critical review alongside key members of the School responsible for teaching quality, undergraduate provision, assessment and resources.

The current shortened pre-registration midwifery programme provides eligibility for registration as a midwife with a Postgraduate Diploma Award. Since its approval in 2009 and the changes in the economic climate, recruitment has become predominantly local with applicants seeking the programme for professional registration rather than an advanced academic award. This validation for a BSc (Hons) level award is to enable us to attract those applicants who are currently not eligible to apply for the programme.

A recent review of the programme to enable us to build on its strengths, respond more effectively to lecturer and student feedback and better reflect our local workforce was led by the Lead Midwife for Education with the Course Director. This involved a range of activities; the findings were shared across a series of discussions between the Lead Midwife for Education, Programme Team Members, Head of School, Norfolk and Suffolk County Workforce Group, Heads of Midwifery along with the members of the School's senior management during the autumn. The resulting decision to revalidate the shortened pre-registration programme at BSc (Hons) level was supported by Faculty, School, the programme's external examiner, along with the workforce commissioners. The conclusions of this review taking us to a validation are summarised in Tables 1, 2 and 3 on the following pages. The review included:

- Exit data of those choosing to leave
- Analysis of the circumstances of those students with academic fails..
- Focus group findings with current and new cohorts
- Evaluation of module and placements via existing processes
- Review of admission data and information gained at open events
- Acknowledged greater demand for BSc level than Postgraduate Diploma

The development process has taken full account of this information with findings incorporated into the new programme. Equally we have responded to Mentor feedback via link activity and Mentor updates and the service-user perspective through the Midwifery Service User Forum, stakeholder event and Programme Management Committee. Last year's student and Mentor survey regarding aspects of placement assessment and support also influenced (Appendices, 3.2).

The findings supported earlier feedback data via the School's formal mechanisms of student and Mentor evaluation as part of module and programme quality monitoring activities.

While we have been aware that actions in response to module feedback have achieved some positive effects, the overarching trends in our review of students' experiences suggested greater benefit to their learning and overall experience could only be gained by structural and process changes. Since these could only be achieved through validation this was proactively sought one year earlier than required. Changes we have made to the programme for existing cohorts include;

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- Reduction of the four week neonatal placement to a week long experience following introduction of transitional care services.

- A more extensive hub and spoke rotation in placement within Antenatal Services to help students gain greater understanding of these areas (please see the Programme Handbook, Volume C, for more information on the hub and spoke rotation).

- Realignment of summative assessments which help students pace their work more effectively.

- Introduction of 'transition to studentship' sessions to support the adjustment to a learner status during the Normality and Public Health Module.

- A proactive 'touch-base' approach by Link lecturers and Personal Advisers via e mail during placements in addition to the tripartite placement support.

- Making placements as long as possible, though the current programme structure constrained the scope within which we could amend these particularly within the Module Professional Practice II.

Development activity following the review included: meetings with the Heads of Midwifery, a stakeholder workshop with Service User representation and feedback on draft documents.

Table 1- Strengths of Current Programme

Retention of a spiral approach to the modules' placements and content The current structure using three Phases enables the students have a close alignment of theory and practice. This is achieved through a theory and practice module running concurrently in each Phase of the programme. Each Phase of the programme successfully support students' progression towards autonomous practice moving from foundation to complex then holistic practice. Each phase recognises the students' transferable skills as an RN.
Tri-partite relationship in the assessment of practice Link lecturers provide support to both students and Mentors in the managing untoward learning events, formative stages of practice assessment, action planning, and when additional support in respect of disability is necessary.
Summative assessment of management of childbearing emergencies Lectures, workshops and a series of formative activities with computer assisted technology provide the reality for these emergencies as well as in placement. Students' judgements, decisions, knowledge and skills are strengthened through such engagement. Assessed by Supervisors of Midwives and lecturers, the programme team, Heads of Midwifery (HOM) and the Local Supervising Authority Midwifery Officer (LSAMO) value the assessment.
Intrapartum experience within Professional Practice I,II,III to develop competence Progression of learning is achieved through opportunity to build frequently upon knowledge and experience through each phase of the programme. The progressive nature of the assessment of practice in each Phase of the three professional practice Modules and the use of indirect supervision in Professional Practice PIII in the final practice module of the programme helps support competence in this area in line with NMC Standards for Education (2009).
Practice documentation includes the NMC Ongoing Record of Achievement. This approach served Mentors and students well. Further development now includes the NMC Skills Clusters for greater integration, cohesiveness and purpose in evaluating placement learning and assessment. This model is now used effectively with the three year programme. Mentors appreciate the reduction in assessment paperwork.
Retaining the 84 week length of the programme This enables us to provide frequency of experience across each of the Professional Practice Modules (PP I,II,III) supporting the spiral curriculum and adopting a 60:40 practice to theory ratio they provide sufficient placement learning in the short programme to enable NMC clinical requirements to be met.

Table 2- Features new to the programme

The Award of BSc (Hons)
This award better reflects the local demand of applicants we have for the programme. At present Registered Adult Nurses with relevant experience and a high level of motivation to become a midwife are not eligible to apply since they don't hold a degree. As such the pool of candidates available is inappropriately missing such applicants and as such we are not maximising on the opportunity to bring such applicants to interview. This level of award provides a better match to the current recruitment pool.

A more Realistic Summative Assessment Strategy
The BSc (Hons) award enables an improved balance and a more realistic volume of summative assessment across the programme. Through greater emphasis on formative assessment and the change in academic level it has been possible to improve intervals and reduce the volume of summative assessments.

Use of Hub and Spoke Model for Practice learning.
This approach enables longer placements which bring greater meaning for students through more diverse experiences which reflect more closely the parents journey, care pathways, and other services aligned to the maternity clients needs. Opportunities for visits become possible without compromise to the minimum time students must spend with their Mentors. Mentors are then better able to help students make sense of their clinical experiences though the greater continuity with client care and that of the Mentor - student relationship afforded by this approach.

Incorporation of the NMC Essential Skills Clusters within the Practice Assessment
This is a direct response to our Mentor feedback. We implemented this model with our three year evaluation and would intend to use the same model of practice assessment to help Mentors in their role.

Stronger Purpose to the Portfolio
Students are given key requirements for their portfolio in each of the three Practice Modules (Professional Practice I, II, III). The portfolio is now a component of summative assessment on a pass or fail basis. The listed requirements must be present for the student to be awarded a pass. The portfolio continues to support students' learning in practice also continues to serve a key role in the formative and summative assessment processes.

Introduction of Defined Time for Critical Reflection and Portfolio Development.
In respect of the above students have 7.5 hours per week to devote to portfolio requirements, reflective activity and preparing for formative and summative meetings during placement. A placement week comprises 37.5 hrs – 30 practice 7.5 portfolio work which is directly related to the students clinical experiences and overall placement learning. Mentors help direct students with the use of the time based upon their experiences in placement across the week.

A Balanced Pace of Learning and Assessment Across the Modules
The learning in theory and practice modules is organised in a manner which improves the pacing of personal and directed study time across each area. With a BSc (Hons) Award the distribution of academic credit enables a more appropriate match of credit to learning in the summative assessment of practice which improves the balance across the whole programme.

Table 3- Opportunities afforded through the validation

Longer placement length
Greater cohesion in placement learning is gained through the longer length of placement providing more opportunities for continuity of carer, a more effective Mentor / student relationship which helps gain greater advantage from formative practice assessment leading to a more productive learning and improved performance from the student.

An award which enables more local nurses to access the programme
The BSc (Hons) Award better meets local demand enabling us to attract more applicants creating a larger pool of recruits making for a stronger cohort and greater certainty for workforce planning. It enables the local workforce to capture the high quality applicants currently interested in the programme who are not eligible for the current programme.

A programme design which is more explicitly student centred.
The curriculum is driven more by learning and formative activity rather than summative assessment requirements which strengthens the overall learning experience, brings greater value to the process, works with the concept of building on the RN's knowledge and experience and helps students take ownership of their learning and maximise the support available.

Review the demand for Masters level Provision more fully.
The validation for the BSc level enables us take time to analyse the local demand more fully while continuing to recruit and run the programme to meet local workforce plans. The time will enable us to review application trends and also establish the volume and demand for both levels of study for this programme.

Service User contribution to the development

The work of last year continues to play a role in our on-going developments for current and new curricula. This included four statements the user representatives felt were key to positive outcomes for women's experiences of maternity services. These statements have influenced the design and approaches for teaching and learning (which are discussed later in Section 2), the use of continuity cases in placement and the practice assessment. The user perspective included direct involvement in the stakeholder workshop held in January as well as consultation of aspects of the developing curricula as events evolved. A particular focus was on practice assessment and module content. The four statements serve to guide curricula development regarding the students' experiences for skills in the areas below:

- Develop skills to support approaches for both continuity of care and continuity of carer
- Practice infant feeding with confidence to Baby Friendly Initiative (BFI) Standards
- Promote and support choice for women through effective approaches when planning care
- Consider improvements in the services they encounter to improve the experiences of women and their families

1.4 Recruitment, Admission and Destination

Recruitment - The review of the current programme indicated a consistent level of demand for a BSc (Hons) rather than Postgraduate Diploma Award. This appears to be apparent for a high number of students who already hold a degree since they are attracted to the professional qualification rather than the academic award. The economic climate is strongly influencing decisions on relocating with the result that recruitment is increasingly locally driven. All our current students are from local Trusts. The local profile of enquiries and applications indicate a greater volume of demand for a BSc (Hons) rather than a Postgraduate Diploma award.

This is a key factor since In the Norfolk region the three Maternity Units achieve the majority of their midwives through pre-registration education. The return to BSc level for this programme would attract a larger volume of applications and bring more certainty to the programme meeting the workforce needs.

Admission - We aim to recruit the best possible candidates, balancing high academic ability with strong personal qualities, including appropriate values for health care, insight and high levels of professional motivation.

Students are admitted to this programme on the basis of advanced standing with the NMC on account of their existing registration as a nurse level 1 (Adult).

Admission criteria for the shortened programme are set out below:

- Current registration with the Nursing and Midwifery Council as a Registered Nurse – Adult
- IELTS (International English Language Testing System) for those students where English is not their first language (European Union, Eastern Europe Ascension States, Overseas) in accordance with NMC (2009) requirements, i.e.: a minimum score of 7 in the listening and reading sections, at least 7 in writing and speaking sections and an overall average of at least 7.
- Nursing Preceptorship will normally have been completed
- Students will normally hold a Diploma-level academic award and will have evidence of formal study with successful summative assessment within the last five years

Students are required to have clearance regarding their health with the University Occupational Health services and full Disclosure and Barring Service (DBS) Enhanced DBS Disclosure check which also includes Protection of Vulnerable Adults (POVA). Please see Part 4 of the Appendices document for the guidance process and records of a student's admission to the programme which direct the admission process.

Activities used to support selection include:

- Shortlisting record identifies matters to explore further at interview.
- Numeracy and literacy assessment which explores competence in both these areas to reflect a professional role (please see the Appendices document, number 4.3, page 85).
- Group question and answer session on programme, role and career
- A video clip produced with user representatives for exploring the values and attitudes of a midwife and towards support for the choices and relationship women need with a midwife, a dedicated question is asked in relation to this during the interview
- Individual interview with academic and clinician
- Upon completion of the interview, all candidates are invited to discuss any learning support needs they may have. This enables us to initiate a programme of support prior to study.

A series of information sessions are held to help potential applicants with their decision. There remains a steady number of Registered Nurses (RN) seeking a career in midwifery in the locality.

Applicants' documentary evidence of eligibility to enter the programme is carefully authenticated. Once an applicant has accepted a place on the programme an Enhanced DBS Disclosure and Protection of Vulnerable Adults (POVA) Check is undertaken and these are checked by a member of the Admissions team. Students are not allowed to undertake practice placements until clearance has been obtained.

Once applicants have accepted a place on the programme, they are required to complete a health questionnaire, which has to be countersigned by their General Practitioner. Those individuals with a health issue highlighted on the questionnaire will have either a telephone or face-face interview with a member of the University's Occupational Health team. Where necessary, further assessments are also undertaken. All students have a programme of immunisations and vaccinations and this includes Hepatitis B and Exposure Prone Procedure clearance. Again this is a requirement for placement attendance and is monitored across the programme.

The early identification of prospective students with additional learning needs during the application process enables the School and Dean of Students' Office support services to initiate a bespoke learning support plan prior to starting their programme. However, we are mindful that many students do not declare a disability until they start their programme and register formally. In which case we act as quickly so the assessment and support can be arranged as soon as possible to minimise any delay in managing general learning activities and attending placement.

A mandatory programme for academic staff runs each academic year consisting of recruitment, interviewing and equality training with a record of attendance maintained.

Table 4 Admission Profile

Year	Number of applications	Number of places	Actual admissions
2003/4	30	12	11
2004/5	40	12	10
2005/6	40	7	6 (late pre-programme withdrawal)
2006/7	22	12	12
2007/8	0	0	0
2008/9	22	12	11 (late pre-programme withdrawal)
2009/10	35	15	14 (wk 1 withdrawal)
2010/11	17	10	10
2011/12	20	14	14
2012/13	25	18	14

All applications are shortlisted by a midwifery lecturer using a scoring tool (see Appendices document, number 4.2), applications above a predetermined score, are invited for interview. All candidates are interviewed jointly by an academic and a midwife from one of the local trusts. This is normally related to the locality of the candidate. Each will make an independent decision, enabling a list of candidates in order of strength to be established. The Course Director with the LME / NSC Admission Officer or Head of School will then determine the offers to be made.

Service user input has contributed to the nature of the selection day. The Admissions Team generally have involved service users to review admission processes on an annual basis. More specifically to this programme the Midwifery Service User Forum were involved in developing a video clip which highlighted the importance of values and attributes of the midwife in supporting choice and helping women and their partners make decisions regarding their care. This was used last year in selection days with an interview question also developed via the Forum which relates to the clip.

Destination - Upon completion of the programme through close working between the Heads of Midwifery and the Lead Midwife for Education students receive preparation for application and interview processes. Local Practice Education Partners (PEPs) aim to offer interviews to all those who apply vacancies are planned in respect of the anticipated number of students completing. Students do however go through a full selection process. We have good success with those students seeking appointments locally being appointed upon registration with Practice Education Partners.

1.4.1 Transfer in and out of the programme

Transfer in and out - The NMC (2009) Standards for Pre-registration Midwifery Education Students are able to transfer in to the programme from another

institution in line with NMC Pre registration Midwifery Education Standards (2009) via established processes however due to the salaried nature of this programme this is not a frequent occurrence. Equally students can transfer to another Programme from UEA. Both transfers in and out must be within these NMC standards.

Interruption to study - The most frequent occurrence of a transfer in is when students take a period of time away for unprecedented events, a formal process of intercalation is used to manage the process where the student steps away for a period of time to return later. A concession to the normal timeframe is sought via learning and Teaching Services on behalf of the Course Director who creates an academic plan for the students return which takes account of learning and assessment needs within the timeframe for completion. Completion must be within two and a half years from the start of the programme, or three and a half years where a student is taking maternity leave in line with MC requirements (NMC 2009).

Stepping off and stepping on - Under the terms set out by the NMC (2009) however this must be completed within two years and six months (three years and six months if maternity leave is taken).

Accreditation of prior learning (APL) - The NMC (2009) Standards for pre registration midwifery education do not allow any shortening of the programme through the accreditation of prior learning accept the transfer from another University when a part of this programme has been completed. All such APL achievements are tracked formally through the School's Midwifery Pre-registration Examination Board.

1.4.2 Relationship between entry onto the shortened programme and RN status

There is implicit recognition in the design of this short (84-week) pre-registration midwifery programme that on entry the students will have already achieved competence in related areas of nursing practice via their RN Adult qualification and their experience in practice. Though a shortened programme, the midwifery pre-registration student on the programme must achieve competence in the full range of Pre-registration midwifery NMC competencies. The programme length takes account of knowledge, skills and experience of the RN and ensures these are applied in a midwifery context. No other form of accreditation to the programme is permitted by the NMC, i.e. the length of any NMC pre-registration midwifery programme cannot be shortened in respect of previous experience.

In this short programme all the practice elements of the midwifery competencies required for eligibility for registration reflect the NMC level of competence (NMC 2009:21-29).

The exemplars in the following tables provide an illustration of the relationship between the three statements within the QAA Emerging Health Professions

Framework (2001) and the nursing practice achieved at the level of competence as defined by the education standards set out by the NMC for nursing upon registration (NMC 2004 and 2010) and how this relationship impacts on the point of entry onto a shortened midwifery programme.

Table 5 Relationship of RN's Competence in Relation to NMC Midwifery Domains of Competence Using Emerging Health Professions Framework

QAA Emerging Health Professions Framework	Students knowledge within a nursing context	Relation to NMC Midwifery Domains of Competence
A. Expectation of the health professional in providing patient/client services		
A1.Professional autonomy and accountability		**Professional and Ethical Practice**
• Maintain the standards and requirements of professional and statutory regulatory bodies;	✔	
• Adhere to relevant codes of conduct;	✔	
• Understand the legal and ethical responsibilities of professional practice	✔	**Achieving quality of care through Evaluation and research.**
• Maintain the principles and practice of patient/client confidentiality;	✔	
• Practice in accordance with current legislation applicable to health care professionals;	✔	
• Exercise a professional duty of care to patients/clients/carers;	✔	
• Recognise the obligation to maintain fitness for practice and the need for continuing professional development;	✔	
• Contribute to the development and dissemination of evidence-based practice within professional contexts;	✔	
• Uphold the principles and practice of clinical governance.	✔	
The student will be adapting and redefining nursing knowledge of professional and ethical issues and locating them specifically within a context which supports midwifery practice. The Normality and Public Health module therefore aims to orientate the student's existing knowledge and skills to inter-professional/interagency working within maternity services specific to the role and practice of the midwife in a community setting. They will also establish core midwifery skills and partnership working with women and their families drawing on their existing clinical ability and knowledge of providing health care within the National Health Service. The concept of an evidence base for practice is established, but will be re-orientated towards midwifery sources and developed to reflect a BSc Honours award.		

QAA Emerging Health Professions Framework	Students will have substantial knowledge in the following areas within a NURSING context:	Relation to NMC Midwifery Competency
B. The application of practice in securing, maintaining or improving health and well being **B3. Practice** The award holder should be able to: • Conduct appropriate activities skillfully and in accordance with best/evidence-based practice; • Contribute to the promotion of social inclusion; • Monitor and review the ongoing effectiveness of the planned activity; • Involve client/patient/members of group/community/population appropriately in ongoing effectiveness of plan; • Maintain records appropriately; • Educate others to enable them to influence the health behaviour of individuals and groups; • Motivate individuals or groups in order to improve awareness, learning and behaviour that contribute to healthy living; • Recognise opportunities to influence health and social policy and practices.	✔ ✔ ✔ ✔ ✔ ✔ ✔ ✔	**Effective Midwifery Practice** These skills will be influenced by the length of time a student worked as a nurse prior to starting the programme. Students will normally enter the programme after completing one year of a clinical career. The nature of nursing they have been engaged with will also influence their transition into Midwifery.

The students' past experience of assessing, planning, implementing, monitoring and evaluating care will be contextualised to midwifery care and applied to the woman, newborn and family. Practice assessment starts at 'Supervised Practitioner' level missing the first level of our assessment strategy i.e., Supervised Participant, in recognition of their RN status.

Normality and Public Health and Professional Practice I modules creates a foundation of knowledge and skills for normal practice through woman centred / partnership approaches individual needs of women and their families.

All modules aim to develop existing abilities in critiquing and applying research methodology and findings in order to begin to consider the evidence base for midwifery practice.

Existing reflective skills will be developed and adapted to this new role and students will be encouraged to reflect in a critical and structured manner and examine the effects of others as well as self as an ultimate means to evolving practice at personal and organisational level.

QAA Emerging Health Professions Framework	Students will have substantial knowledge in the following areas within a NURSING context:	Relation to NMC Midwifery Competence
C. Knowledge, understanding and skills that underpin the education and training of health care professionals **C1 Knowledge and understanding** The award holder should be able to demonstrate: • Understanding of the key concepts of the disciplines that underpin the education and training of all health care professionals, and detailed knowledge of some of these. The latter would include a broad understanding of: • The structure and function of the human body, together with a knowledge of dysfunction and pathology; • Health and social care philosophy and policy, and its translation into ethical and evidenced based practice; • The relevance of the social and psychological sciences to health and healthcare; • the role of health care practitioners in the promotion of health and health education; • The legislation and professional and statutory codes of conduct that affect health and social care practice.	✔ ✔ ✔ ✔ ✔ ✔	**Professional and Ethical Practice** **Developing the Individual Midwife and others** Students will have a generalised understanding of the human body. Emphasis will be on detailing how all body systems are altered through pregnancy and childbearing. Fetal /Neonatal physiology will be new for most students.

Students will have substantial knowledge in all these areas. This will be developed and redefined in relation to the childbearing process, through the wider public health perspective and complexity within maternity services across all modules.

Normality and Public Health module aims to establish the student role as learner within a new professional context and develop effective teambuilding skills and strategies within their peer group. It also aims to help students learn from the perceptions and experiences of women within the evaluation of midwifery care in which they are involved.

1.5 Overview of programme structure

The programme is constructed in three Phases. Each Phase comprises a theory and a practice Module which run concurrently. These modules hold a direct relationship which supports the application of theory and practice and reflects a composite approach to building to the students' knowledge, skills and ability to manage the activities of a midwife while drawing upon existing knowledge and experience from their Adult nursing role. Modules Professional Practice I, II and III run concurrently with Normality and Public Health, Complex Care and Holistic Practice respectively. Full details regarding the modules is set out in the Programme Handbook with summary descriptions in the Programme Specification in Section 6 of this document.

Phase One	Normality and Public Health with Professional Practice I
Phase Two	Complex Care with Professional Practice II
Phase Three	Holistic Practice with Professional Practice III

Phase One - Normality and Public Health with Professional Practice I provides knowledge and skills for midwifery-led care which incorporates core elements of health promotion and education embedded in normal midwifery practice with relevant multidisciplinary /agency working practices. This Phase also adapts and builds transferable skills.

Phase Two - Complex Care with Professional Practice II provides knowledge and skills for midwifery in the presence of co-morbidities, childbearing complexity and emergencies. Incorporating the complex from a clear understanding of normality is also aided by students' previous nursing knowledge and experience in ill health, multidisciplinary working and emergency care.

Phase Three - Holistic Practice with Professional Practice III provides a range of integrated activities which draw on earlier learning of normal and complexity to support the synthesis which enable students to prioritise and manage care competently, plan meaningful care from sound critical assessment of a woman's needs. There is also focus on their role in service improvement, professional leadership for competent practice, care and service delivery within a multidisciplinary/agency context.

Table 6 and Figure 1 on the following pages illustrate the three Phases of the programme. The chart demonstrates the arrangement of the curricula weeks and hours.

Table 6 Overview of Programme

Phase One of Programme - Weeks 1 to 26 - 26 Weeks in Total providing 115 days					
Module	Weeks of placement	Weeks of Timetabled theory	Weeks of Personal study	Weeks of Vacation	Total weeks / hours
Normality and Public Health	Nil	10 weeks	5 days during PP I (1 week) 1 plenary day	3 weeks	Spans 26 comprising 11 weeks & 1 day Theory 56 days – 420
Professional Practice I	13 weeks		Less the 6 days above		Spans 26 weeks comprising 11 weeks & 4 days Practice 59 days - 442.5 hrs

Phase Two of Programme - Weeks 27 to 57 - 31 Weeks in Total providing 135 days					
Module	Weeks of placement	Weeks of Timetabled theory	Weeks of Personal study	Weeks of Vacation	Total weeks / hours
Complex Care	Nil	6 weeks	10 days during PP II (2 weeks) 1 plenary day	4 weeks	Spans 31 weeks comprising 8 weeks & 1 day Theory 41 days – 307.5 hrs
Professional Practice II	21 weeks		Less the 11 days above		Spans 31 weeks comprising 18 weeks & 4 days Practice 94 days – 705 hrs

Phase Three of Programme - Weeks 58 to 84 - 27 Weeks in Total providing 120 days					
Module	Weeks of placement	Weeks of Timetabled theory	Weeks of Personal study	Weeks of Vacation	Total weeks / hours
Holistic Practice	Nil	7 weeks	10 days during PP III (2 weeks) 5 bespoke Study days (1 week) 1 plenary day	3 weeks	Spans 27 weeks comprising 10 weeks & 1 day Theory 51 days – 382.5 hrs
Professional Practice III	17 weeks		Less the 16 days above		Spans 27 weeks comprising 13 weeks & 4 days Practice 69 days – 517.5 hrs

Figure 1:
BSc Midwifery – 84 Week Plan

	Color
Community	(green)
Central Delivery Suite	(pink)
Theory	(cyan)
MLBU	(brown)
PST	(blue)
AN/PN Services	(grey-blue)
Vacation	(peach)

Normality and Public Health/PP1

2013 / 2014

	October			November				December					January				Feb			March			
	7	14	21	28	4	11	18	25	2	9	16	23	30	6	13	20	27	3	10	17	24	3	10	17	24	31
NNUH	Theory						Community					Vacation	Community				Theory			Community			V
QEH																						
JPH																						

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 |

5 Personal Study Days for Normality and Public Health to be taken during PPI for preparation of summative work
The students will undertake 4 weeks experience on MLBU/CDS during PPI   PPI

x   x   x   x

Complex Care/PPII

	April			May				June				July				August				September				October				November
	7	14	21	28	5	12	19	26	2	9	16	23	30	7	14	21	28	4	11	18	25	1	8	15	22	29	6	13	20	27	3
NNUH	Theory / V		Theory		AN/PN Services								Theory	Vacation	AN/PN Services			V						CDS							V
QEH																	V													
JPH																	V													

| 27 | 28 | 29 | 30 | 31 | 32 | 33 | 34 | 35 | 36 | 37 | 38 | 39 | 40 | 41 | 42 | 43 | 44 | 45 | 46 | 47 | 48 | 49 | 50 | 51 | 52 | 53 | 54 | 55 | 56 | 57 |

Easter Sun: 20th April 2014   10 Personal Study Days for Complex Care to be taken during PPII for preparation of summative work
1 week neonatal unit learning experience to be arranged with placement team

Holistic Practice/PPIII

2015

	November			December				January				February			March				April				May	
	10	17	24	1	8	15	22	29	5	12	19	26	2	9	16	23	2	9	16	23	30	6	13	20	27	4	11
NNUH	Theory			MLBU		V	MLBU/CDS				Theory			Community										Elective	V
QEH																									
JPH																									

| 58 | 59 | 60 | 61 | 62 | 63 | 64 | 65 | 66 | 67 | 68 | 69 | 70 | 71 | 72 | 73 | 74 | 75 | 76 | 77 | 78 | 79 | 80 | 81 | 82 | 83 | 84 |

Easter Sun: 5th April 2015   10 Personal Study Days for Holistic Care to be taken during PPIII for preparation of summative work

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2.0   LEARNING AND TEACHING STRATEGY

2.1   Aims of the programme

Please see Programme Specification in Section 6

2.2   Outcomes of programme

Please see Programme Specification in Section 6 for these and the related academic and professional skills for midwifery practice.

2.3   Values of the Programme

Philosophy

The programme experiences are designed to create a climate of professional integrity and responsibility which reflect the RN status and through which students are facilitated to:

- Provide responsive, compassionate care which is woman, partner and family centred, which values diversity and is sensitive and respectful.
- Provide competent care through an enquiring approach to practice with sound problem-solving abilities,
- Show commitment, flexibility and adaptability to marry the dichotomy of women's needs and service provision,
- Augment their existing experience and self motivation to act reflexively in analysing and creating their own personal learning opportunities in becoming an autonomous learner working productively with their Mentors and Personal Adviser.
- Adapt their skills, learning and clinical reasoning to initiate service improvements as a Registered Midwife which will improve women's experiences

The students are supported in developing an autonomous learning role through support through their transition to student status. This is supported by a structured approach of learning approaches which aim to develop individual and peer group learning and responsibility from the start. The creation of a dynamic peer-support network to enhance the climate of critical enquiry and autonomous learning evolves. This student-led environment with a small cohort is used productively to encourage development of existing knowledge and its assimilation and application via a range of suitably selected approaches which work for the level of study and size of group. Skills in critical structured reflection can then be applied by students as confidence grows across each module with increasing complexity to match their involvement and progression. As such individual experiences are valued and seen as integral to the programme delivery.

2.4 Description of the Learning and Teaching Strategy

The approach to support learning starts from the premise of the advanced standing the students have with regard to their registration which is recognised within the Standards for Pre-registration Midwifery (NMC 2009:12) under the Directive 2005/36/EC Article 40 (1) (b) as a nurse level 1 (adult).

A spiral design is used in order to assist the students in developing and adapting their skills and knowledge from their RN starting point through familiar experiences while accommodating as far as possible the opportunistic and hence unpredictable nature of new placement learning for a midwifery role. The NMC Midwives in Teaching Project MINT (Fraser et al 2011), noted the model was frequently used with midwifery curricula with the concept of moving from normal to complex is not so controlled in placement areas. The design of the theory and practice helps to manage this uncertainty to some degree, as does the acknowledgement that the complex and untoward are not unfamiliar to the RN who are better able to contextualise such events in comparison to three year midwifery students. Equally, the elements of placement learning support the on-going understanding of clinical events. As such the unpredictable nature of practice becomes an opportunity, steering our choice to continue with this model in which students are learning is effectively managed by the learning and support strategies in place.

Porter and Meddings (2007) demonstrate how the approach aids the development of a 'deeper' knowledge base and therefore provides the student with support and 'scaffolding' to build on knowledge and skills throughout the programme. As such the RN can safely anchor existing knowledge to the new. as complexity across the programme emerges. The repeated learning offered through the revisiting of knowledge at higher levels of understanding (Fry et al 2009) suits that of a professional learner taking the shortened midwifery programme when available time for meeting registration requirements is shorter. This idea is very much in line with the constructivist view of educational theory and is congruent with Knowles andragogy of adult learning (1984). Constructivism tells us that we learn by fitting new understanding and knowledge into old. Thus learners 'construct' their knowledge. Table 7 on page 28 shows adaptation of Knowles' principles in relation to the programme.

The three Phases of the programme are used to permit a supportive but progressive spiral relationship between theory and practice. The logical nature of this approach supports application and decision making in practice. The RN is able to bring significant experience to the learning process in each Phase of the programme. However, activities to support transition are built in. These include:

- Discussion Forums for the transition to student role, being an effective learner and Maximising learning opportunities
- Critical reading and writing workshop
- Online study resources via the Dean of Students
- E-learning packages for Clinical Skills and Mastering Anatomy and Physiology along with Safe Medicate

- Workshop to renew skills expected as RN but not used in their recent roles

The strategy integrates traditional teaching and learning while generating autonomous learning and the application of theory and practice in School as well as in placement. Underpinning this is the belief in a well-managed blended learning model enabling students to make the best use their time by access to a wide variety of learning resources.

Midwifery, as nursing, is a profession where knowledge and clinical practice are constantly evolving. The students are therefore mindful of strategies to be effective lifelong learners. Recognising diversity in learning styles is supported through the use of a wide range of approaches helping the student to adopt the most helpful approaches to support new areas of practice and resources. (Fleming et al 2011).

The relationships and principles above are worked across the three Phases in practice through which the progression of students is shaped with learning tailored to reflect the progressive nature of the assessment of practice. Students move from Professional Practice Modules I and II (which are at the same level of practice) assessment due to changing placement learning - normal to complexity), to Professional Practice III which is at assessed at the level of competence. Assessment is discussed in Section 3. As such learning reflects this.

Table 7: Knowles's Principles of Androgogy (1990:39); adapted and applied in recognition of the students' curricular learning needs in this BSc (Hons) Shortened programme. (Flemming et al 2011, Porter and Meddings 2007).

Knowles's Principles	Achieved through the following programme activities during the programme	Students learning and assessment level across the three years
Self-concept moves from one of being a dependant personality while adjusting towards one of being self-directed learner for a their new student status and the new professional context for role and practice	Lectures and seminars Transition workshops Placement and portfolio learning Directed, personal study and self assessment within Interpersonal Attributes. Continuity cases assist in the concept of sensitive family centred care. Formative assessment. Responding to user feedback	Supervised Participant to Supervised practitioner Phase One
Accumulation of a growing reservoir of experience that becomes an increasing resource for learning in a new context	Lectures and seminars Critical clinical enquiry Skill workshops prior to placements Placement and portfolio learning Critical reflection on practice learning Formative assessment. Effective portfolio use in advancing learning and seeking opportunities Continuity cases of vulnerable women / complex cases to show scope of midwifery role within the multidisciplinary team	Supervised Participant to Supervised Practitioner Phase Two
Readiness to learn becomes orientated increasingly to the development of skills linked to new professional roles	Placement and portfolio learning with particular reference to interagency / inter-professional practice. Formative assessment The Midwife within the multidisciplinary team. Structured critical reflection Skill- based learning and workshops Continuity cases of vulnerable women / complex cases to show scope of midwifery role within the multidisciplinary team	Supervised Participant to Supervised Practitioner Phase Two Supervised Practitioner to competent practitioner Phase Three
Ability to become responsive to clinical events with immediacy of application with a shift from 'subject-centeredness' to one of assessing and managing individual needs in a holistic manner	Workshops and skill based learning linked to simulation and scenario case management. Lectures and seminars Critical clinical enquiry Placement learning Structured critical reflection Midwifery-led confidence cases for intrapartum care Educationally led caseload management in final community placement Oral Examination	Supervised Practitioner to Competent Practitioner Practicing towards an autonomous role Phase Three

The combination of learning activities provides a framework to enable students to develop the application and relationship between relevant concepts and theories for strategic and individual care management for a midwifery role.

2.4.1 Balance of theory and practice across the programme

The overall balance of practice and theory for the programme is 60% practice 40% theory. The balance differs between modules depending on the stage of the programme and the nature of the module content and placement sequences. This is based upon our experiences and cohort feedback where a greater exposure to the clinical environment and antenatal services particularly, was considered important. Providing sufficient time for students to gain confidence, consolidate practice through sufficient experience and understanding to make sound professional judgement needs sufficient time for development. The spiral approach lends itself well to practice development. The NMC EU clinical requirements being the same as for three year students also lean to the value of this ration of theory to practice since it is the midwifery specific practice skills which are new and need time to develop.

2.4.2 Learning approaches

The combination of the learning activities provides a framework which will enable the student to:

- Understand and apply the synergy between relevant concepts, frameworks and theories and their relationship to individual midwifery practice and strategic planning for maternity services.

- Have clarity of the midwives role in order to provide safe individualised care for women, their partners and families within the maternity services from both a midwifery-led and multidisciplinary perspective.

- Engage directly with the woman's perspective and that of her partner.

- Engage with evidence in a meaningful manner through an understanding of research methodologies, their role and relevance, to the validity of evidence for practice.

The approaches for School and placement related learning set out below demonstrate the range and nature of the learning encounters.

2.4.3 School based learning activity

Lecture and seminar based learning

Lectures and seminars will provide a structured framework for facilitating critical discussion through a range of perspectives giving opportunity to analyse policy, evidence, theoretical principles and concepts applied to a given topic area. Such sessions provide a platform for further application across skill based learning and peer led learning approaches across the modules.

Electronic Learning

Online learning materials accessed via the School's virtual learning environment 'Blackboard' and the 'Portal'. For example: mastering Anatomy and Physiology Safe Medicate, Clinical Skills.Net, and the formal UEA online referencing tool which also aids in developing academic writing skills, all provide structured, yet student-managed learning, reflecting individual pace and learning needs. The module organisers also maximise national web sites with learning resources to support learning for example in areas such as UK National Screening Programme, Blood Transfusion services, Royal College sites.

E-learning resources will serve a core purpose in the curriculum to provide dynamic learning opportunities and ease of access for students. Blackboard, the University's chosen virtual learning environment, has been a successful feature of pre-registration Midwifery programmes since September 2002. Blackboard will continue to be used in addition to providing learning resources facilitate a communication forum between lecturers and students.

A range of other IT based learning tools are incorporated into the programme, e.g. UK National Screening Committee Website learning resources and Blood Transfusion learning support, Safe Medicate for drug calculation skills. The use of technology and clinical skills are combined with effect through the use of SIMMAN/SIMBABY in assisting midwives to manage emergency situations through simulation in the skills laboratory facilities.

Critical enquiry

Enquiry will be used to examine care processes, delivery and interventions. Students are directed to consider a specific area of practice and have study time in order to prepare for related seminars or presentations. This approach will underpin the critical and systematic application of lecture material to experiences and practice through clinical enquiry. The approach of directed enquiry at Module level is used rather than a pure enquiry-based learning model.

Discussion which examines clinical decision and the formulation of professional judgements is developed in complexity towards competence across the programme. Complimented by the mixture of learning in practice and theory such discussions bring theory and practice together.

<u>Service User Engagement</u>

A range of experiences are planned in each module which involve service users directly. These are chosen to reflect the nature and stage of the module, while also taking account of the spiral nature of learning. For example users with specific experience of a service e.g. a woman with diabetes balanced with contributions from national organisations such as Stillbirth and Neonatal Death Society (SANDS). We are also developing new approaches to maximise the learning potential service users bring to the curricula. For example two areas under development are: a multi service user plenary, this is being piloted this summer with a view to adapting it to each Phase of this programme and equivalent year of the three year programme. Another area is a cameo 'Talking Head' approach to capturing key messages from a wide range of user perspectives.

<u>Skill development</u>

The above approaches are supported by skill-based workshops appropriately integrated across the timetable to aid students develop their understanding, dexterity along with the interpretation of physiology and anatomy with the use of SIMMAN models and computerisation. This helps support the placement learning requirements and enable students to gain a degree of dexterity in midwifery practice skills in a safe environment making placement learning more productive.

The use of 'real-time' scenario-based learning will also support students through the integrated application of professional, practice and management aspects of childbearing emergencies such as haemorrhage or shoulder dystocia (Bates 2011). The use of simulation in healthcare education has long been established in the literature (Fraser, Avis 2011), and our evaluations show this to be a popular and valued way of learning.

<u>Personal learning approaches</u>

The skill of critical reflection is seen as a key component within the programme. Students are encouraged to contribute experiences to the process of clinical enquiry during lectures and discussion in class, while also using reflection for personal development and evaluation of their progress in placement. In addition this will be used to support the application of decision-making in practice from the perspective of the registered nurse. Adapting the work of Young to this context through appreciation of what the RN brings to the programme balanced with the new professional and clinical context of practice. Table 8 illustrates examples of learning weeks.

Table 8: Examples of School-based Learning Weeks for each Phase of the Programme

	Monday	**Tuesday**	**Wednesday**	**Thursday**	**Friday**
Phase 1	Lecture x 2 Facilitated discussions Transition to student role session x 1	Lecture Service - user discussion with MSLC chair Group activity	Directed study activity for Skills learning. On-line learning activity	Skills workshops around eg: normal birth, the initial antenatal booking, Making Every Contact Count	Group work and presentations Facilitated Discussion Formative assessment – public health presentations
Phase 2	Lectures Group work Seminar	Lectures Facilitated critical reflection	Directed study / activities	Scenario learning event - emergency and complex care	Directed study - supervisory case review linked to scenarios for feedback next week
Phase 3	Themed study day Working with service user, perspectives	Formative assessment –managing childbearing emergencies	Directed study day for group activities / visits linked to practice themes	Debate series 1 Skills review workshops / scenario based learning	Service Improvement student-led seminars Placement Preparation.

The School week is based upon a 37.5 learning hours, of these 30 hours are timetabled or directed and 7.5 hours are acknowledged as personal study in a given theory week. This supports academic activity with Personal Advisers, peers or individually either side of the timetabled day. Activities involving contact within the timetable day may span a period between 9-7pm.

2.4.4 Placement-based learning activities

Placement learning is arranged through a series of planned placements in keeping with a spiral principle of learning through visiting and revisiting to further develop clinical practice and knowledge. This spiral approach is reflected in the modular structure for both theory and practice to support clinical application of students' developing knowledge. In each of the Modules for Professional Practice

I, II, III a Hub and Spoke approach (Please see Programme Handbook, Volume C) is used to support placement learning. Throughout each placement students hold supernumerarystatus to support their learning and assessment (please refer to Glossary). The students learning in practice is also directed through the model of practice assessment. This approach also provides a focus to the placement learning aiding the students and Mentors in their management of the relevant spokes during a given placement since learning activities are planned around the practice learning outcomes and NMC Essential Skill Clusters (NMC 2009) ensuring a sound relationship between learning, progression and assessment.

The management of placement learning is designed to achieve the necessary experiences to enable students to have sufficient exposure to areas of practice to reflect the NMC competencies necessary for eligibility to the NMC register as a midwife. Fourteen Themes are used to capture the scope of these experiences. While the themes remain constant across the first and second progression point of the programme the learning outcome under each theme changes to reflect the stage of the programme. Each outcome also captures the necessary Essential Skills Clusters. Please see Section 3 for further explanation of the assessment of practice. Guidance is also within the Practice Assessment Documentation, Volume B.

The Hub and Spoke Model for Placement Learning

This approach to placement learning has evolved informally over time with both midwifery programmes. With the validation of the Sept 12 three year curriculum we took the decision to make this approach more explicit, and to also apply the model to this programme. The findings from our review of attrition show this to be a valuable step in creating a longer but more meaningful placement. Within a Hub the Spoke visits are used to reflect the diversity of care, the continuum of the women's experiences, the plans of care across pregnancy, labour, birth and the early weeks of parenthood all of which are multiagency, multidisciplinary. Modern practice requires an interdisciplinary mind-set with the need at pre-registration level to understand the connections, relationships and roles within organisation, agencies and services across the health, social and voluntary sectors.   Please see Figure 2 on page 36 for illustrations of the range of options. A specific illustration of how the Hub and Spoke approach works within each Professional Practice Module can be found within in the Student Programme Handbook.

Use of the Portfolio as a Tool for Learning and Achievement in Placement

The portfolio has been given greater purpose and is now a summative component rather than a programme requirement. The summative elements are set out in full in Section 3 and Assessment of Practice Guidance in Volume B. The purpose of the portfolio is to help the students evaluate their learning and be more effectively able to contribute to formative review and planning meetings in placement. Such learning also supports the application of theory to practice and the learning which arises through reflective comparisons between cases, evaluation of a student's contribution to care. As such we have invested time in

this activity for students to give clear space to support the students' development of practice through these means. As such the portfolio is integral to learning across placements as well as at formative points.

Pre-registration midwifery students are required by the NMC (2009) to maintain a portfolio. Portfolios provide a valuable aid to learning, enabling the student to reflect on knowledge and skills acquired and identify areas that need further knowledge and understanding. The portfolio represents a valuable learning resource and a means to develop critical reflection skills across the programme. As such it becomes a valuable resource to support to the student in summative assessment of practice and theory. This key personal learning tool to helps students to evaluate their progress and review learning priorities with their Mentor as well as becoming a growing profile of their progression across the programme.

Students are required to use structured reflection in a systematic manner for a specific focus in each Module linked to one of the themes assessed in practice, however more informal reflective work will be an on-going process aiding the students in becoming reflexive practitioners. The portfolio serves as a vehicle for capturing learning gained from significant learning situations as well as cross-cutting themes such as communication and multiagency working, the student will draw upon such accounts when discussing evidence of their progression and experience at regular formative review points across the placement with their Mentor.

It is the student's responsibility to develop and maintain their portfolio, however, the Personal Adviser, Module Organiser, Link Lecturer, named Supervisor of Midwives and Mentor are all in a position to guide the student in this venture.

<u>Personal Continuity Cases</u>

Personal reflection and the total experience from the individual continuity cases helps students appreciate the impact of continuity of carer, appreciate the nature of decision making and use of professional judgement in all stages of childbearing. The context of multiagency/multidisciplinary working when involved from start to finish also helps understand the nature of referral and shared collaborative working practices in a maternity context. These cases also provide real-time opportunity to evaluate care, the impact of interventions, decision making and longer term sequelae of both health outcomes and the woman's experience of her care and that of her family. This feature of the learning strategy was highly valued by the Midwifery Service User Forum.

Students will identify three cases with a normality and / or public health focus in PPI. Rawson (2010), and recently (Aune 2011) highlight the benefits of student learning within caseloads in that they are better equipped to assess, interpret and understand women's needs. The effect of a greater sense of partnership-working enhanced their ability to provide meaningful responsive care while building a confidence in their practice not experienced with the current traditional model of continuity afforded in most UK Trusts. This approach serves as a learning process across the placements in Phases One and Two enabling students to

capture the consequences of decisions as well as clinical outcomes; it gives a sense of the reality of care and its impact upon the woman's family life. Continuity cases will reflect the nature of the modules in Phase One and possibly Phase Two and provide a formative learning opportunity to support decision-making.

During Phase Three students are required to manage an educational caseload under the support and with indirect supervision of their mentor. Such continuity and opportunity is used to demonstrate competence in line with their decision making surrounding practice. This learning approach builds upon the earlier continuity cases and provides a natural extension in moving students towards competent practitioners.

<u>Tripartite approach to support practice</u>

This approach is set out in the Practice Assessment Guidance in Volume B. However it is important to note the approach provides a valuable approach to help support learning and support placement.

Figure 2: Midwifery Practice-Learning Model using Hub and Spoke Approach

Access to specialist roles relevant to placements.

Time-defined experiences related to placement e.g. neonatal unit., MLBU

Following women from Hub to range of different services as relevant

Student and Mentor spend a minimum of 40% of placement time to work together, plan learning activities, formatively review progress and conduct summative assessment.

Multidiscipline critical reflection series, clinical review meetings.

3 continuity cases.

Mental health and learning disability services

Learning activity circuits, e.g. ANC services.

Inter-professional and /interagency activities and services.

Maternity Service Liaison Committee Forum

Voluntary and multiagency activities e.g. Baby Cafe's, Peer Support Programmes for Breastfeeding.

A placement week comprises 37.5 practice hours with up to 7.5 hours available for portfolio related activities which have direct relevance to practice and the experiences of women and their families.

Providing Experience of Continuity of Carer

A key area of feedback via the Midwifery Service-User Forum supported the opportunity for students to gain as much exposure to practice via continuity of carer in order to understand the woman's experience, the impact of decisions upon her pregnancy, family life and the total experience of this 'journey'. Local PEP's do not operate a continuity of carer model in line with most areas of the UK, however to ensure students have an understanding of this model and its benefits we have ensured that 'continuity of carer' features across the programme. We have also retained the educationally-led caseload management in the final community placement. This affords the students the greatest exposure to this model of care which helps develop their practice while also providing valuable learning opportunity. During community placements Mentors aim to maximise all avenues of continuity which are further enhanced through the Hub and Spoke approach (please see Programme Handbook, Volume C) to placement learning, enabling students to build in greater continuity generally across placements with the flexibility this model of learning affords.

Supporting Decision-Making in Practice

The ability to make sound decisions is inherent in the national Pre-registration end of programme standards of competency for midwifery education (NMC 2009) and the QAA (2001) benchmark statements for midwifery. In order to fulfil the role of the midwife and Activities of the Midwife (NMC 2009) students are expected to acquire decision-making skills. Decision-making is conceptualised in different ways and many factors influence the day-to-day decisions taken by midwives (Young 2011). As the RN brings this experience with them teaching and learning is managed to ensure decision-making in the relevant subject matter in incorporated. Formative opportunities assist learning in both theory and practice. The range and scope of the practice learning outcomes directing practice support this area of learning.

Educationally-led Caseload

In the final placement which is community based students are required to manage the care of a number of women receiving a midwifery model of care. During this module the students are signed off by their Mentor for the NMC Pre-registration competencies (NMC 2009:17) which are necessary for eligibility for registration. This model of practice enables the Mentor to determine the student's decision-making ability for the management of normal midwifery led care. The educationally-led caseload is commenced only upon the basis of a successful formative interview around the point of week 4-5 of the community placement. If it is recognised the student is displaying ability which is consistent at supervised practitioner level and is showing firm progression *towards* competence the decision to commence the caseload, incrementally, is taken jointly between Link Lecturer, Mentor and student. This is to enable students to show assimilation of skills and knowledge to support decision-making skills for holistic practice. Guidance is provided to support this stage of the learning process in placement. This has been a feature for considerable time and is firmly embedded in all

current pre-registration Midwifery provision through well established processes. Clearly structured action plans are developed where a student does not show capability. Supervised caseload practice is only conducted when all are agreed a student is capable of such progression. Where this is not possible to achieve the student would be deemed not to have met the learning outcomes.

<u>Midwifery Skills Development in Placement</u>

Students develop skills through the integration of School and placement learning. Skills are explicit in all placement learning and are captured as part of formative discussion to support further learning. Elements within placement which contribute to this are:

- A close alignment between module content and placement experience ensures that the knowledge and acquisition of skills is educationally sound
- Each learning practice learning outcome contains specific clinical skills which relate to the learning outcome and its identified areas of practice.
- The NMC Essential Skills Clusters have been mapped against the 14 placement learning outcomes of each Phase of the programme .
- Students will meet the requirements for learning and assessment in line with the UNICEF Baby Friendly Initiative Standards.

<u>The On-going Record of Achievement (NMC 2009)</u>

The Assessment of Practice Documentation serves two purposes. Firstly, it forms the record of both formative and summative practice assessment and associated planning. Secondly, it serves the purpose of the On-going Record of Achievement. This is a formal record of the student's key strengths and areas for development and general progress from placement to placement. Students must provide their Mentor with access to all practice assessment documentation from previous placements. These explicit formative 'feed forward' areas of development must be shared at the start of each planning interview and also whenever relevant or requested by the Mentor, with Mentors taking opportunity to look at the documentation from last time.

2.5 Developing the use of Technology for Midwifery Practice within the Programme

It is important student midwives are prepared for their technological role and are equipped with the knowledge and skills needed to safely manage both IT systems and medical devices (Crozier and Sinclair 2004). Students have access to electronic journals and texts as well as wider library resources in order to address issues of evidence for practice. The appropriate use of clinical technology and medical devices is a theme that threads through the programme and will be addressed in simulated settings as well as practice. In the placements when students are caring for women with complex conditions the use of technology for interventions and monitoring will be an assessed part of the learning outcomes. Students will be supported by their Mentors in using health

informatics systems in clinical areas including managing patient information, ordering and retrieving results of a variety of investigations.

The Personal Adviser system of academic and individual support serves to promote the students' personal learning autonomy is actively encouraged.   This is further enhanced by the Annual Progression Meeting which takes place at the end of Phase Two helping students to capture the combination of learning and assessment events and consider their achievements with a view to preparing for the next Phase of their programme.

2.6   Inter-professional Learning (IPL)

Inter-professional matters are applied and considered in the context of subject matter in all modules. Exposure via practice is directed specifically through experiences linked to the Hub and Spoke model of placement activity and learning in relation to the skills and knowledge for each theme and its practice learning outcome. The complexity of the activity and associated decisions are reflected by the relevant module of practice, the placement and the level of practice assessment.

RN students are experienced in inter-professional practice, as such they are helped to transfer these skills and principles to the maternity services and the midwifery role within relevant organisations, agencies and professions.

The Centre for Inter-professional Learning manages the Faculty IPL and lecturers from all Schools contribute along with clinical colleagues. Students have the opportunity to engage with the final phase of the Faculty's provision of Inter-professional Learning which is takes the form of a Conference. As RN's this is the most relevant activity of the IPL programme when taking account of their past experience. Attendance is optional and requires the students to book a place.

2.7   Arrangement of programme content

Recognition of the experience, skills and knowledge of the RN are diligently applied to eliminate unnecessary duplication but enable the retuning of these to support the childbearing related needs of women and their families. This aims to provide a sound foundation within 'Normality and Public Health' and Professional Practice I for normal midwifery practice and public health and continued application of this knowledge and skills during the Complex Care and Professional Practice II modules when complex care becomes the focus of learning. As Registered Adult Nurses the students will have a recognised degree of competence in these areas already which needs to be enhanced to take account of the childbearing implications of altered physiology, pathophysiology and care needs enabling the students to progress their existing knowledge towards that which is needed for NMC Pre-registration midwifery requirements for complex care and ill health for a midwifery role.

Programme content has been directed by the NMC Midwifery Competencies (NMC 2009) and the QAA (2001) Benchmark Statements for Midwifery). Module learning outcomes are grouped into the same categories as the QAA (2001) Benchmark Statements for midwifery.

A series of mapping activities set out in Section 8 show:
- Programme Outcomes mapped to NMC (2009) Competencies
- Programme Outcomes mapped to QAA (2001) Benchmark Statements for Midwifery.
- Module outcomes mapped to NMC(2009) Competencies
- Module outcomes mapped to NMC(2009) Competencies QAA Benchmark Statements
- NMC Essential Skills Clusters (NMC 2009) mapped to Practice Learning Outcomes (please see Practice Assessment Documentation Volume B).
- United Nations Children's Fund (UNICEF) Baby Friendly Feeding Initiatives.

To demonstrate the key areas and themes that appear in the programme, module taught content has been grouped into the following categories:

1. Mandatory sessions
2. Studentship and personal, professional development
3. Evidence base & research
4. Anatomy, physiology and related biological sciences
5. Care Delivery and Midwifery practice
6. Baby friendly Initiative (UNICEF)
7. Behavioural sciences informing midwifery practice
8. Pharmacology (which includes medicines management and complementary and alternative medicines)
9. Public health, health education and promotion

Using these categories clarifies the process of determining the subject content for each module and serves as a tool, alongside the NMC Midwifery Competencies (NMC 2009) and the QAA (2001) Benchmark Statements for Midwifery, for tracking the content included within the programme. It is a system used with current programmes assisting the Course Director with Module Organisers to manage content from module to module in a systematic manner.

2.8 Student Support

Students receive a wide range of support during their programme. This is provided through a range of roles and services and takes account of the programme as whole i.e. practice and School based learning. Full details are contained in the students' Programme Handbook (Volume C) where School-based and University-based support is set out. However below is a capture of the key elements of this support.

Personal Adviser - all students are allocated a midwifery lecturer who fulfils this role across the span of their programme bringing continuity to assist students in their academic development and build a relationship which serves this while also making it easier to share matters of a pastoral nature. The role is key in aiding the students overall development through the support and application of their learning and progression in the development of academic work, it helps cement application of theory and practice through the annual progress meeting and consideration of the portfolio and on-going evaluation of their learning through reflection. The School's Personal Adviser model of academic support was established to bring parity to the process, this complies with the wider university role, this is set out in the Appendices section of the Programme Handbook.

Link lecturer - all midwifery lecturers hold a link role, including the Lead Midwife for Education. The link lecturer provides support to the students and Mentors in respect of their practice learning while also offering support to the placement generally. Link lecturer Standards for the School are currently under review, these are set out in the Appendices document, 7.6.   The Link lecturer supports the Tripartite approach which aids both learning and assessment in placements.

Mentor - all students in placement have a named Mentor who is responsible for providing suitable learning and assessment opportunities. The Mentor supports both learning and assessment requirements in keeping with the NMC Standards to Support Learning and Assessment in Practice (NMC 2009). Updating of Mentors in line with these standards is maintained via the Placement Education Providers in collaboration with the annual updating provided by the School. All Mentors in midwifery must hold sign–off status as defined by the NMC Standards (please see Glossary in Section 9). Registers are maintained by the Practice Development Midwives in each Maternity Unit. The Mentor supervises the student during placement and arranges supervision for when she is not on shift while also supporting the Hub and Spoke model (please see Programme Handbook, Volume C) of learning through suitable practice related experiences which enrich the placement.

Supervisors of Midwives - All students are allocated a named Supervisor of Midwives at the outset of Phase One. Guidance on how they can gain support and enrich their learning across their programme is contained in the student Programme Handbook.

These roles all work to the best effect for students providing a sound network of support, this is an area in which the School receives constant levels of good feedback via for example the National Student Survey, national league tables and NMC Annual Monitoring. Normal functional roles such as Course Director, Module organiser, lead Midwife for Education also contribute positively to this process ensuring students have clear avenues for support at all times. Equally when in placement midwifery management, and senior clinicians in a given location are receptive to students who have concerns.

3.0   ASSESSMENT

3.1   The Assessment Strategy

The primary purpose of assessment is to enable students to demonstrate achievement of the learning outcomes and ensure the maintenance of academic and professional standards (NMC 2009). The assessment strategy enables the student to meet the statutory requirements leading to eligibility for professional registration and the academic requirements leading to the Award of BSc (Hons) Midwifery. The combination of assessments provides reassurance that successful students are competent to fulfil the NMC role of the midwife in a sensitive and compassionate manner while being equally credible via the justification of academic award of BSc Honours.

Additionally, the strategy measures and tracks the student's achievement and progress, providing appropriate feedback to students, teachers and Mentors. For the student, assessment is also an intrinsic component of his or her individual learning experience. The assessment strategy has been designed to address a clearly visible integration of theory and practice across the programme reflecting the module design and sequence of placements. Current pre-registration midwifery programme evaluations, the University's New Academic Model and Common Course Framework and the programme review for this programme have all contributed to the assessment strategy along with the principles of achievement set out in the Framework for Higher Education Qualifications (QAA 2008). The Development Team have retained those assessments that work well within the current programme.

The learning outcomes are driven by the NMC Competencies (2009) and the QAA (2001) Benchmark Statements for Midwifery, Framework for Higher Education Qualifications (2008) therefore the assessments offer opportunity for students to demonstrate achievement of these competencies and standards to achieve the BSc (Hons) Award for which they have registered.

The University's recently introduced New Academic Model serves to manage the Common Course Structure of degree regulation for 2013. This investment made through   changes to roles, quality monitoring and the senate scales for marking are all designed towards stronger student-centred principles to reflect a fair academic workload, a strong emphasis on meaningful formative assessment and a summative assessment strategy which reflects learning across modules as well as within, through a synoptic approach. This is for theory and practice. As such, learning and progression are enhanced, the overall effect being to bring about greater assurance of a positive student experience by making it everybody's business to address the quality of the learning and assessment processes irrespective of the component in which a person's role sits.

The strategy and construction of theoretical assessment aligns strongly to role and practice via a matrix of policy, evidence, frameworks, legislation, and professional and practice standards for the contemporary midwifery role. Assignments vary to avoid favouring a particular approach while also relating

directly to their placement experiences within that specific Phase of the programme. Formative and summative assessment points to enable valid and reliable judgments to be made about the student's knowledge, skills and competence to practice midwifery. Realistic and meaningful assessments allow students to see value and purpose in relation to their future role in practice in a changing climate of service structure, organisation and delivery.

Formative assessment is used to provide structured opportunity for feedback helping students to develop self-awareness of their abilities, strengths and areas for improvement and to prepare them for the next assessment. By developing self-awareness and using feedback to shape future learning students develop learner autonomy during the programme further enhancing skills for lifelong learning all assessment summative of formative uses a fed forward approach to aid development of students learning.

We have taken account of the findings of the review in ensuring the assessment load is appropriate and suitably balanced. Summative assessments are designed to reflect the balance of content and role development across the programme. Practice and theory show the necessary cohesion which reflect the nature of midwifery practice and the desire amongst lecturers to ensure a manageable academic workload.

This programme will use the same model of practice assessment as that used with the recently re-validated BSc (Hons) programme. This was developed directly to create greater transparency in progression across the programme via a survey of all cohorts of students and all Mentors within our three Trusts to create a process which uses one set of documentation for all NMC required elements of the documentation related to achievement and progress. Combining these in one document eases matters for both students and Mentors. The documentation serves the following purposes:

- Achievement of practice learning outcomes ultimately leading to sign off by the Mentor at the end of Phase Three for the NMC competencies set out in Standard 17 (NMC 2009).
- The On-going record of Achievement is met through the formative and summative sheets recording progress via the planning meeting, students self-assessment and the mid way planning review meeting. Supplementary pages capture records made by significant others involved in a student's placement learning.
- NMC (2009) Essential Skills Clusters are captured within each of the learning outcomes. Each document for Professional Practice I, II, III contains the Skills Clusters and shows where they are mapped into the relevant Theme for that Module. The skills and practice set out for that outcome capture the relevant skill clusters.

Fourteen practice themes are used to reflect the range of NMC competencies as well as the UNICEF Baby Friendly Initiatives (BFI), which remain constant across the programme, with a specific learning outcome under each. The learning outcome changes to reflect the Module, the complexity of practice and the level

of practice assessment. This supports progression towards competency at the end of the programme. The practice assessment is discussed later in this section.

3.2 Formative Assessment

Formative assessment is used proactively across all modules and is integral to the overall progression. The aims of the formative assessment strategy are to:

- Reflect the UEA's New Academic Model and lead toward the valid, reliable and consistent judgement of the student's level of knowledge and competence for practice
- Provide appropriate feedback to students, lecturer and Mentors regarding students' abilities, strengths and areas for development or improvement, ensuring the student is effectively encouraged
- Provide a means for effective development of self-awareness of abilities, strengths and areas for development/improvement together with direction for the summative components
- Bring a variety of approaches to assist the student to evaluate their progress as they develop their role awareness and skills for midwifery practice
- Explore the breadth of the module learning outcomes between summative and formative approaches
- Ensure integration of theory and practice by maintaining a reflective element within theory and practice components
- Provide formative assessments that also serve as enjoyable learning experiences.

The summative assessment of practice is supported strongly by formative process. To this end the students have a single attempt for all summative assessment of practice. For theoretical assessments students are permitted two attempts within the regulations of the Common Core Structure for undergraduate programmes.

The relationship between the formative and summative assessment is set out in Table 9 on the next page.

Table 9: Relationship between Formative and Summative Assessment

PHASE ONE	Summative Assessment
Group presentation on AN screening for maternal and fetal health. Mock exam questions - self / peer review with Module Organiser Personal Adviser Structured reflection - feedback on placement learning on role and practice. Student presentations - How the Public Health role of the midwife influences practice and the health of women and their families Safe Medicate online self -assessment activities Formative interviews in placement, supported with frequent review meetings with placement Mentor and students reflective portfolio work, as tripartite model. Service users formative feedback sheets in Community On-line support with UEA reference tool. Dean of students academic guidance	2.5 hr written examination Section 1 Applied Practice (seen) Section 2 short answers (unseen) Section 3 numerical calculations (unseen) Practice Assessment
PHASE TWO	
Group presentations of cases: the determinants of health and outcomes for mother and baby. Critical reflection of placement learning within Module timetable. Drills and skills workshops for midwifery management of childbearing emergencies Safe Medicate online self -assessment activities Formative interviews in placement, supported with frequent review meetings and students reflective portfolio work, as tripartite model. Service users formative feedback sheets in Community	3000 word assignment on Complex care Practice Assessment
Week 57 (end of Phase two) signifies the first NMC progression point	
PHASE THREE	
Mock interviews for midwifery posts completion of application form and interviews with specific reference to service effectiveness, innovation and quality. Scenario based management of clinical events with 'supervisory review' of report produced by 'case-managing' team of students. Presentations of Case reflections on leading care for normal birth Professional Debate Series - changing role of midwifery practice – a series of debates managed across the module, e.g. ; maintaining and developing normality in midwifery practice, measuring the quality of midwifery care and services, health policy Formative interviews in placement supported with frequent review meetings and students reflective portfolio work, as tripartite model. Service users formative feedback sheets in Community	3000 word assignment - midwifery led care/normal childbearing . Oral Examination Practice Assessment

3.3 Theoretical Summative Assessment

The strategy for assessment of theory aims to balance the need for academic rigour and the student's desire to examine issues of personal and professional interest and meet NMC requirements for safe competent autonomous midwives. A combination of assessment methods has been chosen to reflect different elements of the midwife's role while offering a variety of approaches that avoid favouring any one learning style. These assessments and their focus are selected to support the University approach to synoptic programme assessment and to also address the shifting scope of the midwifery role in practice for:

- a level of confidence as an autonomous midwife upon registration capable of consolidation through a Trust-managed preceptorship programme
- a national role rooted in normal midwifery practice
- coordinate and provide care in high risk and complex pregnancies within the multidisciplinary team making a valid midwifery contribution.
- midwifery services to be focused around primary care
- safe clinical assessment and decision-making skills
- effective communication across agencies and organisations including unconventional boundaries
- effective interdisciplinary and interagency practice
- creating and maximising opportunities for improving the health of women and their families
- contribution through audit, evaluation and innovation for quality in creating midwifery services for women and families which fit overarching maternity provision
- effective and efficient services which respond to and meet national standards

The assessment strategy is designed to reflect the spiral nature of students' experiences and learning for theory and practice. The formative assessments aim support the transition to student role in Phase One and encourage the student's autonomy in preparing for assessment beyond in School and Placement. The summative assessments of theory manage assessment on a 'module by module' basis. However it importantly reflects the developing practitioner and hence assessments in Phases Two and Three draw upon the synthesis of a range of knowledge and practice. This supports progression to holistic and competent practice and draws on the benefits provided by synoptic assessment.

For example:
1. In Professional Practice II during Phase Two it is expected the student will continue to develop skills and ability in normal labour and birth while developing new skills and knowledge in complex cases.
2. During Holistic Practice in Phase Three students are examined in managing childbearing emergencies or other complex practice events women may experience. Taught in Complex Care during Phase Two but now assessed from the perspective of competent practice in Phase Three.

While elements of this have been encountered earlier in the programme, as a Competent Practitioner the expectation is for the student to now bring all the components together demonstrating they are capable of safe practice in this area.

The type of assessment is chosen to enable the academic qualities to be reflected in the student's work, showing a grasp of theoretical principles and the synthesis of policy and utilisation of evidence and theoretical knowledge applied in a professional and academic manner. As such the nature and number of assessments reflects the academic level with assessment complexity.

The assessments captured by coursework require the student to demonstrate ability for robust critical assessment for professional practice as well as strategic service delivery. This is through an understanding of local populations the nature of services provided which may be within community or a hospital and agencies and professions involved thus ensuring the provision of sound referral, implementation, management and evaluation strategies within their practice.

A timetabled session at the outset of each module from the Module Organiser provides a full explanation of the rationale for summative and formative assessments and explains what is required of the student by the assessment and how to prepare effectively for them.

Table 10 Overview of Summative Assessment - Theory and Practice

Module	Assessment task	Module credit	Cumulative total of credits
Normality and Public Health	2.5 hour Written examination Section 1 – seen -Core knowledge and application to normal practice Section 2 – unseen – short answer questions Section 3 unseen - drug and clinical calculations for normal midwifery **(EX)**	20 credits (level 6)	20 level 6
Professional Practice I	Practice learning outcomes for labour ward and community placements. Assessment of Interpersonal attributes Portfolio requirements All components of practice must be passed **AP**	20 credits (Level 6)	40 level 6
Complex Care	3000 word Complex Midwifery care study **(CW)**	20 credits (level 6)	60 Level 6
Professional Practice II	Practice learning outcomes for labour ward, neonatal care, antenatal and postnatal services, placements. Assessment of Interpersonal Attributes Portfolio requirements All components of practice must be passed **AP**	20 credits (Level 6)	80 Level 6
Holistic Practice	3000 word Critical case review - midwifery led care/normal childbearing **(CW)** Unseen oral examination for the midwifery management of childbearing emergencies including relevant drug therapies **(EX)**	20 credits (level 6) Each is weighted 50%	100 level 6
Professional Practice III	Practice learning outcomes for labour ward and community placements. Assessment of Interpersonal Attributes Portfolio requirements All components of practice must be passed **AP**	20 credits (Level 6)	120 Level 6

All elements of the module assessment must be passed to gain credit

Please see over page for Codes to assessments and University definitions.

3.4 Plagiarism

The University and School have established processes for managing student awareness of plagiarism via a transparent policy to apply upon suspicion or discovery. For further information, please see the Appendices document, number 5.4. Full details are also set out in the University Undergraduate Handbook to ensure students are clear on such issues. The School has a

dedicated School Plagiarism Officer and Team for managing this issue with NSC students. The University uses the software 'TURNITIN' as a tool to enable the Plagiarism Officers to make an objective judgement of cases where suspected. All student cohorts are seen at the outset of their programme by a Plagiarism Officer and advised on how to avoid plagiarism and made aware of the significance of this behaviour and implications it has upon the continuation of their professional programme. Guidance via the UEA's formal online reference tutorial is used as a formative means of support to students at this time.

3.5 Code for assessments and University definitions

Coursework (CW)
Work of any type (essays, class presentations, programme tests, practical laboratory work) which is marked exclusively by those responsible for teaching the module. A copy of all summative assessments must be retained by the student. All marked coursework must also be retained for possible scrutiny/moderation by an external examiner or external agency. This is in addition to the normal role of external examiner involvement within the marking and moderation processes of the University.

Examination (EX)
Examination to include an element of the unseen and/or to contain an element of strict time limitation (the underlying concern is that candidates should be required to use their own resources in circumstances of equal opportunity). They are double-marked and are subject to moderation by External Examiners.

Practice Assessment (AP)
Practice assessment includes all assessment in the placement area.

The senate scale for marking assessments provides scope to recognise student effort within the first class honours range. The scales are shown in the Appendices document, numbers 5.2 and 5.3. Students access these via their Blackboard site.

3.5.1 Classification

In resolving the class of students, the Board of Examiners follow the scale set out below to arrive at a provisional classification for all students on the basis of their aggregate marks.

Aggregate mark (%)	Class of degree
80.00-100.00	1*
70.00 -80.00	1
69.99-60.00	II (1)
59.99-50.00	II (2)
49.90-40.00	III
39.99-0.00	Fail

Where students have secured an aggregate of 80% and above across all elements of the modules including both theory and practice the University will award a starred First Class Honours Degree. The aim of this is to acknowledge excellence in the students' performance throughout his/her programme.

3.6 Relationship between theoretical and practice summative assessment over the programme

In line with current professional and academic opinion, practice is valued with module credit being awarded only upon the successful completion of the assessments of practice. This has influenced development of the overall assessment strategy, as has experience of assessment in the current pre-registration midwifery programmes. The assessment strategy enables development of the student's skills in critical analysis and synthesis through the integrating of new theory and practice with their past RN knowledge and skills in a manner which enhances their professional judgement in line with the role as the programme unfolds. The theoretical assessments include criteria which require evaluative and critical reflection to enable the students to bring practice experiences and knowledge into their academic writing.

Development of the practice assessment has also been influenced by the work of Knight (1998) surrounding interpersonal attributes in client centred roles, and audit strategies to ensure that placement areas meet the QAA (2001c) Code of Practice for placement learning and NMC (2009) Standards to support learning and assessment in practice and remains an established component of our assessment of practice.

The assessments have been designed to reflect the integrated nature of learning in terms of theory and practice. Theory assignments all have a practice focus while practice assessment has a theoretical perspective within the discussion that takes place at the formative meetings and summative stages within each professional practice Module's assessment. The portfolio will provide supportive evidence via personal structured reflection regarding their learning and progress in relation to the practice outcomes as does the self-assessment component in the documentation for practice assessment. Students are expected to discuss evidence from their portfolios and articulate a knowledge base in respect of the practice outcomes which are built around cases with which they have been involved. The students' ownership of developing structured reflection on practice serves as a conduit for clear links integrating theory and practice which also support the students' active role in managing their learning needs in placement through regular discussion with their Mentor. As a RN this skill is already developed.

The assessments in each of the theoretical module are built around the three categories used in the QAA (2001) benchmark statements for midwifery. Therefore the principles shaping assessments in each of the modules are:

1. Expectations of the midwife as a professional.
2. The application of practice in midwifery.
3. Subject knowledge, understanding and associated skills that underpin the educating and training of midwives.

While the practice modules are built around the NMC competencies and as such the themes are designed to reflect the social context of midwifery practice and competence in an autonomous role. In addition assessment of interpersonal attributes are incorporated into the assessment of practice which strengthens assessment of the professional expectations of a midwife and the importance of communication.

The assessments in practice are shaped by NMC Competencies and the Essential Skill Clusters along with the UNICEF Baby Friendly Initiative standards.

The theoretical assessments will be marked in line with the Senate Scale recognised by the UEA Common Core Framework for marking and moderation for undergraduate programmes and the students overall management is governed via this framework for the duration of their programme.

3.7 First Progression Point in the Programme (NMC 2009)

The NMC (2009) Standards for Midwifery Education require universities to indicate a distinct progression point in the programme by which all summative components of the programme must be met within a 12 week period of this point. This takes account of the NMC Skills Clusters identified for the first progression point.

For this BSc (Hons) Midwifery (Shortened) programme this point is the week 57 at the end of Phase Two. We have taken the step to move the progression point from Phase One to Phase Two with this validation. This provides a more realistic time for students to take account of both the normal and complex. It also reflects the level of assessment in placement for both PPI and PPII of which both are at the level of 'Supervised Practitioner'. The decision appreciates the impact of transition to studentship some RN's have and also takes account of the demands they face arising from meeting all NMC requirements for registration in the 84 weeks when compared to three year students. The progression point sits within the UEA Programme Regulations.

The Essential Skills Clusters specific to the first progression point relate directly to normal midwifery practice, as such they are incorporated into Professional Practice I learning outcomes

Where there are difficulties with progression the Course Director, Link Lecturer and the students' Personal Adviser will be involved in establishing the most appropriate plan of action with the student. There are some situations which would suggest a period of intercalation may be called for since the circumstances of the student do not support continuation with the programme at that point.

They would be able to return after a suitably agreed period to resume their studies when their situation had improved, though this must be in the NMC time frame of two and a half years or three and a half when on maternity leave (NMC 2009). This can relate to health or personal circumstances. A clearly set out process exists for managing this with an academic plan for the student's return is established at the time of intercalation. If however there are requirements not completed with no intercalation plan the student will be withdrawn from the programme.

3.8   Practice Summative Assessment

There are five essential principles on which the assessment of practice within this programme is based:

1. Development of competent autonomous practice as demonstrated by the NMC (2009) Competencies through successful completion of the practice learning outcomes.
2. An emphasis on using reflection critically with effect in placement to facilitate individual practice development, establish learning needs, plan opportunities for learning and support the assessment process;
3. The award of a grade for the successful achievement of the placement learning outcomes. A specific emphasis on Interpersonal Attributes also requires a pass award in each placement. If this is not passed then the student does not pass the placement as set out in Volume B - Practice Assessment Document.
4. Completion of the Portfolio requirements as a summative component (please see the Practice Assessment Guidance).

Progression is transparent and managed effectively with the design of placement and module learning.

Retention of the tripartite review, grading process and summative assessment of interpersonal attributes was supported for the reasons below:

- Evidence for this retention emerged through our survey of Mentors and students in July 2011 and reinforced through ongoing student and Mentor feedback. Experience has taught us progression issues are managed earlier and more effectively for both Mentor and student. This was also supported by the MINT Report (Fraser et al 2011).
- The tripartite assessment process has proved to be reliable, valid and robust since its introduction in 1999. However it has evolved to manage student and Mentor expectations realistically while retaining a presence in respect of the above features.
- The process of tripartite involvement is extremely beneficial in terms of 'on the spot' support and the facilitation of arrangements in practice which are sometimes necessary when further specific learning opportunities are needed for a student to gain the experience necessary to meet placement learning outcomes;

- It ensures lecturers have active involvement when there are difficult decisions to be made over students' formative assessments. Experience shows these to be the times when Mentors and students need more guidance, while ensuring plans can then be made for involvement in the summative interview as required.
- The process is Mentor-friendly, clearly understood by placement areas, and is a familiar assessment process for midwifery Mentors in each Trust.
- Adapting the interpersonal attributes approach through simplifying the grading and improving descriptors for grading, builds upon the positive aspects of the existing model.

To retain the same assessment of practice across both pre-registration Midwifery programmes would be the aim from this validation.

The grading of practice uses the NMC (2009:17) description in Standard 13 for competent practice in that a practitioner is deemed capable of autonomous practice and is able to demonstrate competent practice in the Pre–registration requirements of Standard 17. The Practice Guidance contains all relevant papers which show the practice assessment in detail. These can be found in Volume B. students taking the programme will however receive these documents separately, i.e. guidance and documentation per Professional Practice Module.

The Assessment of Practice Documentation (Volume B) contains all relevant aspects and papers which show this process in detail. It is supported by the Assessment of Practice Guidance Document included in PPI assessment

3.8.1 The Portfolio

The portfolio is assessed on a pass/fail basis. A list of requirements for inclusion must be met to be awarded a pass. These requirements are set out in the Guidance for Assessment of Practice (Volume B). The portfolio also serves as a 'home' for practice assessment documentation. Students will also retain the specific sheets which record 'evidence of working with others' in their portfolio when attending Spoke visits or when supervised in placement by a midwife other than their Mentor. This sheet is a requirement which is used to assist Mentors when students are engaged in key areas of learning with other midwives which contribute directly to learning outcomes. The portfolio captures a range of processes and activities which all contribute to service as an ongoing tool for managing learning and developing the students practice. This is reflected by the value placed on enabling students time for critical reflection on their practice. It also serves a formative role in practice assessment as progress is considered and students evaluate their progress.

The portfolio will be also be reviewed formally during the Annual Review by the Personal Adviser at the end of Phase Two. However the student and Mentor will meet at the end of Phase One to touch base where opportunity to discuss its use and development formatively will be possible. Verification that the student has maintained a portfolio during the programme will be required by the Board of

Examiners at the final examination board in order for a student to complete the programme. This is confirmed via the Course Director.

3.8.2 Process for Assessment of Practice Learning Outcomes

Please refer to the Practice Assessment Guidelines in Volume B for the full details of this process.

In each Professional Practice Module distinct learning outcomes assess the student's progression in respect of the fourteen themes relative to the placement. The themes have been chosen to reflect the NMC areas for competency and the areas of practice from the NMC Essential Skills Clusters (NMC 2009). This model of assessment of practice recently validated with the three year programme is being applied to this programme as we aim to always use the same strategy across both the short and the three year programmes.

Learning outcomes and practice and knowledge and associated skills within each learning outcome reflect the experience and qualification of the RN on the shortened programme. Learning outcomes are appropriately constructed to reflect the stage of the programme and level of practice assessment spiralling in terms of knowledge, complexity and dexterity required from the student. Each Theme uses an appropriately constructed practice learning outcome which reflects placements and level of assessment across the each Professional Practice Module. While the Theme remains constant the outcome under each Theme becomes more complex from Phase to Phase with progress towards competency across explicit across each Phase of the programme.

The practice learning outcome for a Theme is designed to capture knowledge, practice and associated practice skills. This is to enable the NMC Essential Skills Clusters to be captured in a relevant learning context. The Essential Skills Clusters are mapped against these practice learning outcomes for each year of the programme. As such, it ensures the practice component of the programme has learning and assessment which is in line with both the NMC Midwifery Pre-registration competencies and also the NMC Essential Skills Clusters required for eligibility for professional registration as a midwife. This also brings benefits of a streamlined approach to managing progression across the placement for both the Mentor and the student. All relevant skills are included for the first progression point.

3.8.3 Grading of the Assessment of Practice

The practice assessment levels used to guide the level of learning and assessment and inform the grade are shown in the Practice Assessment Guidance with the relevant flow charts revealing the nature of progression. The grading charts are also set out in the document illustrating the range and nature of the grades awarded depending upon the students' performance at the summative point of assessment.

Grading is a constant feature within Mentor Updates with peer discussion and problem solving providing valuable means for reassuring Mentors on key points around using the full range of grades, comments and grades being consistent with each other and the importance on-going feedback to students. A grade is awarded for the practice learning outcomes and the Attitudinal Attributes by the Mentor which contributes to the students overall academic award.

3.9 Mentors Supporting Practice Learning and Assessment

The process for the appointment and support of Mentors contributes to inter- and intra- assessor reliability and is outlined below:

- New Mentors are required to complete the mentorship programme (though equivalent awards are acknowledged by the School in line with NMC 2008). In keeping with these standards all midwifery Mentors are at sign off status.
- The School's mentorship programme specifically addresses midwifery curricula, student assessment with reference to assessment strategies and the support of learners in the clinical environment.
- Mentors will have completed one year of Post-registration practice experience prior to taking the programme.
- A planned programme of Mentor updates (monthly during the academic year) is available in each Trust to allow flexible access for midwives attending these update sessions. The focus of the Mentor update programme changes annually and is delivered in all the Trust updates which enables peer discussion and problem solving to reflect current trends where Mentors value support.
- All Mentors have access to the School's Mentor Placement website where all programme materials are held on the site for a more comprehensive range of materials to inform the Mentor. This can be accessed from anywhere and as such provides current accurate information for Mentors.
- The Mentor is allocated by the Trust on the understanding they are able to spend 40% of time with the student in placement.
- Triennial review support and monitoring for Mentors falls within the responsibility of the Practice Development Midwives in each Trust.

Attendance at annual midwifery Mentor updates is monitored and confirmed by the Trust's Practice Development Midwife/s and the respective managers responsible for allocating students to Mentors in each Trust prior to the appointment as a Mentor in line with national requirements. Data on a midwifery Mentor's triennial review and annual updates are monitored by the Practice Development Midwives and are also recorded at the Educational Audit. Such updating is kept live on the Trust and University Mentor Registers.

Newly employed midwives who hold qualifications in mentorship are required to contact the relevant Link Lecturer to familiarise themselves with the programme as part of their Trust induction. This is to explore local midwifery education

provision and process documentation, and be formally identified on the Trust and UEA's official register of Mentors. This induction programme will include support from the Link Lecturer and an opportunity to attend lectures on the mentorship programme if necessary. Unless a recognised mentorship programme and relevant updating in line with the NMC Standards for Mentorship (NMC 2008) have been completed, a midwife cannot be a named Mentor for students. There is contact with all students and Mentors during each placement of the programme by the designated Link Lecturer. This is an essential component of the formative strategy of placement learning and assessment. Link lecturers will visits   students and their Mentor at or around the time of the formative planning review. Mentors are aware of the importance of involving the Link lecturer as early as possible if students are not progressing as expected during placement. On some occasions this link may need to be made via telephone or video conference in order to keep the discussion at a meaningful time in the students' placement.

4.0   LEARNING RESOURCES

4.1   Management of Resources

NSC's learning resources provide an expanding range of equipment which is up to date, easily accessed and efficiently managed by a dedicated technician with IT experience bringing together the benefits of online strategies for managing booking processes and also dealing directly with new technologies around simulated learning. Our aim is to continue to anticipate and respond to the opportunities offered by new technologies and learning strategies and recognise the increasing need for multimedia and distance learning materials, together with interactive internet-mediated resources. Two technicians are also employed specifically to manage on line learning resources to support lecturers in developing materials to support module learning.

Our students commence midwifery education with learning skills that are transferable to their coursework; however, new technology can be especially disconcerting, even threatening. Some individuals welcome each new development, whereas for others, technological advance can be daunting. All students are enabled to use a range of learning resources through the opportunities presented across the programme.

The responsibility for monitoring and developing learning resources is vested in NSC Teaching Committee which takes a strategic view of resource acquisition, utilisation, maintenance and development and is therefore well placed to ensure that new programmes receive adequate and equitable support while not disadvantaging students undertaking established pre- and post-registration programmes. Monitoring is principally achieved through feedback from Course Directors who report on module evaluations undertaken by Module Organisers. Additionally, these evaluations inform the processes of School and Faculty based annual monitoring, the NMC annual monitoring and Subject Reviews.

4.2 Teaching Accommodation

A range of pleasant and well-equipped teaching accommodation is available on all UEA sites and includes lecture, seminar and tutorial rooms as well as facilities for private study.   The Edith Cavell Building is purpose built accommodation with a high level of technical teaching resource in each classroom. Computer facilities are available throughout the 24-hour period and during normal working hours on other UEA sites. There are two 'skills laboratories' on site, enabling students to develop clinical and interpersonal skills through supervised simulations. Students benefit from a common room and restaurant facilities on all UEA sites and most placement areas. An extension to the School's skills facilities is currently underway, this development will also extent the social space for students significantly.

4.3　Library Resources

Students have access to the University's relevant and contemporary library stocks that match reading lists. These are reviewed at least annually by Module Organisers and other members of faculty, the Learning Resources Group and the specialist librarian. Inter-library loans and reciprocal arrangements with local NHS Trust libraries give students access to even more resources. Paper resources are augmented with an increasing number of online journals, electronic texts and other material. Libraries in local NHS PEP's are becoming more effectively linked to allow sharing of resources and a wider spread of access to students. The provision of user-friendly information leaflets describing online searching and the use of CD-ROM based data discs augment the services of library staff.

4.4　Audio-Visual Aids

A range of audio-visual aids including anatomical models, pod-casts, plasma screens, computer access in classrooms, video recorders and videos, clinical equipment and manikins is used to enrich learning. Some of these are available for students to loan. Central library resources on the main campus include an increasing number of health related audio-visual materials.

4.5　Information Technology Facilities

A range of computer facilities and teaching and learning strategies via the School's student IT room are used to enable students to acquire the skills and confidence needed to use computer facilities in clinical practice and access the 'world of virtual learning'. There are 39 personal computers at NSC and 200-300 available on campus. The continuous revision of the ratio of computers to the number of students is a part of the IT management strategy. The School also operates wireless technology to support student learning.

The curriculum ensures that all students have the benefit of using computing facilities that reflect the computing skills required in contemporary practice and are they familiarised with the range of software used locally. Equally whilst students are on placement the programme learning outcomes reflect the technological nature of record keeping, communication and retrieval of evidence to support practice. As such students play an active role in engaging with such activity at placement level as well as within the University environment.

4.6　Staff resources

The Head of School is responsible for the appointment of academic lecturers to support the programme. The LME is directly involved in these discussions and matters relating to the staff resource for midwifery programmes. Discussions regarding academic appointments also involve the NSC Teaching Director,

Director for Undergraduate Developments and the Academic Group Coordinators. The School Managers contribute directly to this process at School level which is then managed via Human Resources. More detail is set out regarding the Lead Midwife for Education role in relation to the programme in Section 5.

The midwifery lecturer resource is currently 7.8 whole time equivalent (WTE) via nine lecturers. Contribution from a wide range of clinical experts is managed via Associated Tutor contracts. These are reviewed on an annual basis which ensures such contributions can be managed to reflect change and opportunity efficiently.

Service Users and organisations which represent their needs also contribute to the students learning across the programme. The Midwifery Service User Forum has helped us develop approaches and access wider spread of contacts for increasing contributions within modules. This remains an evolving process as Module Organisers explore alternative approaches to include service users creatively within sessions.

The midwifery lecturing team provides the significant proportion of timetable activity for both pre-registration midwifery programmes within NSC. Contributions from lecturers with a wide range of expertise, experience, and relevant areas of research are also made from within the School and across Faculty and the wider University. Collectively, midwifery team members hold a rich and varied body of knowledge. All hold a higher degree in a relevant subject with one colleague holding a PhD and another, a Doctorate in Education. All are in areas of direct relevance to midwifery practice and education. All midwifery lecturers hold recognised NMC teaching qualifications. Teaching is also informed and enriched by research undertaken by academic staff within School and Faculty and continues to benefit from the close contact with practice made possible through the Link lecturer roles, effective partnership working and other practice-focused activities. Another lecturer is currently being supported via funds and time with an NSC scholarship to undertake her PhD.

The midwifery lecturers are supported by administrative and technical staff, with the benefit of dedicated placement support from the Learning and Teaching Services responsible for placements and assessments, while admissions, recruitment and marketing activities are managed via the Faculty department.

The programme team are also supported by the strategic lead roles with in the School these being:

Head of School
Lead Midwife for Education
Director of Teaching Learning and Quality
Director of Pre-registration Programmes
Associate Director for Teaching and Learning (Practice Education)
Associate Director for Teaching and Learning (Student Affairs)
School Plagiarism Officer

School Disability Officer
Academic Group Coordinators
Service User Lead

This includes a strong commitment to a link role; contact with practitioners, patients and clients is crucial to maintaining credibility in practice and NSC is committed to facilitating time each member of faculty to provide the Link Lecturer role. The Midwifery Team have an established reputation for working with the service areas in respect of the existing students learning progress and assessment. This approach to supporting students via this role within their learning and assessment process was awarded judgements of good and outstanding in respect of placement support in the last Midwifery focused Annual Monitoring review of 2011 and partnership working was highly commended.

4.7 Placement Education Providers – Clinical resource for student support, learning and assessment

Careful management between the School, Lead Midwife for Education and PEPs enables adequate placement and Mentor capacity to support the student population.

The number of births at each of the local maternity units are:
Queen Elizabeth Hospital at Kings Lynn   2,500
James Paget NHS University Trust at Yarmouth   2,248
Norfolk and Norwich University Hospital at Norwich   6,203
(Home births across the three Trusts range between 3-4%)

The number of Sign Off Mentors at each are:
Queen Elizabeth Hospital at Kings Lynn   42
James Paget NHS University Trust at Yarmouth   38
Norfolk and Norwich University Hospital at Norwich   180

The number of midwives (including Mentors) at each are:
Queen Elizabeth Hospital at Kings Lynn   102
James Paget NHS University Trust at Yarmouth   59
Norfolk and Norwich University Hospital at Norwich   254

Combined student population for the next academic year is as follows:
Queen Elizabeth Hospital at Kings Lynn   24 (4 short)
James Paget NHS University Trust (JPH) at Yarmouth   17 (3 short)
Norfolk and Norwich University Hospital at Norwich   55 (16 short)

(JPH have 10 University College Suffolk students in progress, 6 of which complete in Autumn 2013)

5.0   QUALITY MANAGEMENT

5.1   Quality management and enhancement

All programmes in the School benefit from the same quality management and enhancement system, the structures and processes of which are clearly defined and closely monitored by NSC Teaching Committee. These safeguard the integrity of each programme while maintaining coherence across all pre-registration programmes and congruence with post-registration education within NSC and the wider Faculty. Stakeholders, including students, practitioners and users, as well as representatives from the independent and voluntary sectors, Practice Education Partners and NSC are actively involved in quality assurance processes and structures. The programmes are regularly and rigorously subjected to scrutiny by internal bodies and external agencies. The School works closely with personnel within the national bodies as part of the process in ensuring a quality provision.

The quality management and enhancement system is designed to ensure:

- that the programme conforms to the current standards and requirements of the NMC competencies and QAA subject benchmarks and the University's Code of Practice for Assuring Teaching Quality
- that the programme remains responsive to trends in workforce planning and service needs;
- that the programme remains responsive to the needs of students
- that the programme remains responsive to developments in midwifery related health-care, education and research
- that the assessment strategy remains valid, reliable, relevant and fair;
- that all students benefit from an equitable experience;
- parity within and across programmes;
- coherence within this and across other pre registration programmes programmes;
- progression within the programme
- appropriate and efficient use of shared learning;
- continuity with post-registration education;
- the quality and efficient use of learning resources;
- that innovation is encouraged and facilitated.

5.2 An inclusive and coherent management system for the programme

Efficient management is assured through a comprehensive management structure within the School shown above and also comprises the following specific to the midwifery programme:

- The role of the Lead Midwife for Education
- The Midwifery Pre-registration Management Committee;
- Policy, Implementation, Management for Midwifery Group.

Coherent management is assured by terms of reference and University wide role descriptions that identify clear lines of accountability and mechanisms for communication amongst the various curriculum management teams and between these and other quality management and enhancement systems within NSC. The relationship between these and the School's committee structure shows the relationships of these processes. (Appendices, 6.8)

Module Organisers (Appendices, 6.1) are nominated by the Lead Midwife for Education. They work closely with the Course Director (Appendices, 6.2) and the Lead Midwife for Education (NMC 2009) as appropriate. Both Module Organisers and Course Directors are guided by clear University role descriptors (with slight amendments which reflect   the nature of NSC programme provision). This happens on an individual level and also via the Policy, Implementation and Management for Midwifery Group (PIMM) which is a regular working forum where Module Organisers bring items for consideration with regard to implementation, management and responses to evaluation of their module. This enables clarity and consistency of approach across the range of programme activity (the terms of reference are set out in the Appendices document, 6.10).

5.3 The Lead Midwife for Education

The position of Lead Midwife for Education (LME) is a requirement set by the NMC (2009) within the Standards for Pre-registration Midwifery Education.

The Lead Midwife for Education signs the supporting good health and good character declaration upon successful completion of the programme. This is completed after the confirmed pass list from the Pre-registration Midwifery Examination Board is received back with the students' academic award confirmed, ensuring eligibility for registration as a midwife with the NMC.

The LME is responsible for managing the pre-registration midwifery provision within the School ensuring the development and on-going quality of provision takes account of relevant policy, standards and local service in relation to programme arrangements. The LME manages the Midwifery lecturers working with Academic Group Coordinators who lead the three Academic Groups within the School. However, the LME retains management responsibility in respect of the midwifery lecturers and the balance within their profile of academic and scholarly activities and responsibilities.

The quality framework for managing the School's business in academic, operational and strategic activity requires the membership of the LME. The formal committees involve the senior management team of the Outer hub where decisions related to the above are made and progress on project activity is reported and managed, NSC Teaching Committee, NSC Placement Group,

The LME and School Directors meet regularly across the weeks of the academic year to manage on-going activity under the scope of their respective roles.

The LME chairs the Midwifery Service-User Forum, is a member of the Programme Management Committee, (the School adopts the principle of these committees being chaired by colleagues in the School who are not directly involved with the programme), and the PIMM Group.

5.4 The Midwifery Pre-registration Management Committee

The Group meet twice in each academic year with provision for a third meeting which may take place formally or virtually via electronic support depending upon the nature of the business. There is recognition that a number of activities between the areas of the membership occurs across the year via subgroup working. This can draw on the expertise of specific post holders within the PEPs to inform the particular job of work the sub-group is managing.

NSC Head of School, Heads of Midwifery and the Local Supervising Authority Midwifery Officer receive minutes of these meetings as ex officio members enabling a wide awareness of the programme management activity.

The membership also includes Practice Education Partners, student and user representation. The membership in full and its terms of reference can be seen in the Appendices document, number 6.3. These are standard across the University as part of the New Academic Model.

5.5 Service Users /Consumer Involvement

Close links exist with the local Maternity Services Liaison Committee (MSLC) and the supporting 'User Group Forum'.
The School's Midwifery Service-User Forum is drawn largely from this MSLC contact points to bring the consumer perspective to the education of student midwives.

The midwifery lecturing team via the LME have in the past used the MSLC links to seek feedback, consultation and discussion regarding education matters and women's experiences of maternity service. In 2011 we established the Midwifery Service User Forum. Activities generated to date are set out below:

Areas recently developed with the Midwifery Service User Forum are:

- principles used to reflect a woman/family centred curriculum help influence a range of aspects of the midwifery curricula.
- development of a video clip for recruitment to assist with values and attitudes in the interview process
- service user feedback forms are now being used formatively in each placement to help students evaluate their skills in responding appropriately and understanding how their approach to care is received by women. Students complete two such forms in each placement, these serve a formative purpose for discussion with their Mentor.

Areas currently under way are:

- development of a 'Talking Head' style learning resource for students regarding women's experiences of maternity services which has been postponed to the next academic year to give a longer development lead.
- Wider links across the county for membership within the Forum
- Parents Plenary linked to a range of service users which will be piloted and then replicated to reflect different perspectives of relevance to stages of the short and three year programmes.

Service users of relevance to maternity services are invited by the module organisers to contribute within each of the theory modules of the programme. The School has appointed a lead for Service User Engagement who works with the Faculty Lead who is conducting an investigation of the impact of service user involvement in education experience.

5.6 Programme Evaluation

The quality of all programmes is monitored by a University wide process of evaluation that informs curriculum development and programme management. The same evaluation strategy is applied to all pre registration programmes and consists of a range of tools that focus on different aspects of the curriculum which includes School based learning, placement, Mentor evaluation.

Feedback in these areas is collected electronically via dedicated forms however each module also undergoes a formal evaluation and feedback directly between the Module Organiser and the cohort using a structured approach to produce a formal module evaluation report. This report generates further direct feedback to relevant placement areas within a defined timeframe which brings about swift feedback to placements staff helping to bring about change where needed prior to other cohorts placements commencing..

Mentor evaluation has recently been strengthened via a sheet accompanying the students assessment of practice documentation requesting their feedback via three areas of question to make this process simple and quick for Mentors. Mentors receive this at the start of the placement and can send this directly to the Module Organiser.

These evaluations, together with analyses of student performance, form the basis of regular monitoring reviews conducted within the School and managed by the Teaching Director within the terms of Reference of the Teaching Committee for each School and faculty learning Teaching and Quality Executive.

5.7 Student Evaluation, Feedback and Contribution to Programme Delivery

The philosophy of student centred learning and valuing individuals extends to student contribution to programme evaluation. Several processes are used to influence their programme of study. These are:

NSC Student Liaison Forum - this provides the official communication channel between the School and the student body. Midwifery students are encouraged to become involved in the Councils work. Standard practice requests that each cohort nominate a representative as a voice between the cohort and the council members. Issues are raised by students and passed through appropriate channels within the School for action where indicated.

Pre Registration Midwifery Programme Management Committee- this is a required forum with University / School determined Terms of Reference where the pre-registration programmes are formally managed. It has representation from each student cohort. This committee meets twice per year with a virtual meeting also planned each year, to manage, monitor and review programmes and consider student evaluation. Students have opportunity to raise issues and contribute to the work of the committee, thus having a direct influence on the evolution of the programme. The Appendices document (6.3) shows the terms of reference.

Module and Programme Evaluation - Students are given timetable time to complete online evaluation while a reporting approach takes place too capturing direct feedback with opportunity to discuss experiences. The Module Organiser reviews student evaluations, where action plans are developed arising from these evaluations these are communicated to students via Module Organisers. The process for placement feedback can be seen in the Appendices document, 7.8. Placement evaluation is fed back to individual placement areas normally within twenty days of the end of a module hence ensuring feedback is swift prior to the next placement should actions be needed to address any issues.
Students are also invited to have representatives on a range of Faculty and School-wide Committees (e.g. Teaching Committee) so the business of the School is transparent and a student perspective on issues is considered. However, all matters involving change for students are directed via the Student Council for consideration by the student population as a whole.

5.8 Monitoring and improving assessment

All programmes benefit from a range of structures and processes used to monitor and improve examinations and assessments:

- BSc (Hons) Midwifery Board of Examiners - for both the Long and the Shortened programmes
- Annual programme monitoring process of the Faculty of Medicine and Health Sciences
- Module monitoring process of the University managed within the Teaching and Learning Quality committee for the Faculty of Medicine and Health Sciences and the School.
- External examiners' reports and visits.

The Board of Examiners within NSC will oversee the quality of assessments and examinations for this programme now it falls within the Undergraduate provision of the School. An external examiner is being sought for the programme. The relationship between lecturers and external examiners is an essential and much valued element of quality control and external examiner reports provide an important contribution to ongoing internal dialogue about standards and levels of achievement. Discussion regarding the steps taken for this validation have been discussed with the Current external examiner who has extended her term to see out the current Postgraduate Diploma cohort.

External Examiner reports, together with internal moderation mechanisms, serve to monitor the intra and inter-Mentor reliability of practice Mentors and those assessing theory. Feedback has commended the quality of our feedback processes to assist students to assist them to continue to develop their ability improve their skills in analysis and synthesis to assist them in practice and also secure good grades for their classification.

The University's New Academic Model has brought about an important perspective to programme assessment as discussed in Section 3. The value implicitly woven across the programme through a strong relationship with learning outcomes and the formative and summative assessment assists students with the focus for their studies as well as enhancing the quality of the process.

5.9 Monitoring and enhancing the quality of learning environments.

NSC recognises that the learning environment transcends the fabric of the School and incorporates all placements used and areas visited by students.

The quality of classrooms, including 'skills facilities' and placements is monitored and enhanced through evaluations completed by students and Module Organisers at the end of each module. Evaluations by placement staff also serve to monitor the quality of the placement experience. These evaluations inform annual review process, the outcome of which is considered by the Faculty of Medicine and Health Sciences Learning Teaching and Quality Committee.

Placement feedback is provided to the education lead in each placement area normally within 20 days of the module evaluation or completion of the module

whichever is later.   This helps initiate actions swiftly prior to the next students' placements in a given area.

Additionally, the quality of placement environments is monitored and enhanced through audit conducted in partnership with placement staff and the work of the Associate Director for Teaching and Learning (Placements) with the Lead Midwife for Education. The Schools audit cycle is two yearly. Audit uses an online electronic tool enabling PEP's and the School to have direct access. As such it can provide a 'living' record of ongoing audit activity. Please see Section 5.11 regarding the process for reporting concerns on placement quality.

The LME is a member of the Schools Placement Committee and works closely with the Associate Director for Teaching and Learning (Placements) and the manager of the learning and Teaching Services Hub in order to manage the placement areas effectively.

5.10 Responding to trends in workforce planning and needs

The quality of education is enhanced by a curriculum that remains mindful of trends in workforce planning and responsive to the needs of service providers through a variety of structures and processes. The School works closely with Commissioners in understanding the needs to meet local plans to address the changing demands of service.

The Annual Performance and Quality Framework (PQAF) undertaken by Commissioners further ensure that programmes, modules and study days remain mindful of trends in workforce planning and responsive to the needs of service providers as the group considers pre- and post- qualification education issues, since there is a relationship between these elements for the support of sound pre-registration provision in clinical areas.

The Programme Management Team also provides a forum for disseminating and responding to workforce trends and service needs through focused work involving progression and destination of students upon completion. This data is also managed at Faculty level as part of the PQAF process. Terms of reference also require it to take account of changes in practice influencing learning needs during placement and upon registration. As such it has a direct relationship with this matter. As such there is a direct relationship between programme activity, practice learning and role development.

Additionally, NSC remains responsive to service needs and developments through the work of Link Lecturers, shared membership of a variety of professional groups and collaboration with a range of health-care practitioners who contribute to classroom teaching and who may have an honorary lecturer status with the UEA and NSC. There are two supervisors of Midwives within the Midwifery teaching team which brings in an added dimension of experience to curricula activity and student learning generally.

5.11 Educational Audit of Placement Areas

Opportunities for students to learn the skills and gain the experience needed in midwifery practice and to meet the requirements of the Nursing and Midwifery Council and the European Union (EU. Close partnership working between the PEPs and the School at operational as well as strategic level create appropriate placement learning environments which the students find enjoyable, supportive and productive in terms of providing them with opportunities which enable them to meet their learning outcomes and address the necessary standards for placements.

The responsibility for this is vested in School's Associate Director of Teaching (Practice Education) and the Lead Midwife for Education. The administrative support for placements, Managed by the Director, brings about the effective placement management for the School at strategic level. Placement areas are audited bi-annually via an online audit tool with the information available centrally (Appendices document, number 7.1-7.4). Link Lecturers are given formal notice via the placement support staff in the Learning, Teaching Services Hub so these are able to take place in a timely manner

If concerns are expressed regarding the quality of a placement area by placement staff, lecturers, students or other stakeholder a formal process is commenced. This process is set out in detail in the Student Programme Handbook (Volume C). The relevant Link Lecturer would visit the area and explore these concerns. Should these concerns be justified, the link lecturer, placement staff representative and placement manager devise an action plan to rectify these matters. It may be necessary to remove students from the placement area while the action plan is implemented and until this is deemed successful. The relocation of students in these instances is undertaken in consultation with the School Placement Officer, Lead Midwife for Education, Head of School and Midwifery Management within PEP's.

5.12 Responding to public and statutory body reviews

The pre-registration midwifery curriculum will benefit from public and statutory body reviews that inform the development of constituent programmes and enrich the educational milieu within NSC. The quality of programmes and their constituent modules is monitored and enhanced by a robust system of annual monitoring and review undertaken in to meet the standards of the University by the School Teaching Committee, NMC and the QAA reviews. The role of individual lecturers as Module Organisers and subject experts is also integral to ensuring module content is contemporary. The Lead Midwife for Education also plays a strategic lead in this, as does having the PIMM Group as a forum for discussion.

5.13 Strategy for managing staff development and performance

Members of NSC hold a relevant and rich body of knowledge and are actively encouraged in the development and dissemination of this through research, teaching and publishing. This is enhanced and developed by a shared commitment to lifelong learning through a rational programme of staff development based on an effective appraisal system. Annual appraisals, carried out by trained appraisers, and supported by an appropriate infrastructure, lead to the development of individual personal and professional development plans and a School organisational plan.

The academic staff development programme embraces all NSC employees. This incorporates a range of activities including: support and orientation for probationer members of faculty; support for unqualified staff to gain a Postgraduate Diploma in Education; Masters programmes linked to clinical as well as educational areas. This is also supported by an emerging strategy for developing reputations of esteem in research, enterprise and engagement activities and scholarly activities in general. Mentorship and peer review with faculty; training in computer skills and health-care informatics; marking and moderation workshops; writing for publication seminars; research seminars; conference attendance and presentation.

A variety of activities provided by the Centre for Staff and Educational Development (CSED) and workshops organised within NSC ensure that members of staff have access to relevant developmental activities. Additionally, members of staff have access to those provided by external institutions and agencies.

The School has devised criteria for applications and acceptance onto NSC's Register of Honorary Lecturers and Visiting Tutors.

6.0 Programme Specification

Please complete sections *AC1 to AC5* for each new course being proposed

	Faculty	Faculty of Medicine and Health Sciences
	School(s)	School of Nursing Sciences

AC1a	Course Title	**BSc (Hons) Midwifery (Shortened)**
	Course Director	**Anna Harris**
AC1b	Exit Award(s) and Title	**None**

AC2	**COURSE MANAGEMENT INFORMATION**				
AC2.1	REGULATORY FRAMEWORK (please tick all that apply)				
	CCS for Undergraduate Courses				✔
	Graduate Diplomas				
	Integrated Masters				
	PGCE				
	Common Masters Framework				
	Postgraduate Research				
	Certificate/Diploma in Continuing Education				
	Is the course as a whole assessed on a pass/fail basis?	YES		NO	✔
	Are any modules assessed on a pass/fail basis?	YES		NO	✔
	If so, how many modules and what is the credit volume for each module?				

AC3	**(For undergraduate or integrated masters programmes only:)** Please select only from the permitted options		
	Weighting for degree classification:		Exit Award (please indicate: e.g. CertHE, DipHE)
	Stage 0	Normality and Public Health	NO
	Stage 0	Professional Practice I	NO
	Stage 1	Complex Care	NO
	Stage 1	Professional Practice II	NO
	Stage 2	Holistic Practice	N/A
	Stage 2	Professional Practice III	N/A

AC4	BOARD OF EXAMINERS				
AC4.1	Is there an existing Board of Examiners?	Yes		No	
AC4.2	If YES, which existing board will be responsible for the course?	NSC Undergraduate Pre-registration Exam Board			
AC4.3	If NO, please enter details for new board of examiners				
AC4.4	Are any new external examiner(s) required?	Yes	✔	No	
AC4.5	If yes, how many?	1			

AC5	ACCREDITATION/VALIDATION				
AC5.1	Is accreditation/validation by a Professional and/or Statutory Body required?	Yes	✔	No	
AC5.2	Please specify which PSB and when accreditation/validation may take place.				
	Nursing and Midwifery Council				

AC6	NEW MODULES				
AC6a	Are there any new modules to be introduced?	YES	✔		
		NO			
	If Yes, then proceed to AC6b				
	If No, then proceed to AC6c				
AC6b1	Please complete a separate AC6b for each **New** Core, Compulsory, Option A, Option B, Option C module:				
	Module Title:				
	Normality and Public Health				
	Level:	6	Credit Value:	20 credits	
	Semester:		Autumn spans 26 weeks		
	Module Type: (e.g. EX, CW, WW, PR)		EX		
	Module marking Scheme (e.g. M40PA)				
	Module Organiser		Anna Harris		
	Distance Learning?		YES		NO	✔
	Brief Outline				

Rationale

The module provides a range of theoretical opportunities which will enable students to redefine their understanding and pre-existing knowledge base from their nursing role and gain new insights into midwifery. This will provide a sound foundation for midwifery practice in ante, post and intrapartum care during placement in the module Professional Practice I. Students will advance their knowledge of more complex theoretical issues arising in public health.

The themes within this module are therefore designed to equip the student to

identify the role and responsibilities of the midwife in the provision of care to the mother, father and neonate and the means by which the midwife seeks to ensure optimum emotional and social wellbeing for pregnant women and their families. Students will engage with the social model of midwifery practice, building upon their existing professional and communication skills to form skills that are women centred to enable parents to make meaningful choices for pregnancy, labour and the early weeks of parenthood. Students will have the opportunity to consider the midwifery role in health promotion in an integrated manner through a public health perspective in order that health for individuals, families and communities can be maximised in keeping with the key principles of Maternity Matters (2007). The students will build upon their existing knowledge of research to enable them to consider current research.

The module's aims will support the learning for students to attain practice learning outcomes in Professional Practice I which are embedded with NMC Skills Clusters.

Module Description

This module will focus on building upon the student's prior knowledge and experience while facilitating them to assimilate these existing skills into a midwifery context. It is designed to expand the student's existing knowledge of biosciences, psychological, social, professional and political influences of care delivery and relate these into a maternity setting.

The content of this module focuses on the anatomical and physiological changes of direct relevance to childbearing and how progress of fetal, maternal and neonatal health is assessed and monitored through effective programmes of care. The deeply rooted principles of public health within midwifery practice will be made explicit. These will reflect both midwifery led approaches and multi-professional working strategies to provide meaningful family centred care. The role of research in providing an evidence base upon which practice can be developed will be introduced.

It will consider the issues of working with disadvantaged families to improve the health, well-being and confidence in parenting. This will include domestic violence, child protection issues and developing ways of delivering care across professional and organisational boundaries. Students will be encouraged to explore both locally established public health programmes and national initiatives and drivers.

Relationship to Other Modules

This is the first of three theoretical modules within the programme, which runs in parallel with the first of three Professional Practice modules. Each of the three parallel modules are termed Phases 1, 2 and 3. 'Normality and Public Health' provides core knowledge and skills for midwifery care while also developing the students' knowledge and experience from their nursing role to that of a midwife. It is the foundation upon which the other modules are built. This module provides appropriate theoretical content to ensure the students are prepared for a placement which adopts a hub and spoke approach. The hub being community and the spokes involving intrapartum care and a range of visits to organisations and professionals involved in maternity services.

AC7b2	Please complete a separate AC6b for each **New** Core, Compulsory, Option A, Option B, Option C module			
	Module Title:			
	Professional Practice I			
	Level:	6	Credit Value:	20 credits
	Semester:		Autumn spans 26 weeks	
	Module Type: (e.g. EX, CW, WW, PR)		AP	
	Module marking Scheme (e.g. M40PA)			
	Module Organiser		Anna Harris	
	Distance Learning?		YES	NO ✔
	Brief Outline			

Rationale

As Registered Nurses the students will already have many transferable clinical skills and these will be built upon during these placements. The module provides practice opportunities which will enable students to redefine their understanding and pre-existing knowledge base into a midwifery context. Students will be encouraged to explore both locally established public health programmes and national initiatives and drivers.

Module Description

The practice experience uses a Hub and Spoke approach to placement. Community provides the Hub with experience on the Midwifery Led Birth Unit (MLBU) or Labour Ward as a significant spoke. Students will be expected to seek out additional learning opportunities via the identified spokes to other clinical areas, services, organisations and agencies as well as specialist practitioners. This will enable students to appreciate and participate in care outside the role of the midwife which enhances the care women receive in the maternity services and expands their ability to apply theory to practice within the placement areas. The hub and spoke approach creates a longer placement time enabling students to draw greater meaning from their experiences as well as affording improved continuity of women in their care and developing a valuable learning relationship with their Mentor. The assessment of practice process incorporates the required NMC Skills Clusters, the Ongoing Record of Achievement. Whilst on placement students will take 7.5 hours each week towards portfolio development and reflective time which is included in their practice hours.

Relationship to Other Modules

This module draws on the knowledge and skills provided within Normality and Public Health. The student is encouraged to apply this knowledge to the practice within community and intrapartum placements. Through their Portfolio work they are engaged with reflective activity which also supports the integration of theory and practice and through formative approaches enables the student to develop their practice. This completes the foundation for those modules in Phase Two.

AC7b3	Please complete a separate AC6b for each **New** Core, Compulsory, Option A, Option B, Option C module				
	Module Title:				
	Complex Care				
	Level:	6	Credit Value:	20 credits	
	Semester:		Spring spans 31 weeks		
	Module Type: (e.g. EX, CW, WW, PR)		CW		
	Module marking Scheme (e.g. M40PA)				
	Module Organiser		Dr Nicki Young		
	Distance Learning?		YES	NO	✔
	Brief Outline				

Rationale

The module builds on knowledge and skills acquired across the previous modules, Normality and Public Health and Professional Practice I, and brings these together in a manner which prepares the student for competent practice acknowledging the NMC requirement to be autonomous at the point of registration and able to lead on normal midwifery practice while safely recognising and managing complex matters within the multidisciplinary team with the support of an expert. Theory and practice will enable the student to apply the knowledge of the parameters of normal childbirth in order to recognise the impact of complications, medical conditions and ill health during maternity and neonatal care. Students will also gain experience of the necessity for specific management with multi-speciality input and how the midwife works with the multi professional team. This will enable the student to consider how the midwife may facilitate the development of woman centred, evidence based midwifery practice within the context of complex clinical situations.

Module Description

The module provides theory which supports the placements of the Professional Practice II module which runs parallel. The content will include review of the most common medical conditions and develop this knowledge and how they impact upon pregnancy, childbirth and neonate. Content will also include the complications which may arise during pregnancy, the intrapartum and postnatal period and the knowledge and skills necessary to recognise ill health and the deterioration across the childbearing period. Similarly, complications arising in the fetus will be followed through to care of the neonate in the Neonatal Unit, transitional care or postnatal ward and home. Emphasis will be placed on how to diminish the effects of separation when it is not possible to care for mother and baby in the same home, unit or NHS Trust. Students will continue to develop the ability to critically evaluate and develop critiques of research studies.

Relationship to Other Modules

The processes of normal childbearing, public health and the importance of optimising health were studied during Normality and Public Health. At the end of this second theory module students will have a sound knowledge base of complex clinical situations and the necessary care and management, this will enable them to understand the organisational, leadership and professional content studied in the next module Holistic Practice.

AC7b4	Please complete a separate AC6b for each **New** Core, Compulsory, Option A, Option B, Option C module			
	Module Title:			
	Professional Practice II			
	Level:	6	Credit Value:	20 credits
	Semester:		Spring spans 31 weeks	
	Module Type: (e.g. EX, CW, WW, PR)		AP	
	Module marking Scheme (e.g. M40PA)			
	Module Organiser		Dr Nicki Young	
	Distance Learning?		YES	NO ✔
	Brief Outline			

Rationale

Prior to undertaking the module placement, a preparation session will be held to familiarise students with the placement area(s) and Assessment documents and process. Practice will focus on the complications, and conditions which may affect the mother and/or baby and the impact upon maternal and fetal outcomes. It will also focus on the necessity for specific management with multi-speciality input and how the midwife works within the multi professional team. This will enable the student to consider how the midwife may facilitate the development of woman centred, evidence based midwifery practice within the context of complex clinical situations.

Module Description

There are two placement Hubs in this module which cover the hospital-based spectrum of care namely: the antenatal and postnatal services (13 weeks) and delivery suite (7 weeks) with a (1 week) Spoke on the neonatal unit. In one Trust the antenatal and postnatal services are in two distinct areas of learning. These are managed by dividing the learning outcomes between the two areas and not duplicating any to reduce repetition. Students will be expected to seek out additional learning opportunities via the Spokes indicated within other clinical areas and with specialist practitioners. This will enable them to appreciate and participate in care outside the role of the midwife which enhances the care women receive in the maternity services and expand their ability to apply theory to practice within the placement areas. The assessment of practice process incorporates the required NMC Skills Clusters and Ongoing Record of Achievement. The Practice Assessment for PPI and PPII must be completed by the first progression point which is set as 12 weeks from the end of this module. Whilst on placement students will take 7.5 hours each week towards portfolio development and reflective time as part of their clinical hours.

During the antenatal ward placement there will be opportunities for spoke visits to other areas of the antenatal services, some examples are: antenatal clinic, day assessment unit and fetal medicine unit. During the postnatal ward placement there will be opportunities for spoke visits to other areas of the postnatal services, some examples include: the Neonatal Outreach Team, neonatal audiology clinic, tongue tie clinic, neonatal ophthalmic clinic, obstetric physiotherapy, anti-coagulation and deep vein thrombosis clinic.

	Relationship to Other Modules
	This module builds on knowledge and skills acquired in the Professional Practice I, facilitating progression of the cognitive processes underpinning practice. The student is encouraged to maintain the growing knowledge of the parameters of normal childbearing and recognise the impact of medical conditions and ill-health during maternity care. The student's previous knowledge of ill health will be facilitated into a maternity setting.

AC7b5	Please complete a separate AC6b for each **New** Core, Compulsory, Option A, Option B, Option C module				
	Module Title:				
	Holistic Practice				
	Level:	6	Credit Value:	20 credits	
	Semester:		Autumn spans 27 weeks		
	Module Type: (e.g. EX, CW, WW, PR)		EX CW		
	Module marking Scheme (e.g. M40PA)				
	Module Organiser		Dianne Steele		
	Distance Learning?		YES		NO ✔
	Brief Outline				
	Rationale				

By the end of this module students are moving towards professional autonomy and integrating and synthesising all elements of academic work and practice in order to achieve the NMC Competencies (2009) as well as the academic standard required at a Bachelor's degree with honours level. The module practice outcomes will enable students to attain the final progression point for NMC Skills Clusters while also ensuring all requirements are met within the two and half year period from the start of the programme in keeping with the NMC Standards for Pre-registration midwifery education (2009) (three years and six months in the case of maternity leave). This module will ensure students continue to gain current knowledge and refer to theoretical concepts to achieve these outcomes.

Module Description

The module provides learning which supports the final stage of the programme including the placements of the module Professional Practice III which runs parallel. Students are prepared to take the lead role in normal midwifery while also having the opportunity to review their role and responsibilities in childbearing emergencies in the context of holistic practice and being a competent practitioner. A balance is struck between scenario based learning and simulation with computer sensitive equipment to analyse performance for such emergencies while also engaging with workshops to support their ability to lead competently on the management of normal birth. Both aspects are brought together through the consideration of supporting evidence and the statutory and legal frameworks for practice.

This module will draw upon knowledge acquired from the preceding modules, and will focus on organisational aspects of maternity services and the impact these have upon the provision of care and the experience of the woman and her partner. Learning activities and formative assessment will target midwifery

working practices and explore how midwifery-led care and inter-professional working will impact on the physical and social needs of childbearing women.

Research and theories relating to change, leadership and management of self and others will be developed and analysed. Students will develop their analytical skills via formative assessment throughout the module.

Students have directed personal study time in each week of School attendance in recognition of the need to allow them to acquire and critically review knowledge required at Bachelor's degree with honours level.

Relationship to Other Modules

This module continues to explore further complexities of midwifery care and the challenges in practice that a midwife may encounter recognising that professional competence is complex and multifaceted. As this is the final phase of the programme, students will use their developed cognitive processes to apply knowledge and skills acquired in previous modules in order to assume the responsibility and accountability of the midwife upon registration. Students will also reach the academic standard required at Bachelor's degree with honours level. At the end of the programme, students will be equipped and prepared for life-long learning and continual professional development.

AC7b6	Please complete a separate AC6b for each **New** Core, Compulsory, Option A, Option B, Option C module			
	Module Title:			
	Professional Practice III			
	Level:	6	Credit Value:	20 credits
	Semester:		Autumn spans 27 weeks	
	Module Type: (e.g. EX, CW, WW, PR)		AP	
	Module marking Scheme (e.g. M40PA)			
	Module Organiser		Dianne Steele	
	Distance Learning?		YES	NO ✔
	Brief Outline			

Rationale

The practice element of this module comprises two practice placements. The recognition and midwifery management of obstetric emergencies will be a strong focus of this module. The module will enable the student to explore midwifery working practices, how to manage a caseload and a shift. By the end of Professional Practice III students are moving towards professional autonomy and integrating and synthesising all elements of academic work and practice in order to achieve the NMC Competencies.

Module Description

There are two placement Hubs, Labour Ward and Community. Students will be expected to seek out additional learning opportunities within a range of identified Spokes to other clinical areas, organisations, agencies and specialist practitioners. This will enable them to appreciate and participate in care outside the role of the midwife which enhances the care women receive in the maternity

services and expand their ability to apply theory to practice within the placement areas. The assessment of practice process incorporates the required NMC Skills Clusters and Ongoing Record of Achievement. The module practice outcomes for sign-off of all programme requirements in practice must be completed within 12 weeks of the end of the module. Whilst on placement students will take 7.5 hours each week towards portfolio development and reflective time.

Relationship to Other Modules

The Holistic Practice module continues to explore further complexities of midwifery care and the challenges in practice that a midwife may encounter recognising that professional competence is complex and multifaceted. It also brings the elements enabling students to lead on normal childbearing. Hence it provides the necessary skills and theoretical input to enable students to the point of competent practice in their placements. Professional Practice III will allow the student to apply all the theory they have learnt into meaningful midwifery practice. As Professional Practice III is one of the final modules of the programme, students will use their developed cognitive processes to apply knowledge and skills acquired in Modules I and II in order to assume the responsibility and accountability of midwife upon qualification.

AC8	If the course is a joint course, how will the student experience be managed?
	NO

AC9	COURSE PROFILE AND AWARD REQUIREMENTS	
	Year 0	
	Core Modules	
	Compulsory Modules	Normality and Public Health Professional Practice I
	Option A	N/A
	Option B	N/A
	Option C	N/A
	Free Choice Modules – Enter number of credits	N/A
	Year 1	
	Core Modules	N/A
	Compulsory Modules	Complex Care Professional Practice II
	Option A	N/A
	Option B	N/A

	Option C	N/A
	Free Choice Modules – Enter number of credits	N/A
	Year 2	
	Core Modules	N/A
	Compulsory Modules	Holistic Practice Professional Practice III
	Option A	N/A
	Option B	N/A
	Option C	N/A
	Free Choice Modules – Enter number of credits	N/A

NOTE: Whilst the University will make every effort to offer the module listed, changes may sometimes have to be made for reason outside the University's control (e.g. illness of a member of staff) or because of low enrolment or sabbatical leave. Where this is the case, the University will endeavour to inform students.

PROGRAMME SPECIFICATION FOR AN AWARD OF
THE UNIVERSITY OF EAST ANGLIA

(The summary section may be used for publicity purposes. The full specification may also be publicly available).

Note: One Programme Specification may be used for all courses (ROUs) in the proposal. Please indicate where there are any differences (including any course (ROU) specific learning outcomes) between courses (ROUs) in the free text and explain how learning outcomes at the programme level (i.e. covering all courses) may be demonstrated.

PS1	**EDUCATIONAL AIMS AND LEARNING OUTCOMES**
PS1.1	Overview of aims and learning outcomes:
	<u>Aims</u> The programme will prepare students to critically analyse and synthesise evidence to provide women and their families from a diverse range of communities and backgrounds with relevant care pathways, initiating these helping them navigate these as appropriate. The qualifying student will be able to manage the cycle of midwifery care bringing to the fore principles of normality, while being able to manage the midwifery requirements of complex cases within a multidisciplinary forum with equal competence.

The qualifying student will practice in a manner which shows respect, sensitivity and compassion through a clear motivation to provide care to the highest standard.

Act on understanding of how people's lives, environments, cultural backgrounds and heritage, gender and physical capabilities and the location of care delivery influences their health and well being

The qualifying student will have the ability to manage data and evidence retrieval effectively whilst also able to seek evidence which is not readily available.

The qualifying student will have the skills to manage critical debate in the context of care and within the professional arena, while continuing with a self-motivating ability to drive personal learning needs within the changing health agenda.

<u>Programme Learning Outcomes</u>
1. Achieve the NMC (2009) Midwifery competencies, skills clusters and requirements for entry as a midwife on the NMC register to practise autonomously in accordance with the Midwives Rules and Standards (NMC 2012).

2. Meet the required standards for award of Bachelor of Science Honours - Midwifery (Higher Education Qualifications Framework (QAA 2008).

3. Successfully integrate existing nursing knowledge and experience with newly acquired knowledge and practice skills to support an effective and safe contribution to midwifery practice.

4. Work in partnership with women and their partners in the provision of compassionate and sensitive midwifery care that meets their needs and that of their families.

5. Apply knowledge of research methods, audit and clinical governance in order to assure their contribution to the provision of high quality midwifery care within the maternity services.

6. Use and adapt communication skills with women, families, multi-disciplinary/multiagency services and healthcare professionals to contribute the midwifery dimension of care.

7. Use effective strategies to retrieve, interpret and apply evidence and experience to support critical decision making, reflecting NMC requirements for autonomous practice as the lead for normal midwifery (NMC 2009:17).

8. Practise in creative and effective ways to engage women and their families in behaviour which will impact positively upon the health of the fetus and the neonate, as well as the mother's longer term health and that of her family.

9. Be a competent, reflexive practitioner promoting a positive midwifery role model within the maternity services to the benefit of those with whom the midwife works, and those who receive midwifery care and support.

10. Constantly adapt transferable skills to achieve successful lifelong learning to support an autonomous role.

11. Develop individual qualities to effectively lead and manage midwifery

		practice
PS1.2	Knowledge and Understanding:	

	1. Apply in depth knowledge to care for women, their newborn babies and the family recognising deviations from the normal and referring appropriately at competent practitioner level. (NMC Competencies 3, 5, 6, 10, 14, 19, 25)
	2. Articulate and demonstrate how a midwife practices in accordance with the NMC Midwives Rules and Standards (2012) and the NMC Code (2008) and current legislation. (NMC Competencies 16, 18, 19)
	3. Articulate and demonstrate the relationship between public health, health education, health promotion in day to day midwifery practice understanding the implications. (NMC Competencies 3, 4, 9, 10, 11, 15, 20, 22)
	4. Critically analyse strategies for maintaining quality of care through systems of clinical governance, risk management, and audit within maternity care and apply this competently in practice. (NMC Competencies 4, 23, 23, 26, 29)
	5. Demonstrate a comprehensive understanding and undertake the clinical skills required to take necessary emergency measures within the scope of midwifery practice. Acknowledging the necessity for referrals to appropriate professionals. (NMC Competencies 5, 6, 7, 13, 16)
	6. Consider, critically and strategically, the changing demographics and nature of the population locally and nationally which includes the social and ethnic diversity for the planning and provision of local care taking account of the social profile communities and their individual and collective needs in respect of equality and diversity matters. (NMC Competencies 3, 4,23, 29)
	7. Assert, implement and maintain an autonomous role in maintaining the concept of normality in midwifery practice with the ability to provide midwifery-led care in such circumstances when medical support is not required. (NMC Competencies 2, 3, 4, 5, 6, 8, 9, 11, 12, 13, 16)
	8. Determine, provide and evaluate care for individuals and groups of women, incorporating choice and continuity of care effectively within a collaborative framework of service provision across antenatal and postnatal care. (NMC Competencies 2, 3, 4, 5, 9, 10, 11, 12, 13, 14, 16)
	9. Communicate in a clear, detailed and evaluative manner through a range of Information technology, verbal and written approaches to enable the successful sharing of client based information within an interdisciplinary agency context. (NMC Competencies 13, 14, 19, 20, 23, 25, 26, 27, 28)
	10. Demonstrate critical understanding of and competence in the conduct of

tests and examinations necessary to monitor and promote the health and wellbeing of childbearing women, the fetus and the newborn.
(NMC Competencies 2, 4, 6, 8, 9, 10, 11)

11. Demonstrates an in depth knowledge and understanding of medical conditions and their management that may affect women and the fetus during pregnancy and childbirth.
(NMC Competencies 2, 3, 4, 5, 6, 7, 9, 10, 11, 12, 13)

12. Evaluative assessment, planning and management of care of the mother during complexities of labour and birth and the subsequent care of the neonate including any resuscitative measures necessary.
(NMC Competencies 2, 3, 5, 6, 7, 8, 10, 12, 13, 21)

13. Critical evaluation, impact and ongoing review of health and social policy pertaining to midwifery and maternity services.
(NMC Competencies 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 14, 15, 17, 20, 22, 25)

14. Use critical reflective skills in developing professional responsibility and self direction for professional development needs for skills and knowledge.
(NMC Competencies 18, 19, 23, 24, 25, 26, 27)

15. Systematic understanding of the professional role of the midwife within legislative, organisational, policy, moral and ethical frameworks, including statutory supervision of midwives and demonstrate this through competent practice.
(NMC Competencies 13, 14, 15, 16, 17, 18, 19, 20, 24, 26, 27)

16. Conceptual understanding of the patterns and models of midwifery practice, both nationally and internationally in order to work autonomously within professional boundaries and with the wider professional network.
(NMC Competencies 3, 5, 13, 14, 16, 18, 20, 22, 25)

17. Critically appraise and demonstrate by competent practice concepts of self management, management of others and multi professional working.
(NMC Competencies 22, 24, 25, 26, 27)

18. Can critically discuss and manage the administration of medicines, and complementary therapies that may be given to a woman during pregnancy, childbirth and motherhood according to relevant legislation.
(NMC Competencies 12, 13, 16)

19. Demonstrate through group activities the verbal and written skills in communicating critical appraisal of research designs and publications.
(NMC Competencies 26, 27, 28, 29)

PS1.3	Cognitive Skills:
	1. Demonstrate understanding of and explains the physiology of the three stages of labour and relate this to the practical management of labour. (NMC Competencies 2, 3, 6, 14)
	2. Demonstrate critical knowledge and understanding of the development of the embryo and fetus, and the factors which can adversely affect this process and the importance of health promotion in relation to neonatal

outcomes.
(NMC Competencies 2, 5, 7, 8, 9, 10, 11)

3. Undertake and critically analyse the public health role of the midwife with particular reference to sexual health, pre-conception, lifestyles, family planning and neonatal care.
(NMC Competencies 1, 2, 4, 5, 9, 10, 11, 14, 15)

4. Demonstrate an in depth understanding of the theoretical and practical awareness of the role of the midwife as part of the wider social institution of medicine and health.
(NMC Competencies 14, 15, 21, 23, 25, 27)

5. Demonstrate ability to synthesise clinical assessment data and evidence when establishing care priorities for normal and complex situations reflecting autonomous practitioner status.
(NMC Competencies 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13)

6. Demonstrate ability to synthesise and evaluate the evidence (including research, policies, guidelines, and audit) underpinning the management of care during the childbearing continuum.
(NMC Competencies 3, 4, 5, 6, 7, 9, 11, 15, 16, 23, 26, 27)

7. Critically reflect upon the effectiveness of personal and professional judgement to achieve the best possible birth outcome.
(NMC Competencies 23, 24, 26, 27, 28, 29)

8. Ability to synthesise a range of knowledge with critical evaluation of research in order develop theory and practice for maternity provision.
(NMC Competencies 3, 4, 5, 6, 7, 9, 11, 15, 16, 26, 27)

9. Critically reflect on and in practice in a systematic manner in order to develop practice and enhance individual knowledge, skills and fitness to practice within a complex and changing service.
(NMC Competencies 23, 24, 25, 26, 27, 28)

10. Using woman centred approaches to care, is able to demonstrate an in depth knowledge and understanding of the needs of different client groups, which respects and promotes individual rights, interests, beliefs and cultural diversity.
(NMC Competencies 1, 2, 3, 4, 5, 6, 9, 10, 11, 14, 15, 17, 20)

11. Demonstrate skills which critically analyse and evaluate care during the normal childbearing process.
(NMC Competencies 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14)

12. Critically evaluate current research in relation to physiological responses to childbearing and apply this appropriately.
(NMC Competencies 26, 27, 28, 29)

13. Develop a conceptual understanding of ethical research processes and advanced scholarship within a midwifery context.
(NMC Competencies 24, 27)

	14. Analyse the possible causes of a variety of congenital abnormalities and neonatal illness and be able to confidently undertake a birth examination to screen for these deviations from normal and refer to the appropriate professional. (NMC Competencies 2, 8, 10) 15. Demonstrate an understanding of the diverse approaches used in qualitative studies and be able to consider their use within midwifery and women's health research. (NMC Competencies 26, 27, 28, 29) 16. Demonstrate the ability to analyse and synthesise current research, evaluate methodologies, understand the potential sources of error that may compromise the internal or external trustworthiness and if appropriate propose new hypotheses. (NMC Competencies 26, 27, 28) 17. Demonstrate appreciation of the principles of descriptive and inferential statistics (including tests of significance and confidence intervals) and be able to interpret these in the context of research reports. (NMC Competencies 26, 27, 28) 18. Demonstrate ability to write robust reports drawing coherent and well argued conclusions (NMC Competencies 24,25, 26,27,28,29)
PS1.4	Subject specific skills (including practical skills):
	1. Critically examine the physiological changes of pregnancy, labour and the puerperium and their effects upon the childbearing woman, demonstrating the practical application of this knowledge in advice and care that the midwife can offer the woman. (NMC Competencies 1, 2, 3, 4, 5, 6, 9, 11) 2. Analyse the physiological changes which take place at birth in the neonate and apply this knowledge during the immediate assessment of the newborn. (NMC Competencies 2, 8, 10, 11, 13) 3. Recognise the opportunities for health promotion by the midwife whilst caring for childbearing women and their families; incorporate these opportunities meaningfully when preparing for parenthood education. (NMC Competencies 1, 2, 3, 4, 15, 17) 4. Competently assess and implement the appropriate care to meet the woman's needs and monitor progress during the childbearing period drawing upon a range of critically evaluated evidence to inform decisions made. (NMC Competencies 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14) 5. Integrate in a relevant manner a range of public health, health education and promotion strategies applied effectively to improve maternal and child health. (NMC Competencies 1, 2, 3, 4, 5, 9, 10, 11, 15, 17) 6. Critically evaluate the use and misuse of drugs in providing safe and ethical

maternity services. This evaluation should include the action of the drug, any contraindications, route, dose and administration.
(NMC Competencies 12, 13, 14, 15)

7. Application and subsequent management of care arising from risk assessment during pregnancy, labour and peurperium which takes account of the inter-professional/agency dimension of care pathways.
(NMC Competencies 3, 4, 5, 6, 9, 10, 11, 20, 22, 25, 26)

8. Retrieve appropriate evidence to support the assessment, planning, implementation and evaluation of care for women with normal or complex needs during pregnancy, labour and puerperium.
(NMC Competencies 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15)

9. Confidently identify the needs of the neonate and discuss ways in which the midwife can ensure these needs are met.
(NMC Competencies 1, 2, 8, 9, 10, 11, 12, 13, 15, 17, 19)

10. Develop and implement suitable strategies for managing parenthood education needs for individual or caseload situations taking account of local and national health priorities.
(NMC Competencies 1, 2, 3, 4, 5, 17, 18, 21, 22, 25)

11. Initiate and support women in the effective navigation of care pathways where there is a range of health and social care professionals and /or agencies involved.
(NMC Competencies 1, 3, 4, 5, 6, 9, 10, 11, 13, 14, 15, 17, 19, 20, 21, 22)

12. Manage infant feeding practices enabling women to provide suitable nutrition for their babies in line with UNICEF Baby Friendly Initiatives, assess their wellbeing and provide safe care for the neonate's ongoing health and development.
(NMC Competencies 1, 9, 10, 11)

13. Manage the health and social needs which may emerge in relation to ethnicity, race, gender, disability, cultural diversity and sexual orientation within the provision of care.
(NMC Competencies 1, 3, 4, 5, 6, 9, 11, 13, 14, 15, 16, 17, 18)

14. Effective cross boundary working when involved with multi-agency / professional working practices and clear ability to initiate this when necessary.
(NMC Competencies 2, 3, 4, 5, 6, 7, 9, 10, 11, 14, 15, 16, 17, 18, 19, 20, 21, 25)

15. Management of the midwifery dimension of ill health within a variety of maternity contexts in collaboration with other professionals and agencies.
(NMC Competencies 1, 2, 3, 4, 5, 6, 7, 9, 10, 11, 14, 15, 16, 17, 21, 22, 25)

16. Application of original individualised approaches to support disability, cultural diversity, gender, sexual orientation and ethnicity in the context of childbearing.
(NMC Competencies 1, 3, 5, 15, 17, 25)

	17. Confidently identify and monitor ill health or deterioration in the childbearing woman with the ability to take the necessary actions regarding referral and immediate management. (NMC Competencies 4, 5, 6, 7, 9, 12, 24)
	18. Demonstrate an in depth knowledge and understanding of the means of assessing maternal and fetal wellbeing and progress in labour and be able to analyse the significance of the observations made and refer to an appropriate member of the multidisciplinary team. (NMC Competencies 5, 6, 7, 8, 13, 14, 16, 17, 18, 20, 21, 22, 25)
	19. Provide care which demonstrates the knowledge and understanding of the necessary maternal and fetal assessments and investigations required to make or confirm a diagnosis when childbearing becomes deviates from normal. (NMC Competencies 2, 3, 4, 5, 6, 7, 9, 10, 11, 12, 13)
	20. Critically examines the reasons why a baby may need admission to transitional, Special, or Intensive care and is able to confidently undertake a birth examination to screen for these deviations from normal and refer to the appropriate professional. (NMC Competencies 2, 8, 10, 11, 13, 20, 21, 25)
PS1.5	General/transferable key skills and attributes:
	1. Critically examine the roles of voluntary agencies and other support groups within a maternity context, effectively drawing upon such resources as required. (NMC Competencies 1, 3, 4, 5, 9, 10, 11, 15, 17, 20, 25)
	2. Works within the appropriate legislation regarding human rights, employment and professional perspectives. (NMC Competencies 17, 18, 19, 20, 22)
	3. Demonstrate effective use of communication strategies and models with women, their families and other professionals. (NMC Competencies 1, 15, 17, 19, 20, 25, 28, 29)
	4. Demonstrate highly skilled communication with women and their families which reflect the principles of dignity, respect and sensitivity in the planning and provision of their care. (NMC Competencies 1, 17, 19, 20, 22)
	5. Applies the skills of reflection to practice and within written work and articulate the difference between Midwifery statutory requirements and the NMC Code. (NMC Competencies 16, 18, 19, 24, 26, 27, 28)
	6. Capability to support the midwifery dimension of care within the multi-professional team when care is untoward, complex and uncertain. (NMC Competencies 4, 16, 18, 20, 21, 22, 23, 25)
	7. Demonstrates reflective ability at personal and professional level to enhance individual practice and where relevant initiate more widespread review of

practice within the maternity services and lead service improvements as a result.
(NMC Competencies 16, 18, 19, 23, 24, 26, 27)

8. Demonstrate an in depth understanding of the roles of the multidisciplinary team to use their expertise appropriately and work collaboratively in a variety of complex settings.
(NMC Competencies 6, 17, 18, 19, 20, 21, 23, 25)

9. Effective strategies for communication in client and professional situations and when involved in complex and sensitive situations.
(NMC Competencies 1, 16, 17, 18, 19, 20, 21, 25)

10. Shows insight into professional practice at organisational and individual level when working within a team to maximise effectiveness and safety.
(NMC Competencies 6, 17, 18, 19, 20, 21, 22, 25, 28, 29)

11. Recognise the role of adequate peer support and identify personal strategies for optimum mental health and wellbeing during pregnancy and the puerperium by participating in the planning of care which includes identifying support networks and relevant statutory and voluntary support groups.
(NMC Competencies 1, 2, 3, 4, 5, 6, 9, 10, 11, 15, 17, 20, 21)

PS2	TEACHING AND ASSESSMENT STRATEGIES AND METHODS
PS2.1	(please describe including how these enable students to demonstrate achievement of the learning outcomes):

Phase	Module	Assessment
1	Normality and Public Health	3 hour Examination/PPI Practice Assessment
2	Complex Care	Assignment on Complex Case 3000 words/PPII Practice Assessment
3	Holistic Practice	Verbal Examination and 3000 word case study- normal/PPIII Practice Assessment

The theoretical assessment takes account of the New Academic Model and provides a range of assessment approaches which build upon a range of formative learning and assessment approaches across the modules. The spiral approach to learning experiences through each phase of the programme from foundation through to complexity to holistic midwifery is reflected in the approach to assessment. The students status as a Registered Nurse is also reflected in the strategy.

Students are assessed across the range of normal midwifery knowledge and practice during Phase One. Reflecting its foundation status, an examination is used for the breadth it lends to content cover. However, the decision to use a seen approach and have a long answer section eases the stresses associated with examination and enables depth of discussion sought for the assessment of the application of knowledge and practice for professional judgement and decision-making. Complex health needs in Phase Two, being an easier transition for this group of students to manage when compared to 3 year midwifery students), given their Registered Nurse status, adopts an assignment so skills in critical analysis

and synthesis can be applied around the range of multifactorial aspects of role and practice around multidisciplinary care-management in midwifery. Phase Three moves the student to competence in readiness for registration as a midwife. As such Holistic practice carries two theoretical assessments. These each carry 50% weighting. We acknowledge the volume within this module however, equally acknowledge these students are registered practitioners already and are familiar with managing emergencies and the concepts of competent practice and holistic approaches to care. The assessments are ensuring these principles are applied to a midwifery context. Both normality and the immediate midwifery management of childbearing emergencies are critical areas to capture within the strategy to bring balance as the students reach the end of the programme.

The assessment of practice acknowledges the students' needs to adjust to role for normal and complex practice needs. Modules Professional Practice I, II use the same level for the assessment of practice, Supervised Practitioner level. For the assessment of PPIII students are required to demonstrate competence in the practice learning outcomes. In each PP module students must also pass their portfolio. Formative assessment is a strong feature of placement experience through formal planning and review meetings, portfolio activity to support learning and identify learning needs for practice. This also includes formative feedback from women to help develop the students practice in each placement area. The learning outcomes for PPI, and II focus on normality and complexity respectively while PPIII focuses on the skills necessary for meeting the NMC requirements as a lead professional for normal midwifery practice and effective working within multidisciplinary/agency teams.

PS3	EQUALITY
PS3.1	How do the admissions criteria ensure equality of opportunity for all applicants?
	NSC operates an admission policy which adheres strictly to the UEA's equal opportunities policy on admissions and access to the University's programmes. NSC strives to ensure that no student receives less favourable consideration on the grounds of gender, age, race, marital status, colour disability or sexual orientation, nationality ethnic origin political or religious beliefs. We welcome applications from people with disabilities and work within the guidelines offered by the NMC, Health Professions Council, with Trust and University Occupational Health Depts. This is managed via the UEA Disability Co-ordinator and staff within the Dean of Students Office in conjunction with The School's Disability Liaison Officer and the learning Enhancement Service. This is achieved through the active marketing of our programmes and UEA's admissions policy reflecting equal opportunities nationally and locally with Faculty admission processes. All curricula development involves the School's Disability Liaison Officer.

NSC's Disability Officer works with a set of standards for the admission and on-going support of students with disability when enrolled on programmes within the School. This capitalises on the partnership-working between Trusts and the School and enables students to get the best quality learning opportunity and ensure placement staff are fully prepared to provide the best support. The School works closely with the UEA Disability Co-ordinator as we continually revise current information and processes so we can ensure students are fully aware of the support available for their programme.

The most encountered disability faced by our students is dyslexia for which |

	dedicated lecturers with expertise in this area exist to support to staff in implementing the best practice and support strategies in the context of an academic and professional programme. The Dean of Students Office also provides learning support on an individual basis for students in conjunction with traditional academic support. There are a number of dyslexia support tutors who will provide additional support over and above that provided by the student's Personal Adviser.

Where a disability is declared at the point of application the student's Personal Adviser is alerted. A range of meetings and activities are arranged involving all relevant parties to explore the most appropriate approaches to manage learning in School or placement areas. They are likely to involve Mentors, Practice Education Facilitators, managers, the Course Director and the student's Personal Adviser and the student is actively involved in this process. The Dean of Students Office bring further support to this process via a range of expertise in specific area eg mental health. Support from Dean of Students Office provided in person or remotely via technology such as Skype and Facetime. This flexibility is useful during placements and also saves on travel time and costs.

The specific NSC standards are used to frame exploratory, planning and subsequent review activities and processes. This provides equity of support to all students and is applied if their disability is declared at admission stage or if it becomes apparent once the programme is in progress.

All curricula development involves the School's Disability Liaison Officer to ensure opportunities and activities for learning, teaching, assessment and support are considered, incorporated and applied. Equally the role enables guidance for academic staff in the on-going support of students with disability or when new events present. The School's Mentor website includes resources for Mentors with regard to supporting students with disability.

The School's Director for Admissions together with the Disability Officer work closely with the University disability Liaison Officers annual report which assists in developing strategy and processes to continue our work in this area. Details on equality within the admissions profile are forwarded to School's admission teams to inform the processes and development of admission. |
| PS3.2 | What steps have been taken to ensure an inclusive curriculum? |
| | The lecturers involved with the programme have received positive feedback via a range of quality reviews for their support of students within a climate of equity and parity which ranges from comments from External Examiners relating the conduct of the Schools examination board and process for reaching decisions to the more formal situations of NMC annual monitoring and QAA reviews where student support has been positively praised in a range of areas.

All lecturers involved with pre-registration students have 3 yearly safeguarding training,   2 yearly interview training and equality diversity training. All lecturers have access to a full range of role updating sessions across the academic year. this included sessions dedicated to the Personal Adviser model specific to the School and as such provides a framework which enhances the support system and provides greater confidence in staff providing effective and relevant support to meet the needs of the students where they hold responsibilities, for example Module Organiser, Personal Adviser and Link Lecturer roles. |

		The NSC model for academic advice works with the University model and provides parity and equity of opportunity for all students and takes account of the necessity for individual needs to be met in the case of any additional support for a student identified by the Dean of Students Office. A programme of staff development exists in NSC to support academic staff in a range of teaching and learning to help manage the diverse needs of learners. All students are supported in placement through a named Mentor and the tripartite assessment strategy. This means all students have contact with the link lecturer in each placement to discuss their progress and learning experiences.
	PS3.3	In what ways do learning and teaching and assessment methods ensure inclusivity and equality of opportunity?
		The principles of the above points also hold true for assessment planning, implementation and management. This ranges from the individual across to the cohort through the design process of a new programme, module review and evaluation while also managing the specific identified needs of a student with an identified plan following a review of their needs. A wide range of approaches are used to support learning and assessment takes account of a range of methods to provide comprehensive formative and summative assessments. The School aims to create an environment which welcomes differences through teaching and learning approaches and content which supports and values diversity. The Mentor Update sessions provide a forum where by all Mentors in placement areas receive update on matters pertaining to students' learning, support, assessment needs, new programmes and programme implementation. Briefing is provided to all placement areas and staff involved in the support of students. The programme has been designed to take account of a wide range of learning approaches. They offer scope for maximising individual students' strengths in their contribution to the learning process with peers as well as students' individual needs. Assessment approaches have been deliberately kept along the lines of those methods which we know are 'tried and tested' and are well supported within existing strategies where students who may require additional support. A set of formative learning and assessment approaches are built into the programme to aid students take a proactive approach regarding their needs with the role of Personal Adviser being a key figure in the response and initiation of any difficulties. Support via the Link lecturer role is proactive alongside that of the Course Director for managing placement needs in assessment for example recently a student has a recording device to help her overcome difficulties in the clinical environment regarding her record keeping. This was successful and the student is now practising after qualifying. With the support of the LTS Hub all students requiring additional time or equipment are supported with their written assessments, with clearly labelled stickers provided to marking takes account of a specific issue identified and reflects the plan of support recommended by the Dean of Students Office. A faith calendar is used within the Hub for Learning, Teaching and Services and amongst lecturers when considering School-wide activities and assessments to

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ensure that these acknowledge the diversity of students from a wide range of cultural backgrounds enabling us to accommodate their needs as far as is operationally possible.

We have process in place to initiate careful monitoring of student experiences to ensue any reported discrimination is followed up and staff regularly receive briefings and training on equality matters.

When a student needs support or reasonable adjustments due to a disability established links across the university services are initiated promptly to ensure timely and effective plans to assess and manage the decisions reached and the reasonable measures which would be needed for the student.
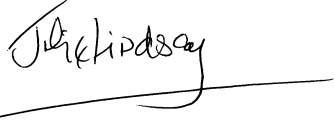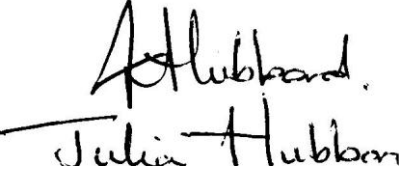
Reports outlining the patterns of participation with students registered with a disability is now a part of regular communication between the Equality and Diversity Office and the School

Please complete the relevant section and return (email) to the Course Proposer within 10 working days of receipt.

Sections AC10.1 and AC10.2 should be completed in parallel.

AC10	COMMENTS
AC10.1	Learning, Teaching and Quality Office:
	Business case submitted in Autumn 2012/13. Faculty LTQC supported the decision to proceed with the BSc (Hons). Exploration for additional award at MSc level pending further review. I can't foresee any issues with this course proposal and have nothing further to add to it. Mr Jon Sharp, Head of Quality, LTS, 23 May 2013
AC10.2	Equality and Diversity Manager:
	Please see above.

This section enables the course proposer to respond to any comments received prior to consideration of the academic case for approval.

AC11	COURSE PROPOSER'S RESPONSE TO COMMENTS ON THE ACADEMIC CASE (WHERE RELEVANT)
	Helpful feedback from Faculty Critical Readers have led to some minor amendments which have now been made.
	Julie Lindsay Lead Midwife for Education
	Julia Hubbard Director of Teaching Learning and Quality

AC12	APPROVALS	SIGNATURE AND DATE
AC12.1	**Head of School**	
	Approved:	Valerie A. Latham
	Approved with amendments:	
	Rejected:	
AC12.2	**Faculty Associate Dean (following Faculty LTQC)**	
	Approved:	Rosie Day
	Approved with amendments:	
	Rejected:	

	CIRCULATION (for office use only)	
	Course Proposer	o Summary o Approvals
	LTQO (for report to LTC) W.Forsdick@uea.ac.uk	• Summary • Approvals
	Planning Office A.M.Watson@uea.ac.uk	• Summary • Approvals
	Faculty Teaching Office	• Summary • Programme Specification • Course profile • Approvals
	Marketing & Admissions Service Laura.Thompson@uea.ac.uk	• Summary • Approvals
	Academic Officer of the UUEAS / President of GSA (for taught postgraduate only)	• Summary • Approvals

7.1 QAA Benchmark Statements for Midwifery (2001) Mapped to the Programme Outcomes

QAA Benchmark Statements for Midwifery (2001) Mapped to the Programme Outcomes	Programme Outcomes	Modules: Normality & Public Health = N&PH Complex Care = CC Holistic Practice = HP Professional Practice (PP) I, II & III
A. The midwife as a professional		
• Critically analyse the evidence to support decisions made as a lead professional in midwifery care, recognising the limits of professional knowledge and expertise.	3, 2, 5, 7, 11	All
• Demonstrate an in-depth understanding of the roles of the multi professional team, to use their expertise appropriately and work collaboratively as a member of the team in a variety of settings.	1, 6	All
• Critically appraise research in order to improve care delivery.	2, 5, 7	N&PH, CC, HP PPI & PPIII
• Demonstrate skills in health promotion and evaluate the effect on women and their families.	1, 8,	All
• Understand and evaluate statutory supervision of midwives and its relationship to clinical governance and risk management.	5	All
• Analyse the knowledge and skills required for contemporary practice and the commitment to update in response to changing circumstances and scope of practice.	2, 3, 4, 6, 7, 9	CC & HP PPI, PPII & PPIII
• Confidently apply knowledge base to provide appropriate levels of guidance and supervision of others.	1, 4, 7, 9, 11	N&PH & HP PPI & PPIII
• Critically examine and demonstrate the skills required to take necessary emergency measures within the scope of practice	1, 3, 10, 11	All
• Analyse use of own and other personal and professional communication skills	1, 2, 4, 6, 11	All
• Work effectively as a reflective practitioner to enhance and update own practice	3, 6, 7, 8, 9, 10	All
• Practice in accordance with, whilst evaluating the codes and rules governing professional conduct in midwifery practice	1, 5, 7, 8, 9, 10	All

B. Application of Midwifery.		
• Demonstrate the ability to assess and implement the appropriate care management to meet women's' needs and monitor progress prior to conception and throughout the antenatal, intranatal and postnatal periods, drawing upon a range of evidence to inform the decisions made.	1, 2, 3, 4, 6, 7, 8, 10	All
• Demonstrate an in-depth understanding of the rights of individuals taking into account social, cultural and spiritual needs and the effect this has on the child bearing process.	1, 3, 4, 6, 8	All
• Demonstrate psychomotor skills and critically reflect on the interpersonal skills required to meet individual needs of mothers in different situations throughout pregnancy, labour and postnatal period.	1, 4, 6, 8, 9	All
• Demonstrate critical understanding of and competence in carrying out tests and examinations necessary to monitor and promote the health and well-being of childbearing women the fetus and new-born.	3, 10	All
• Critically examine the use of pharmacological methods and complementary therapies within midwifery practice.	1, 4	All
• Negotiate and formulate and critically evaluate with individuals and groups of women, programmes of preparation for pregnancy, childbirth and parenthood, develop programmes to meet the needs of women/parents.	4	All
• Analyse own and others advice to women and their families on health living and in particular on infant feeding	1, 8	All
• Undertake and critically analyse the public health role of the midwife, with reference to sexual health and family planning	4, 8	CC & HP PPI & PPIII
• Critically reflect and evaluate the examinations necessary to diagnose pregnancies and labours at risk and refer appropriately	1, 5, 6	All
• Confidently apply knowledge base to undertake emergency procedures and refer to appropriate professionals when required	1, 3, 8	CC & HP PPII & PPIII
• Investigate the partnership in order to provide a seamless approach to care of mothers and babies when the social context of care or of childbearing is complicated	3, 4, 6, 8, 10	All
• Challenge care management, where appropriate, in light of research, experience and mothers wishes	4, 5, 7, 10	N&PH, CC & HP PPII & PPIII

• Critically reflect on and review mothers / baby records	3, 5, 8	All
• Critically evaluate research findings and instigate changes to practice as appropriate	2, 5, 7	All
C. Midwifery subject knowledge and understanding.		
• Show understanding and acknowledgement of the rights, beliefs and preferences of others and critically review structures which mitigate against these.	1, 4, 5, 6	All
• Synthesise and evaluate the evidence from a range of sources to provide individual women with the information to make informed choices.	2, 5, 7, 10	All
• Critically analyse the factors which are affected by pregnancy, childbirth and parenthood and the potential influences these have on the individual family and community.	2, 3	All
• Critically examine the use and misuse of technology and drugs in providing safe and ethical maternity services	1, 3, 6, 8	All
• Critically reflect on the knowledge underpinned by research with regard to the maternity service and the health of the childbearing woman	2, 7	All
• Communicate with midwives and others involved in the maternity service through listening, sharing information, research findings, ideas, problems and solutions and analyse the communication systems within the maternity services	1, 2, 5, 6	All
• Articulate the difference between the statutory requirements and the professional code of conduct	5, 7, 11	N&PH, CC & HP PPII & PPIII
• Critically reflect on the effectiveness of personal and professional judgement to achieve the best possible birth outcome	1, 3, 8, 9	All
• Demonstrate confidence in key transferable skills; IT, numeracy, verbal, written communication and ability to reflect on learning and experience and to use this reflection to inform future practice and learning	1, 2, 3, 6, 9, 10	All

7.2 Mapping of NMC (2008) competencies required for professional midwifery practice against the programme outcomes.

Competencies	Programme outcome	Modules N&PH CC HP PPI, II, III
1. Communicate effectively with women and their families* throughout the preconception, antenatal, intrapartum and postnatal stages.	1, 4, 6, 8	N&PH CC HP PPI, II, III
Communication will include: ☐ Listening to women, jointly identifying their feelings and anxieties about their pregnancies, the birth and the related changes to themselves and their lives ☐ Enabling women to think through their feelings ☐ Enabling women to make informed choices about their health and health care ☐Actively encouraging women to think about their own health and the health of their babies and families, and how this can be improved ☐ Communicating with women throughout their pregnancy, labour and the period following birth * The use of the word families in this document may refer to significant others, as identified by the women		
2. Diagnose pregnancy, assess and monitor women holistically throughout the preconception, antenatal, intrapartum and postnatal stages through the use of a range of assessment methods and reach valid, reliable and comprehensive conclusions. *The different assessment methods will include*: ☐ History taking ☐ Observation ☐ Physical examination ☐ Biophysical tests ☐Social, cultural and emotional assessments	1, 2, 3, 6, 7, 8, 10	N&PH CC HP PPI, II, III
3. Determine and provide programmes of care and support for women which: ☐ are appropriate to the needs, contexts, culture and choices of the women, babies and their families ☐ are made in partnership with women ☐ are ethical ☐ are based on best evidence and clinical judgement ☐ involve other practitioners when this will improve health outcomes *This will include consideration of:* ☐ plans for birth ☐ place of birth ☐ plans for feeding their babies ☐ needs for postnatal support ☐ preparation for parenthood needs	3, 4, 6, 8,	N&PH CC HP PPI, II, III
4. Provide seamless care and interventions in partnership with women and other care providers during the antenatal period which: ☐ are appropriate for women's assessed needs, context and culture	1, 2, 3, 4, 5, 6, 7, 9, 11	N&PH CC HP PPI, II, III

☐ promote their continuing health and well-being ☐ are evidence-based ☐ are consistent with the management of risk ☐ draw on the skills of others to optimise health outcomes and resource use *These will include:* ☐ acting as lead carer in normal pregnancies ☐ contributing to providing support to women when their pregnancies are in difficulty (eg those women who will need operative or assisted delivery) ☐ providing care for women who have suffered pregnancy loss ☐ discussion/negotiation with other professionals about further interventions which are appropriate for individual women, considering their wishes, context and culture ☐ ensuring current research findings and other evidence are incorporated into practice ☐ team working in the best interests of individual women		
5. Refer women who would benefit from the skills and knowledge of other individuals: ☐ to an individual who is likely to have the requisite skills and experience to assist ☐ at the earliest possible time ☐ supported by accurate, legible and complete information which contains the reasoning behind making the referral and describes their needs and preferences *Referrals might relate to:* ☐ women's choices ☐ health issues ☐ social issues ☐ financial issues ☐ psychological issues ☐ child protection matters ☐ the law	3, 4, 6, 8, 9	N&PH CC HP PPI, II, III
6. Care for, monitor and support women during labour and monitor the condition of the fetus and conduct spontaneous deliveries. *This will include:* ☐ communicating with women throughout and supporting them through the experience ☐ ensuring that the care is sensitive to individual women's culture and preferences ☐ giving appropriate care for women once they have given birth	1, 4, 7	N&PH CC HP PPI, II, III
7. Undertake appropriate emergency procedures to meet the health needs of women and babies. *Emergency procedures will include:* ☐ manually removing the placenta ☐ manually examining the uterus ☐ managing post-partum haemorrhage ☐ resuscitation of mother and/or baby	2, 3, 6, 11	N&PH CC HP PPI, II, III
8. Examine and care for babies immediately following birth *This will include:* ☐ confirming their vital signs and taking the appropriate	3, 9	N&PH CC HP

actions ☐ full assessment and physical examination		PPI, II, III
9. Work in partnership with women and other care providers during the postnatal period to provide seamless care and interventions which: ☐ are appropriate to the woman's assessed needs, context and culture ☐ promote their continuing health and well-being ☐ are evidence-based ☐ are consistent with the management of risk ☐ when undertaken by the midwife, she/he is the person best placed to do them and she/he is competent to act ☐ draw on the skills of others to optimise health outcomes and resource use *These will include:* ☐ providing support and advice to women as they start to feed and care for the babies ☐ providing any particular support which is needed to women who have disabilities ☐ post-operative care for women who have had caesarean and operative deliveries ☐ providing pain relief to women ☐ team working in the best interests of the women and their babies ☐ facilitating discussion about future reproductive choices ☐ providing care for women who have suffered pregnancy loss, stillbirth or neonatal death	1, 2, 4, 6, 7, 8	N&PH CC HP PPI, II, III
10. Examine and care for babies with specific health or social needs and refer to other professionals or agencies as appropriate. *This will include those with:* ☐ congenital disorders ☐ birth defects ☐ low birth weight ☐ pathological conditions (such as babies with vertical transmission of HIV, drug affected babies)	1, 2, 4, 6	CC, HP PPII, III
11. Care for and monitor women during the puerperium offering the necessary evidence-based advice and support on baby and self care. *This will include:* ☐ providing advice and support on feeding babies and teaching about the importance of nutrition in child development ☐ providing advice and support on hygiene, safety, protection, security and child development ☐ enabling women to address issues about their own, their babies' and their families' health and social well-being ☐ monitoring and supporting women who have postnatal depression and other mental illnesses ☐ advice on bladder control ☐ advising women on recuperation ☐ supporting women to care for ill/pre-term babies or those with disabilities	1, 2, 3, 4, 6, 8	N&PH CC HP PPI, II, III
12. Select, acquire and safely administer a range of permitted drugs consistent with legislation, applying knowledge and skills to the situation that pertains at	1, 3, 7	N&PH CC

the time. *Methods of administration will include:* ☐ oral ☐ intravenous ☐ intramuscular ☐ topical ☐ inhalation		HP PPI, II, III
13. Complete, store and retain records of practice which: ☐ are accurate and legible ☐ detail the reasoning behind any actions taken ☐ contain the information necessary for the record's purpose *Records will include:* ☐ biographical details of women and babies ☐ assessments made, outcomes of assessments and the actions taken as a result ☐ the outcomes of discussions with women and the advice offered ☐ any drugs administered ☐ action plans and commentary on their evaluation	1, 3, 4, 6	N&PH CC HP PPI, II, III
14. Actively monitor and evaluate the effectiveness of programmes of care and modify them to improve the outcomes of women, babies and their families. *This will include:* ☐ consideration of the effectiveness of the above and making the necessary modifications to improve outcomes for women and their families	4, 7, 8	N&PH CC HP PPI, II, III
15. Contribute to enhancing the health and social well-being of individuals and their communities. *This will include:* ☐ planning and offering midwifery care within the context of public health policies ☐ contributing midwifery expertise and information to local health strategies ☐ identifying and targeting care for groups with particular health and maternity needs and maintaining communication with appropriate agencies ☐ involving users and local communities in service development and improvement ☐ informing practice with the best evidence shown to prevent and reduce maternal and perinatal morbidity and mortality ☐ utilising a range of effective, appropriate and sensitive programmes to improve sexual and reproductive health	5, 6, 7, 8	N&PH CC HP PPI, II, III
16. Practice in accordance with the NMC Code of Professional Conduct, within the limitations of one's own competence, knowledge and sphere of professional practice, consistent with the legislation relating to midwifery practice. *This will include:* ☐ using professional standards of practice to self-assess performance ☐ consulting with the most appropriate professional colleagues when care requires expertise	1, 2, 6, 7, 10	N&PH CC HP PPI, II, III

beyond one's own current competence □ consulting other health care professionals when needs fall outside the scope of midwifery practice □ identifying unsafe practice and responding appropriately		
17. Practice in a way which respects and promotes individuals' rights, interests, preferences, beliefs, and cultures. *This will include:* □ offering culturally sensitive family planning advice □ ensuring that women's labour is consistent with their religious and cultural beliefs and preferences □ acknowledging the roles and relationships in families dependent on religious and cultural beliefs, preferences and experiences	1, 3, 4, 6, 9	N&PH CC HP PPI, II, III
18. Practice in accordance with relevant legislation. *This will include: mouse* □ demonstrating knowledge of legislation relating to human rights, equal opportunities, and access to patient records □ demonstrating knowledge of legislation relating to health and social policy relevant to midwifery practice □ demonstrating knowledge of contemporary ethical issues and their impact on midwifery practice □ managing the complexities arising from ethical and legal dilemmas	3, 7, 11	N&PH CC HP PPI, II, III
19. Maintain the confidentiality of information. *This will include:* □ ensuring the confidentiality and security of written and verbal information acquired in a professional capacity □ disclosing information about individuals and organisations only to those who have a right and need to know it once proof of identity and right to disclosure has been obtained	1, 3, 6	N&PH CC HP PPI, II, III
20. Work collaboratively with other practitioners and agencies in ways which: □ value their contribution to health and care □ enable them to participate effectively in the care of women, babies and their families □ acknowledge the nature of their work and the context in which is it placed *Practitioners and agencies will include those who work in:* □ social care □ social security, benefits and housing □ advice, guidance and counselling □ child protection □ the law	1, 2, 6	N&PH CC HP PPI, II, III
21. Manage and prioritise competing demands. *This will include:* □ working out who is best placed and able to provide particular interventions to women, babies and their families □ alerting managers to difficulties and issues in service delivery	6, 9, 11	N&PH CC HP PPII, III
22. Support the creation and maintenance of environments which promote the health, safety and well-being of women, babies and others. *This will include:*	3	N&PH CC HP

☐ preventing and controlling infection ☐ promoting health, safety and security in the environment in which the practitioner is working, whether it be at a woman's home, in the community, a clinic, or a hospital		PPI, II, III
23. Contribute to the development and evaluation of guidelines and policies and make recommendations for change in the interest of women, babies and their families. *Evaluating policies will include:* ☐ providing feedback to managers on service policies ☐ representing own considered views and experiences into broader health and social care policies in the interests of women, babies and their families	5	CC HP PPI, II, III
24. Review, develop and enhance one's own knowledge, skills and fitness to practice. *This will include:* ☐ making effective use of the framework for the statutory supervision of midwives ☐ meeting continuing professional development and practice standards ☐ reflecting on one's own practice and making the necessary changes as a result ☐ attending conferences, presentations, learning events, etc.	7, 10, 11	N&PH CC HP PPI, II, III
25. Demonstrate effective working across professional boundaries and develop professional networks. *This will include:* ☐ effective collaboration and communication skills sharing ☐ multiprofessional standard setting and audit	5, 6	N&PH CC HP PPI, II, III
26. Apply relevant knowledge to one's own practice in structured ways which are capable of evaluation. *This will include:* ☐ critical appraisal of knowledge and research evidence ☐ critical appraisal of own practice ☐ gaining feedback from women and their families and appropriately applying this to own practice ☐ disseminating critically appraised good practices	1, 4, 5, 6, 10	N&PH CC HP PPI, II, III
27. Inform and develop own practice and the practice of others through using best available evidence and reflecting on own practice *This will include:* ☐ keeping up to date with evidence ☐ applying evidence to one's own practice ☐ alerting others to new evidence for them to apply to their own practice	5, 7, 10	N&PH CC HP PPI, II, III
28. Manage and develop care utilising the most appropriate information technology (IT) systems. *This will include:* ☐ recording own practice in consistent formats on IT systems for wider scale analysis ☐ using analysis of data from IT systems to apply own practice ☐ evaluating practice from data analysis	5, 6	CC HP PPI, II, III
29. Contribute to the audit of practice to review and optimise the care of women, babies and their families. *This will include:*	5	N&PH CC

☐ auditing own practice ☐ contributing to the audit of team practice		HP PPI, II, III

7.3 Mapping of United Nations Children's Fund (UNICEF) BFI Learning Outcomes

Mapping of UNICEF BFI Learning Outcomes	Theory	Practice
1. Understand the importance of breastfeeding, and the consequences of not breastfeeding, in terms of health outcomes	✓ N & PH	
2. Have developed an in-depth knowledge of the physiology of lactation and be able to apply this in practical situations	✓ N & PH	✓ PPI
3. Be able to recognise effective positioning, attachment and suckling and to empower mothers to develop the skills necessary for them to achieve these for themselves	✓ N & PH	✓ PPI
4. Be able to demonstrate knowledge of the principles of hand expression and have the ability to teach these to mothers	✓ N & PH	✓ PPI
5. Understand the potential impact of delivery room practices on the well-being of mother and baby, and on the establishment of breastfeeding in particular	✓ N & PH	✓ PPI
6. Understand why it is important for mothers to keep their babies near them	✓ N & PH	✓ PPI
7. Understand the principle of demand feeding and be able to explain its importance in relation to the establishment and maintenance of lactation	✓ N & PH	✓ PPI
8. Be equipped to provide parents with accurate, evidence-based information about activities that may have an impact on breastfeeding	✓CC	✓ PPII
9. Understand the importance of exclusive breastfeeding for the first six months of life and possess the knowledge and skills to enable mothers to achieve this	✓ HP	
10. Understand the importance of timely introduction of complementary foods and of continuing breastfeeding during the weaning period, into the second year of life and beyond	✓ HP	
11. Understand the importance of community support for breastfeeding and demonstrate an awareness of the role of community-based support networks, both in supporting women	✓ HP	✓ PPIII

to breastfeed and as a resource for health professionals		
12. Be able to support mothers who are separated from their babies (for example, on admission to SCBU or when returning to work) to initiate and/or maintain their lactation and to feed their babies optimally	✓ CC	✓ PPII
13. Be able to demonstrate a knowledge of alternative methods of infant feeding and care that may be used where breastfeeding is not possible, and that will enhance the likelihood of a later transition to breastfeeding	✓ HP	PPIII
14. Identify babies who require a managed approach to feeding and describe appropriate care	✓ CC HP	
15. Know about the common complications of breastfeeding, how these arise, and how women may be helped to overcome them	✓ HP	
16. Understand the limited number of situations in which exclusive breastfeeding is not possible and be able to support mothers in partial breastfeeding or artificial feeding in these circumstances	✓ HP	
17. Appreciate the main differences between the WHO International Code of Marketing of Breastmilk Substitutes and the relevant current UK legislation, and understand the relevance of the Code to their own work situation	✓ HP	
18. Be thoroughly conversant with the Baby Friendly Initiative best practice standards, understand the rationale behind them and what the Baby Friendly Initiative seeks to achieve through them, and be equipped to implement them in their own workplace, with appropriate support from colleagues	✓ HP	

Key

N & PH- Normality and Public Health
CC- Complex Care
HP- Holistic Practice
PPI- Professional Practice I
PPII- Professional Practice II
PPIII- Professional Practice III

7.4 Mapping Activity for NMC Competencies and QAA Midwifery Subject Benchmarks

Mapping of the NMC Competencies for Pre-registration Midwifery Education (NMC 2009) (Standard 17) against the Modules of the Programme showing theory, practice and assessment.
Codes: T=Theory P=Practice MLO=Module Learning Outcomes PLO=Practice Learning Outcomes

Standards	Module					
Domain 1: Effective midwifery practice						
1. Communicate effectively with women and their families* throughout the preconception, antenatal, intrapartum and postnatal stages.	**Normality & Public Health**	**Professional Practice I**	**Complex Care**	**Professional Practice II**	**Holistic Practice**	**Professional Practice PP III**
Communication will include: ☐ Listening to women, jointly identifying their feelings and anxieties about their pregnancies, the birth and the related changes to themselves and their lives ☐ Enabling women to think through their feelings ☐ Enabling women to make informed choices about their health and health care ☐Actively encouraging women to think about their own health and the health of their babies and families, and how this can be improved ☐ Communicating with women throughout their pregnancy, labour and the period following birth * The use of the word families in this document may refer to significant others, as identified by the women	MLO's: A1,3,4,6 B1,2,3,6,7	PLO's: A, B, F,G,N,O1, Interpersonal attributes Assessment of Practice Learning Outcomes Portfolio	MLO's: A1, B1,4,5,6,7 C1,8, 10 Assignment	PLO's: A, B,C,D, E G, H Interpersonal attributes Assessment of Practice Learning Outcomes Portfolio	MLO's: A2,3,4 B1,6 C3,4,6, Assignment Examination	PLO's: A,B,C,D,G,H Interpersonal attributes Assessment of Practice Learning Outcomes Portfolio
2. Diagnose pregnancy, assess and monitor women holistically throughout the preconception, antenatal, intrapartum and postnatal stages through the use of a range of assessment methods and reach valid, reliable and comprehensive	**Normality & Public Health (N&PH)**	**Professional Practice I (PPI)**	**Complex Care**	**Professional Practice (PPII)**	**Holistic Practice (HP)**	**Professional Practice (PPIII)**
	MLO's: A1,2,6,8 B1,2,4,5 C1,2,4,5,6,7,8	PLO's: A,B,C,D,F,G,H	MLO's: A1,2,3 B1,5,6,7 C1,2,4,5,6,78,	PLO's: B,C,D,E,F,N J,K,L,M	MLO's: A3,4 B1 C1,2,3	PLO's: C,H B,D,E,G,M Interpersonal

conclusions. *The different assessment methods will include*: ☐ History taking ☐ Observation ☐ Physical examination ☐ Biophysical tests ☐Social, cultural and emotional assessments	Examination	Interpersonal attributes Assessment of Practice Learning Outcomes Portfolio	10 Assignment	Interpersonal attributes Assessment of Practice Learning Outcomes Portfolio	Assignment Examination	attributes Assessment of Practice Learning Outcomes Portfolio
3. Determine and provide programmes of care and support for women which:	Normality & Public Health (N&PH)	Professional Practice I (PPI)	Complex Care	Professional Practice (PPII)	Holistic Practice (HP)	Professional Practice (PPIII)
☐ are appropriate to the needs, contexts, culture and choices of the women, babies and their families ☐ are made in partnership with women ☐ are ethical ☐ are based on best evidence and clinical judgement ☐ involve other practitioners when this will improve health outcomes *This will include consideration of:* ☐ plans for birth ☐ place of birth ☐ plans for feeding their babies ☐ needs for postnatal support ☐ preparation for parenthood needs	MLO's: A1,5,6,8 B1,2,3,4,7,8 C1,4,5,6,7,8,9,10 Examination	PLO's: A,B,D,O1,O2,O3, Interpersonal attributes Assessment of Practice Learning Outcomes Portfolio	MLO's: A1,2,3,4, B1,4,5,6,7 C1,2,7,8 Assignment	PLO's: A,B,C E,F,H,N Interpersonal attributes Assessment of Practice Learning Outcomes Portfolio	MLO's: A2,3 B1 C3,5,6 MLO's: A2,3,4,5 B1 C3,4,5,6 Assignment Examination	MLO's: A4,5 B1 C3,4 PLO's: B,C,D,E,F,J,KN,O1, Interpersonal attributes Assessment of Practice Learning Outcomes Portfolio
4. Provide seamless care and interventions in partnership with women and other care providers during the antenatal period which: ☐ are appropriate for women's assessed	**Normality & Public Health (N&PH)** MLO's: A1,2,3,5,6,8	**Professional Practice I (PPI)** PLO's: A,B,C.D,F,G,HJ,	**Complex Care** MLO's: A1,2,3,4,	**Professional Practice (PPII)** PLO's: A,B,C,D,E,FJ,	**Holistic Practice (HP)** MLO's: A2,3,4,5	**Professional Practice (PPIII)** PLO's: B,C.F,G,M,N,H,L

	B1,2,3,7,8 C1,2,3,4,5,6,7,8,9 Examination	K,M,N,O Interpersonal attributes Assessment of Practice Learning Outcomes Portfolio	B1,4,5,6,7 C1,2,4,7,8 Assignment	K,M,N Interpersonal attributes Assessment of Practice Learning Outcomes Portfolio	B1 C1,2,3,4, Assignment Examination	Interpersonal attributes Assessment of Practice Learning Outcomes Portfolio
needs, context and culture ☐ promote their continuing health and well-being ☐ are evidence-based ☐ are consistent with the management of risk ☐ draw on the skills of others to optimise health outcomes and resource use *These will include:* ☐ acting as lead carer in normal pregnancies ☐ contributing to providing support to women when their pregnancies are in difficulty (eg those women who will need operative or assisted delivery) ☐ providing care for women who have suffered pregnancy loss ☐ discussion/negotiation with other professionals about further interventions which are appropriate for individual women, considering their wishes, context and culture ☐ ensuring current research findings and other evidence are incorporated into practice ☐ team working in the best interests of individual women						
5. Refer women who would benefit from the skills and knowledge of other individuals:	**Normality & Public Health (N&PH)**	**Professional Practice I (PPI)**	**Complex Care**	**Professional Practice (PPII)**	**Holistic Practice (HP)**	**Professional Practice (PPIII)**
☐ to an individual who is likely to have the requisite skills and experience to assist ☐ at the earliest possible time ☐ supported by accurate, legible and	MLO's: A1,2,3,4,5 B1,2,3,7 C1,2,3,7,8	PLO's: C,F,H,N,O2, Interpersonal attributes	MLO's: A1,3 B1,2,3,,5,6,7 C1,2,3,4,5,67	PLO's: A,C,D,G,N Interpersonal attributes	MLO's: A2,3,4,5 B1 C1,2,3,4,	PLO's: A,C,G,M,N,H Interpersonal attributes

complete information which contains the reasoning behind making the referral and describes their needs and preferences *Referrals might relate to:* ☐ women's choices ☐ health issues ☐ social issues ☐ financial issues ☐ psychological issues ☐ child protection matters ☐ the law	Examination	Assessment of Practice Learning Outcomes Portfolio	Assignment	Assessment of Practice Learning Outcomes Portfolio	Assignment Examination	Assessment of Practice Learning Outcomes Portfolio Reflection
6. Care for, monitor and support women during labour and monitor the condition of the fetus and conduct spontaneous deliveries. *This will include:* ☐ communicating with women throughout and supporting them through the experience ☐ ensuring that the care is sensitive to individual women's culture and preferences ☐ giving appropriate care for women once they have given birth	**Normality & Public Health (N&PH)** MLO's: A1,8 B2,3,7 C1,2,6,7 Examination	**Professional Practice I (PPI)** PLO's: G,K,N,O1 Interpersonal attributes Assessment of Practice Learning Outcomes Portfolio	**Complex Care** MLO's: A1,2,3 B1,2,6 C1,2,4,5,6,78 Assignment	**Professional Practice (PPII)** PLO's: A,C,K,J,M Interpersonal attributes Assessment of Practice Learning Outcomes Portfolio	**Holistic Practice (HP)** MLO's: A3, B1 C1,4 Assignment Examination	**Professional Practice (PPIII)** PLO's: G,N,O,C,J,K Interpersonal attributes Assessment of Practice Learning Outcomes Portfolio
7. Undertake appropriate emergency procedures to meet the health needs of women and babies. *Emergency procedures will include:* ☐ manually removing the placenta ☐ manually examining the uterus	**Normality & Public Health (N&PH)** MLO's: C1,2	**Professional Practice I (PPI)** PLO's: L,M	**Complex Care** MLO's: A1,3,4 B1,2,3,	**Professional Practice (PPII)** PLO's: K,L,J,M	**Holistic Practice (HP)** MLO's: A4, B1	**Professional Practice (PPIII)** PLO's: C,K,L, M,G,N

			C1,2,3,4,7,89	Interpersonal attributes	C1,2,3,5	Interpersonal attributes
• managing post-partum haemorrhage • resuscitation of mother and/or baby		Assessment of Practice Learning Outcomes		Assessment of Practice Learning Outcomes Portfolio	Assignment Examination	Assessment of Practice Learning Outcomes Portfolio
8. Examine and care for babies immediately following birth *This will include:* • confirming their vital signs and taking the appropriate actions • full assessment and physical examination	**Normality & Public Health (N&PH)** MLO's: C2,3 Examination	**Professional Practice I (PPI)** PLO's: G,O1, Interpersonal attributes Assessment of Practice Learning Outcomes Portfolio	**Complex Care** MLO's: A3 B1,2, C3 Assignment	**Professional Practice (PPII)** PLO's: C,D Interpersonal attributes Assessment of Practice Learning Outcomes Portfolio	**Holistic Practice (HP)** MLO's: A4 Assignment Examination	**Professional Practice (PPIII)** PLO's: C,E,L Interpersonal attributes Assessment of Practice Learning Outcomes Portfolio
9. Work in partnership with women and other care providers during the postnatal period to provide seamless care and interventions which: • are appropriate to the woman's assessed needs, context and culture • promote their continuing health and well-being • are evidence-based • are consistent with the management	**Normality & Public Health (N&PH)** MLO's: A1,2.3,4,5,6,7,8 B1,2,3,4,7,8 C3,4,5,6,7,8,9 Examination	**Professional Practice I (PPI)** PLO's: D,E,J,M,O F,G,H,K,O2, Interpersonal attributes	**Complex Care** MLO's: A1,2,3,4 B3,4,5,6,7, C1,2,5,6,7, 10, Assignment	**Professional Practice (PPII)** PLO's: D,K,G,J,M Interpersonal attributes Assessment of	**Holistic Practice (HP)** MLO's: A2,3,4,5 B1 C1.2,3,4 Assignment	**Professional Practice (PPIII)** PLO's: B,D,E,F,G,M,N Interpersonal attributes Assessment of

of risk ☐ when undertaken by the midwife, she/he is the person best placed to do them and she/he is competent to act ☐ draw on the skills of others to optimise health outcomes and resource use *These will include:* ☐ providing support and advice to women as they start to feed and care for the babies ☐ providing any particular support which is needed to women who have disabilities ☐ post-operative care for women who have had caesarean and operative deliveries ☐ providing pain relief to women ☐ team working in the best interests of the women and their babies ☐ facilitating discussion about future reproductive choices ☐ providing care for women who have suffered pregnancy loss, stillbirth or neonatal death		Assessment of Practice Learning Outcomes Portfolio		Practice Learning Outcomes Portfolio	Examination	Practice Learning Outcomes Portfolio
10. Examine and care for babies with specific health or social needs and refer to other professionals or agencies as appropriate. *This will include those with:* ☐ congenital disorders ☐ birth defects ☐ low birth weight ☐ pathological conditions (such as babies with vertical transmission of HIV,	**Normality & Public Health (N&PH)**	**Professional Practice I (PPI)**	**Complex Care**	**Professional Practice (PPII)**	**Holistic Practice (HP)**	**Professional Practice (PPIII)**
	MLO's: NIL	PLO's: NIL	MLO's: A1,2,3 B2,3,4 C1,3,4,5,6 Assignment	PLO's: E,H,O,N, D,J Interpersonal attributes	MLO's: A2,4 Examination	PLO's: A,E,G,N,H,L Interpersonal attributes Assessment of

drug affected babies)				Assessment of Practice Learning Outcomes Portfolio		Practice Learning Outcomes Portfolio Reflection
11. Care for and monitor women during the puerperium offering the necessary evidence-based advice and support on baby and self care. *This will include:* ☐ providing advice and support on feeding babies and teaching about the importance of nutrition in child development ☐ providing advice and support on hygiene, safety, protection, security and child development ☐ enabling women to address issues about their own, their babies' and their families' health and social well-being ☐ monitoring and supporting women who have postnatal depression and other mental illnesses ☐ advice on bladder control ☐ advising women on recuperation ☐ supporting women to care for ill/pre-term babies or those with disabilities	**Normality & Public Health (N&PH)** MLO's: A1,2,3,5 B1,2,3,4,5 C1,3,6,7,8 Examination	**Professional Practice I (PPI)** PLO's A,D,O,F,H,N Interpersonal attributes Assessment of Practice Learning Outcomes Portfolio	**Complex Care** MLO's: A1,2,3,4 B1,2,4 C1,2,3,5,6,7,8 Assignment	**Professional Practice (PPII)** PLO's: D,J,K,M F,H,N Interpersonal attributes Assessment of Practice Learning Outcomes Portfolio	**Holistic Practice (HP)** MLO's: A1,2,3,4 B1 C1,2,3,5,6 Assignment	**Professional Practice (PPIII)** PLO's: D,E,F,G,N,O Interpersonal attributes Assessment of Practice Learning Outcomes Portfolio
12. Select, acquire and safely administer a range of permitted drugs consistent with legislation, applying knowledge and skills to the situation that pertains at the time. *Methods of administration will include:* ☐ oral	**Normality & Public Health (N&PH)** MLO's: A2, C4	**Professional Practice I (PPI)** PLO's: K Assessment of	**Complex Care** MLO's: A,2 B1,6,7, C5,7,8,9,	**Professional Practice (PPII)** PLO's: J,K,C,D B,E,K,N,	**Holistic Practice (HP)** MLO's: A1,4 B1, C3,4	**Professional Practice (PPIII)** PLO's: A,B,C,D,E,K,L Assessment of

	Examination	Practice Learning Outcomes Portfolio		Portfolio Assessment of Practice Learning Outcomes	Examination Assignment	Practice Learning Outcomes Portfolio
☐ intravenous ☐ intramuscular ☐ topical ☐ inhalation						
13. Complete, store and retain records of practice which: ☐are accurate and legible ☐detail the reasoning behind any actions taken ☐contain the information necessary for the record's purpose *Records will include:* ☐biographical details of women and babies ☐assessments made, outcomes of assessments and the actions taken as a result ☐the outcomes of discussions with women and the advice offered ☐any drugs administered ☐action plans and commentary on their evaluation	**Normality & Public Health (N&PH)**	**Professional Practice I (PPI)**	**Complex Care**	**Professional Practice (PPII)**	**Holistic Practice (HP)**	**Professional Practice (PPIII)**
	MLO's: A1,3 B1,6 Examination	PLO's: A,B,D,G G,N,K Assessment of Practice Learning Outcomes	MLO's: A1,3 B1, C7	PLO's: A,B,C,D,E,H,N Assessment of Practice Learning Outcomes Portfolio	MLO's: A1,4 B1, C3,4 Examination Assignment	PLO's: B,D,E,G A,C,K,L Assessment of Practice Learning Outcomes Portfolio
14. Actively monitor and evaluate the effectiveness of programmes of care and modify them to improve the outcomes of women, babies and their families. *This will include:* ☐consideration of the effectiveness of the above and making the necessary modifications to improve outcomes for women and their families	**Normality & Public Health (N&PH)**	**Professional Practice I (PPI)**	**Complex Care**	**Professional Practice (PPII)**	**Holistic Practice (HP)**	**Professional Practice (PPIII)**
	MLO's: A1,2,3,5,6 B1,2,3 C5,6,7 Examination	PLO's: B,D,F,H,N Interpersonal attributes Assessment of Practice Learning	MLO's: A1,2,3 B1,3,4,5,6,7 C1,2,3,7 Assignment	PLO's: B,C,D F,L,M,N,H Interpersonal attributes Assessment of	MLO's: A2,3,4 B1 C1,2,3,4, Assignment	PLO's: B,C,D,E,N,O,F,H Interpersonal attributes Assessment of Practice

		Outcomes Portfolio		Practice Learning Outcomes Portfolio		Learning Outcomes Portfolio
15. Contribute to enhancing the health and social well-being of individuals and their communities. *This will include:* ☐ planning and offering midwifery care within the context of public health policies ☐ contributing midwifery expertise and information to local health strategies ☐ identifying and targeting care for groups with particular health and maternity needs and maintaining communication with appropriate agencies ☐ involving users and local communities in service development and improvement ☐ informing practice with the best evidence shown to prevent and reduce maternal and perinatal morbidity and mortality ☐ utilising a range of effective, appropriate and sensitive programmes to improve sexual and reproductive health	**Normality & Public Health (N&PH)**	**Professional Practice I (PPI)**	**Complex Care**	**Professional Practice (PPII)**	**Holistic Practice (HP)**	**Professional Practice (PPIII)**
	MLO's: A2 B3 C2, 5,6,8,9 Examination	PLO's: F,G,H,N,B,D Interpersonal attributes Assessment of Practice Learning Outcomes Portfolio	MLO's: A1,2,3 B1,5 Assignment	PLO's: F,H,N, Interpersonal attributes Assessment of Practice Learning Outcomes Portfolio	MLO's: A2,3,4,5 B1 C1,2,3,4,5,6, Assignment	PLO's: F,G,M,N,H Interpersonal attributes Assessment of Practice Learning Outcomes Portfolio
Domain 2: Professional and ethical practice						
16. Practice in accordance with the NMC Code of Professional Conduct, within the limitations of one's own competence, knowledge and sphere	**Normality & Public Health (N&PH)**	**Professional Practice I (PPI)**	**Complex Care**	**Professional Practice (PPII)**	**Holistic Practice (HP)**	**Professional Practice (PPIII)**
	MLO's:	PLO's:	MLO's:	PLO's:	MLO's:	PLO's:

of professional practice, consistent with the legislation relating to midwifery practice. *This will include:* ▢using professional standards of practice to self-assess performance ▢consulting with the most appropriate professional colleagues when care requires expertise beyond one's own current competence ▢consulting other health care professionals when needs fall outside the scope of midwifery practice ▢identifying unsafe practice and responding appropriately	A1,2,3,5,7 B1 Examination	A,B,C,G,N Interpersonal attributes Assessment of Practice Learning Outcomes Portfolio	A,2,3 B1,3 C2,7,8,9,10 Assignment	A,C,D,G,M,N,K Interpersonal attributes Assessment of Practice Learning Outcomes Portfolio	A1,2,3, B1, C1,2,3,4,5,6, Examination Assignment	A,B,C,D,E,G,M, N,H, O Interpersonal attributes Assessment of Practice Learning Outcomes Portfolio
17. Practice in a way which respects and promotes individuals' rights, interests, preferences, beliefs, and cultures. *This will include:* ▢offering culturally sensitive family planning advice ▢ensuring that women's labour is consistent with their religious and cultural beliefs and preferences ▢acknowledging the roles and relationships in families dependent on religious and cultural beliefs, preferences and experiences	**Normality & Public Health (N&PH)** MLO's: A6, B2,3,7 Examination	**Professional Practice I (PPI)** PLO's: A,F,G,H Interpersonal attributes Assessment of Practice Learning Outcomes Portfolio	**Complex Care** MLO's: A1,2,3 B1 C1,8 Assignment	**Professional Practice (PPII)** PLO's: A,C,D F,G,H Interpersonal attributes Assessment of Practice Learning Outcomes Portfolio	**Holistic Practice (HP)** MLO's: A1,2,3,4,5 B1, C1,4,6, Examination Assignment	**Professional Practice (PPIII)** PLO's: PLO's: A,B,C,D,G,H Interpersonal attributes Assessment of Practice Learning Outcomes Portfolio

18. Practice in accordance with relevant legislation. *This will include:*	Normality & Public Health (N&PH)	Professional Practice I (PPI)	Complex Care	Professional Practice (PPII)	Holistic Practice (HP)	Professional Practice (PPIII)
demonstrating knowledge of legislation relating to human rights, equal opportunities, and access to patient records demonstrating knowledge of legislation relating to health and social policy relevant to midwifery practice demonstrating knowledge of contemporary ethical issues and their impact on midwifery practice managing the complexities arising from ethical and legal dilemmas	MLO's: A1,2,7 B1, C5 Examination	PLO's: A,G,N Interpersonal attributes Assessment of Practice Learning Outcomes Portfolio	MLO's: A1,2,3 B1,2,3,4,5,6,7, C1,2,5,7,8 Assignment	PLO's: A,C,D,F,G,H Interpersonal attributes Assessment of Practice Learning Outcomes Portfolio	MLO's: A1,4 B1 C4, Examination Assignment	PLO's: A,B,C,D,G, H,K Interpersonal attributes Assessment of Practice Learning Outcomes Portfolio
19. Maintain the confidentiality of information. *This will include:*	Normality & Public Health (N&PH)	Professional Practice I (PPI)	Complex Care	Professional Practice (PPII)	Holistic Practice (HP)	Professional Practice (PPIII)
ensuring the confidentiality and security of written and verbal information acquired in a professional capacity disclosing information about individuals and organisations only to those who have a right and need to know it once proof of identity and right to disclosure has been obtained	MLO's: A3, B1,	PLO's: A,G,N Interpersonal attributes Assessment of Practice Learning Outcomes Portfolio	MLO's: A,3, B1.2,5 C2 Assignment	PLO's: A,N,G, Interpersonal attributes Assessment of Practice Learning Outcomes Portfolio	MLO's: A1,4 B1, C4, Assignment	PLO's: A,C,G,N, Interpersonal attributes Assessment of Practice Learning Outcomes Portfolio
20. Work collaboratively with other practitioners and agencies in ways which: value their contribution to health and	Normality & Public Health (N&PH)	Professional Practice I (PPI)	Complex Care	Professional Practice (PPII)	Holistic Practice (HP)	Professional Practice (PPIII)
	MLO's:	PLO's:	MLO's:	PLO's:	MLO's:	PLO's:

care ...enable them to participate effectively in the care of women, babies and their families ...acknowledge the nature of their work and the context in which is it placed *Practitioners and agencies will include those who work in:* ...social care ...social security, benefits and housing ...advice, guidance and counselling ...child protection ...the law	A1,2,5, A2,3 B1,2,3 C1,2 Examination	A,B,D,E G,F,H,N Interpersonal attributes Assessment of Practice Learning Outcomes Portfolio	A1,2,3,4 B1,3,5,6 C2,3,4,5,6,8,10 Assignment	A,C,D,G F,H,K,N Interpersonal attributes Assessment of Practice Learning Outcomes Portfolio	A2,3,4,5 B1, C1,2,3,4 Examination Assignment	B,D,G,O,N A,C,H,J,L Interpersonal attributes Assessment of Practice Learning Outcomes Portfolio
21. Manage and prioritise competing demands. *This will include:* ...working out who is best placed and able to provide particular interventions to women, babies and their families ...alerting managers to difficulties and issues in service delivery	**Normality & Public Health (N&PH)** MLO's: A2	**Professional Practice I (PPI)** PLO's: NIL	**Complex Care** MLO's: A1,2,3,4 B1,2,3,4,5,6 C1,2,3,4,6,7 Assignment	**Professional Practice (PPII)** PLO's: A,B,C,D, E,H,O Interpersonal attributes Assessment of Practice Learning Outcomes Portfolio	**Holistic Practice (HP)** MLO's: A1,2,3,4 B1 C2,3, Examination Assignment	**Professional Practice (PPIII)** PLO's: B,C,D,M,N,G,J,L Interpersonal attributes Assessment of Practice Learning Outcomes Portfolio
22. Support the creation and maintenance of environments which promote the health, safety and well-being of women, babies and others. *This will include:* ...preventing and controlling infection ...promoting health, safety and security	**Normality & Public Health (N&PH)** MLO's: A1,7 B1, C2	**Professional Practice I (PPI)** PLO's: B,E,G,H,J.K,M Interpersonal	**Complex Care** MLO's: A1,2,4, B1,2,3,4,5 C1,3,4,5,6,7,9	**Professional Practice (PPII)** PLO's: B,E,H,J,K,M, Interpersonal	**Holistic Practice (HP)** MLO's: A3,4,5 C1,2,3,4,5,6	**Professional Practice (PPIII)** PLO's: C,J,G,M, Interpersonal

in the environment in which the practitioner is working, whether it be at a woman's home, in the community, a clinic, or a hospital	Examination	attributes Assessment of Practice Learning Outcomes Portfolio	Assignment	attributes Assessment of Practice Learning Outcomes Portfolio	Examination Assignment	attributes Assessment of Practice Learning Outcomes Portfolio
23. Contribute to the development and evaluation of guidelines and policies and make recommendations for change in the interest of women, babies and their families. *Evaluating policies will include:* ☐ providing feedback to managers on service policies ☐ representing own considered views and experiences into broader health and social care policies in the interests of women, babies and their families	**Normality & Public Health (N&PH)**	**Professional Practice I (PPI)**	**Complex Care**	**Professional Practice (PPII)**	**Holistic Practice (HP)**	**Professional Practice (PPIII)**
	MLO's: NIL Examination	PLO's: F,H,G Interpersonal attributes Assessment of Practice Learning Outcomes Portfolio	MLO's: A1,2 B1,5 C2,5,6 Assignment	PLO's: F,H,G,M Interpersonal attributes Assessment of Practice Learning Outcomes Portfolio	MLO's: A1,2,3,5 B1 C1,3,4,6 Assignment	PLO's: A,G,H Interpersonal attributes Assessment of Practice Learning Outcomes Portfolio
Domain 3: Developing self and others						
24. Review, develop and enhance one's own knowledge, skills and fitness to practice.	**Normality & Public Health (N&PH)**	**Professional Practice I (PPI)**	**Complex Care**	**Professional Practice (PPII)**	**Holistic Practice (HP)**	**Professional Practice (PPIII)**
This will include: ☐ making effective use of the framework for the statutory supervision of midwives ☐ meeting continuing professional development and practice standards ☐ reflecting on one's own practice and	MLO's: A1,4 B1, C8,9,10 Examination	PLO's: G, Interpersonal attributes	MLO's: A1, B1 C1,5,	PLO's: G, Interpersonal attributes	MLO's: A1,2, B1 C2, Assignment	PLO's: G, M Interpersonal attributes

making the necessary changes as a result ☐ attending conferences, presentations, learning events, etc.		Assessment of Practice Learning Outcomes Portfolio	Assignment	Assessment of Practice Learning Outcomes Portfolio		Assessment of Practice Learning Outcomes Portfolio
25. Demonstrate effective working across professional boundaries and develop professional networks.	**Normality & Public Health (N&PH)**	**Professional Practice I (PPI)**	**Complex Care**	**Professional Practice (PPII)**	**Holistic Practice (HP)**	**Professional Practice (PPIII)**
This will include: ☐effective collaboration and communication skills sharing ☐multiprofessional standard setting and audit	MLO's: A2,3,5, B1, Examination	PLO's: A,G,N Interpersonal attributes Assessment of Practice Learning Outcomes Portfolio	MLO's: A1,3 B1,3,,5,6 C2,4,5,6,8,9,10 Assignment	PLO's: A,B,C,D,F,J,H,G Interpersonal attributes Assessment of Practice Learning Outcomes Portfolio	MLO's: A2,3,4 B1 C2,3,4,5,6 Examination Assignment	PLO's: A,H,G Interpersonal attributes Assessment of Practice Learning Outcomes Portfolio
Domain 4: Achieving quality care through evaluation and research						
26. Apply relevant knowledge to one's own practice in structured ways which are capable of evaluation.	**Normality & Public Health (N&PH)**	**Professional Practice I (PPI)**	**Complex Care**	**Professional Practice (PPII)**	**Holistic Practice (HP)**	**Professional Practice (PPIII)**
This will include: ☐ critical appraisal of knowledge and research evidence ☐ critical appraisal of own practice ☐ gaining feedback from women and their families and appropriately applying this to own practice ☐ disseminating critically appraised good practices	MLO's: C1,7,8,9,10	PLO's: A,G Interpersonal attributes Assessment of Practice Learning Outcomes	MLO's: A1,2, B1 C5 Assignment	PLO's: G, Interpersonal attributes Assessment of Practice Learning	MLO's: A1,2,3 B1, C1,3,5, 6 Assignment	PLO's: A,H Interpersonal attributes Assessment of Practice Learning

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				Outcomes		Outcomes
		Portfolio		Portfolio		Portfolio

27. Inform and develop own practice and the practice of others through using best available evidence and reflecting on own practice	**Normality & Public Health (N&PH)**	**Professional Practice I (PPI)**	**Complex Care**	**Professional Practice (PPII)**	**Holistic Practice (HP)**	**Professional Practice (PPIII)**
This will include: ☐ keeping up to date with evidence ☐ applying evidence to one's own practice ☐ alerting others to new evidence for them to apply to their own practice	MLO's A4 C1,2,7,8,9,10 Examination	PLO's: B,C,D,E,,G,J,O Interpersonal attributes Assessment of Practice Learning Outcomes Portfolio	MLO's: A1,2, B1 C5 Assignment	PLO's B,C,D,G Interpersonal attributes Assessment of Practice Learning Outcomes Portfolio	MLO's: A1,2,3,4 B1 C4,5 Examination Assignment	PLO's G, A,C,H,J,L Interpersonal attributes Assessment of Practice Learning Outcomes Portfolio

28. Manage and develop care utilising the most appropriate information technology (IT) systems.	**Normality & Public Health (N&PH)**	**Professional Practice I (PPI)**	**Complex Care**	**Professional Practice (PPII)**	**Holistic Practice (HP)**	**Professional Practice (PPIII)**
This will include: ☐ recording own practice in consistent formats on IT systems for wider scale analysis ☐ using analysis of data from IT systems to apply own practice ☐ evaluating practice from data analysis	MLO's: NIL	PLO's: A,B,D,G,N Interpersonal attributes Assessment of Practice Learning Outcomes Portfolio	MLO's: A1,3, B1,2,3 C6,7 Assignment	PLO's: A,B,F,K,N Interpersonal attributes Assessment of Practice Learning Outcomes Portfolio	MLO's: A3,4 B1 C2,4 Examination Assignment	PLO's: A,M Interpersonal attributes Assessment of Practice Learning Outcomes Portfolio

29. Contribute to the audit of practice to review and optimise the care of women, babies and their families.	Normality & Public Health (N&PH)	Professional Practice I (PPI)	Complex Care	Professional Practice (PPII)	Holistic Practice (HP)	Professional Practice (PPIII)
This will include: ☐ auditing own practice ☐ contributing to the audit of team practice	MLO's: C10, Examination	PLO's: A,G Interpersonal attributes Assessment of Practice Learning Outcomes Portfolio	MLO's: A3,4 B1, C7, Assignment	PLO's: G,M Interpersonal attributes Assessment of Practice Learning Outcomes Portfolio	MLO's: A1,2,3, B1 C1,2 Examination Assignment	PLO's: A,C,G,J,M Interpersonal attributes Assessment of Practice Learning Outcomes Portfolio

Mapping of Module Content to the Quality Assurance Agency (2001) Subject Benchmark Statements for Midwifery to show Module Learning Outcomes, Practice Learning Outcomes and Assessment.

Q AA Benchmark Statements	Normality & Public Health (N&PH)	Professional Practice I (PPI)	Complex Care	Professional Practice (PPII)	Holistic Practice (HP)	Professional Practice (PPIII)
A. The midwife as a professional						
Critically analyse the evidence to support decisions made as a lead professional in midwifery care, recognising the limits of professional knowledge and expertise. Examination	MLO's A1, 6, 8 B1, 2,3, 4 C1,8,9 Examination	PLO's B, D, E, J, O Interpersonal attributes Assessment of Practice Learning Outcomes	MLO's A1,2,3 B1, 2 C1, Assignment	PLO's A,B, C, D,E,F, J, K, L, M,,N G Interpersonal attributes Assessment of Practice Learning Outcomes	MLO's A1, 2, 3, 4 B1 C1,3,4 Examination Assignment	PLO's A,B, D, E, F, G,H,J Interpersonal attributes Assessment of Practice Learning Outcomes

		Portfolio		Portfolio		Portfolio
• Demonstrate an in-depth understanding of the roles of the multi professional team, to use their expertise appropriately and work collaboratively as a member of the team in a variety of settings.	MLO's A2,3, 5 B1,3, 7 Examination	PLO's M, F Interpersonal attributes Assessment of Practice Learning Outcomes Portfolio	MLO's A1,2, B1, 2 C5 Assignment	PLO's A, C, D,F, G,H L,N Interpersonal attributes Assessment of Practice Learning Outcomes Portfolio	MLO's A2, 3, 4,5 B1 C1, 3,4, 5, 6 Examination Assignment	PLO's A, , H, J F, G, N, O Interpersonal attributes Assessment of Practice Learning Outcomes Portfolio
• Critically appraise research in order to improve care delivery.	MLO's C1,2,8. 9 Examination	PLO's G Interpersonal attributes Assessment of Practice Learning Outcomes Portfolio	MLO's A2,3 B1 Assignment	PLO's A, C, D, F, G, H, L, M Assessment of Practice Learning Outcomes	MLO's A3, 4 B1 C1, 3,4,6 Examination Assignment	PLO's B,C E, F,H,J O Interpersonal attributes Assessment of Practice Learning Outcomes Portfolio
• Demonstrate skills in health promotion and evaluate the effect on women and their families.	MLO's A2, 3, 5 C3 Examination	PLO's F, H Interpersonal attributes Assessment of	MLO's A2, B1 C5 Assignment	PLO's G, H Interpersonal attributes Assessment of	MLO's A4, 5 B1 C2, 3, 4 Examination	PLO's F,H Interpersonal attributes

		Practice Learning Outcomes Portfolio		Practice Learning Outcomes Portfolio	Assignment	Assessment of Practice Learning Outcomes Portfolio
• Understand and evaluate statutory supervision of midwives and its relationship to clinical governance and risk management.	MLO's A1,3 Examination	PLO's G Interpersonal attributes Assessment of Practice Learning Outcomes Portfolio	MLO's A1, 3 B1 C1, 2 Assignment	PLO's M, G Interpersonal attributes Assessment of Practice Learning Outcomes Portfolio	MLO's A1,3,5 B1 C2 Examination Assignment	PLO's A,G,H Interpersonal attributes Assessment of Practice Learning Outcomes Portfolio
• Analyse the knowledge and skills required for contemporary practice and the commitment to update in response to changing circumstances and scope of practice.	MLO's NIL	PLO's F,H Interpersonal attributes Assessment of Practice Learning Outcomes Portfolio	MLO's A1, 2, 3, 4 B1 C1, 8, 6, 3 PLO's Assignment	PLO's B,C E, D,F G,H Interpersonal attributes Assessment of Practice Learning Outcomes Portfolio	MLO's A1, 2, 3, 4, 5 B1 C1, 3, 5 Examination Assignment	PLO's C,G,H Interpersonal attributes Assessment of Practice Learning Outcomes Portfolio
• Confidently apply knowledge base to provide appropriate levels of guidance and supervision of others.	MLO's A1,2,3	PLO's H,N	Assignment	Interpersonal attributes	MLO's A1,2,4 B1	PLO's A,G.H

	Examination	Interpersonal attributes Assessment of Practice Learning Outcomes Portfolio		Assessment of Practice Learning Outcomes Portfolio	C3, 4, 5, 6 Examination Assignment	Interpersonal attributes Assessment of Practice Learning Outcomes Portfolio
• Critically examine and demonstrate the skills required to take necessary emergency measures within the scope of practice	MLO's C1, 2	PLO's L Interpersonal attributes Assessment of Practice Learning Outcomes Portfolio	MLO's A1, 3 B1,2, 3 C2,3, 4, 5, 6, 7, 8 Assignment	PLO's G, L, M, K, J Interpersonal attributes Assessment of Practice Learning Outcomes Portfolio	MLO's A1,4,5 B1 C2,3 PLO's L, K Examination Assignment	PLO's L,K,M, N Interpersonal attributes Assessment of Practice Learning Outcomes Portfolio
• Analyse use of own and other personal and professional communication skills	MLO's A2, 3 B1	PLO's A,G Interpersonal attributes Assessment of Practice Learning Outcomes Portfolio	MLO's A1 B1 C10, 5 Assignment	PLO's A, G,N Interpersonal attributes Assessment of Practice Learning Outcomes Portfolio	MLO's A1,2 B1 C2,3,4 Examination Assignment	PLO's A, G,H Interpersonal attributes Assessment of Practice Learning Outcomes Portfolio

	Normality & Public Health (N&PH)	Professional Practice I (PPI)	Complex Care	Professional Practice (PPII)	Holistic Practice (HP)	Professional Practice (PPIII)
• Work effectively as a reflective practitioner to enhance and update own practice	MLO's B1 C7,10	PLO's G Interpersonal attributes Assessment of Practice Learning Outcomes Portfolio	MLO's B1 Assignment	PLO's B,E,G Interpersonal attributes Assessment of Practice Learning Outcomes Portfolio	MLO's A1,2 B1 C1 Examination Assignment	PLO's A, H,G Interpersonal attributes Assessment of Practice Learning Outcomes Portfolio
• Practice in accordance with, whilst evaluating the codes and rules governing professional conduct in midwifery practice	MLO's A1, 2, 3, 4 B1 Examination	PLO's G Interpersonal attributes Assessment of Practice Learning Outcomes Portfolio	MLO's A1, 2, 3, 6 B1 Assignment	PLO's B, E, F, K, D G Interpersonal attributes Assessment of Practice Learning Outcomes Portfolio	MLO's A1, 3 B1 C1,2,4 PLO's Examination Assignment	PLO's A, C, K G Interpersonal attributes Assessment of Practice Learning Outcomes Portfolio
B. Application of Midwifery.	**Normality & Public Health (N&PH)**	**Professional Practice I (PPI)**	**Complex Care**	**Professional Practice (PPII)**	**Holistic Practice (HP)**	**Professional Practice (PPIII)**
• Demonstrate the ability to assess and implement the appropriate care management to meet women's' needs and monitor progress prior to conception and throughout the antenatal, intranatal and postnatal	MLO's A5,6,7 B1, 2, 4, 5, 8 C1, 2, 3, 4, 5, 6 Examination	PLO's C, F, H, O Interpersonal attributes	MLO's A1, 3 B1,2,3,4,5,6 C1, 2,5,6,7,8 Assignment	PLO's A, C, D,E,F, J, K,H Interpersonal attributes	MLO's A2, 3, 4,5 B1 C1, 2, 3,4,6, 5 Examination	PLO's A,B,C, D, E,J,K Interpersonal attributes

periods, drawing upon a range of evidence to inform the decisions made.		Assessment of Practice Learning Outcomes Portfolio		Assessment of Practice Learning Outcomes Portfolio	Assignment	Assessment of Practice Learning Outcomes Portfolio
• Demonstrate an in-depth understanding of the rights of individuals taking into account social, cultural and spiritual needs and the effect this has on the child bearing process.	MLO's A6 B1.3,7 Examination	PLO's C Interpersonal attributes Assessment of Practice Learning Outcomes Portfolio	MLO's A2, 3 B1 C2, 5 Assignment	MLO's A2 PLO's A,B C,E,F, H Interpersonal attributes Assessment of Practice Learning Outcomes Portfolio	MLO's A2,4 B1 C1,2,3,4,5, PLO's Examination Assignment	PLO's A, C, H N, F, B, D, E Interpersonal attributes Assessment of Practice Learning Outcomes Portfolio
• Demonstrate psychomotor skills and critically reflect on the interpersonal skills required to meet individual needs of mothers in different situations throughout pregnancy, labour and postnatal period.	MLO's A2,5,6 B7, 8 C4 Examination	PLO's H,C,B Interpersonal attributes Assessment of Practice Learning Outcomes Portfolio	MLO's A1, 2 B1, 2, 3, 4, 5, 6, C1,5,6,7 Assignment	PLO's A, G, C, D B, E, H, N Interpersonal attributes Assessment of Practice Learning Outcomes Portfolio	MLO's A2,4 B1 C1,2,3,4,6, Examination Assignment	PLO's A,C,N, B, D, E, O, M,H,J Interpersonal attributes Assessment of Practice Learning Outcomes Portfolio

	MLO's / PLO's		MLO's / PLO's		MLO's / PLO's
• Demonstrate critical understanding of and competence in carrying out tests and examinations necessary to monitor and promote the health and well-being of childbearing women the fetus and new-born.	MLO's A4 B1, 2 C6,8 Examination	PLO's B,C,D,E O, H Interpersonal attributes Assessment of Practice Learning Outcomes Portfolio	MLO's A1 B1,3, 6, 7 C1,2, 4, 6, 8 Assignment	PLO's C, D, B, E, H, N Interpersonal attributes Assessment of Practice Learning Outcomes Portfolio	MLO's A1,4 B1 C1,3,4 Examination Assignment	PLO's A,B,C, D, E,H Interpersonal attributes Assessment of Practice Learning Outcomes Portfolio
• Critically examine the use of pharmacological methods and complementary therapies within midwifery practice.	MLO's A1,2 B1 C4 Examination	PLO's B,D,K, G Interpersonal attributes Assessment of Practice Learning Outcomes Portfolio	MLO's B1,2 C2 Assignment	PLO's C,K Interpersonal attributes Assessment of Practice Learning Outcomes Portfolio	A1,4,5 C1 B1 C1,2,3,4 PLO's K, C Examination Assignment	PLO's B, C, D, G,K Interpersonal attributes Assessment of Practice Learning Outcomes Portfolio
• Negotiate and formulate and critically evaluate with individuals and groups of women, programmes of preparation for pregnancy, childbirth and parenthood, develop programmes to meet the needs of women/parents.	MLO's A1, 2, 5, 6,7,8 B1, 2 C1, 2, 3,4, 5, 6, 8	PLO's A,B,C,D,E F, G, H Interpersonal attributes Assessment of Practice Learning	MLO's B1,3,4,5,6, B1 C1 Assignment	PLO's A, C, D, G, J B, E, F, H.K. N, O Interpersonal attributes Assessment of Practice	MLO's A1, 2, 3, 4, 5 B1 C1, 2, 3, 4, 5, 6 Assignment	PLO's A,B,C, D, E, F, N, O, I, M, N,H Interpersonal attributes Assessment of Practice Learning

				Learning Outcomes Portfolio		Outcomes Portfolio
		Outcomes Portfolio				
• Analyse own and others advice to women and their families on healthy living and in particular on infant feeding	MLO's A4, 5 C1, 2, 3, 5 Examination	PLO's O Interpersonal attributes Assessment of Practice Learning Outcomes Portfolio	MLO's A1, 2 B4,1 Assignment	PLO's F, H, O Interpersonal attributes Assessment of Practice Learning Outcomes Portfolio	MLO's A4 B1 C1,2,3,4 Assignment	PLO's O, N, F,H,J Interpersonal attributes Assessment of Practice Learning Outcomes Portfolio
• Undertake and critically analyse the public health role of the midwife, with reference to sexual health and family planning	Examination	MLO's A1 B1, 2, 3,5 C6, 2, 3 Interpersonal attributes Assessment of Practice Learning Outcomes Portfolio	PLO's B, F, H, O Assignment	Interpersonal attributes Assessment of Practice Learning Outcomes Portfolio	MLO's A4, 5 B1 C3,4, 5, 6 Assignment	PLO's F, N, G,H Interpersonal attributes Assessment of Practice Learning Outcomes Portfolio
• Critically reflect and evaluate the examinations necessary to diagnose pregnancies and labours at risk and	MLO's A1 B1,2	PLO's B,F,H	MLO's A1, 2, 3, 4 B1, 5, 6,13	PLO's B,K, D, G, L, M,N	MLO's A1,4,5 B1	B1 PLO's B,C,H M, N

refer appropriately		Interpersonal attributes Assessment of Practice Learning Outcomes Portfolio	C1,2, 3 Assignment	Interpersonal attributes Assessment of Practice Learning Outcomes Portfolio	C1, 2, 3, 4 Examination Assignment	Interpersonal attributes Assessment of Practice Learning Outcomes Portfolio
• Confidently apply knowledge base to undertake emergency procedures and refer to appropriate professionals when required		Interpersonal attributes Assessment of Practice Learning Outcomes Portfolio	MLO's A1 B1,2 C2, 3, 4, 5, 6, 7,9 Assignment	PLO's E, L, K,M Interpersonal attributes Assessment of Practice Learning Outcomes Portfolio	MLO's A1, 2,4 B1 C3,4 PLO's Examination Assignment	PLO's K,L,,J,M, N Interpersonal attributes Assessment of Practice Learning Outcomes Portfolio
• Investigate the partnership in order to provide a seamless approach to care of mothers and babies when the social context of care or of childbearing is complicated	MLO's A1, 2, 3 B1, 2, 3	PLO's A, F, H Interpersonal attributes Assessment of Practice Learning Outcomes Portfolio	MLO's A1, 2 B1, 2, 3, 5,6, C1, 2, 3, 5, 8 Assignment	PLO's A, C, D,F G,H Interpersonal attributes Assessment of Practice Learning Outcomes Portfolio	MLO's A1, 2,4,5 B1 C1,3,4, 5, 6 Assignment	PLO's A,C,F, N, G,H,L Interpersonal attributes Assessment of Practice Learning Outcomes

						Portfolio
• Challenge care management, where appropriate, in light of research, experience and mother's wishes	MLO's B3 C4,7,8, 10 Examination	Interpersonal attributes Assessment of Practice Learning Outcomes Portfolio	MLO's A1,2,3,4 B1,2, 4 C1, 2, 3, 4, 5, 6 Assignment	PLO's A, F,G,H,N Interpersonal attributes Assessment of Practice Learning Outcomes Portfolio	MLO's A2, 3, 4,5 B1 C, 1, 3,4, 5,6 Assignment	PLO's A,C,G, F, H,M,K Interpersonal attributes Assessment of Practice Learning Outcomes Portfolio
• Critically reflect on and review mothers' / baby records	MLO's B1,6	PLO's G, O Interpersonal attributes Assessment of Practice Learning Outcomes Portfolio	MLO's A1, 5, 7 B1,12 C5 Assignment	PLO's A,E,G Interpersonal attributes Assessment of Practice Learning Outcomes Portfolio	MLO's A4 B1,3,4 Assignment	PLO's A,G Interpersonal attributes Assessment of Practice Learning Outcomes Portfolio
• Critically evaluate research findings and instigate changes to practice as appropriate	MLO's C1,8, 9 Examination	PLO's G, I Interpersonal attributes Assessment of	MLO's A1, 3 B1,6 C2 Assignment	PLO's C, D, F,G,H Interpersonal attributes Assessment of	MLO's A1,2,3,4, B1 C1, 2, 3, 4, 5, 6 Examination	PLO's B,C D,H,J M Interpersonal attributes Assessment of

	Normality & Public Health (N&PH)	Professional Practice I (PPI)	Complex Care	Professional Practice (PPII)	Holistic Practice (HP)	Professional Practice (PPIII)
		Practice Learning Outcomes Portfolio		Practice Learning Outcomes Portfolio	Assignment	Practice Learning Outcomes Portfolio
C. Midwifery subject knowledge and understanding.	**Normality & Public Health (N&PH)**	**Professional Practice I (PPI)**	**Complex Care**	**Professional Practice (PPII)**	**Holistic Practice (HP)**	**Professional Practice (PPIII)**
• Show understanding and acknowledgement of the rights, beliefs and preferences of others and critically review structures which mitigate against these.	MLO's MLO's A1 B1, 2, 3,7 C5, 6 Examination	PLO's F, G, H Interpersonal attributes Assessment of Practice Learning Outcomes Portfolio	MLO's A3 B1,4 C1, 2 Assignment	PLO's B,C,D,G,H Interpersonal attributes Assessment of Practice Learning Outcomes Portfolio	MLO's A1,3,4 B1 C1,2,3,4,5,6 Examination Assignment	PLO's A,B,C,D,F,GH Interpersonal attributes Assessment of Practice Learning Outcomes Portfolio
• Synthesise and evaluate the evidence from a range of sources to provide individual women with the information to make informed choices.	MLO's A1, 2, 3, 6 B1, 2, 3 C1,9, Examination	PLO's B,D,G Interpersonal attributes Assessment of Practice Learning Outcomes Portfolio	MLO's A1, 3 B5 C1 Assignment	PLO's A,B C, D, G,H Interpersonal attributes Assessment of Practice Learning Outcomes Portfolio	MLO's A1, 3,4 B1 C1, 2, 3, 4, 5, 6 Examination Assignment	PLO's A,B, C,D, E, G, H,M Interpersonal attributes Assessment of Practice Learning Outcomes Portfolio

	MLO's	PLO's	MLO's	PLO's	MLO's	PLO's
• Critically analyse the factors which are affected by pregnancy, childbirth and parenthood and the potential influences these have on the individual family and community.	A4, 5, 6 B1, 2, 3 C1, 2, 3, 5, 6,7, 8 Examination	F, G, H, O Interpersonal attributes Assessment of Practice Learning Outcomes Portfolio	A1, 2, 3 B1,3, 4, 5, 6 C1,2,5,6, 8, 7 Assignment	C, D,F,J,H Interpersonal attributes Assessment of Practice Learning Outcomes Portfolio	A3, 4 B1 C1,2,3,4,5, 3, 8 Examination Assignment	C,F, H,J,M Interpersonal attributes Assessment of Practice Learning Outcomes Portfolio
• Critically examine the use and misuse of technology and drugs in providing safe and ethical maternity services	A2 C4 Examination	C, O, K Interpersonal attributes Assessment of Practice Learning Outcomes Portfolio	A2, 3 B1, C1,2,3,6,7 Assignment	J, C, K, L Interpersonal attributes Assessment of Practice Learning Outcomes Portfolio	A1, 3,4,5 B1 C1, 2,3,4 Examination Assignment	B,C,D, G,J.K Interpersonal attributes Assessment of Practice Learning Outcomes Portfolio
• Critically reflect on the knowledge underpinned by research with regard to the maternity service and the health of the childbearing woman	C1,8,9 Examination	B, D, E Interpersonal attributes Assessment of Practice Learning Outcomes	A1, 2, 3 B1, 6 Assignment	G, J, C, D Interpersonal attributes Assessment of Practice Learning Outcomes	A3,4 B1 C1, 2, 3, 5 Assignment	C,G, H,M Interpersonal attributes Assessment of Practice Learning Outcomes

		Portfolio		Portfolio		Portfolio
• Communicate with midwives and others involved in the maternity service through listening, sharing information, research findings, ideas, problems and solutions and analyse the communication systems within the maternity services	MLO's A1, 2, 5, 6 B1,2,3,8 C1,2,10	PLO's A,F, G, H, O Interpersonal attributes Assessment of Practice Learning Outcomes Portfolio	MLO's A1, 2,3 B1 C1, 2, 8 Assignment	PLO's A,F, G,H M,N Interpersonal attributes Assessment of Practice Learning Outcomes Portfolio	MLO's A2, 3, 4 B1 C1, 2, 3, 4, 5, 6, Assignment	PLO's A,C,G, F, H,M, N Interpersonal attributes Assessment of Practice Learning Outcomes Portfolio
• Articulate the difference between the statutory requirements and the professional code of conduct	MLO's A1 B1 Examination	PLO's NIL	MLO's A1,2,3 B1 Assignment	PLO's G Interpersonal attributes Assessment of Practice Learning Outcomes Portfolio	MLO's A1, 3,4 B1 C2 Examination Assignment	PLO's G Interpersonal attributes Assessment of Practice Learning Outcomes Portfolio
• Critically reflect on the effectiveness of personal and professional judgement to achieve the best possible birth outcome	MLO's A5 B1 C9,10 PLO's G, C Interpersonal attributes Assessment of Practice	PLO's G, C Interpersonal attributes Assessment of Practice	MLO's A2 B1 C8 Assignment	PLO's A,B,E,F,G,H Interpersonal attributes Assessment of Practice	MLO's A4,5 B1 C1,2,3,4 Examination Assignment	PLO's A,G Interpersonal attributes Assessment of Practice Learning

		Learning Outcomes Portfolio		Learning Outcomes Portfolio		Outcomes Portfolio
• Demonstrate confidence in key transferable skills; IT, numeracy, verbal, written communication and ability to reflect on learning and experience and to use this reflection to inform future practice and learning	MLO's A1,3 B1,3 C4,9	PLO's A, G Interpersonal attributes Assessment of Practice Learning Outcomes Portfolio	MLO's A1 B1 C3, 4, 5, 6 Assignment	PLO's A, G, K Interpersonal attributes Assessment of Practice Learning Outcomes Portfolio	MLO's A1,4 B1 C4,13 Assignment	PLO's A,B, C,D, G Interpersonal attributes Assessment of Practice Learning Outcomes Portfolio

SECTION 8: REFERENCES

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SECTION 9: GLOSSARY OF TERMS USED IN THIS DOCUMENTATION

Course Director

The Course Director is responsible for management of the programme and day to day operational aspects and works closely with Module Organisers to ensure the integrity of the programme is consistent with the curriculum. They are members of relevant School-wide committees to ensure case business is conducted from an informed position. There are university wide role description for this function of programme management. These roles have been modified slightly to take account of the professional and clinical requirements of our programmes and are set out in the Appendices document, number 6.2).

Lead Midwife for Education

The Lead Midwife for Education (LME) is an experienced midwifery lecturer who leads the development, delivery and management of midwifery educational programmes. It is a requirement of the Nursing and Midwifery Council (NMC) that institutions providing pre-registration midwifery education appoint an LME, who is employed by the educational institution and who has a place within the strategic and commissioning forums of the School. The Lead Midwife for Education is an essential component of the NMC's quality assurance process for midwifery education programmes (NMC 2004:12). The Lead Midwife for Education is a member of the NMC Strategic Reference Group, who advises the NMC Midwifery Committee on midwifery education practice and supervision.

Link Lecturer

The role of Link Lecturers is to maintain and develop education/service links in order to facilitate an effective clinical learning environment. There is a named midwifery Link Lecturer for every placement area within the midwifery programme. They provide student and Mentor support in respect of student learning and midwifery lecturers also formally engage in the assessment of practice process. The School has developed standards for standardising the role of the link lecturer.

Mentor

A midwife who has undertaken formal preparation via the NMC Mentorship Preparation Programme in order to meet the requirements for mentorship. For midwives this includes sign off responsibility which confers upon the Mentor status to summatively assess the student at formal progression points defined by the NMC and at the end of the programme to confirm they have met all NMC Pre-registration Midwifery Competencies (2009) and are fit for practice as a midwife. The NMC term such a Mentor as a 'Sign-Off Mentor'. They require all midwifery Mentors to have this status to fulfil the Mentor role. As such, the term 'Mentor' in these documents means 'Sign-Off Mentor'.

The term Mentor is used to denote the role of the midwife who facilitates learning and supervises and assesses students in the practice setting. The student's Sign- off Mentor is always a midwife, meeting the requirements for 'due regard' required by the NMC for professional programmes leading to registration. Mentor allocation within the Practice Education Partner (PEP) organisations recognises that all those fulfilling a Mentor role have met the NMC 2009 requirements for Sign-Off Mentor status. This is managed via the Practice Education Development Midwives in each PEP.

The NMC Circular 05/2010 permits Mentors to have their three cases of supervised sign off experience via two simulated scenarios and one real life student case.

Module Organiser

The Module Organiser is responsible for the leadership, management and quality monitoring of a module of study for each of the six modules. This role is shown in the Appendices document, number 6.1. Module organisers manage the theory and practice modules in each Phase of the programme.

Personal Adviser

At the start of the programme each student will be assigned their Adviser which for midwifery students is always a midwifery lecturer. The Personal Adviser provides academic support for both the theory and practice component of the programme and general advice on matters connected with student life in a more pastoral sense. The Personal Adviser monitors progress, sickness and absence and undertakes an annual review of the students overall progress at the end of Phase Two .However, this process is informed by a further informal review at the end of Phase One.

Supernumerary Status

Students are supernumerary for the duration of their programme. Their time in placement is supervised by a Mentor with "due regard" (for the relevant part of the NMC Professional Register) as set out in the NMC Circular 02/2008. This means supervision of learning and assessment is managed by a registered midwife. Students are supervised directly or indirectly as set out below.

Direct supervision is where the practising midwife would normally be in close proximity to the student, either by working directly with them or close enough to directly monitor their activities. Whereas indirect supervision enables students to develop confidence and independence, this approach should only be taken to support students who are more senior and where there is evidence that complex activities can be safely and responsibly delegated. Even so, indirect supervision requires that the midwife is easily contactable and can provide the level of support needed to ensure public protection and maintain the safety of both the women and the student.