

Consultation on proposals to change our nursing and midwifery practice learning education standards

30 April 2026



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About us

We are the independent regulator of more than 860,000 nurses and midwives in the four countries of the UK, and nursing associates in England. Our role is to protect the public, promote the nursing and midwifery professions and uphold the standards of proficiency.

We are building a new NMC to ensure we become the strong and independent regulator that everyone wants to see. As part of our commitment to ensuring trust in nursing and midwifery professionals, we are reviewing and enhancing our regulatory tools to better protect the public and support nurses, midwives and nursing associates.

In February 2025, we **announced** a programme of work which includes the modernisation of the Code and the revalidation process, progressing our practice learning review and re-sequencing our review of advanced practice. Delivering this regulatory work will ensure that our standards reflect the significant changes that have impacted the delivery of health and care in recent years, from the Covid-19 pandemic to ensuring we raise awareness of equity, diversity and inclusion (EDI), the learnings from high profile inquiries and the progression of artificial intelligence. This programme will support the professionals on our Register to continue delivering safe and effective care within this evolving societal, technological and policy context.

Foreword

As the Independent Chair of the Practice Learning Review Steering Group, I wanted to set out why this consultation is so important to the future of student nursing and midwifery education. It's vital that both disciplines can better meet the demands and complexities of health and care in the future. We need nursing, nursing associate, and midwifery professionals who are 'even more' confident and competent, and who will deliver the highest and safest standards of care possible for people who use services.



Professor Alex McMahon, CBE

To get us there, the NMC has reviewed different practice learning models to understand what contributes to effective practice learning across the UK and in other countries. This has been alongside further areas of exploration with stakeholders in UK health and social care. Using this insight, the NMC has launched a 12-week consultation and is asking for people's views and feedback on proposals to change several of its education and training standards, to strengthen practice learning. The independent steering group has provided valuable insight and discussion about the evidence and thought-provoking proposals for this consultation.

Since this work was commissioned in 2024, we have engaged with stakeholders through meetings, webinars, as well as attending and speaking at conferences and other events. We have heard from students, the public, and those that work in government, academia and the health and care system more widely. We know that we need to change the way in which students learn, where they learn, and improve on the overall quality of practice learning, whilst opening up to new and more innovative practice learning environments. There is a real desire to see more students placed in community and social care settings, whilst also exploring the role of information and technology. The use of simulated practice learning is also something we wish to explore further in the context of both nursing and midwifery pre-registration education and learning.

(continued overleaf)

There is significant variation in the way students receive practice learning placements and where those placements are. And even more fundamental is that there is too much variation in the quality of those practice learning placements. This is not intended as a criticism, as we appreciate the demands on providers to support students in practice learning placements whilst meeting the increased demand for registrants to deliver safe and effective care.

We also heard that the issue of reasonable adjustments for students can often be missed or indeed that the interpretation of what this means is too wide. Travel to and from placements and financial challenges to students can also have an impact.

We have raised these issues with key stakeholders as we feel they need to be addressed, as reviewing practice learning requirements in themselves will not give the change required. If addressed, all the factors identified, should lead to better practice learning placements and quality of practice learning, and ideally higher retention within our undergraduate programmes. Thus, enabling more confident, competent professionals to join the Register and provide the high-quality care people have the right to expect.

Professor Alex McMahon, CBE
Chair of the Independent Steering Group

Introduction

When nursing, nursing associate and midwifery students apply to join our Register, we need to make sure they have the necessary evidence-based knowledge and skills to deliver safe and effective care. We set education programme standards that outline how pre-registration nursing and midwifery programmes should be delivered to ensure that programmes are fit for purpose, and support future professionals to join the Register.

As part of their education, nursing, nursing associate and midwifery students must undertake practice learning placements in different practice settings – this provides supportive opportunities for them to learn and achieve their proficiencies. These practice learning placements provide students with opportunities to develop the confidence and ability to think critically, apply evidence-based knowledge and skills, and provide evidence-based care under supervision.

We are [reviewing practice learning for nurse, midwife and nursing associate students](#) so that we can ensure our requirements continue to enable students to gain evidence-based knowledge and skills, and adopt the behaviours they need, in safe, inclusive practice learning environments.

Our review has included stakeholder engagement and research. We are now consulting on proposals to change several of our education and training standards to strengthen practice learning.

It is essential to recognise the distinct differences between the nursing and midwifery professions, as well as the specific needs of students preparing to join our Register. That's why our consultation sets out proposals tailored to each profession, aligning with the specific learning and outcomes students need. This includes the possibility of extending pre-registration midwifery programmes from three to four years, while keeping the overall hours requirement at 4,600. This is crucial to support breadth of experience and reflective learning student midwives need to meet the diverse and often complex needs of women, babies and families – particularly in light of ongoing maternity reviews and concerns. Meanwhile reducing the minimum required overall hours for pre-registration nursing programmes from 4,600 to 3,600 would, we believe, enable more flexible, focused routes into practice.

[The Nursing and Midwifery Order 2001 \('the Order'\)](#) sets out our role in setting and maintaining education standards. We are required to engage and consult before our governing Council approves any changes to our standards for education and training.

This consultation document provides further background on the review of nursing and midwifery practice learning, the rationale for our proposed changes and how you can submit your views.

Why we are reviewing practice learning

Our standards for education and training set out how pre-registration nursing and midwifery programmes should be delivered – ensuring that future professionals achieve the standards of proficiency they need to deliver safe, effective care for people at the point of registration.

50% Theory learning

50% Practice learning

Pre-registration programmes are delivered through a combination of theory learning (50%) and practice learning (50%).

Practice learning gives students the opportunity to demonstrate their evidence-based knowledge, skills and behaviours in real life health and care settings, putting them in direct contact with people who use services. We must ensure that the quality of practice learning is of the highest standard to enable students to meet our requirements, and join the Register as competent, confident professionals.

The ‘Order’ details our role in setting and maintaining education standards. Since the 1970s, the requirements within our education programme standards were underpinned by the [EU Directive \(EU Directive 2005/36/EC ‘on the recognition of professional qualifications’\)](#). When the UK left the EU, it gave us the flexibility to set the full range of pre-registration standards for nursing and midwifery programmes ourselves. In January 2024, we launched a [review of practice learning requirements](#) to understand how best to improve and support student learning across the four countries of the UK.

We are consulting on changes to the following standards:

- [Standards for pre-registration nursing programmes](#)
- [Standards for pre-registration nursing associate programmes](#)
- [Standards for pre-registration midwifery programmes](#)
- [Standards framework for nursing and midwifery education and training](#)
- [Standards for student supervision and assessment](#)

The pre-registration standards of proficiencies, and post-registration standards are not included in this review of nursing and midwifery practice learning.

Governance

In April 2024, we established an **independent steering group** chaired by Professor Alex McMahon CBE, the former Chief Nursing Officer (CNO) for Scotland. Its purpose is to review evidence and advise the NMC’s Executive Board. The steering group includes key stakeholders from across the four countries of the UK, including the Chief Nursing Officers and Chief Midwifery Officers, employers, stakeholders from the education sector, representative bodies, and unions.

As well as the independent steering group, it was also important to hear directly from members of the public with lived experience of accessing services and receiving care. We created a **public advisory group** to enable the public to directly influence the proposals we are bringing forward.

The student voice has been critical to help shape the direction of this review. We formed a **student advisory group** with representation from across the four nations. This includes students from the four fields of nursing, as well as nursing associate and midwifery students and those studying as apprentices.

Co-chairs from the public advisory group and student advisory group are members of the independent steering group.



Independent steering group



Public voices



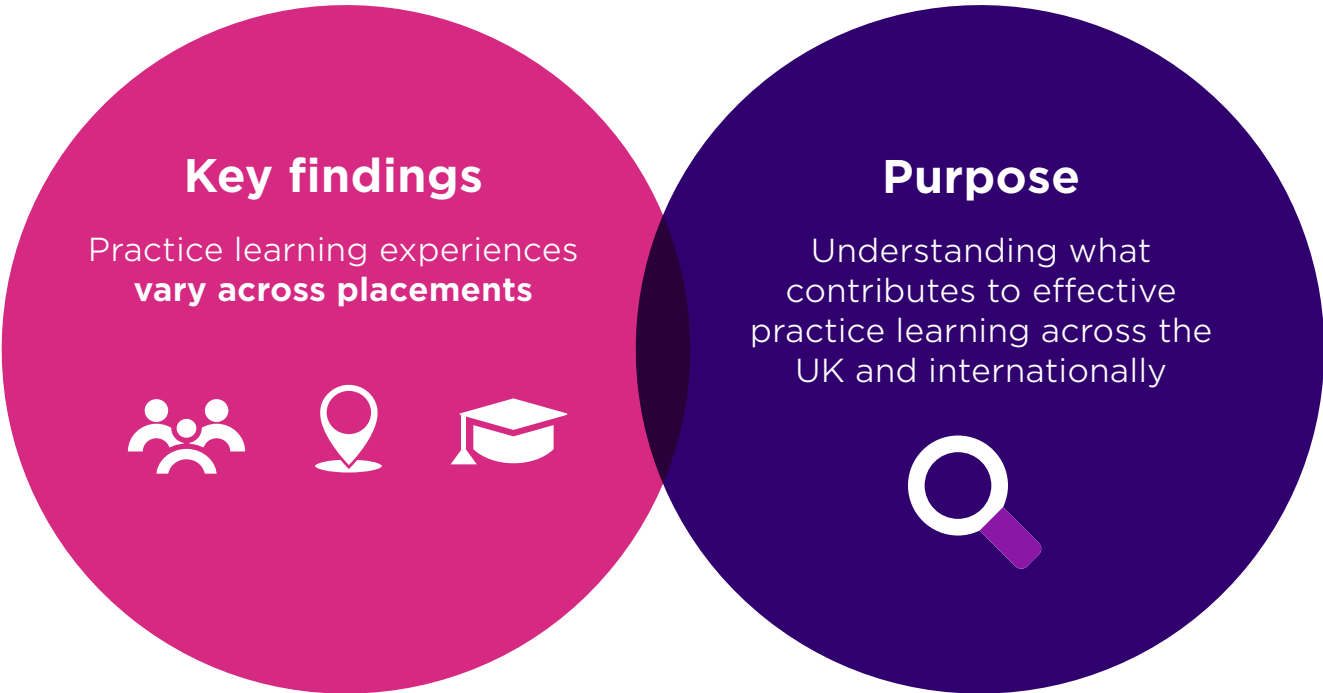
Student advisory group

Our research

Practice learning is central to how students develop their confidence and competence as future professionals. It helps them to take the evidence-based knowledge, skills and behaviours they have learnt in the classroom, and apply them within real-life health and care settings.

A safe, inclusive and supportive practice learning environment, with high-quality supervision, is fundamental to this. Our review’s research has highlighted where we can strengthen these foundations – so that we can continue to protect the public, and support students to embed safe, effective, person-centred care within their practice

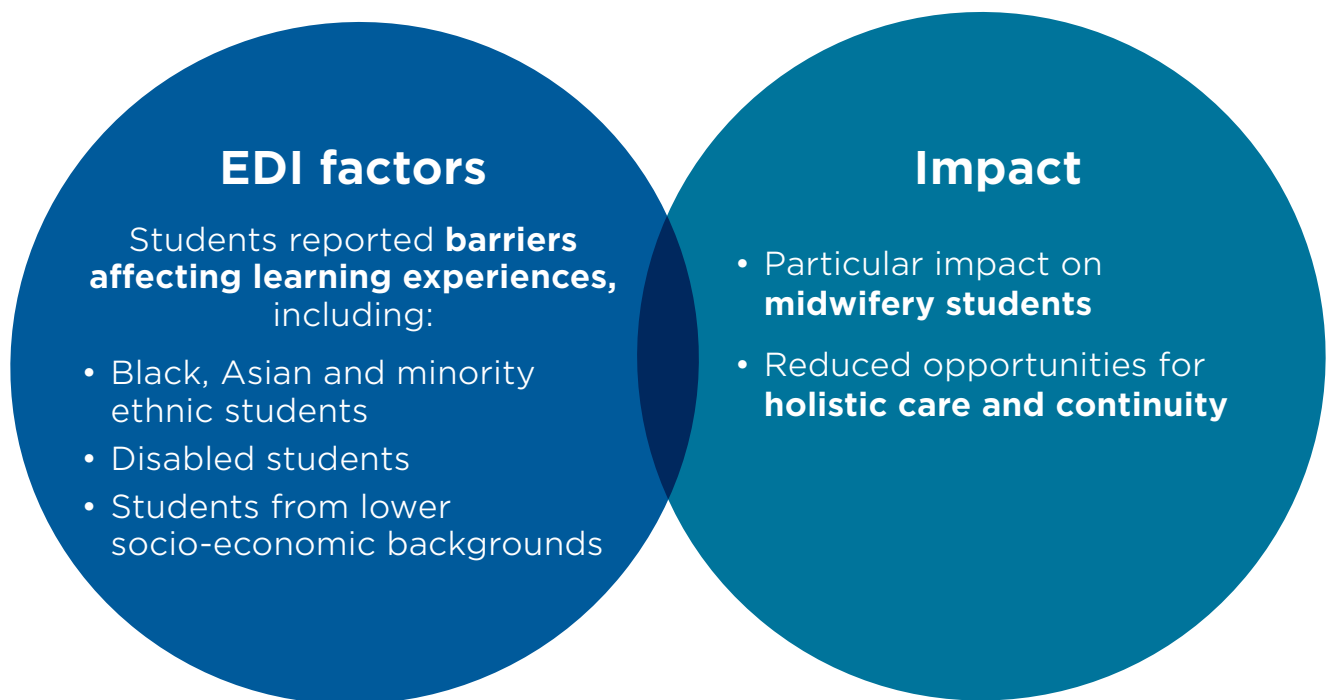
In 2024, we commissioned the Nuffield Trust, in partnership with the Florence Nightingale Foundation, [to carry out independent research](#) into what contributes to effective practice learning across the UK and in other countries. It found that student practice learning experiences vary and are impacted by several factors, including team cultures, the locations of practice learning placements, and the amount and type of student support available. A shared view among educators, policy-makers, and practitioners across the UK was that completing tasks and practice assessments were prioritised over delivering high-quality practice learning for students.



This was found to have a particular impact on midwifery students, who were not always able to provide the **holistic support** and continuity of care women needed throughout their maternity journey. EDI challenges before, during and following practice learning placements were also impacting on all nursing, nursing associate and midwifery students' learning, including for Black, Asian and minority ethnic students, disabled students and those from lower socio-economic backgrounds.

For example, reasonable adjustments were not always considered when allocating practice learning opportunities for nursing, nursing associate and midwifery students. There was also evidence of biased, racist or discriminatory treatment from educators, peers, and people who use services, and a lack of diverse representation in leadership and faculty roles.

The independent research, which we commissioned, by the Nuffield Trust, in partnership with the Florence Nightingale Foundation, found that even in environments with high levels of diversity, there are often low levels of inclusion. This can lead students to feel isolated, with lower self-esteem and self-confidence - impacting their overall educational experience and performance.¹



¹ Nuffield Trust and The Florence Nightingale Foundation (2024), [Practice learning in nursing and midwifery education: An independent rapid review](#)

We also carried out an evaluation of **simulated practice learning** (SPL) within pre-registration nursing, which allows students to experience situations less frequently encountered in a practice learning setting.

We recognise that not all approved education institutions (AEIs) and practice learning partners (PLPs) include SPL in their programmes. We also understand that SPL can be resource-intensive, with some AEIs expressing concerns about financial sustainability. For example, as part of our evaluation, some academic staff reflected that they had inadequate staffing resource, meaning SPL was on top of their usual workload and was not helped by staff turnover. Meanwhile, PLP feedback included that loss of the healthcare education and training tariff is a problem where AEIs use less placements since increasing SPL.²

Nevertheless, student and stakeholder feedback was very positive about the opportunities SPL provides.

For example, students reported that SPL strengthened their holistic approach to care and they valued the opportunity to engage with complex, sensitive, and challenging scenarios in a safe, supportive learning environment. They appreciated dedicated time for discussion and reflection – often limited in practice learning placements – which increased their confidence, readiness for real-world practice, and reduced anxiety. Students also highlighted how SPL ‘levelled the playing field’ by ensuring equitable access to learning and shared experiences, benefited from learning alongside peers, and found feedback from actors and people who use services and carers (PUSCs) particularly impactful in shaping how they interact with and care for patients.³

Stakeholders, including practice supervisors and assessors, and PLPs reflected on how they enjoyed seeing students deal with really challenging situations in a safe and supportive environment. They reported students developing increased confidence and readiness for practice, and reduced stress for students transitioning from classroom to clinical placements. Meanwhile, PUSCs reported that they enjoyed working with students in groups, and were positive about their contribution to SPL.⁴

The evaluation found that when used appropriately, SPL allows students to practise, repeat and reflect on their evidence-based and interpersonal skills, preparing them to join our Register and deliver the high standards of care everyone has the right to expect.

² Nursing and Midwifery Council (2024), Simulated practice learning in pre-registration nursing programmes: [An evaluation of the experience of universities approved to deliver up to 600 practice learning hours through simulation](#), p.19-21

³ Nursing and Midwifery Council (2024), Simulated practice learning in pre-registration nursing programmes: [An evaluation of the experience of universities approved to deliver up to 600 practice learning hours through simulation](#), p.15-18

⁴ Nursing and Midwifery Council (2024), Simulated practice learning in pre-registration nursing programmes: [An evaluation of the experience of universities approved to deliver up to 600 practice learning hours through simulation](#), p.18-21

In January 2025, our governing Council **approved** further research.

Our **research, combined with extensive stakeholder engagement** involving over 1,250 participants and 25 engagement events, found that high-quality practice learning experiences for students are underpinned by effective communication, strong collaboration, sustained commitment, and an openness to learning, all within a positive and supportive learning culture.

It also found wider factors outside of the NMC’s standards and remit which impact upon the student practice learning experience, including cost of living challenges, financial constraints within practice learning placement providers, and the impact of reduced staffing on the partnership between AEs and PLPs.

While these factors fall outside the scope of the NMC and this review, it is important to acknowledge and recognise these intersecting challenges. They can influence students’ access to high-quality learning opportunities, their overall wellbeing, and their ability to thrive throughout their programme. Ultimately, they can also affect students’ ability to progress confidently and equitably towards joining the Register.

We will be undertaking work during the consultation to better understand potential financial and wider implications. The feedback gathered over the 12 weeks will help shape discussions and guide how we, and our partners across health and care, consider these issues. This includes apprenticeships, where feedback from employers and apprentices will be particularly important, as delivery models vary across the four countries of the UK.

High quality practice learning experiences



Effective communication



Strong collaboration



Sustained commitment



Openness to learning

Stakeholder Engagement

In 2025, we held 25 engagement events, including roundtables and webinars, which were attended by 1,250 people from across the UK, including students and professionals working in practice and higher education. We heard from over 320 students who completed an online survey to tell us the challenges they faced during their practice learning placements, the support available to them and how they prepared for their practice learning placement. We have also developed a strong community of interest group of more than 2,000 people who were invited to join our engagement events.

25

Engagement events
Roundtables and webinars



1,250

Attendees across the UK
Students and professionals



320+

Student survey responses
Insights into placement challenges, available support and placement preparation



2,000+

Community of interest members
Invited to engagement events



We are grateful to these stakeholders for sharing their views with us. We have developed a series of proposals that aim to strengthen our education standards, with a focus on practice learning.

Proposed areas for consultation

Strengthening anti-racism, bias awareness and cultural curiosity, safety and respect



Proposal 1: Embed anti-racism, bias awareness and cultural curiosity, safety and respect in nursing, nursing associate and midwifery education and training.

We are consulting on strengthening our requirements for AEs and PLPs so that all nursing, nursing associate and midwifery professionals can develop the evidence-based skills, knowledge and experience they need around anti-racism, bias awareness, cultural curiosity, safety, and respect. The aim is to improve care for Black, Asian and minority ethnic people who use services, including women and families who are receiving midwifery care during pregnancy, birth, and during the postnatal period.

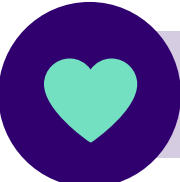
This sits alongside our wider EDI work, including our upcoming anti-racism principles which set out our expectations across education and practice for nursing and midwifery professionals, with the aim of helping to tackle the Black maternal health crisis and wider health inequalities experienced by service users across the UK. Launching in late May 2026, we will be calling on our education partners to adopt the new principles within their curricula which will enable us to embed anti-racism, bias awareness and cultural curiosity, safety and respect across all midwifery and nursing education programmes in the four countries of the UK. Our current work to review and update the Code for all professionals on our register will also reflect contemporary practice and provide clearer, stronger standards in key areas, including EDI.⁵



Anti-racism



Bias awareness and cultural curiosity



Safety and respect

⁵ [About the Code and revalidation - The Nursing and Midwifery Council](#)

Standards for pre-registration nursing and nursing associate programmes

These standards form part 3 of our standards for education and training for [nurses](#) and [nursing associates](#), and set out the entry and practice learning requirements, curriculum, length of programme, methods of assessment and the level of award for NMC-approved nursing programmes.

Nursing programme hours



Proposal 2: A proposed change in programme hours that pre-registration nursing students complete from a **minimum** of 4,600 hours to a **minimum** of 3,600 hours.

Please note: As our standards require a 50:50 split between practice and theory learning, a reduction in practice learning hours would also result in a corresponding reduction in theoretical learning hours.

Our current standards state that pre-registration nursing programmes must be a minimum length of three years, consisting of at least 4,600 hours (50% theory and 50% practice).



We want to ensure that all students benefit from the best possible practice learning experiences, supported by inclusive, positive learning environments and high-quality supervision, so that they can develop the evidence-based skills and confidence needed to deliver safe, high-quality care for people.

Internationally, the length of nursing programmes in countries within the European Union is mandated by the [EU Directive \(EU Directive 2005/36/EC ‘on the recognition of professional qualifications’\)](#).

Outside of the EU, there is significant variation in the number of nursing programme hours and within this, the number of practice hours. They are generally lower than the hours mandated by the EU Directive (4,600 in total of which 2,300 are practice learning).

For example, in the USA, students are required to complete circa 700 hours of practice learning, 800 hours in Australia and 1,100 in New Zealand.⁶ However, our research from 2022, [‘Understanding practice learning hours in pre-registration nursing programmes outside the EU’](#), found that while some countries outside the EU require fewer practice learning hours, they have introduced other robust methods to ensure high-quality learning. For example, programmes that support newly-qualified nurses to further develop their confidence and competence.

During our stakeholder engagement, we identified challenges with the current length of nursing programmes such as negative impacts on student wellbeing. This includes pressures within practice learning placement settings, including limited time for assessment and reflective learning, particularly where there are high numbers of students and staff shortages due to sickness.

Stakeholder feedback from our webinars



The biggest issue is the 2,300 hours and time and capacity to achieve this and student focus on hours and not learning.



Too many students and not enough time for practice assessors to sign off time sheets or proficiencies.

It is therefore important that nursing programmes make effective use of practice learning time so that it is purposeful, proportionate and focused on supporting students' development, with a greater emphasis on the quality of practice learning experiences rather than the achievement of a set number of practice learning hours.

Reducing the minimum requirement for practice learning hours would give AEs the opportunity to design more innovative and creative programmes. With a lower minimum to meet, the emphasis could shift more clearly towards the quality of learning rather than the quantity of hours. This would support more flexible and varied pathways into practice, better aligned with students' needs and local health and care contexts, while continuing to uphold high standards of supervision, assessment, and overall practice learning quality.

Greater flexibility within programmes can help create more equal opportunities by allowing AEs and PLPs to design practice learning experiences that better adapt to individual needs and circumstances. This can help reduce barriers such as fatigue, long commutes, limited flexibility practice learning placements and changes in health, which can affect some students more than others.

In light of the limited evidence about the most appropriate number of practice learning hours, we also considered the requirements for a bachelor's degree programme in [England](#), [Wales](#), [Scotland](#) and [Northern Ireland](#).

In England, Northern Ireland and Wales, an Honours Bachelor's degree comprises 360 credits, whereas in Scotland an Honours Bachelor's degree comprises 480 credits and a Bachelor's degree without Honours is 360 credits. Each credit normally represents approximately 10 hours of learning (3,600 hours in total). In light of this, we are consulting on a proposed reduction in the required programme hours for pre-registration nursing students, from a **minimum** of 4,600 hours to a **minimum** 3,600 hours.

Nursing programmes would continue to be a minimum award of a bachelor's degree and meet the equivalent of a minimum length of three (academic) years in duration.

We do require that students spend half of their time on theory and the other half in practice. This means that the reduction in practice learning hours would lead to a corresponding reduction in theoretical learning (equating to a **minimum** each of 1,800 practice learning hours and 1,800 theory learning hours). Students would still need to meet the required proficiencies and programme assessments.

It is important to clarify that this proposal is for a **minimum** number of required hours. Some AElS and PLPs may decide to deliver programmes that are longer than any new minimum.

This does not change the high standards and expectations for the evidence-based skills, knowledge, and behaviours students must achieve to join the Register.

If, following this consultation, we make any changes to the education standards – for example, to practice learning hours – we will closely monitor how these are implemented as part of our role in education quality assurance.

Minimum 3,600 hours

50% Theory learning

50% Practice learning

Any change in pre-registration nursing programme hours may have a financial impact on AElS and PLPs that deliver practice learning. Any change in pre-registration nursing programme hours may also have implications for the funding for apprenticeship programmes. We will engage with key stakeholders, including employers and apprentices, to explore what this would mean in practice, recognising that apprenticeships and how they're delivered vary across the four countries of the UK, as well as any wider financial implications.

Length of nursing associate programmes



Proposal 3: Remove the requirement that a nursing associate programme is no less than 50% of a nursing programme (if the minimum hours of nursing programmes is reduced).

If the minimum number of nursing programme hours decreases, there will be implications for pre-registration nursing associate programmes. The [Standards for pre-registration nursing associate programmes \(part 3\)](#) set out that AEs and PLPs must ensure nursing associate programme hours and programme length are no less than 50% of the minimum programme hours required of nursing degree programmes, and are in line with the award of a foundation degree (typically two years). This means that currently, nursing associate programmes are a minimum of 2,300 hours.

If the length of nursing programmes changes, this would result in nursing associate programmes being a minimum of 1,800 hours, which is less than the required amount for a foundation degree. We are therefore consulting to remove the requirement for nursing associate programmes to be no less than 50% of the minimum programme hours required of pre-registration nursing programmes and instead require them to be a minimum of 2,300 hours. This amendment to the nursing associate standards would only be required if we reduce the minimum programme hours for the pre-registration nursing programmes to 3,600 hours.

This will not impact the current requirements for a foundation degree and will not have any financial implications on students, AEs and PLPs.

We will consider how any reduction in nursing programme hours may affect nursing associates seeking to become registered nurses.

As our proposal does not change the number of nursing associate programme hours, we understand that it would not impact on apprenticeship funding for student nursing associates. We will, however, keep under consideration that delivery models vary across the four countries of the UK, and that feedback from employers and apprentices will be particularly important in informing our understanding.

Simulated practice learning in nursing programmes



Proposal 4: Simulated practice learning should make up no more than 25% of a nursing programme's practice learning hours (if we reduce the total minimum number of nursing programme hours from a minimum of 4,600 to a minimum of 3,600).

Pre-registration nursing students can complete their practice learning hours by spending a proportion of them in SPL. Simulation is when something is set up to be like a real-life situation. SPL allows students to practise, repeat, reflect and learn practice evidence-based skills and proficiencies, all overseen by practice supervisors.

It can help students achieve the evidence-based knowledge and skills by providing authentic, contextualised and supervised practice experiences. It can also offer students a safe and supported environment to practise and develop the evidence-based skills required to meet NMC standards of proficiency for pre-registration nursing programmes. For example, care of a deteriorating patient, learning across fields of nursing such as mental health assessment for adult nursing students, and communication and relationship skills such as safeguarding.

We recognise that SPL is not used across all nursing programmes. Where it is used, AEs and PLPs must deliver it to a high standard that meets our education standards. However, we understand that the way SPL is delivered can vary depending on factors such as capacity, resources, and funding. We also recognise that partnership working can help AEs and PLPs implement SPL effectively within students' practice learning.

SPL can currently make up to 600 (approximately 26%) of a nursing programmes' practice learning hours. If we reduce the total minimum number of nursing programme hours, SPL should remain proportionate for practice learning. We therefore propose that it should make up no more than 25% – similar to the current proportion – of a nursing programme's practice learning hours.

Practice learning placement settings for student nurses



Proposal 5: Nursing students must have at least one community practice learning experience in health or social care.

Student nurses' experiences of practice learning vary between programmes. It is important that students gain a varied experience in different care settings, locations, models of care delivery, and with people from different backgrounds. This can include practice learning placements in the community such as those in public health, focusing on prevention, health protection, and promoting wellbeing for individuals, families, and communities.

While many students already experience practice learning placements across a range of community settings, this is not the case for all students. Students should experience a range of community-based practice learning placements even if they do not plan to work in a community role once they register to reflect the shared ambition across all four UK nations to deliver more health and care in community settings and closer to home.

This reflects that in **July 2025**, we supported Skills for Care and the Council of Deans of Health's launch of the first ever social care placement strategy for nursing students.

We are therefore consulting on a proposal to make it a requirement – rather than optional – that students complete at least one community practice learning placement in health or social care. This can include a wide range of settings such as schools, care homes, day centres, nurseries, nursing homes, prison wards, occupational workplace environments or working with the armed forces.

It's important to note that opportunities for community practice learning placements will vary depending on factors such as location, including rural, coastal and inner-city settings.

Students should gain a varied experience in different settings



Locations



Communities



Care settings

Standards for pre-registration midwifery programmes

This review takes place against the backdrop of a number of high-profile inquiries into maternity care across the four nations of the UK. It is within this context that PLPs and AEIs are supporting student midwives' practice learning.

These inquiries have investigated concerns about the safety, quality and culture of maternity and neonatal services – to drive urgent improvements and address longstanding systemic issues so that women, babies and families receive the safe, effective, and compassionate care they have the right to expect.

There is growing evidence that maternity outcomes and experiences vary greatly for women and mothers. For example, the Health and Social Care Select Committee's [2025 report on Black maternal health](#) identified racism as a core driver of poorer maternal outcomes for Black, Asian and minority ethnic mothers. Figures released by MBRRACE-UK show that Black women are three times more likely to die during pregnancy or in the immediate postnatal period. Maternal mortality rates for Asian women are 1.3 times higher than those for White women.

The figures also show that Black babies are over twice as likely to be stillborn as White babies – with Asian babies 50% more likely to be stillborn.

Meanwhile, the Royal College of Midwives' 2025 report, [Black maternal health: the statistics are grim](#), found that Black women are more than twice as likely to die compared with White women, more likely to experience life-threatening complications, more likely to be admitted to intensive care, more likely to give birth preterm, and to lose a baby to stillbirth.

It is vital to consider whether education standards for midwives could be further strengthened, so that future midwifery professionals qualify with the evidence-based knowledge, skills and behaviours to meet the needs of all women, newborn babies and families, regardless of background or ethnicity.

These [Standards for pre-registration midwifery programmes \(part 3\)](#) set out the entry and practice learning requirements, curriculum, length of programme, methods of assessment and the level of award for NMC-approved midwifery programmes.

Contemporary midwifery practice



Proposal 6: Strengthen our requirement around holistically assessing labour and birth.



Proposal 7: How caring for women with additional needs can be strengthened including if this should be across the whole continuum of maternity care.

Any changes should strengthen practice learning standards to provide further support for midwifery students as they transition to become registered midwives. Some student midwives have expressed concerns about gaining the confidence and competency they need for midwifery practice – expressing the need for greater exposure to different practice learning experiences, more chances to repeat and consolidate their learning, and improved supervision within practice learning placements.

Student midwives need to support and care for no less than 40 women in labour and conduct their vaginal birth. We are therefore also proposing to introduce a holistic assessment of caring for women who have a physiological vaginal birth. They must also gain experience of caring for no less than another 40 women who have additional care needs or develop complications, including those related to physical, psychological, social, cultural and spiritual factors. We are consulting on how caring for women with additional needs can be strengthened including if this should be across the whole continuum of maternity care.

This does not affect the existing Standard 3.5.2 – ‘Where 40 births cannot be reached owing to the lack of available women giving birth, it may be reduced to a minimum of 30, provided that the student is given the opportunity to assist with caring for an additional 20 women giving birth’. This will help ensure that midwifery students gain the competence and confidence they need, if unable to achieve the 40 births required.

Length of midwifery programmes



Proposal 8: Increase the minimum length of midwifery programmes, including degree apprenticeships, from three years to four years.



Proposal 9: Require student midwives to undertake one of their practice placements during the final part of their pre-registration programme and that this placement should be at least eight weeks.

Midwifery and nursing are distinct professions, with specific requirements to ensure professionals can provide safe and effective care at the point of registration.

Since introducing our [Standards for pre-registration midwifery programmes in 2019](#), we have heard feedback – including from our midwifery critical friends (Lead Midwives for Education, Heads of Midwifery, and a member of the Royal College of Midwives, a midwifery student and a service user), the Lead Midwives for Education Strategic Reference Group, the International Confederation of Midwives, PLPs and students – about the challenges students can face in meeting all requirements within a three-year programme.

These challenges include the need for more time to develop and consolidate proficiencies, as well as financial pressures such as the cost of living. Concerns include whether students have sufficient time to gain exposure to a wide range of practice scenarios – including caring for women and mothers from diverse backgrounds – and to consolidate their learning.

We know from our [Spotlight research](#) that early experiences while studying to become a professional in the UK shapes registrants' later satisfaction, confidence and ability to care. For example, some newly registered midwives felt they did not get the full breadth of experience they needed on placements, and as a result felt underprepared and overwhelmed when faced with certain situations in their practice (for example, emergencies).⁷

However, through our stakeholder engagement, we found that the current length of midwifery programmes was resulting in task-oriented learning and practice assessment (for example, to meet the required number of births) rather than enabling students to have quality practice learning placements which prioritise holistic care for a diverse range of women, newborn infants and their families.

⁷ NMC (2023), [Spotlight on Nursing and Midwifery Report](#)

We are therefore consulting on a proposal to increase the minimum length of midwifery programmes, including degree apprenticeships, from three years to four years. The minimum hours (4,600) and 50% theory and 50% practice learning split would remain – but students would have to complete their programmes within four years rather than three.

Extending midwifery programmes would facilitate more time for students to achieve the proficiencies. This could also allow more time for periods of reflection, rest and recuperation during the programme for example.

We have identified examples of existing four-year programmes in the UK, such as [the Midwifery with Leadership MSci](#) at the University of Leicester, as well as internationally in countries such as the Republic of Ireland and France, which provides students with additional time to meet programme requirements.

Extending midwifery programmes would have implications for many students, including financial impacts and additional student loans. There would also be costs to the system in giving students an extra year to qualify, and these proposals will, as a result, require further work to understand policy, workforce and financial implications, should the consultation outcomes support any changes. Extending programme length could also impact the workforce pipeline, as newly qualified midwives would enter the workforce later than under the current standards.

We are keen to understand the implications of these proposals in this consultation and the potential for them to be balanced by innovative approaches to programmes, such as releasing students for longer periods of time away to rest and reflect on their learning.

If approved, the extension of midwifery programmes will be a decision for AEIs and PLPs. We will engage with key stakeholders to explore and understand the implications of a potential extension – by speaking to students, professionals, key stakeholders, and the public across the UK – throughout the consultation to understand their thoughts and views on this proposal. This includes the impact on students and wider workforce pipelines. This will also take into account different national and regional contexts, with consultation feedback helping to inform our understanding.

A midwifery student's final placement can provide them with the opportunity to have an extended quality practice learning experience – to integrate into a midwifery team, have consistent supervision and identify their learning needs prior to completing their programme. Through our stakeholder engagement, we found that some programmes – including those across all AEIs in Wales – have a final consolidation placement, providing students with a dedicated opportunity to consolidate their learning, and that these have been successful.

As such, we are also consulting on requiring student midwives to undertake one of their practice learning placements during the final part of their pre-registration programme and that this practice learning placement should be at least eight weeks long.

If the length of direct entry pre-registration midwifery education programmes is increased, we are also consulting on whether the length of 'shortened' programmes (courses designed for registered adult nurses to qualify as midwives) should also be lengthened (keeping the 50:50 split between theory and practice) to a minimum of two years.

Funding for students undertaking degree apprenticeships is dictated by the number of hours on a programme. We are not proposing to increase the number of midwifery programme hours, therefore apprenticeship programme funding will not change. This means the same apprenticeship funding would be spread across a four-year programme rather than a three-year programme.

Again, we will engage with key stakeholders, and consider feedback from employers and apprentices, to explore and understand any further implications arising from the potential extension of midwifery programmes – recognising that delivery models vary across the four countries of the UK.

Continuity of supervision for student midwives



Proposal 10: Make it clear that continuity of supervision (having the same practice supervisor) for student midwives throughout the practice learning journey, should be provided wherever possible.

We are aware that student midwives are being supervised by multiple midwives during their practice learning placements, making it harder to assess their skills and expertise. We have also found that changes in supervisor can lead to some students ‘falling through the net’ when it comes to addressing their learning needs.

That’s why we are consulting on making it clearer that continuity of supervision (having the same practice supervisor) for student midwives throughout the practice learning journey should be provided wherever possible.

Simulated practice learning in midwifery programmes



Proposal 11: Simulated practice learning should contribute towards practice learning hours within pre-registration midwifery programmes.

Simulation can be useful to support students’ learning theory within midwifery programmes and where it is difficult to gain experience in harder-to-achieve proficiencies such as breech birth, episiotomy and suturing. The use of SPL for hard-to-achieve proficiencies does not currently count as part of practice learning hours, even though it supports practice learning. We are consulting on whether SPL should contribute towards practice learning hours within pre-registration midwifery programmes, whilst being delivered within the [Standards for student supervision and assessment](#) (SSSA).

We will engage with key stakeholders across the UK, including students, professionals, and the public, to explore and better understand the impact of allowing SPL to contribute towards midwifery programme practice learning hours.

Standards framework for nursing and midwifery education



Proposal 12: Strengthen the focus on partnership and collaborative working between AEIs and PLPs to support reasonable adjustments to this standards framework.

We found that reasonable adjustments made in academic settings have often failed to transfer to practice learning placements due to poor communication and misunderstandings around data protection. This has resulted in students repeatedly explaining their needs, which increases their stress and undermines equity in their practice learning experiences.

For example, the independent research, which we commissioned, by the Nuffield Trust, in partnership with the Florence Nightingale Foundation heard about inadequate assessments of students with complex mental health conditions being conducted over a 10-minute virtual call.⁸

Our research highlighted the need for students to feel comfortable about communicating their needs earlier, enabling timely adjustments and smoother transitions for both students and practice learning placement providers.

The [Standards framework for nursing and midwifery education \(part 1\)](#) define reasonable adjustments as ‘changes in the way services are offered to prevent students with disabilities from being placed at a substantial disadvantage, ensuring a fair and equal chance of accessing services as set out in equalities and human rights legislation.’ We are consulting on strengthening our standards to make it clear that we are referring to reasonable adjustments, as defined with the definition in the Standards framework for nursing and midwifery education (part 1). This will clarify what is a reasonable adjustment and what is a flexible working request.

⁸ Nursing and Midwifery Council (2024), Simulated practice learning in pre-registration nursing programmes: [An evaluation of the experience of universities approved to deliver up to 600 practice learning hours through simulation](#)

Standards for student supervision and assessment (SSSA)



Proposal 13: Allow registered midwives with a SCPHN qualification to act as practice assessors for pre-registration nursing students, who are in a public health practice learning setting.

The [Standards for student supervision and assessment \(part 2\)](#) set out the roles and responsibilities of practice supervisors and assessors to make sure students receive high-quality learning, support and supervision during their practice learning placements. They also set out expectations for the learning, support and supervision and assessment of students in the practice learning environment.

We found a range of innovative approaches to support practice learning. However, we also found some challenges in how these standards are implemented.

Pre-registration nursing students can undertake practice learning placements in a variety of settings. This can include community settings where registered nurses and midwives, who have gained additional post-registration qualifications to specialise in different types of specialist community nursing or specialist community public health nursing (SCPHN), may work.

Our current standards mean that if a pre-registration nursing student undertakes a public health practice learning placement alongside a registered midwife, with a SCPHN qualification, that professional cannot act as the practice assessor. We are consulting on a proposal to allow registered midwives with a SCPHN qualification to act as practice assessors for pre-registration nursing students, who are in a public health practice learning setting. This will help increase the pool of practice assessors available to assess pre-registration nursing students working in relevant settings, as well as recognising that different professionals work in a range of different settings.

Equality Impact Assessment

We have conducted a full Equality Impact Assessment (EQIA), which has helped us analyse whether and how our proposals may positively or negatively affect different groups of people. A summary of the EQIA can be found [here](#).

Developing and responding to EQIAs is an ongoing process. As this consultation progresses, the feedback we receive relating to EDI will directly inform and strengthen our ongoing assessment.

How to respond to the consultation



You can respond [here](#).

If you can't submit your responses using the online survey, please contact us at consultations@nmc-uk.org for an alternative format. You can also email if you have any questions.



The consultation will run for 12 weeks and will close on 23 July 2026. We will not accept any responses after this time.

Next steps

This consultation will be run by [Thinks Insight & Strategy \(Thinks\)](#) – an independent research organisation who will analyse the responses to the survey on our behalf.

Thinks will also carry out qualitative research, including focus groups and interviews, with stakeholders, students, professionals and members of the public. They will be seeking the views of the public and marginalised groups, as it is crucial that we obtain their views on this consultation.

After analysing the responses, if we decide we need to make any changes, our independent steering group, public and student advisory groups will meet and use the consultation results to produce the final draft of the proposed education programme standards. We will then seek approval from our governing Council to implement the new standards.

We will publish the consultation results on our [website](#).

Subject to approval by our governing Council, any changes will be introduced following a transition period of at least two years.

This document is also available
in Welsh **on our website**.

Mae'r ddogfen hon hefyd ar gael yn y
Gymraeg **ar ein gwefan**.



The nursing and midwifery regulator for
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