

**Summary of decision to withdraw
approval of the pre-registration
Midwifery programme at Canterbury
Christ Church University**

3 May 2023

Summary of the process

- 1 We have been working with Canterbury Christ Church University since February 2020 to address concerns around the education of midwifery students. We first had concerns about the practice learning environment for midwives given the well-documented and serious concerns about the safety of maternity services at East Kent Hospitals University NHS Foundation Trust. Subsequently, wider concerns about the university's management of the programme, and partnership working with its practice learning partners arose during the approval visit which ultimately led to our decision to refuse approval of the programme against our new standards in 2022.
- 2 Where we originally had concerns about the learning environment for midwifery students at East Kent Hospitals University NHS Foundation Trust, we engaged with the university through our normal processes to seek regular assurance that our standards were being met.
- 3 Separately to this process, our visitors as part of the joint approval event with the university against our new midwifery standards in June 2022 identified concerns, including from current students and practice partners, which led to refusal of the new programme.
- 4 The university was due to seek re-approval at an event in January 2023 but has subsequently deferred.
- 5 Since August 2022 in light of the concerns raised, we met monthly with the university to seek ongoing assurances that our standards were being met and to review their action plans and contingency plans.
- 6 Health Education England (HEE) separately undertook its own listening event with students and the university's practice learning partners in August 2022 which identified a number of actions, reflecting areas raised during the NMC approval visit.
- 7 Where we identified concerns with the programme we undertook a student listening event in December 2022. The report from that event was provided to the university who in turn submitted their observations on the report.
- 8 Alongside the reports, our QA Board also received the exceptional reports submitted by the university and their action plans.
- 9 In February 2023, the university decided to pause its midwifery student placements at the William Harvey Hospital, which is part of East Kent Hospitals University NHS Foundation Trust. The CQC (Care Quality Commission) also announced enforcement action at the William Harvey Hospital Maternity and Midwifery Services at East Kent Hospitals University NHS Foundation Trust.
- 10 On 22 February 2023, reviewing all of the information our QA Board took the initial decision to withdraw approval of the university's midwifery programme, because it no longer felt assured that the university was equipping midwifery

students to meet NMC standards and deliver the care people have a right to expect, nor that students were learning in safe environments. This decision was communicated formally to the university on Monday 27 February.

- 11 The university responded to our concerns, and our QA Board met again on 6 April. The Board agreed there were aspects of the university's response that needed clarifying.
- 12 As a result, we gave the university extra time to provide these clarifications. The QA Board then reconvened on 26 April and, after thorough deliberation of the university's response and clarifications, made a final decision to withdraw approval of the programme. This decision was communicated formally to the university on Tuesday 2 May.

Initial decision to withdraw approval

- 13 In February 2023, we wrote to Canterbury Christ Church University about concerns we had with its midwifery programme. We gave the university until the end of March to reassure us about the safety and quality of its course.
- 14 A range of sources informed our decision to write to the university.
 - The [report our independent quality assurance visitors produced in 2022](#) when they assessed the university's proposed new midwifery programme against our new standards. This included meeting with staff, current students and practice learning partners.
 - The report from HEE's listening event with students and practice learning partners.
 - The [report from our quality assurance visitors listening event](#) with students about their experiences, and the [university's response](#).
 - Regular meetings we have with the university about our concerns, the action plans they've submitted to us and their reports against the action plans.
 - Exceptional reports from the university.
 - Intelligence shared by other organisations such as the Care Quality Commission.

Final decision to withdraw approval

- 15 We received the university's response to our concerns in March 2023 and considered it carefully. We wrote to the university to seek clarification around some areas of its response.
- 16 On reviewing the information, the QA Board acknowledged positive improvement in some areas. But it remained of the opinion that the NMC's standards of education and training, in particular the standards for student supervision and assessment are not, and will not, be met.
- 17 The QA Board was not assured that students will graduate having met the proficiencies to provide safe, kind, and effective care, or that they are being adequately supported in a learning environment of suitable quality. These

concerns are with both the university's education provision, as well as practice learning.

- 18 Due to these ongoing concerns, and in particular concerns that students may join the register not able to provide safe, kind and effective care, the QA Board made the final decision to withdraw approval of Canterbury Christ Church University's pre-registration midwifery programme.
- 19 This decision means that students completing the pre-registration midwifery programme at Canterbury Christ Church University will not be eligible for registration with the Nursing and Midwifery Council. Previous students who have already graduated will not be impacted by this decision.

The concerns

- 20 The QA Board reviewed our concerns against our five risk areas and sub-themes. A summary of their assurance at the initial and final decisions is shown in Table 1 and Table 2 respectively.
- 21 The five risk areas outlined in the first column are:
 - Effective partnership working: collaboration, culture, communication and resources
 - Selection, admission and progression
 - Practice learning
 - Assessment, fitness for practise and award
 - Education governance: management and quality assurance
- 22 These risk areas are divided into themes (column two) and sub-themes (columns three-five). Each sub-theme was assessed by the QA Board as assured that standards are met (green) or not assured that standards are met (red). An aggregate assurance for each theme (column two) was then assessed where an amber coding represents where some of the sub-themes are assured and others not assured.
- 23 At the initial decision eight of the 10 themes were red, compared to five at the final decision. None of the themes were fully assured at either the initial nor final decision. At the initial decision 14 of the 16 sub-themes were not assured compared to 11 at the final decision. Where the QA Board noted improvements between the initial and final decision, but not enough to be assured that the sub-theme was met these have been labelled as "improvement seen".

Table 1 - QA Board assessment at initial decision				
Effective partnership working: collaboration, culture, communication and resources	1.1 There is sufficient capacity to accommodate all students in practice learning environments	1.1.1 Effective partnerships between the AEI and practice learning providers at all levels to ensure adequate capacity for students in practice learning environments		
	1.2 The AEI has appropriate resources to deliver approved programmes to the standards required by the NMC	1.2.1 AEI staff delivering the programme are appropriately qualified and experienced for their role in delivering the approved programme	1.2.2 Sufficient appropriately qualified academic assessors to support number of students	
	1.3 There are appropriate resources available in practice settings to enable students to achieve learning outcomes	1.3.1 Sufficient appropriately qualified practice supervisors and practice assessors are available to support numbers of students.		
Selection, admission and progression	2.1 Adequate safeguards are in place to prevent unsuitable students from entering and progressing to qualification	2.1.1 Selection and admission processes follow NMC requirements	2.1.2 AEI's procedures address issues of poor performance in both theory and practice	2.1.3 AEI procedures are implemented by practice learning providers in addressing issues of poor performance in practice
Practice learning	3.1 Adequate governance of, and in, practice learning.	3.1.1 Evidence of effective partnerships between the AEI and practice learning providers at all levels, including partnerships with multiple education institutions who use the same practice learning environments.		
	3.2 Programme providers provide learning opportunities of suitable quality for students.	3.2.1 Practitioners and service users and carers are involved in programme design, development, delivery, assessment, evaluation and co-production.	3.2.2 Academic staff support students in practice learning settings.	
	3.3 Assurance and confirmation of student achievement is reliable and valid.	3.3.1 Evidence that practice supervisors/practice assessors are properly prepared for their role in supervising and assessing practice.	3.3.2 Systems are in place to ensure only appropriate and adequately prepared practice supervisors/practice assessors are assigned to students.	
Assessment, fitness for practice and award	4.1 Approved programmes address all required learning outcomes in accordance with NMC standards.	4.1.1 Students achieve NMC learning outcomes, competencies and proficiencies at progression points and for entry to the register		
	4.2 Audited practice learning placements address all required learning outcomes in practice in accordance with NMC standards.	4.2.1 Students achieve NMC practice learning outcomes, competencies and proficiencies at progression points and for entry to the register		
Education governance: management and quality assurance	5.1 The AEI's internal quality assurance systems provide assurance against NMC standards.	5.1.1 Student feedback and evaluation/programme evaluation and improvement systems address weakness and enhance delivery.	5.1.2 Concerns and complaints raised in practice learning settings are appropriately dealt with and communicated to relevant partners.	

Table 2 - QA Board assessment at final decision				
Effective partnership working: collaboration, culture, communication and resources	1.1 There is sufficient capacity to accommodate all students in practice learning environments	1.1.1 Effective partnerships between the AEI and practice learning providers at all levels to ensure adequate capacity for students in practice learning environments		
	1.2 The AEI has appropriate resources to deliver approved programmes to the standards required by the NMC	1.2.1 AEI staff delivering the programme are appropriately qualified and experienced for their role in delivering the approved programme	1.2.2 Sufficient appropriately qualified academic assessors to support number of students <i>Improvements seen</i>	
	1.3 There are appropriate resources available in practice settings to enable students to achieve learning outcomes	1.3.1 Sufficient appropriately qualified practice supervisors and practice assessors are available to support numbers of students.		
Selection, admission and progression	2.1 Adequate safeguards are in place to prevent unsuitable students from entering and progressing to qualification	2.1.1 Selection and admission processes follow NMC requirements	2.1.2 AEI's procedures address issues of poor performance in both theory and practice <i>Improvements seen</i>	2.1.3 AEI procedures are implemented by practice learning providers in addressing issues of poor performance in practice <i>Improvements seen</i>
Practice learning	3.1 Adequate governance of, and in, practice learning.	3.1.1 Evidence of effective partnerships between the AEI and practice learning providers at all levels, including partnerships with multiple education institutions who use the same practice learning environments. <i>Improvements seen</i>		
	3.2 Programme providers provide learning opportunities of suitable quality for students.	3.2.1 Practitioners and service users and carers are involved in programme design, development, delivery, assessment, evaluation and co-production. <i>Improvements seen</i>	3.2.2 Academic staff support students in practice learning settings.	
	3.3 Assurance and confirmation of student achievement is reliable and valid.	3.3.1 Evidence that practice supervisors/practice assessors are properly prepared for their role in supervising and assessing practice.	3.3.2 Systems are in place to ensure only appropriate and adequately prepared practice supervisors/practice assessors are assigned to students. <i>Improvements seen</i>	
Assessment, fitness for practice and award	4.1 Approved programmes address all required learning outcomes in accordance with NMC standards.	4.1.1 Students achieve NMC learning outcomes, competencies and proficiencies at progression points and for entry to the register		
	4.2 Audited practice learning placements address all required learning outcomes in practice in accordance with NMC standards.	4.2.1 Students achieve NMC practice learning outcomes, competencies and proficiencies at progression points and for entry to the register		
Education governance: management and quality assurance	5.1 The AEI's internal quality assurance systems provide assurance against NMC standards.	5.1.1 Student feedback and evaluation/programme evaluation and improvement systems address weakness and enhance delivery.	5.1.2 Concerns and complaints raised in practice learning settings are appropriately dealt with and communicated to relevant partners.	

Effective partnership working: Collaboration, culture, communication and resources

At initial decision (February 2023)

- 22 At the approval event, HEE and NMC listening events, students and practice partners had raised concerns about the capacity and training of practice supervisors and assessors. These were first raised at the approval event in June 2022 where the visitors noted, *“There’s no assurance that the AEI and PLPs are working in partnership to appropriately prepare practice assessors and practice supervisors to supervise and assess students.”*
- 23 These were reiterated by practice partners at the HEE listening event in August 2022 where they reported that practice supervisors and practice assessors are not adequately prepared for their role in supporting students, with confusion around the roles, and that clinical pressures mean access to support from these roles is variable. Students repeated this at the NMC listening event in December 2022 and that their concern was they were not getting appropriate time with practice supervisors, or proper sign-off.
- 24 The QA Board as part of its initial decision noted in the university’s submission the ratio of practice supervisors and assessors to students; however, it was not assured there were appropriate mechanisms to actively ensure that students are being supervised and supported and that the local policies are being upheld.
- 25 Supernumerary status has been a common theme at each of the events, with students reporting that they were not always supernumerary in practice. The QA Board in its initial decision noted that there were reporting mechanisms in place, which students acknowledged, but that there was a concern from students that they don’t feel supported, empowered, or listened to when concerns are raised.

At final decision (April 2023)

- 26 The QA Board noted some positive improvements since the initial decision, including the introduction of the Midwifery Partnership Leadership Oversight Group (MPLOG) and the development of guidelines for the removal of midwifery students.
- 27 However, based on the submitted report, annexes and clarifications the QA Board was not assured that there are currently robust processes for the university in partnership with its learning partners to assess student capacity and practice support.
- 28 Of the three originally submitted practice audits, two did not detail student capacity within practice. Therefore, the QA Board was not assured that there was appropriate or robust oversight of student capacity within those practice settings. However, the Board noted that the recent audits submitted as part of their clarification request did now have student capacity within them.

29 The university also outlined in its response that there are operational discussions around local staffing levels, numbers of practice assessors and practice supervisors and capacity which occur monthly between the LME and Directors of Midwifery. Whilst the agenda submitted for the upcoming meeting showed this as a standing item, the minutes of the previous meeting did not show these were discussed.

30 Whilst work has been done since the initial decision, there is still not robust assurance that there are appropriate mechanisms to ensure that students are being appropriately supervised and supported.

Selection, admission and progression

At initial decision (February 2023)

31 Students and practice partners had raised concerns about the capacity, training and implementation of practice supervisors and assessors, and academic assessors.

32 The QA Board was not assured that there are adequate safeguards in place to prevent unsuitable students from progressing to qualification or that processes were being followed to address issues of poor performance in practice.

At final decision (April 2023)

33 The QA Board noted within this section significant activity had been undertaken by the university and its partners. This included updates on SSSA training for practice supervisors and assessors and a new student presence form to identify and feedback when a student is involved in a Datix incident. The university has also increased the visibility of link lecturers and academic staff within the Trust.

34 The university are also introducing a compassionate care leadership programme in April 2023, and bi-weekly meetings between the Trust's student lead and link lecturer to monitor progression and address any issues.

35 The new changes, while welcome, will take time to robustly embed and there are a number of areas of additional required development. Therefore, at this time the QA Board is not assured that this risk area is met with the exception of "*Selection and admission processes follow NMC requirements*" where they remained assured.

Practice learning

At initial decision (February 2023)

36 Effective partnership working between the university and its practice learning partners was a key theme throughout the approval, HEE and NMC listening events and our critical concerns process.

- 37 Students and practice partners had both raised repeated concerns about partnership working, supervision and assessment, and the support from the academic team whilst out on placement. Similarly concerns about ensuring supernumerary status had been identified.
- 38 The QA Board was not assured that there are appropriate and robust mechanisms for the university to actively identify and address concerns in practice learning, or that concerns raised about the practice learning environment were being sufficiently or appropriately communicated to the university.
- 39 Students at the NMC listening event raised specific and significant concerns about the practice learning they have experienced at both Medway Maritime Hospital and at East Kent, and that they had not felt appropriately supported by the university and practice.

East Kent

- 40 While the concerns are not limited to East Kent, the findings from the [Kirkup Report](#), the CQC and the ongoing maternity concerns were significant, and had not been appropriately monitored or addressed.
- 41 The CQC had identified significant concerns and had undertaken [enforcement action](#). The concerns identified and the conditions set by the CQC suggested that the failings in those settings have been longstanding and would suggest normalised practice outside of our standards. This therefore raised concerns about the student learning experience and the practice experiences of those students, including concerns that elements of this were not identified by the CCCU academic staff supporting students. There were also significant concerns over the failure to report critical safety incidents by East Kent in practice through the appropriate channels.
- 42 The QA Board had received the university's exceptional report outlining that the university in liaison with the Integrated Care Board (ICB) and HEE removed students from the William Harvey Hospital at East Kent, with students notified on 10 February 2023. The plans received did not address how those students would be supported to complete their programmes or address the students' previous learning in an environment where poor care has been provided.
- 43 The QA Board was therefore not assured that students were being trained in a safe and supportive learning environment and had significant concerns that those students will not have met their competencies to join the register and enable them to provide safe, kind, and effective care.
- 44 The QA Board had noted from the original response submitted the significant additional work that the university was planning to adopt to address the concerns. However, the changes being implemented largely constituted normal practice, and did not go far enough to address the full significance of the concerns raised by students, practice and the CQC.

At final decision (April 2023)

- 45 The QA Board noted that the university has made clear efforts to rapidly establish new strategic relationships and re-establish lines of communication between academic and practice staff at all levels. This includes the establishment of the new MPLOG and regular meetings with the LME and Directors of Midwifery, alongside a process for the removal of students from practice.
- 46 There is also evidence of intent to develop and implement the engagement of people who use midwifery services and their partners within curriculum and theory development. Whilst this is not yet embedded within this period, the intent was welcomed.
- 47 Where the proposed changes will take time to implement and embed, the QA Board was therefore not currently assured at this time that there are appropriate governance with practice of and in practice learning.
- 48 Where students have now been removed from the William Harvey Hospital the actions taken to address the previous concerns of their prior experiences have been discussed in more detail below under “Assessment, fitness for practice and award”.

Assessment, fitness for practice and award

At initial decision (February 2023)

- 49 Due to the concerns raised about practice supervision, assessment and support, and the concerns raised about practice and the normalised experiences, the QA Board did not have assurance that students will achieve their learning outcomes and proficiencies and be robustly signed off for entry to the register.
- 50 While the QA Board had noted the concerns raised by students about meeting their number of births, it was reasonably confident based on the evidence submitted by the university that most students are on track to reach these by the end of the programme. However, there remained significant concerns about students safely meeting the proficiencies, including an unaddressed need for a review of their previous experiences of care, particularly in light of the CQC’s findings at East Kent.

At final decision (April 2023)

- 51 Taking into account the university’s cover letter, report, annexes and clarifications, the QA Board continue to not be assured that students will achieve their learning outcomes and proficiencies and be robustly signed off for entry to the register.
- 52 The QA Board noted that a new student Academic Assessor meeting form had been introduced. However, it was stated that 50 percent compliance was anticipated by July 2023, with full compliance only being expected in July 2024. In light of the concerns identified with student proficiencies and sign off, the QA

Board was concerned by the timeframe for full compliance with the new form. The QA Board therefore remained not assured that students will achieve their learning outcomes and proficiencies and be robustly signed off for entry to the register.

- 53 The QA Board previously raised significant concerns about practice supervision and assessment, both more broadly but also in particular for students who had been on placement at East Kent following the findings of the Kirkup Inquiry and CQC.
- 54 The university undertook a moderated practice day to seek to provide confirmation that students are performing at their expected level. This involved students being randomly allocated to undertake short practice-based activities or scenarios which are linked to MPAD competencies. 32 students have been assessed so far who were on placement at the William Harvey Hospital. Students were evaluated by eight midwifery course staff members who are all Academic Assessors (including the LME) and two William Harvey Hospital Practice Assessors alongside four external moderators. Twenty-one students were rated overall as green, seven as amber, and four as red. The remainder of the students are not due to undertake the moderated practice day until May 2023.
- 55 The QA Board has significant concerns about the moderated practice day process, and the lessons learned submitted in response to their clarification questions. There are concerns that practice assessors from the same area where significant concerns were identified by both the CQC, and the initial QA Board decision, were used to undertake the assessment, and that robust independence was not embedded. Whilst independent moderators were on site the assessment itself was not carried out by independent assessors. The university noted that *“it was identified that this group of students, whilst safe and competent, appeared to have experienced a highly-medicalised model of care planning particularly around intrapartum care. This suggests that many would benefit from further time spent in a lower-risk, midwifery focused environment. We will work closely with our practice partners to develop future placement opportunities to ensure that all students experience the full scope of midwifery care and a wide range of experiences.”* However, detail on how this would be provided was not presented.
- 56 While the independent moderators provided positive feedback, the QA Board were not assured that the focus of the QA Board’s initial concerns were addressed. Where there are significant concerns about previous practice supervision and assessment following the feedback from students and practice staff, alongside significant CQC concerns for those students particularly placed at East Kent, the moderated practice assessment does not provide assurance that a robust overview of their previous experiences has been undertaken.
- 57 A third of students were rated as amber and red on the assessment day. One factor that contributed to that rating was the need to be prompted to escalate the CTG or MEOWS results. The remedial actions presented for those students included support from legacy midwives and discussion with their academic assessor and practice assessors. However, in the case studies presented, some of the students who were given red and amber scores had previously been

summatively signed off in their MPAD as being competent in the same skills. The university did not present any plans to re-assess or review the previous summative assessment of those skills. Students were also told that the assessment day would not impact upon their progression. The QA Board was therefore not assured that there are appropriate mechanisms in place to ensure that those students are equipped with the skills needed to join the register.

58 There are also components of the moderated practice day itself that do not meet our standards. For example, where students have been asked to attend the moderated practice day they were told that they could claim 7.5 hours towards their clinical hours' requirement. The moderated practice day is not eligible to count towards practice hours as it is classed as simulation. Standard 12 of the standards for pre-registration midwifery programmes (2009) includes "*All of the clinical practice part of the programme must involve direct contact with the care of women and babies.*" Whilst there are exemptions such as for episiotomy training the practice day would not be covered. Where students attended for an hour-long slot to undertake the three 10-minute activities it is also not clear why 7.5 hours would have been counted. This therefore raised further concerns that the standards are not understood and are not being implemented correctly.

59 The QA Board therefore remained of the view that the supplementary actions taken do not address the full significance of the concerns raised by students, practice and the CQC. The QA Board was therefore not assured that students are competent to provide safe, kind and effective care at the point of registration which is fundamental for ongoing programme approval.

Education governance: management and quality assurance

At initial decision (February 2023)

60 Students raised at the approval, HEE and NMC listening events that whilst they were aware of feedback mechanisms to raise concerns, they had not felt supported, listened to, or empowered to do so.

61 The HEE listening event with practice partners also outlined that practice was not always aware of when to report issues to the university, and that appropriate reporting has not always occurred.

62 The QA Board had noted the university's commitment to strengthening these processes and the actions being taken as a result of the recent listening event. However, these will take time to establish and embed across the different practice settings.

At final decision (April 2023)

63 The QA Board noted the positive and continued commitment from the university to work to strengthen the student voice and course improvement processes. The QA Board also noted the introduction of new policies, forms and processes and introduction of a student forum.

64 Whilst these will take time to embed the QA Board was not assured at this time that this risk theme was met.

Decision to withdraw approval

65 Based on the concerns identified above, the QA Board remained of the view that our standards are not being met and will not be met. In particular, there are continuing significant concerns that students will not graduate having robustly met their proficiencies to provide safe, effective and kind care. The QA Board was also not assured that students are being adequately supported in a learning environment of suitable quality.

66 These issues have been identified across different activities including the approval event, HEE and NMC listening events and through the critical concerns process. There have therefore been opportunities to address the different concerns raised, and provide the assurance we need, including through the regular meetings that we have with the university, the university's submitted responses, action plans and exceptional reports. These have been further supplemented by the university's observations to the QA Board's initial decision, and further clarifications.

67 In light of the very significant concerns that we still have, following our ongoing engagement with the university on these issues, and the university's response to our initial decision to withdraw approval, the QA Board considered that a final decision to withdraw approval of the programme is appropriate.

68 The QA Board carefully considered whether any other action short of withdrawal would be appropriate at this time. This included considering whether additional time could be given to provide further opportunity for the university and its practice learning partners to address the issues identified. The QA Board was also mindful of the impact that a decision to withdraw would have on students. In particular, the QA Board recognised that students from less advantaged backgrounds, those with parental and caring responsibilities, and mature students retraining later in life may be disproportionately impacted by a decision to withdraw approval, particularly if they are less able to relocate to continue their studies elsewhere. However, whilst recognising the positive progress made by the university in some areas, the QA Board were not assured that providing additional time would be sufficient to address the substantial number and complexity of the issues, such that students graduating this year would meet the standards of proficiency for joining the register. The QA Board was also mindful that the overarching objective of the NMC is to ensure public protection. It concluded that where it could not be assured that students will graduate able to provide safe, kind and effective care, withdrawal of approval was the only proportionate and safe decision to protect the public.

69 Whilst the number of concerns and standards not met cumulatively would result in a withdrawal decision being appropriate and proportionate, the concern that students will graduate not having robustly met the proficiencies is significant enough alone to warrant withdrawal of the programme.

70 The NMC's statutory functions are not only to establish standards of education, training conduct and performance, but also to ensure the maintenance of those standards. Our overarching objective is to protect, promote and maintain the safety of the public which includes promoting and maintaining public confidence in the professions. This decision has been made in line our statutory functions and with our overall objective firmly in mind.