



Nursing and Midwifery Council Quality Assurance Review

Major Modification Report for:

Pre-registration midwifery qualification leading to:

Pre-registration Midwifery

Middlesex University

December 2025

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Key institutional and programme details

Name and location of Approved Education Institution (AEI)	Middlesex University Faculty of Health, Social Work and Education Hendon Campus Hendon London NW4 4BT				
AEI Institution Identifier [UKPRN]	10004351				
Name and location of programme delivery partner(s) if not the AEI	N/A				
Name of new employer partners for apprenticeships	Barking, Havering and Redbridge University Hospital NHS Trust Barts Health Whipps Cross Trust Barts Health Royal London Trust London Northwest University Healthcare Trust Northwick Park Hospital Royal Free London NHS Foundation Trust Barnet Hospital Royal Free London NHS Foundation Trust Royal Free Hospital Royal Free London NHS Foundation Trust North Middlesex Hospital Whittington Health NHS Trust				
Approval type	Major modification				
Name of programme					
NMC programme title	AEI Title	Academic level	Apprentice-ship	Full-time	Part-time
Pre-registration Midwifery	BSc (Hons) Midwifery	England, Wales, Northern Ireland <input checked="" type="checkbox"/> Level 6 <input type="checkbox"/> Level 7	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Interim awards available There are no interim awards for this qualification that lead to NMC registration	
Proposed programme start date	14 September 2026
Standard(s) under assessment	<input type="checkbox"/> Part 2: Standards for student supervision and assessment <input checked="" type="checkbox"/> Part 3: Standards for pre-registration midwifery programmes Note that the AEI has taken an institutional approach to Part 2: Standards for student supervision and assessment and therefore compliance with Part 2 has been confirmed through a previous review.
Date of visit	02 December 2025
Visitor team	Registrant Visitor: Mrs Asha Kiran John Lay Visitor: Ms Francine Norris

Executive summary

Quality Assurance Reviews (QARs) are undertaken for the specific purpose of making recommendations to the Nursing and Midwifery Council (NMC) in relation to the approval (or otherwise) of the above-named programme(s) or in relation to the approval (or otherwise) of major modifications to the above-named programme(s). Reviews follow the Gateway approach to programme approvals and major modifications, as outlined in [QAA Guidance for Approved Education Institutions and Education Institutions on NMC Quality Assurance Reviews](#).

Reviews involve a period of desk-based analysis with the opportunity for NMC visitors to request further information, evidence or clarification and a conjoint visit with the Approved Education Institution (AEI) or Education Institution (EI) programme approval panel. All evidence submitted by the AEI or EI is reviewed by the visitors.

Visits enable both the NMC visitors and the AEI or EI programme approval panel to gather further evidence and clarifications to inform their judgements and make recommendations about the AEI or EI ability to meet the NMC standards. Visits will normally include meetings with a range of stakeholders such as students, people who use services and carers, employers, practice learning partners, the programme team, and senior managers.

For programme approvals, all standards within Part 3: Standards for pre-registration midwifery programmes are reported upon. For major modifications, only those Part 3 standards impacted by the modification are reported upon. The visitor team confirms with the AEI/EI which Part 3 standards are in scope for a major modification.

Following a review, a draft report is shared with the AEI or EI for the purposes of confirming factual accuracy before the report is finalised.

The conjoint visit with Middlesex University approval panel took place on 02 December 2025.

Context for the review

This major modification review was requested by Middlesex University (MDX) to seek approval for the introduction of an apprenticeship route to its existing BSc (Hons) Midwifery programme. The purpose of the modification is to widen access to midwifery education through an alternative route while retaining the established programme structure, learning outcomes and practice learning model. The visitor team considered the impact of the proposed changes on the programme's alignment with the NMC Standards for pre-registration midwifery programmes, with particular attention to how the new route interfaces with the established academic and practice learning arrangements.

MDX reported that the proposal was informed by engagement with a range of stakeholders, including employer partners (EPs), academic staff, and people who use services and carers (PSCs). Stakeholders were involved in consultation activities relating to the design and implementation of the apprenticeship route, with opportunities to provide feedback on curriculum structure, learner support mechanisms, and practice learning considerations. Some elements of stakeholder involvement were consultative, while others, particularly those relating to shaping practice learning experiences and programme delivery, are intended to form part of ongoing partnership activity.

During the visit, the visitor team met with senior academic staff, programme leads, members of the wider apprenticeship support team, and teaching and professional services colleagues involved in programme design and delivery. The visitor team also met with students and

EPs, including practice assessors (PAs), practice supervisors (PSs), and academic assessors (AAs), as well as PSC representatives. These discussions enabled triangulation of the evidence submitted and provided insight into how the proposed route would operate across academic and practice settings. All key stakeholder groups relevant to the new route were represented at the visit, and no significant absences were noted.

The **final recommendation** made by the visitor team to the NMC, following consideration of MDX's response to any conditions required by the approval panel, is as follows:

Programme is recommended to the NMC for approval. The programme meets all standards and requirements and enables students to achieve stated NMC standards of proficiency and learning outcomes for theory and practice.

The detailed findings of the visitor team's review are explained in more detail in the following sections. This includes a summary of any conditions of approval and confirmation of whether these have been satisfactorily addressed.

Conditions and recommendations

The **provisional judgement** of the visitor team following the visit and prior to the consideration of MDX's response to any conditions was as follows:

Programme is recommended to the NMC for approval after conditions are met to ensure the programme meets all standards and requirements and enables students to achieve stated NMC standards of proficiency and learning outcomes for theory and practice.

Conditions

Conditions				
No.	Condition details	Specific standards not met	NMC only/ Joint	AEI/EI only
C1	MDX must provide assurance that the programme complies with the NMC Standards framework for nursing and midwifery education (SFNME) (NMC, 2018 updated 2023) by establishing and evidencing meaningful partnership working with PSCs and relevant stakeholders, including practice learning partners (PLPs) and EPs, through the co-design, development, delivery and evaluation of the curriculum, and by ensuring that people with lived experience and representatives from stakeholder groups are consistently and actively involved in student recruitment and selection processes in a manner that reflects experience relevant to the programme and its intended outcomes.	1.4, 2.1, and 2.4 [SFNME 2.7] [SFNME 1.12, 2.7, and 5.5]	NMC only	
C2	Update references to assessment 'referrals' which are now known in university terminology as 'reassessments'.	N/A		AEI only
C3	Ensure the end-point assessment (EPA) process is clear in that after the Board, the final student outcome needs to be provided for the NMC to confirm.	N/A		AEI only
Date for all conditions to be met to meet intended delivery date		13 January 2026		

Joint conditions relate to both NMC standards and MDX's programme approval outcomes. All conditions must be met in order for a programme to be recommended to the NMC for final approval.

Recommendations for enhancement

Recommendations				
No.	Recommendation	Specific standard	NMC only/ Joint	AEI/EI only
	None			

Statements of good practice

Statements of good practice relating to the NMC standards			
No.	Details	Specific standard	NMC only/ Joint
GP1	MDX provides clear, comprehensive, and well-designed case loading information leaflets for students, midwives, and women, which effectively support understanding of continuity of care expectations, promote consistent practice across practice learning environments and enhance the quality of the student learning experience.	Standard 3.4	NMC only

Response to conditions

The visitor team reviewed in full the response(s) and evidence from MDX to the conditions set. The findings of the visitor team with regard to responses to individual conditions are recorded in the main body of this report.

Response to NMC and Joint NMC/AEI/EI conditions

Response to conditions		
No.	Condition details	Findings
C1	MDX must provide assurance that the programme complies with the NMC SFNME by establishing and evidencing meaningful partnership working with PSCs and relevant stakeholders, including PLPs and EPs, through the co-design, development, delivery and evaluation of the curriculum, and by ensuring that people with lived experience and representatives from stakeholder groups are consistently and actively involved in student recruitment and selection	<p>The visitor team has considered the additional evidence and clarification provided by MDX and is assured that this demonstrates that meaningful partnership working with PSCs, PLPs and EPs is now strengthened and embedded across the programme lifecycle, including curriculum co-design, delivery, evaluation, and quality assurance. Assurance is also provided that PSCs and relevant stakeholders are actively and consistently involved in student recruitment and selection processes, with engagement mechanisms aligned to programme aims and intended outcomes. The evidence supplied, including partnership structures, quality governance arrangements, recruitment processes, assessment contributions and stakeholder meeting minutes, confirms compliance with the NMC SFNME.</p> <p>The visitor team therefore considers that for Condition C1, MDX has fully addressed the requirements of the condition and Standards 1.4, 2.1 and 2.4 are met.</p>

	processes in a manner that reflects experience relevant to the programme and its intended outcomes.	
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The visitor team considers that all conditions listed above have been satisfactorily addressed resulting in the team being able to confirm that all required NMC standards are met.

Response to AEI only conditions

The response to MDX conditions that are not directly related to individual NMC standards are reported in the table below.

Response to AEI only conditions		
No.	Condition details	Findings
C2	Update references to assessment 'referrals' which are now known in university terminology as 'reassessments'.	<p>The Chair of the conjoint panel confirmed by email (dated 22 January 2026) that all internal conditions, as noted in the minutes of the visit, have been met.</p> <p>The team considers that for Condition C2, MDX has fully addressed the requirements of the condition and therefore Condition C2 is met.</p>
C3	Ensure the EPA process is clear in that after the Board, the final student outcome needs to be provided for the NMC to confirm.	<p>The Chair of the conjoint panel confirmed by email (dated 22 January 2026) that all internal conditions, as noted in the minutes of the visit, have been met.</p> <p>The team considers that for Condition C3, MDX has fully addressed the requirements of the condition and therefore Condition C3 is met.</p>

The **final recommendation** made by the visitor team to the NMC, following consideration of MDX's response to any conditions set, is therefore as follows:

All conditions relating to this programme have been addressed and **the programme is recommended to the NMC for approval**. The programme meets all standards and requirements and enables students to achieve stated NMC standards of proficiency and learning outcomes for theory and practice.

Explanation of findings for Part 3

1: Selection, admission and progression

Approved education institutions, together with practice learning partners, must:		Met	Not Met	Met after conditions	Not applicable to this major modification
1.1	Appoint a lead midwife for education who is responsible for midwifery education in the AEI.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
1.2	Inform the NMC of the name of the lead midwife for education.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1.3	Ensure recognition of prior learning is not permitted for pre-registration midwifery programmes.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
1.4	Ensure selection, admission and progression comply with the NMC Standards framework for nursing and midwifery education.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
1.5	<p>Confirm on entry to the programme that students:</p> <p>1.5.1 meet the entry requirements for the programme as set out by the AEI and are suitable for midwifery practice</p> <p>1.5.2 demonstrate an understanding of the role and scope of practice of the midwife</p> <p>1.5.3 demonstrate values in accordance with the Code</p> <p>1.5.4 have capability to learn behaviours in accordance with the Code</p> <p>1.5.5 have capability to develop numeracy skills required to meet programme outcomes</p> <p>1.5.6 can demonstrate proficiency in English language</p> <p>1.5.7 have capability in literacy to meet programme outcomes</p> <p>1.5.8 have capability to develop digital and technological literacy to meet programme outcomes.</p>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1.6	Support students throughout the programme in continuously developing their abilities in numeracy, literacy and digital and technological literacy to meet programme outcomes.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
1.7	Ensure students' health and character are sufficient to enable safe and effective practice on entering the programme, throughout the programme and when submitting the supporting declaration of health and character in line with the NMC Guidance on health and character. This includes satisfactory occupational health assessments and criminal record checks.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
1.8	Ensure students are fully informed of the requirement to declare immediately any police charges, cautions, convictions or conditional discharges, or	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

	determinations that their fitness to practise is impaired made by other regulators, professional bodies and educational establishments, and ensure that any declarations are dealt with promptly, fairly and lawfully.				
1.9	Ensure the lead midwife for education, or their designated midwife substitute is able to provide supporting declarations of health and character for students who have successfully completed an NMC approved pre-registration midwifery programme.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
1.10	Ensure NMC registered nurses entering a shortened pre-registration midwifery programme are a Registered nurse: first level (adult).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Findings

1. The visitor team considered the impact of the proposed modification on 1: Selection, admission and progression and reviewed the evidence to determine whether existing processes remained appropriate for the introduction of the apprenticeship route. The modification required scrutiny of the admissions framework, selection processes, and applicant entry requirements to confirm their continued alignment with NMC expectations. The evidence demonstrated that the established processes for selection, admission, and progression apply consistently across all programme routes and remain robust, with updates to recruitment documentation incorporated within the review. The visitor team confirmed that Standards 1.1, 1.3 and 1.6-1.9 were not impacted by the modification and remain unchanged, and that Standard 1.10 is not applicable. The review therefore focused on those Standards where the modification required consideration of how existing processes were applied to the new route, particularly in relation to confirming applicants' readiness for midwifery education and their capability to meet programme outcomes.
2. In considering Standard 1.2, the visitor team reviewed programme documentation, the handbook and evidence demonstrating that the lead midwife for education (LME) is recorded on the NMC website and within QA Link. The documentation confirms that the LME holds current NMC registration and that the required notification has been made to the NMC, with the LME details visible through the NMC's published records.
3. In considering Standard 1.4, the visitor team reviewed the programme documentation, including the handbook, mapping and recruitment documentation alongside evidence describing how applicants are selected and how progression is monitored. The evidence demonstrates that MDX has defined entry requirements, applies a structured values-based interview approach, and uses processes to confirm academic, literacy and numeracy readiness in accordance with programme expectations. Applicants undertake a structured interview, and EPs participate in selection to support decision-making regarding suitability for both the academic and practice learning components of the programme. Academic staff, EPs, and students met during the onsite visit described these elements as functioning as intended. However, following discussion with PSCs at the onsite visit, the visitor team identified that PSC involvement in recruitment and selection is not systematic, which does not meet the expectations of the NMC SFNME, specifically NMC SFNME 2.7, which requires relevant stakeholders to be engaged in partnership in student recruitment and selection. This shortfall is addressed under **condition (C1)**.

4. In considering Standard 1.5, the visitor team reviewed the programme documentation, including the handbook, mapping, and recruitment documentation. The evidence demonstrates that MDX has clear and consistently applied entry requirements that ensure applicants meet the academic and professional criteria for admission, including prior attainment in English and mathematics. Applicants are required to demonstrate understanding of the role and scope of practice of the midwife through their personal statement and at interview, where a structured question framework explores insight into the profession, communication, values, teamwork, equality, diversity and inclusion, and personal wellbeing. Interviews are undertaken using a values-based recruitment approach aligned to the Code (NMC, 2015, updated 2018), enabling experienced academics to evaluate applicants' suitability and capability to develop behaviours expected of midwifery students. Applicants' capability in literacy, numeracy and English language is confirmed through mandatory qualification requirements, with successful progression later supported through programme-level expectations. Applicants' digital and technological capability is initially demonstrated through the online application process and further developed through structured induction and ongoing digital literacy teaching, including engagement with online platforms and the electronic midwifery ongoing record of achievement (eMORA) system. Students and academic staff met at the onsite visit confirmed that recruitment processes are clear, inclusive and allow applicants to demonstrate readiness for the programme.
5. Based on the information made available, the visitor team considers that MDX has in place the appropriate arrangements for Standard 1: Selection, admission and progression to enable the NMC standards to be met subject to meeting **condition (C1)**.

2: Curriculum

Approved education institutions, together with practice learning partners, must:		Met	Not Met	Met after conditions	Not applicable to this major modification
2.1	Ensure that programmes comply with the NMC Standards framework for nursing and midwifery education.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2.2	Comply with the NMC Standards for student supervision and assessment.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2.3	Ensure that programme learning outcomes reflect the Standards of proficiency for midwives.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2.4	Involve women, partners, families and advocacy groups in the design, development, delivery and evaluation of programmes.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2.5	Ensure that programmes delivered in Wales comply with legislation which supports use of the Welsh language.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2.6	Design and deliver programmes that support students and provide relevant and ongoing exposure to midwifery practice.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.7	Ensure technology and simulated learning opportunities are used effectively and proportionately across the curriculum to support supervision, learning and assessment, including where practice scenarios occur infrequently, and a proficiency is required.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2.8	Design curricula that provide an equal balance of 50 per cent theory and 50 per cent practice learning, using a range of learning and teaching strategies.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2.9	<p>Ensure NMC approved pre-registration midwifery education programmes are of sufficient length to enable students to meet the NMC Standards of proficiency for midwives and respective programme outcomes, by meeting the following criteria:</p> <p>2.9.1 ensure that all pre-registration midwifery programmes meet the equivalent minimum programme length of three (academic) years for full time programmes, which consist of a minimum of 4,600 hours, or</p> <p>2.9.2 where a student is already registered with the NMC as a registered first level nurse (adult), education and training as a midwife shall be a minimum of two years, which consists of a minimum of 3,600 hours, or</p> <p>2.9.3 where a student is already registered with the NMC as a registered first level nurse (adult), education and training as a midwife shall be a minimum of 18 months and 3,000 hours, and in order for the qualification to be recognised in EU member states it must be followed by a year of professional midwifery practice.</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Curriculum requirements

The programme consists of 360 credits delivered across three years, comprising 120 credits at Level 4, 120 credits at Level 5 and 120 credits at Level 6. The programme totals 5062.5 hours demonstrating a curriculum that comprise of 2,716.5 theory hours and 2,346 practice learning hours.

The block release structure has been designed to ensure that students, who are employed on a 37.5-hour contract per week for the duration of the apprenticeship, are able to balance academic, theory and practice learning commitments within a manageable workload. University attendance, guided independent study and practice learning are organised within clearly defined theory and practice blocks that support protected learning time, student wellbeing, programme accessibility and sustainable workload management.

Year 1 of the programme is delivered across 45 weeks and consists of 1,687.5 hours (928.5 theory hours and 759 practice learning hours):

- 20 weeks of theory based on a 37.5 hour week, comprising 12 hours taught contact time and 25.5 hours of independent study, totalling 750 hours
- three weeks of asynchronous theory learning provided to support preparation for practice, based on a 15 hour week, totalling 45 hours. The remaining 22.5 contracted hours per week are completed through guided independent study, totalling 67.5 hours.
- 22 weeks of practice learning, based on a 34.5 hour week, totalling 759 hours. The remaining 3 hours per week are completed through guided independent study and assessment preparation, totalling 66 hours.

Year 2 of the programme is delivered across 45 weeks and consists of 1,687.5 hours (894 theory hours and 793.5 practice learning hours):

- 19 weeks of theory based on a 37.5 hour week, comprising 12 hours taught contact time and 25.5 hours of independent study, totalling 712.5 hours
- an additional three weeks of asynchronous theory learning provided to support preparation for practice, based on a 15 hour week, totalling 45 hours. The remaining 22.5 contracted hours per week are completed through guided independent study, totalling 67.5 hours.
- 23 weeks of practice learning, based on a 34.5 hour week, totalling 793.5 hours. The remaining 3 hours per week are completed through guided independent study and assessment preparation, totalling 69 hours.

Year 3 of the programme is delivered across 45 weeks and consists of 1,687.5 hours (894 theory hours and 793.5 practice learning hours):

- 19 weeks of theory based on a 37.5 hour week, comprising 12 hours taught contact time and 25.5 hours of independent study, totalling 712.5 hours
- an additional 3 weeks of asynchronous theory learning provided to support preparation for practice, based on a 15 hour week, totalling 45 hours. The remaining 22.5 contracted hours per week are completed through guided independent, totalling 67.5 hours.
- 23 weeks of practice learning, based on a 34.5 hour week, totalling 793.5 hours. The remaining 3 hours per week are completed through guided independent study and assessment preparation, totalling 69 hours.

Findings

6. The visitor team considered the impact of the proposed modification on the Standards under 2: Curriculum, and confirmed that the structure, content, and established processes underpinning the delivery of the existing midwifery curriculum remain unchanged. The documentary evidence demonstrated that the modification

does not alter the established approach to curriculum design, sequencing, assessment, or thematic and professional content. As a result, Standards 2.2, 2.3, 2.7 and 2.8 are not impacted by the modification, and the existing approved arrangements continue to provide assurance against these requirements. Standards 2.5, 2.9.2 and 2.9.3 are not applicable to this modification. The review therefore focused on those Standards where further clarification or additional narrative was required to confirm continued alignment with NMC expectations in the context of the apprenticeship route.

7. In reviewing Standard 2.1, the visitor team reviewed the programme documentation, including the handbook, programme and module specifications, the PSC strategy, educational audit samples, and staff CVs, alongside the mapping documentation outlining how MDX ensures compliance with the NMC SFNME. The evidence demonstrates that MDX applies established quality assurance processes, including validation, annual monitoring, and programme-level mapping, to show alignment with the NMC SFNME across all NMC provision. However, because this modification introduces a new programme route, the visitor team sought assurance regarding whether the changes had been co-produced with PSCs, EPs, and students, as required by NMC SFNME 1.12, 2.7 and 5.5. While PSCs described contributing to existing programmes and some involvement in teaching, they could not confirm meaningful or sustained participation in the co-design, development or evaluation of the apprenticeship route, and students met by the visitor team reported no involvement in shaping the programme. Similarly, although EPs expressed strong relationships with MDX and understood the rationale for the new route, they had not focused on the design or development of the apprenticeship pathway or to shaping the practice learning model. EPs also did not describe structured engagement in co-production or curriculum development relating to the modification. Taken together, the evidence demonstrated that stakeholder involvement in the development of the apprenticeship route was limited and did not yet meet the expectation for meaningful partnership working or co-production across the lifecycle of the programme, including recruitment and selection, curriculum development, delivery and evaluation, which results in **condition (C1)**.
8. In considering Standard 2.4, the visitor team reviewed the documentary evidence submitted, including information on PSC involvement, alongside discussions with the programme team, EPs, PSCs, and students. The documentation states that women, partners, families, and advocacy groups contribute to the design, development, delivery, and evaluation of midwifery programmes at MDX, and examples were provided of established relationships with organisations such as Positive About Down Syndrome and the Cleft Lip and Palate Association. At the onsite visit, the visitor team heard positive accounts from EPs about how their embedded PSC groups support practice learning. EPs described strong, well-established mechanisms through which PSCs provide feedback directly to students in real time, where appropriate on the ward or unit, contribute to quality monitoring, and engage regularly with the MDX programme team. These interactions clearly demonstrated how PSC voices are represented within EP settings and how lived experiences inform learning in practice. However, while this reflected robust PSC representation within EP organisations, it was not possible to triangulate equivalent evidence of meaningful, direct, or sustained PSC involvement at MDX in the co-design, development, or evaluation of the apprenticeship route. PSCs met by the visitor team described contributions to existing programmes, including involvement in interviews and teaching, but they were unable to confirm engagement specifically relating to the development or modification of the new apprenticeship pathway. Taken together with the findings under Standard 2.1, the visitor team concluded that, although there is a strong PSC voice and partnership working within EP settings, this is not yet mirrored

at MDX for the apprenticeship route. The visitor team was therefore unable to gain assurance that, specifically, the meaningful involvement of women, partners, families and advocacy groups in programme design, development, delivery and evaluation has been fully met for this modification, resulting in **condition (C1)**.

9. In considering Standard 2.6, the visitor team reviewed programme documentation, including the handbook and mapping documentation, which demonstrates that the design and delivery of the programme provide students with relevant and ongoing exposure through a structured combination of theory, PLEs, simulated learning and assessment activities aligned to the Standards of proficiency for midwives (SoPM) (NMC, 2019). Ongoing exposure is facilitated through regular engagement in a diverse range of PLEs across the maternity circuit, supported by PAs, PSs, and Clinical Practice Facilitators (CPFs), ensuring students apply theoretical learning to real world midwifery practice throughout all parts of the programme. The programme is delivered in accordance with the Standards for student supervision and assessment (SSSA) (NMC, 2018 updated 2023), with clearly articulated support structures including the AAs, personal tutor, link lecturers and CPFs across all partner Trusts. The evidence confirms that students participate in scheduled tripartite meetings with their AA and practice representatives, providing structured review of progress, reflection on learning and coordinated support across MDX and practice settings, with documentation recorded through established systems. Students met at the onsite visit affirmed the effectiveness of these mechanisms and reported feeling well supported, demonstrating that the programme provides coherent and sustained exposure to midwifery practice.
10. Based on the information made available, the visitor team considers that MDX has in place the appropriate arrangements for Standard 2: Curriculum to enable the NMC standards to be met subject to meeting **condition (C1)**.

3: Practice learning

Approved education institutions, together with practice learning partners, must:		Met	Not met	Met after conditions	Not applicable to this major modification
3.1	Provide practice learning opportunities that enable students to develop and meet the NMC Standards of proficiency for midwives.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3.2	Ensure students experience the role and scope of the midwife, enabling them to provide holistic care to women, newborn infants, partners and families.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3.3	Provide students with learning opportunities to enable them to achieve the proficiencies related to interdisciplinary and multiagency team working.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3.4	Provide students with learning opportunities to enable them to achieve the proficiencies related to continuity of midwifery carer across the whole continuum of care for all women and newborn infants.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.5	Provide learning opportunities, across the whole continuum of care, that enables students to gain experience to: <p>3.5.1 support and care for women during pregnancy, undertaking no less than 100 antenatal examinations</p> <p>3.5.2 support and care for no less than 40 women in labour and conduct the birth. 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</p> <p>3.5.3 participate in the support and care of women in labour and conduct a breech birth. Where there are no opportunities in practice to gain experience of breech births, proficiency may be gained by simulated learning</p> <p>3.5.4 support and care for no less than 100 women postnatally and 100 healthy newborn infants</p> <p>3.5.5 develop the required knowledge, skills and behaviours needed to support and care for no less than 40 women who have additional care needs or develop complications including those related to physical, psychological, social, cultural and spiritual factors</p> <p>3.5.6 care for newborn infants requiring additional care or have complications, including in a neonatal unit and</p> <p>3.5.7 care for women across the life course with additional sexual and reproductive health needs.</p>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.6	Ensure students gain experience of leadership and team working with different maternity providers.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.7	Provide students with learning opportunities to experience midwifery care for a diverse population	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	across a range of settings, including midwifery led services.				
3.8	Provide learning opportunities that enable students to develop the required knowledge, skills and behaviours needed when caring for women and newborn infants when complication and additional care needs arise, including as they relate to physical, psychological, social, cultural and spiritual factors.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3.9	Take account of students' individual needs and personal circumstances when allocating their practice learning opportunities, including making reasonable adjustments for students with disabilities.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3.10	Ensure students experience the range of hours expected of practising midwives.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3.11	Ensure students are supernumerary.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Practice learning requirements

Students must undertake no fewer than 100 antenatal examinations, as recorded and monitored through the eMORA. These examinations are mapped to Domain 6 of the NMC SoPM and must be achieved across the programme.

Students must support and care for no fewer than 40 women in labour and conduct the birth. Where 40 births cannot be reached due to limited availability, the requirement may be reduced to include the 30/20 caveat, whereby a minimum of 30 births are conducted, provided students also undertake 20 additional experiences of caring for women in labour. Birth numbers are monitored through six-weekly eMORA review, LME oversight, EP meetings, and individual action planning where required.

Students must provide postnatal care to no fewer than 100 women. Students must also provide care to no fewer than 100 healthy newborn infants. These contacts are recorded within the eMORA and monitored across PLEs.

Students must support and care for no fewer than 40 women who have additional care needs or develop complications. These must include a range of physical, psychological, social, cultural, and spiritual factors, with opportunities provided across PLEs and reinforced through simulation and theoretical teaching.

Findings

11. The visitor team considered the impact of the proposed modification on 3: Practice learning and confirmed that the established structures supporting practice learning, including governance arrangements, supervision and assessment processes, capacity management and access to a diverse range of PLEs, remain unchanged. Accordingly, Standards 3.1-3.3 and 3.8-3.11 are not impacted by the modification, and the existing approved arrangements continue to provide assurance against these requirements. As a result, the review concentrated on Standards where the modification required further consideration to confirm continued alignment with NMC expectations.
12. In reviewing Standard 3.4, the visitor team reviewed programme documentation, including programme and module specifications, mapping documentation, the handbook, the eMORA, and the information leaflets provided for students, midwives,

and women regarding student case loading. The documentary evidence outlines that students engage in continuity of carer experiences across the whole continuum of care, supported by structured case loading opportunities that enable them to build and maintain relationships with women and their newborn infants in line with the NMC SoPM. The evidence confirmed that continuity experiences are embedded for all students and facilitated across the local network of EPs, with allocation processes monitored to ensure equitable access and appropriate distribution of case load opportunities across PLEs. MDX outlined how continuity is supported and overseen, including coordination by PAs and PSs and the use of consistent documentation within the eMORA to evidence progression. At the onsite visit, EPs and students described how continuity experiences are enabled in practice and affirmed the value of the structured case loading model, noting its effectiveness in supporting relationship-based care and exposure to the full maternity journey. The visitor team identified the comprehensive and high quality case loading leaflets for students, midwives and women as exemplary student-facing resources that strengthen understanding and consistency of approach, which resulted in **good practice (GP1)** in light that the clarity and accessibility of these materials enhance the student experience, support women's understanding of the student role, and reinforce a well-designed continuity model across PLEs.

13. In considering Standard 3.5, the visitor team reviewed programme documentation, including the handbook, programme and module specifications, mapping documentation and the eMORA, and confirmed that MDX uses the eMORA without deviation and it is accessible across all PLEs. The documentary evidence demonstrates that students experience the full continuum of midwifery care across diverse practice learning experiences, including community, antenatal, intrapartum, postnatal, neonatal and midwifery-led services, alongside opportunities to carry a small case load to support the continuity of carer. Requirements for the antenatal examinations and postnatal contacts set out in the NMC SoPM are mapped to Domain 6 and assessed through the eMORA, with programme documentation confirming the requirement. MDX provides six-weekly monitoring of the eMORA, monthly oversight with EPs, proactive review by the LME three months prior to completion, and individual action planning where necessary. In addition, simulation is used appropriately to support students in achieving proficiencies where practice opportunities may be limited, including simulated breech birth learning delivered within clinical skills facilities. Students gain experience in caring for women with additional needs and complications, and for newborn infants requiring additional care, through the range of PLEs across MDX's network, with simulation and theoretical learning reinforcing exposure where needed. Evidence also confirms opportunities for students to work with women across the life course with sexual and reproductive health needs, with oversight maintained by PAs and PSs in line with the NMC SSSA. Discussions with EPs and students at the onsite visit confirmed understanding of the monitoring processes for birth opportunities, the management of simulated learning, and the breadth of practice learning experiences available, thereby demonstrating that MDX provides learning opportunities across the whole continuum of care enabling students to achieve all required elements.
14. In reviewing Standard 3.6, the visitor team reviewed programme documentation, including programme and module specifications, the apprenticeship handbook and associated appendices, alongside additional evidence describing the leadership week structure. The documentation outlines how MDX has implemented a model enabling students to gain experience of leadership and team working with a different maternity provider during the third year of the programme. These leadership weeks are mapped within the programme's practice learning requirements to ensure students gain exposure to alternative organisational cultures, leadership structures,

and service models in line with the NMC SoPM. MDX confirmed that these leadership practice learning experiences are coordinated by the practice learning team and allocated early in the third year to ensure equitable access. Allocations are made with consideration of student wellbeing, including travel distance. Students receive preparatory materials to support readiness and understanding of the leadership learning outcomes. Leadership and team working proficiencies are assessed through the eMORA, alongside reflective components within the leadership module, with verification by PAs. At the onsite visit, EPs described how leadership weeks were managed across maternity providers and outlined plans to refine and enhance these experiences while safeguarding staff confidentiality. Students also confirmed that engaging with a different maternity provider supported their understanding of leadership and team working in varied organisational contexts. The visitor team was assured that MDX has implemented structured processes to ensure students gain experience of leadership and team working across diverse maternity providers.

15. In considering Standard 3.7, the visitor team reviewed programme documentation, including the programme and module specifications, the handbook, and associated appendices. The documentation outlines a clear structure through which students experience midwifery care across a diverse range of environments, including midwifery-led services, community settings, and acute services. Allocation processes are designed to ensure students access a balanced range of PLEs, with systems in place to monitor distribution and mitigate any differences in exposure across settings. As part of the apprenticeship route, dedicated leadership weeks have been incorporated to support development in line with the NMC SoPM. Students initially undertake a leadership focused week within their employing Trust, followed by a second leadership week in another Trust within the practice learning circuit. This provides opportunities to compare leadership approaches, organisational cultures, and models of service delivery. MDX confirmed that students are provided with programme resources for preparation and reflection, and that no proficiencies are signed off during the alternative Trust experience to ensure assessment occurs only within the employing Trust where students are known and supported. At the onsite visit, students confirmed that the cross-Trust leadership weeks broadened their understanding of midwifery services, including opportunities within midwifery-led settings. This supported the documentary evidence and demonstrated that students have access to a range of PLEs and that mechanisms are in place to mitigate differences in experience across the practice learning circuit.
16. Based on the information made available, the visitor team considers that MDX has in place the appropriate arrangements for Standard 3: Practice learning to enable the NMC standards to be met.

4: Supervision and assessment

Approved education institutions, together with practice learning partners, must:		Met	Not met	Met after conditions	Not applicable to this major modification
4.1	Provide support, supervision, learning opportunities and assessment that complies with the NMC Standards framework for nursing and midwifery education.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4.2	Provide support, supervision, learning opportunities and assessment that complies with the NMC Standards for student supervision and assessment.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4.3	Ensure throughout the programme that students meet the NMC Standards of proficiency for midwives and programme outcomes.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4.4	Provide students with constructive feedback throughout the programme to support their development.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4.5	Ensure all programmes include a specific focus on numeracy assessment related to the midwifery proficiencies and the calculation of medicines, which must be passed with a score of 100 per cent.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4.6	Assess students to confirm proficiency in preparation for professional practice as a midwife.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4.7	Ensure that all proficiencies are recorded in an ongoing record of achievement which must demonstrate the achievement of proficiencies and skills set out in NMC Standards of proficiency for midwives.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

17. Arrangements for supervision and assessment for the programmes have not changed as a result of the modification and therefore this standard was not considered.

5: Qualification to be awarded

Approved education institutions, together with practice learning partners, must:		Met	Not met	Met after conditions	Not applicable to this major modification
5.1	Ensure that the minimum award for a pre-registration midwifery programme is a bachelor's degree.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.2	Notify students during and before completion of the programme that they have five years to register their award with the NMC if they wish to rely on this qualification. In the event of a student failing to register their qualification within five years they will have to undertake additional education and training or gain such experience as specified in our standards.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Findings

18. The visitor team considered how MDX is seeking to introduce a new apprenticeship pathway to its existing three year BSc Midwifery programme and the impact on 5: Qualification to be awarded. As this modification establishes an additional route leading to the same Level 6 award, the qualification to be awarded and the associated NMC requirements remain consistent across all delivery routes. The introduction of the apprenticeship pathway therefore required review to confirm continued alignment with the minimum qualification requirements and the processes by which students are informed of their five year registration timeframe.
19. In considering Standard 5.1, the visitor team reviewed programme documentation, including the handbook and programme specification for the new apprenticeship route. The documentation confirms that successful students are awarded a BSc (Hons) Midwifery (Apprenticeship), which is a Level 6 bachelor's degree, meeting the NMC requirement for the minimum award for pre-registration midwifery programmes.
20. In reviewing Standard 5.2, the visitor team reviewed programme documentation, including the handbook and programme specification, which consistently advise students that they must apply to register with the NMC within five years of programme completion. The documentation also makes clear that students who do not register within this timeframe will be required to undertake additional education, training or gain experience as specified in the NMC standards. This requirement is further reinforced through preparation for the exit interview, during which the LME discusses the five year registration period with students. At the onsite visit, students confirmed the student-facing processes, demonstrating that they are appropriately informed in line with NMC expectations.
21. Based on the information made available, the visitor team considers that MDX has in place the appropriate arrangements for Standard 5: Qualification to be awarded to enable the NMC standards to be met.

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