Student listening event report

Programme provider	Canterbury Christ Church University
Programme(s) monitored	Registered Midwife – 36 M
Date of student listening event	8 December 2022
Registrant visitor(s)	Rachael Spencer
Lay visitor(s)	Carol Rowe
Observer(s)	Andrea Curling (Health Education England) Sophia Hunt (Nursing and Midwifery Council (NMC)) Paula McLaren (NMC) Pamela Page (Mott MacDonald)
Date of report	12 December 2022

Introduction to NMC QA framework and student listening events

The Nursing and Midwifery Council (NMC)

The NMC exists to protect the public and their core role is to regulate. They perform this role through the promotion of high education and professional standards for nurses and midwives across the UK and nursing associates in England. They maintain a register of professionals eligible to practise and investigate concerns and take action where appropriate through fitness to practise processes.

The NMC wants to make sure that nurses, midwives and nursing associates are consistently educated to a high standard, so that they're able to deliver safe and effective care at the point of entry to the register and throughout their careers. They also want to make sure that patients, people who use services, carers and the public have a clear understanding of what nurses, midwives and nursing associates know and are competent to do.

Standards for nursing and midwifery education

The responsibilities and powers of the NMC in relation to education and training and quality assurance (QA) of education are set out in the Nursing and Midwifery Order. The NMC set standards for education and training and these standards shape the

design and content of programmes to ensure that nurses, midwives and nursing associates are consistently educated to high standards and able to achieve the required standards of proficiency before joining the register. This is one of the primary functions of the NMC in ensuring that they fulfil their role of protecting the public.

QA and how standards are met

QA of education gives the NMC the confidence that education institutions are meeting the standards for education and training through approval of education institutions, their practice learning partners (PLPs), employer partners (EPs) in the case of apprenticeships and programmes. Monitoring activities provide further ongoing assurance that approved education institutions (AEIs), their PLPs/EPs and programmes continue to meet the education standards.

If QA identifies that an education institution isn't meeting the NMC standards, they must take action so the education institution returns to compliance. Where the NMC finds that standards aren't being met, they can withhold or withdraw approval of programmes.

The NMC QA Framework and QA Handbook puts safe, kind and effective care at the heart of what the NMC do. The QA framework explains the NMC's approach to QA and the roles and accountabilities stakeholders play in its delivery. The QA handbook provides the detail of the NMC's QA processes and the evidence that AEIs and education institutions and their PLPs/EPs, must provide in order to meet NMC standards.

Education monitoring

The QA framework outlines the NMC's data driven approach to monitoring. This approach to monitoring enables the NMC to be risk-based, focussing on aspects of education provision where risk is known or anticipated, particularly in practice placement settings. Their monitoring approach promotes self-reporting of risks/concerns/issues by AEIs and it engages nurses, midwives, nursing associates, students, people that use services, carers and educators in its processes.

The NMC may conduct a student listening event (SLE) in response to concerns identified regarding nursing, midwifery or nursing associate education in both the AEI and its PLPs/EPs. It's the role of the NMC's QA board to decide whether it's necessary to carry out a SLE.

The SLE process enables the NMC to gain intelligence about an approved programme and ensures that the student voice is part of the evidence considered when monitoring whether a programme is being delivered in line with NMC standards.

SLEs seek feedback directly from students about their experience of the programme, how they're being supported in both the AEI and practice learning environments and how the AEI and PLPs/EPs work together to support student learning and progression.

The SLE at Canterbury Christ Church University (CCCU)

The NMC took the decision to conduct a SLE at CCCU to ensure that students are receiving learning which meets their standards of education and training. The NMC actioned this SLE in response to:
- concerns in maternity services at East Kent Hospitals University NHS Trust, highlighted in the findings of the Independent Inquiry into maternity services at East Kent published on 19 October 2022
- recent Care Quality Commission (CQC) inspection reports for both the Queen Elizabeth the Queen Mother Hospital (QEQM) and the William Harvey Hospital where maternity services were rated as requires improvement,
- concerns raised by students at the university's pre-registration midwifery approval visit on 20 June 2022
- recent media reports into concerns raised by students about their experience on the programme.

The NMC remain concerned about the potential significant risk to student supervision, support and learning and concerns for public protection.

The focus of the SLE is on current education provision and the support for current students on the pre-registration midwifery programme, both in the AEI and practice learning environments and the potential impact on students' ability to meet the Standards for pre-registration midwifery education (SPME) (NMC, 2009) which are necessary to demonstrate safe and effective practice in order to join the NMC register.

The NMC provide the AEI with the focus of the SLE and a specific plan is conveyed to the AEI. The SLE plan clearly indicates the areas for review under the key risk themes:
- Effective partnership working: collaboration, culture, communication and resources
- Selection, admission and progression
- Assessment, fitness for practise and award
- Practice learning
- Education governance: management and QA

Relevant indicators under the above key risk themes are explored through a series of focus group meetings with a representative sample of students.

The SLE team include a lay visitor and registrant visitor with due regard for the programme under review. The QA visitors use the SLE plan to direct their lines of enquiry.

	Student listening event plan (boxes in grey aren't a focus of the event)			
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 practise 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.	

Introduction to Canterbury Christ Church University's programmes

CCCU is an established and experienced AEI. The faculty of medicine, health and social care (the faculty) houses the school of nursing, midwifery and social work (the school) which provides a number of NMC approved programmes at undergraduate and postgraduate level. The school delivers Bachelor of Science with Honours (BSc (Hons)) nursing (adult, child and mental health) (direct entry and apprenticeship routes), Master of Science (MSc) nursing (adult and mental health), BSc (Hons) midwifery 36 month, return to practice, specialist community public health nursing (SCPHN) (health visiting and school nursing), Foundation degree nursing associate (direct entry and apprenticeship routes) and Non-medical prescribing.

The focus of this SLE is the BSc (Hons) 36 month midwifery programme (NMC, 2009). The visit is undertaken face-to-face. Students are invited to attend focus groups in the following configuration:

- Second year (academic level five) students Canterbury campus (CC) (30 students attending)
- Third year (academic level six) students CC (15 students attending)
- Second year (academic level five) students Medway campus (MC) (21 students attending)
- Third year (academic level six) students MC (21 students attending)

The current BSc (Hons) midwifery 36 month programme was approved on 2 July 2012 and reapproved on 13 March 2017 against the SPME (NMC, 2009). A major programme modification for the implementation of the Standards for student supervision and assessment (SSSA) (NMC, 2018) was approved on 9 August 2019.

In July 2022 approval of the programme against the Standards for pre-registration midwifery programmes (SPMP) (NMC, 2019) was considered by the NMC and was refused. Current midwifery students are therefore on the SPME (NMC, 2009). There are no first-year pre-registration midwifery students registered at CCCU.

The programme has a single intake in September with cohort numbers split and delivered on two campuses: Canterbury and Medway. We're advised that there are 67 second year and 63 third year students registered on the programme with 18 students due to return in December 2022 following a period of programme interruption.

The geographical spread of the practice placements for the programme extends over a wide area in southeast England. We meet with students who've experience in East Kent Hospitals University NHS Foundation Trust (QEQM and William Harvey Hospital), Medway NHS Foundation Trust (Medway Maritime Hospital) and Maidstone and Tunbridge Wells NHS Trust (Maidstone Hospital and The Tunbridge Wells Hospital at Pembury).

The SLE at CCCU is undertaken to gain feedback directly from students and gain intelligence about how student learning and progression are supported in both the AEI and practice learning environments.

The basis for the SLE visit includes the ongoing NMC critical concerns monitoring process of the currently approved midwifery programme, the raising of concerns through an independent enquiry, media reports, CQC reports of practice placements and concerns raised at the conjoint pre-registration midwifery approval visit on 20 June 2022.

To note, *italicised text* in the narrative indicates verbatim student quotation.

Summary of student feedback in relation to NMC key risk themes

Effective partnership working: collaboration, culture, communication and resources

Students we meet raise concerns regarding their perception of partnership working between PLPs and CCCU, particularly in relation to the role, responsibilities and application of academic assessors and practice assessors to support the number of students currently studying the pre-registration midwifery programme.

There's variation in understanding the roles and responsibilities and application of the SSSA across student groups and both campuses. Students tell us that they're allocated a practice supervisor and practice assessor in the practice learning environment. However, access to a practice assessor is problematic for many students. Students tell us that they know who their academic assessors are but there's confusion between the roles of the academic assessor and the personal academic tutor (PAT) as this may be same person. Some third-year students report they've had the same academic assessor throughout all three years of the programme.

The majority of students tell us there's adequate supervision and feedback in practice placements and they feel supported by the practice supervisor. However, there are some specific clinical situations where this isn't the case. Students generally report an improvement in practice supervision this academic year.

The majority of students tell us that academic assessors visit in practice, but two third year students at CC tell us they were without an academic assessor during their second year due to a lecturer '*going AWOL*'. Second year CC students tell us of effective and supportive interventions from the academic programme team (from link lecturers and the PAT) in practice settings. Second year students at MC tell us of some traumatic placement experiences in their first year with no provision of support or

debrief. Third year students at CC report lack of support from the programme team and describe their first and second-year experiences as poor with limited support in practice settings. Five third year students at CC report that they didn't have a named PAT. When they raised this as a concern with the programme academic team there had been no resolution and so they felt unsupported and dismissed by CCCU.

Students report variable experience of supernumerary status, particularly on postnatal wards. Supernumerary status is dependent on staffing levels and students say they understand that this is a '*system failure'*. The situation has improved this academic year as some students report they're now seeing the programme academic team in practice which is supporting their supernumerary status.

Students have a good understanding of the process to follow to escalate concerns in practice.

There's variable application of reasonable adjustments in theory/AEI and practice.

Selection, admission and progression

Students know of CCCU's process of annual declarations of good health and character at the start of each academic year. Students are able to tell us why this statement is important throughout their programme and for admission on to the professional register.

Most students tell us that attendance for theory sessions is monitored. Where attendance has fallen, or mandatory sessions have been missed, a remedial plan is agreed and evidence of making up the missed sessions is required. Some students tell us they're not aware that they need to make up theory hours or how this is verified. Third year students tell us that some students aren't attending university because they feel their voice isn't heard, there's a lack of support from the programme team and they've '*given up'*.

Students tell us that practice hours are recorded in the practice assessment document (PAD).

Assessment, fitness for practise and award

Second year students at both campuses report significant improvement in their practice experience from their first year.

Students don't feel adequately prepared for practice learning settings through mandatory skills and preparation for practice. Students tell us that the preparation underestimates the high-risk profile of mothers in their practice placements.

The students we meet are aware of the requirements of The Code (NMC, 2018), NMC proficiencies, programme outcomes and European Union (EU) Directives and tell us about their progression towards achievement. Most of the third-year students we meet are struggling to achieve the required EU Directives for numbers of personally managed deliveries. Students tell us they've raised their concerns with the programme team, but no plan has been discussed with them to address these concerns and they're anxious about this. Some students expressed a concern that they may not be proficient at the point of programme completion.

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Students across both campuses tell us there's limited inter-professional and multiagency learning in theory and practice.

Education governance: management and quality assurance

Students tell us that their feedback is sought but their experience of feedback and subsequent change is mixed.

Students tell us they know the process to escalate concerns and would feel confident to do so.

Students we meet articulate racial and cultural tensions that they experience in practice learning settings. They also raise a number of concerns around professional behaviours in practice.

Students from both campuses express concerns with respect to the potential implications for their current programme and their reputation from undertaking their pre-registration midwifery programme at CCCU.

Evaluative narrative against key risks
Risk theme one: 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. (This indicator isn't included in this event)
Not applicable.

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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. (This indicator isn't included in this event)

1.2.2 Sufficient appropriately qualified academic assessors to support number of students.

Students tell us that they've a named academic assessor. However, students report some confusion between the roles of the academic assessor and their PAT as this may be the same person. Students are unsure how the academic assessor contributes to student progression on the programme. One third year student reports good experience with an academic assessor in signposting support (MC). However, two CC third year students tell us they were without an academic assessor for the second year as a result of a lecturer '*going AWOL*'. The students raised this as a concern to the programme team but tell us support wasn't forthcoming.

Some of the third year CC and MC students report they've had the same academic assessor for all three years of the programme. Second year MC students tell us of a change in their academic assessor at the start of their second year.

Five third year students at the CC express significant concerns about the lack of support from the programme team and PAT. They tell us there was no contact that the PAT was no longer available and any support was very '*hit and miss*'.

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.

Students tell us that they're allocated a practice supervisor in the practice learning areas. This may be the same practice supervisor for the whole placement or an allocated practice supervisor for each shift. Students tell us they generally feel supported by the practice supervisors and receive feedback at the end of their shift or at an agreed time. The majority of students confirm that they receive sufficient support from practice supervisors to achieve the required proficiencies in practice. Some third-year students report that they get insufficient time with a practice supervisor for discussion or providing feedback on their progress. One third year student (CC) describes supervision on the labour suite as '*hit and miss*'.

The students we meet give a mixed picture of application of the role and responsibilities of the practice assessor. Access to practice assessors is a variable experience. Some second year CC students tell us practice assessors are '*brilliant*'

having met with them initially and for formative and summative feedback. They tell us that the practice assessor is aware of their progress and is always available to support learning. One second year student (CC) reports how the practice assessor reviewed year one achievements and fed this into planning for year two.

Some students report no or very limited access to their practice assessor. Some students report they receive no response from their named practice assessor despite contacting them on numerous occasions. Some students inform us that their practice assessor was too busy to meet with them. One second year student (CC) after receiving no response from the practice assessor was allocated to another but as they hadn't completed the practice assessor preparation was further reallocated but has been unable to meet with this third practice assessor as they're too busy. One second year student (CC) reports that they couldn't access their practice assessor in the first year and they've been allocated the same practice assessor this year and the same difficulties exist. In order to work with the practice assessor some students tell us that they've worked an extra shift. Obtaining feedback from the practice assessor often occurs on the student's or practice assessor's day off as there's no protected time for meetings. Two second year students (CC) report no feedback at all from the practice assessor. Some students report that practice assessors have graded them without ever seeing or having contact with them, relying entirely on the feedback of others.

Students from both campuses tell us they're not always supernumerary in practice. Supernumerary status is dependent on staffing levels and students understand that this is a '*system failure*'. One second year student (MC) describes as a first year being left in a room with a labouring woman with continuous electronic foetal heart rate monitoring recording but no knowledge or understanding of how to review the cardiotocograph and told to press the buzzer if help was needed. The student left the room as the foetal head was crowning and there was no registered midwife in the room, to find the registered midwife reportedly '*eating cake*' in the staff room.

One second year student (CC) describes how students are '*trying to keep the ship afloat*' in relation to their practice learning experiences. The subsequent impact is that they don't feel supported in their learning. Another second-year student (MC) reports being asked to take clinical observations repeatedly for the whole shift and when asked if they could do activities to achieve proficiencies, they were told that they just needed to help out. This pattern was repeated for days at a time. Postnatal wards seem to be very fragile in terms of staffing, with one second year student (MC) describing the environment as '*carnage*'. Another third-year student (CC) reports postnatal staff saying, '*thank God we have you*'. When reporting on staff numbers during each shift to the head of midwifery or team lead, third year students (CC) tell us they're added to the commentary although not counted in the staffing numbers.

Evaluative narrative against key risks

Risk theme two: 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. (This indicator isn't included in this event)

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.

All students know of CCCUs process of annual declarations of good health and character at the start of each academic year. Students from both campuses are able to tell us why this statement is important throughout their programme and for admission on to the professional register. Third year MC students tell us there's been software issues causing difficulties in uploading their declarations this year so they're being uploaded through PebblePad where they can be tracked.

Attendance at the AEI is monitored by electronic tap-in on campus. Attendance for theory sessions is monitored through sign-in registers and checked via the virtual learning environment (Blackboard). Second year CC students tell us where students haven't attended sessions on campus a remedial plan is agreed and evidence of making up any missed sessions is required. Students can access recorded resources. One second year student (MC) requiring reasonable adjustments tells us lectures weren't recorded in the first year, but the situation is much improved this year. Second year MC students also confirm that missed learning is required to be made up. They can also access the recorded resources from sessions facilitated on CC. Third year CC students report that some of their peers attend sessions on campus but leave part-way. They're uncertain if these students are required to make up the missed learning. They tell us that some students aren't attending because they feel their voice isn't heard, that there's a lack of support from the programme team and that students have disengaged from campus learning.

Students report variable experiences of support from the academic programme team in practice.

Students tell us that practice hours are recorded in the PAD. One third year student (CC) tells us there's limited support for retrieval of practice hours which are undertaken during annual leave. One student reports working a 48-50 hour week to retrieve practice hours.

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Evaluative narrative against key risks
Risk theme three: 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. (This indicator isn't included in this event)
Not applicable.
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. (This indicator isn't included in this event) 3.2.2 Academic staff support students in practice learning settings.
We meet students who tell us academic staff support for students in practice is variable. Second year CC students tell us that since the beginning of this academic year they're now seeing the programme team in practice. A yearly plan of weekly visits by link lecturers and PATs is shared in advance. Students tell us their presence helps in bridging the gap between theory and practice. Students give examples of support for students returning following temporary withdrawal including the implementation of reasonable adjustments. In contrast, there's variable experience of programme team support reported by third year CC students. Some students tell us they're supported by the PAT in practice who are in contact and make practice visits. Students at William Harvey Hospital tell us there's limited support from the programme team in practice. One student tells us that a link lecturer made a visit after *'a report came out'*. Another student tells us that after an incident in practice which caused distress, they didn't receive any support as the PAT was '*off work'.* However, another student tells us a PAT visited practice to support a debrief following an incident. CC students placed at Medway Maritime Hospital say they feel a '*little forgotten'* by the programme team. This is echoed by second year MC students allocated to Medway Maritime Hospital. Several third year MC students tell us that they receive weekly visits from the PAT/academic assessor who are supportive and approachable. Link lecturer support in practice has however been variable over the duration of the programme.

Second year MC students' experience of academic staff support in practice reflects to a large extent the experience of CC students. PATs and academic assessors visit students in practice and link lecturers visits are published in advance. Students at QEQM hospital tell us they'd no academic staff support in practice in the first year but support in year two is improved.

Second year MC students describe a lack of support in the practice learning environment from the programme academic team. They tell us of some traumatic experiences in first year practice settings and report they didn't receive any debrief or support from the academic staff. One third year student (MC) witnessed patient harm as the result of failure to perform an episiotomy. This resulted in a severe perineal tear and significant blood loss. The student found support from a third-year student when they were seen to be in a distressed state. A second-year student (MC) tells us of the delivery of a stillborn baby during their first year and being asked to manually remove the placenta following the umbilical cord snapping at delivery. There was no debrief at the end of the shift and when returning for the following shift the student was asked to debrief the parents. The student wasn't given any support by the midwives in the practice learning environment. The incident was recorded as a reflection in the student's PAD which was commented on by the academic programme team, but no support offered or given.

There's variable awareness of reasonable adjustments and associated processes by students across both campuses and variation in the implementation of reasonable adjustments in theory/AEI and practice. The year two CC student representative confirms that the reasonable adjustment process is documented and the process has also been circulated via minutes to students. One student tells us that their reasonable adjustments are only implemented in the university and not in practice. Another student's requirement for recording of lectures wasn't implemented until year two and remains inconsistent. Some second-year students (CC) share positive examples of reasonable adjustments which include being rostered on day shifts only due to post COVID fatigue, adjustments following return after an accident and accommodating long term health conditions.

At our visit students tell us of their experience when personal circumstances need consideration when allocating to practice learning settings. Positive examples are shift allocations for those with carer responsibilities. Some students are dissatisfied with the location and distance of their placements to their home, with some travelling in excess of two and three hours. Two MC second year students report negative experiences of having to drive for three hours a day to Maidstone and Tunbridge Wells NHS Trust as there's no suitable public transport that accommodates shift start and finish times. Another MC second year student reliant on public transport is unable to arrive on time for shift as there's no early public transport. This results in negative reporting by the practice supervisor and practice assessor and academic programme team. These students tell us their circumstances are identified on the allocation request form, but no alternative is offered, or adjustments made.

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. (This indicator isn't included in this event)
3.3.2 Systems are in place to ensure only appropriate and adequately prepared practice supervisors/practice assessors are assigned to students. (This indicator isn't included in this event)
Not applicable.

Evaluative narrative against key risks
Risk theme four: Assessment, fitness for practise 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.

Students don't feel adequately prepared for practice learning settings through mandatory skills and preparation for practice. Students tell us there are consistent expectations by practice staff that students have skills in cardiotocograph interpretation and understanding of complexity, risk and additional care needs of women and newborn infants in year one practice settings. Students also tell us that the timing of underpinning theory and simulated obstetric emergency skills and drills is mismatched with the timing of their practice placement allocations in second year. Some second-year students (MC) say they aren't getting the placements they need to meet proficiencies, particularly as first years.

The students are aware of the requirements of the EU Directives including care of women with pathological conditions in the fields of gynaecology and obstetrics and tell us about their progression towards achievement.

Third year students across both campuses tell us they're on track to achieve the required practice hours. Students who have a deficit of practice hours tell us they find it challenging to retrieve hours during their annual leave. They'd prefer that there's allocated time to do so. They tell us that they work up to 48 hours per week and feel unsupported by the programme team.

Most of the third-year students across both campuses we meet are struggling to achieve the required EU Directives for number of personally managed deliveries. Some third-year students at CC report current birthing numbers of between 10-15. The situation is further exacerbated for some students by problems with the ventilation system affecting Entonox extraction on the labour ward at William Harvey Hospital. This has necessitated student removal from labour ward placements. Students tell us they've raised their concerns with the programme team, but no plan has been discussed with them to address these concerns and they're anxious about this.

One third year CC student expresses a concern that they may not be proficient at the point of programme completion. Several students express concerns about the impact of scrutiny on the midwifery programme at CCCU and the reputational impact for them as future midwives on the NMC 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.

The majority of students confirm that they receive sufficient support from practice supervisors to achieve the required proficiencies in practice. CC students tell us that there's good support from practice supervisors to enable them to meet NMC outcomes and practice proficiencies.

One third year CC student tells us that now the level of supervision is appropriate, whereas previously levels of supervision haven't always been sufficient or appropriate. They say that supervision on labour ward is variable. Some students report insufficient time with their practice supervisor. The differing models of practice supervision across PLPs appears to be a source of confusion for some students.

Some students report feeling anxious around achieving the EU Directives, especially the required number of personally managed deliveries. The situation is further exacerbated for some students by problems with the ventilation system on the labour ward at William Harvey Hospital highlighted in 4.1.1. Eight second year students at William Harvey Hospital who have currently been withdrawn from the labour ward due to this incident aren't aware of any return dates or plans to manage their experience which is raising anxiety levels. Third year CC students report in some cases only 10-15 births at the halfway point in year three and would like a clearer plan, rather than being told '*it will happen'* and being '*shoved in a room'* for the delivery rather than managing the intrapartum episode of care. Some third-year students (MC) tell us that a neighbouring AEI's students placement experiences are prioritised over CCCU students.

Safe, kind, effective care through quality
assurance of nursing, midwifery and
nursing associate education.

Some second year MC students tell us that they aren't getting suitable placements to meet the proficiencies for their stage of training. This was particularly the case in their first year. They tell us that there's been some adjustments to placement allocations to enable proficiencies and EU Directives to be met. Some third-year students (MC and CC) have limited intrapartum experience and express concerns regarding the number of births they have achieved. They are dissatisfied with a lack of contingency plans from the academic team. Intrapartum experiences are further limited due to withdrawal of the homebirth service. Some students (MC) are unhappy with the location and distance of their placements to their home, with some travelling in excess of two hours. They tell us that there's a process for placement change requests, although requests aren't always enacted.

The above indicates a theme in relation to achieving the required number of personally managed deliveries. At the SLE, student concerns generated enquiries to us about the wording and requirements of the EU Directive and whether they'd be permitted to reduce the number of births to a minimum of 30 births.

Third year MC students confirm they engage with a wide variety of practice learning experiences to meet NMC outcomes including gynaecology and obstetric emergencies. Students express concerns around limited exposure to normal pregnancy and birth processes and feel this is due to the current context of maternity services.

Students tell us that as they progress through the programme, theoretical preparation largely relates to what they see in practice. As reported in 4.1.1. students tell us that theoretical preparation in year one isn't always aligned to the expectations in practice.

Second and third year students from both campuses tell us obtaining service user feedback is variable. Feedback is sometimes obtained via the practice supervisor but a direct approach by student midwives is encouraged by many practice supervisors. Thank you notes and feedback from service users are forwarded by the practice supervisor to the relevant students.

Students across both campuses tell us there's limited interdisciplinary and multiagency learning in theory and practice. Guest speakers contribute to the programme at both campuses but the students we meet give no examples of learning with students from other professions/disciplines on campus. Students tell us that they need to seek out their own opportunities for interdisciplinary and multiagency learning in practice. The examples they give of these opportunities are however diabetes and mental health specialist midwives rather than examples of other professions/disciplines.

Evaluative narrative against key risks
Risk theme five: Education governance: management and quality assurance

nmc Nursing & Midwifery Council

Safe, kind, effective care through quality assurance of nursing, midwifery and nursing associate education.

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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.

Students tell us that their feedback is sought via a range of student voice opportunities, including module and placement evaluations and forums with the programme team. CC third year students in particular tell us that requests for student feedback have increased in the current academic year. The student experience of feedback and subsequent change is mixed. Third year CC students report that requests for feedback have been so extensively sought that they're fatigued by the process. They tell us that the feedback is too late and that feedback previously given hasn't been listened to. Students tell us that they don't see any evidence of benefit to them of feedback given but this could be used to enhance programme delivery for subsequent cohorts, for example, less online teaching and more face-to-face. They tell us that some third-year students aren't attending the NMC SLE because they feel their voice isn't heard, that there's a lack of support from the programme team and that the students have disengaged from campus learning. Second year MC students tell us of positive experiences where feedback has been acted on to improve their experience. Examples given are adjustments to placement allocation in order for students to meet proficiencies, a change in assignment date submission. One second year MC student tells us of the welcome addition of simulation sessions on breast feeding support, perineal suturing and practical obstetric multi-professional training (PROMPT) to give greater focus on proficiencies. We understand the latter is facilitated by a PLP during a skills week.

Students tell us they know the process to escalate concerns in practice and confirm they're willing, confident and able to do so. They tell us that they'd approach the PAT for support and '*someone*' from practice. Some students tell us of negative experiences. As first year inexperienced students, some second-year students tell us that they weren't confident to raise concerns when they had cause to. A second-year student (MC) who'd experienced a traumatic incident at Medway Maritime Hospital tells us that they didn't feel they could raise a concern as they'd still be working with the midwives and were concerned what that might lead to. Another second-year student (MC) experiencing a traumatic incident was encouraged to raise a concern by a supportive third year student but felt they couldn't as they'd been blamed by the midwife for the incident. A third year MC student tells us of a positive experience in which they were supported by the bereavement team after raising a concern*.*

Many students have concerns about the professional attitudes and behaviours of midwives in practice, particularly at Medway Maritime Hospital. This is more evident from MC students. Students describe how negative cultures in practice have a negative

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impact on them. Students tell us of a culture of blame and a lack of respect for both mothers in their care and towards students. Some students tell us of racist and cultural tensions with reference to the '*African pelvis'*, mimicking of accents of students and mothers, requesting to *'touch hair'* and calling a student '*Jane*' because they cannot pronounce their name and don't ask by what name the student would like to be called. Students' report community midwives to be in a '*battle*' with mothers of different cultures.

Students from both campuses tell us that they've very limited opportunity to meet with pre-registration midwifery students from the other campus other than limited social interactions organised through their midwifery society including a social event at Christmas. During COVID they report that there was some shared online teaching.

There are mixed responses from students for recommendation of the CCCU midwifery programme. CC students have a more favourable outlook in recommending the programme to others. A significant number of MC students wouldn't recommend the programme. Some MC students suggest that prospective students consider the CC over the MC as the facilities such as the simulation suite are better. One third year student (MC) reports knowledge of students from another other AEI having a better learning experience on their midwifery programmes. Students from both campuses express concerns with respect to the potential implications for their programme and their reputation from undertaking their pre-registration midwifery programme at CCCU. Second year MC students we meet report that the academic programme team has prepared students in relation to this NMC SLE, indicating that students need to consider the impact of negative feedback on their programme.

Meetings with students:	
Student Type	**Number met**
Pre-registration midwifery - 36M (2009 curriculum)	Year one: 0 Year two: 30 CC, 21 MC Year three: 15 CC, 21 MC Year four: 0
Pre-registration midwifery - 36M (2019 curriculum) Not applicable as CCCU not yet approved against 2019 standards.	Year one: Year two: Year three: Year four: