College of Health, Wellbeing and Life Sciences

BSc (Hons) Midwifery

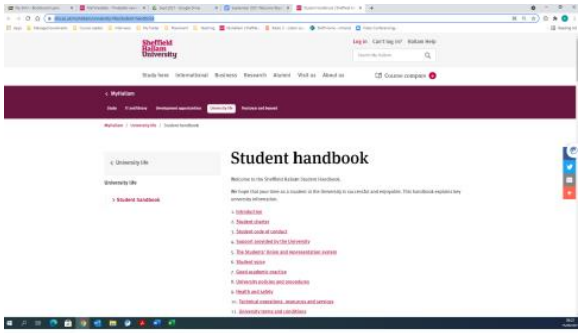
Course Code 66BS02977F

COURSE HANDBOOK

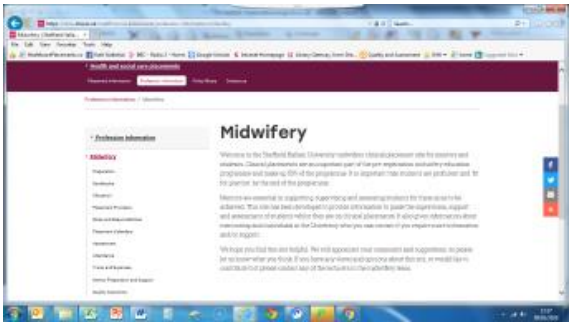
Levels 4, 5 and 6

September 2022

This Course Handbook is to be used in conjunction with the student-handbook and the Midwifery Placement website as illustrated below:



https://www.shu.ac.uk/myhallam/university-life/student-handbook



https://www.shu.ac.uk/health-social-placements/profession-information/midwifery

Updated 06.09.22

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Introduction

i. Purpose:

The principle aim of this handbook is to answer any questions you may have about the programme structure, your role as a student, the function of the College and the University as a whole. You will also find information that is available via **MyHallam**, your default homepage on any University PC web browser. You will be issued with a login account at the time of enrolment. There are also some helpful hints and tips to help you on the course, from other student midwives.

ii. Our student Charter

Our student charter was developed jointly by the University and Sheffield Hallam Students' Union. It is an example of the working partnership which exists between our staff, students and student representatives. The charter embodies our commitment to delivering a high-quality student experience and sets out the expectations and responsibilities we have for our community of students and staff.

A copy of the current University Student Charter can be found at https://www.shu.ac.uk/about-us/governance-and-strategy/governance/our-student-charter

iii. Attendance Statement

The University Policy on attendance can be found at the following link

https://students.shu.ac.uk/regulations/assessment_awards/index.html

The following statement has been agreed to communicate the University's expectations on student attendance and to encourage you to gain the most from the planned learning activities on your course.

It is essential that all students take responsibility for their learning by engaging fully with their course and that as a minimum student should:

- Attend punctually all scheduled and timetabled learning and teaching activities and sessions. If unable to do so for reasons of illness or other extenuating circumstances, then this be reported, and the time made up. Further information is available in section 2.9. Engage with and participate in all learning activities.
- Submit all assessments by scheduled hand in dates.
- Attend all scheduled assessments (for example, in class tests, presentations, exams).
- Reflect on and act on feedback on assessed work.

- Undertake independent learning in support of teaching delivery as directed by academic staff.
- To make up time for missed theory sessions a learning log must be completed. The learning log can be found on your organisation site on Blackboard.

See page 28 for details of the sickness absence reporting process

iv. **University Regulations**:

As a student at Sheffield Hallam University, you agree to abide by the University regulations upon enrolment to the University. Please note regulations can change during the year and the latest version can be found on MyHallam under Rules and Regulations, you should therefore read this handbook in conjunction with these Academic Regulations and Student Policies. These can be found at the foot of the page online at https://shuspace.shu.ac.uk/webapps/portal/frameset.jsp under Rules and Regulations. https://www.shu.ac.uk/Study-here/Terms-and-Conditions-and-Student-Regulations

Please note the BSc in Midwifery is regulated by Professional Body Standards set by the Nursing and Midwifery Council and is therefore exempt from some of the University regulations (NMC 2019).

Exemptions from Assessment Regulations are:

- Compensation
- Reassessment entitlement
- Timing of referral opportunities
- The minimum requirement for award is 361 credits

v. **Disclaimer**:

While every effort has been made to ensure the accuracy of information contained in this handbook at the time of production, information can change in year. If this is the case these changes will be communicated to you in a timely manner and links are provided where appropriate to sources of current online information.

1. Welcome messages:

1.1 Welcome from the Head of Nursing and Midwifery.

Dear Students

It is my great pleasure to welcome you to study in the Department of Nursing and Midwifery at Sheffield Hallam University.

As a University we pride ourselves on developing students who are prepared to work as graduates in a competitive work environment. We have an excellent reputation for engaging with external organisations, such as the NHS, in order to make this happen. This is particularly the case in the College of Health and Well-being and the Department of Nursing and Midwifery.

Within the College staff are engaged in a number of activities to transform practice and generate new knowledge. This means that we are at the cutting edge of midwifery practice and are supporting practice to ensure that our students are fit for the future and equipped to be the next generation of midwifery leaders

We are aware that we set high expectations for our students, because we know that this prepares them for a professional life as a Midwife and has a positive impact on care.

I would encourage you to take part in all of the activities that the programme offers to ensure that you maximise this experience. Do remember that there are a team of dedicated staff who are there to support you on this very rewarding journey.

Best wishes on this programme I wish you every success.

Susan Wakefield

Head of Nursing and Midwifery Department

https://www.shu.ac.uk/about-us/our-people/staff-profiles/susan-wakefield

1.2 Welcome from the Course Leader

Dear Student

I would like to offer you a warm welcome to the BSc (Hons) Midwifery course and would like to congratulate you on your success in gaining a place on this popular and successful course.

You have now entered a demanding yet rewarding profession. Our role is diverse, and we are privileged to support women and their families though life changing events. The course team and our practice partners are ready to support you on your journey during this dynamic, stimulating, and challenging course.

As a Student Midwife, you have your course and your professional responsibilities to fulfil. This Handbook will point you in the direction of the information you will require to fulfil these responsibilities.

I wish you every success in your future studies.

KNakielski

Kath Nakielski

Course Leader

https://www.shu.ac.uk/about-us/our-people/staff-profiles/kathleen-nakielski

1.3 A message from your Sheffield Hallam Students' Union Education Officer

I was elected to represent you and your views as your Education Officer. I hope you'll enjoy being part of your course and I'll be working closely with your course representatives, so if you ever need any help or advice on anything associated with your course and your education then get in touch at uuseducation@shu.ac.uk. If you want to share any of your experiences on your course or are facing any problems, then come and talk to me as the Students' Union is here to support you. I'm based in the HUBS, but you can also contact me via email, on Facebook or via Twitter @hallameducation. I look forward to meeting you soon!

Sheriff Muhammed

Education Officer, Sheffield Hallam Students' Union

1.4 Welcome from current student midwives

TIPS FOR FIRST YEAR!

Don't compare yourself with each other! Don't compare placement progress or grades; everyone works at different speeds and levels.

Write down all your deadlines as a list and cross them off as you go, so you know what is due when.

Try to talk to everyone in your cohort at least once. They are your second family for 3 years and your support network. So, get to know them.

Try not to get overwhelmed, take everything a step at a time. Don't be afraid to ask for help. There are loads of support available for you, use it!

Hello September 2022,

Welcome to Midwifery at Sheffield Hallam University. This is a little sheet for you with tips on from current students about your first year.

At the moment it may seem really daunting, overwhelming and information overload, but it will change and get easier. You may not even realise it but at some point, you will sit back and think "I have got this". Everyone will say it, but you are in a really privileged position, so even though it is hard work (and it is) enjoy it. Everyone is lovely at the university and all the lecturers are amazing, so don't worry. These 3 years will be the best of your life!

The boxes on this sheet contain tips and tricks for you, but if you follow this link, you can access the site where students have put their comments in more detail.
https://padlet.com/hwbkn11/95h2cpkke85ytmvu
Good luck and have fun!

From September 2021

Take the time to learn how to reference properly. It may not seem it, but it is a MAJOR aspect.
Use Studiosity to your advantage.

Manage your time and keep yourself organized. Post it notes are a life saver, but use whatever method works best for you.

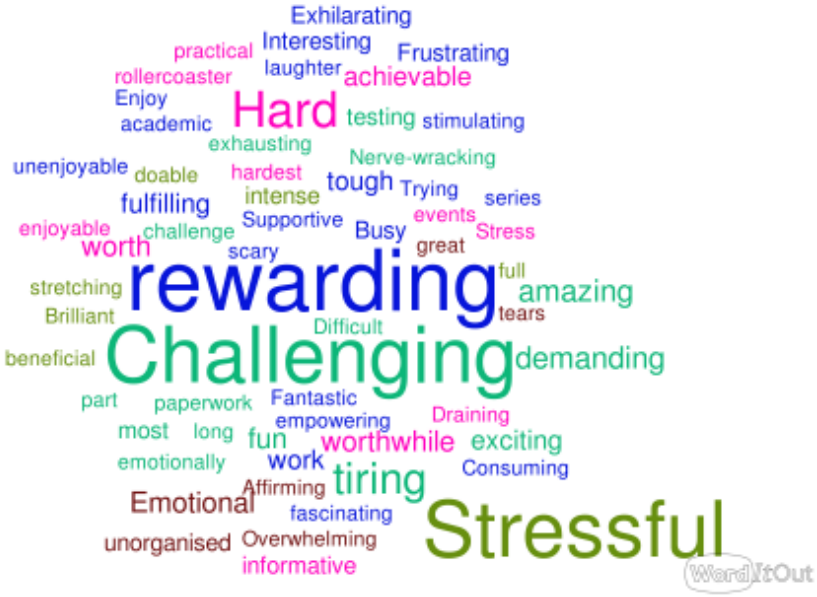
Talk to the other years and use them. They have been through it and know what you are going through. Don't be scared to contact them (We are here anytime!!).

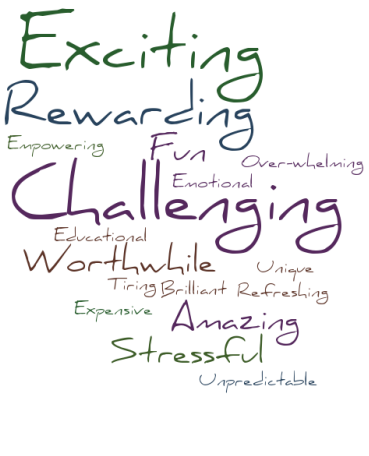
Learn you're A&P; you will need it for everything, so better to be prepared!

Use the formative opportunities to your advantage. They are extremely helpful, to get feedback before the summative assessments.

Don't leave things till the last minute! As soon as you get something, try and work on its ASAP. Start all your work as soon as you can.

Feedback from the end of course evaluation from the September 2016, 2017 and 2019 Cohorts in answer to the request to 'Sum up the course in 5 separate words'





2. Course Information

Programme Learning Outcomes

Upon completion of the course a typical student should be able to identify, explain and critically evaluate:

2.1 Knowledge and understanding

2.1.1 the philosophical foundations of midwifery practice;

2.1.2 current theoretical perspectives on midwifery practice;

2.1.3 the anatomical, physiological, sociological, psychological, pharmacological and pathological principles related to maternal, fetal and neonatal wellbeing;

2.1.4 the ethical, legal and political issues in relation to midwifery practice.

2.1.5 the requirements of clinical governance as demonstrated through the theoretical and scientific basis of research, research methodology, clinical audit, risk management and the theories and principles underpinning the effective use and development of evidence in practice.

2.1.6 the connections between clinical leadership, management and health outcomes.

2.1.7 current local, national and international public health agendas and the role of the midwife in contributing to health outcomes.

2.1.8 the contemporaneous provision of midwifery care in the public and private sectors including structure, drivers of change and policies.

2.1.9 relevant theoretical, policy and legal perspectives around the integration of services and practice and their impact on collaborative practice and individuals accessing services.

2.1.10 the principles and practice of professionalism and interprofessional collaboration in a local and/or global context.

2.2 Intellectual skills

2.2.1 formulate strategies for selecting appropriate and relevant information from a wide range of professional and inter-professional sources of knowledge to support sustainable arguments and draw reasoned conclusions.

2.2.2 synthesise and critically appraise contemporary information from a variety of sources to gain a coherent and evidence-based understanding of midwifery theory and practice in a local, national and/or international context.

2.2.3 utilise appropriate study skills to facilitate their own learning.

2.2.4 critically reflect upon situations and devise an appropriate course of action enhancing their personal and professional development.

2.2.5 engage in debate and discussion in areas of professional controversy and future professional development.

2.2.6 construct reasoned argument concerning the funding and ethics of modern health and social care.

2.2.7 make and justify ethically sound professional judgements in the context of collaboration applying to a range of complex situations.

2.2.8 identify the needs of women and their families from physical, psychological, environmental, social, emotional and spiritual perspectives to understand and value the diversity and complexity of human behaviour.

2.2.9 communicate with other professionals and agencies working in collaboration with maternity services, to ensure that the needs of individuals, families and communities are met.

2.2.10 critically evaluate learning from a variety of local, national and international settings/sources.

2.3 Subject-specific and/or Professional/Practical Skills

2.3.1 role model the practise of autonomous, accountable and safe midwifery care which underpins the delivery of high quality compassionate, respectful, women and family-centred, evidence-based midwifery.

2.3.2 critically appraise their own and others' interprofessional practice and evaluate how this has contributed to their personal and professional development.

2.3.3 critically evaluate integrative practice considering its potential to promote positive outcomes for people in diverse communities and the organisations we work with.

2.3.4 work in partnership with other health and social care professionals and agencies, women, their partners and families, providing continuity of care and carer.

2.3.5 question how contemporary policy and social drivers impact upon individuals, communities, international agendas and the development of the profession.

2.3.6 practice sensitively and safely in meeting the needs of diverse people and cultures.

2.3.7 assess, plan, implement and evaluate individualised woman and family-centred care within normal pregnancy, labour and the puerperium.

2.3.8 recognise and respond accordingly to care for all women including those with complex and challenging mental health, medical, surgical, gynaecological, obstetric and social needs.

2.3.9 apply the pathophysiology of medical/surgical/gynaecological and obstetric conditions, including relevant pharmacology, which may affect maternal, fetal or neonatal wellbeing.

2.3.10 identify the clinical leadership skills inherent in acting as the lead professional in midwifery care.

2.3.11 develop practical skills (including statutory and mandatory) appropriate to the role of the midwife.

2.3.12 engage in self-directed learning that promotes personal and professional lifelong development.

2.4 Transferable/Key Skills:

2.4.1 Communicate effectively with individuals and groups using a variety of strategies and interventions, and through a variety of media.

2.4.2 Use appropriate skills in the interpretation of evidence in the context of your studies.

2.4.3 Self-manage time and resources when working independently and as a member of a group.

2.4.4 Apply problem solving skills and shared decision-making skills to address academic and practice issues.

2.4.5 Demonstrate the transferrable skills and attributes required in a contemporary employment setting including adaptability, autonomy, enterprising and reflective practice.

2.4.6 Analyse your personal contributions to working collaboratively and relate this to underpinning theories of effective interprofessional collaboration and team-working.

2.4.7 Maintain legible, accurate and contemporaneous records for professional and personal use.

2.4.8 Demonstrate digital capability, agility and innovation, utilising relevant current and emerging digital technologies to optimise professional practice.

2.4.9 Demonstrate the necessary literacy, numeracy, information and computing technology skills to enable safe, competent and effective practice.

2.5 Key course contacts

Introducing the Midwifery Course Team

The Course team are the academic staff who have overall responsibility for managing and developing the course you are studying. There is a description of how these roles work later in this handbook.

Name	Role	Tel. Number	email Address and Zoom Room
Hannah Ashmore	Lecturer in Midwifery	0114 225 4311	H.Ashmore@shu.ac.uk https://shu.zoom.us/j/8336099247
Rachel Best	Principle Lecturer / Subject Group Lead	TBC	rb8809@exchange.shu.ac.uk
Hayley Billings	Lecturer in Midwifery	0114 225	H.Billings@shu.ac.uk https://shu.zoom.us/j/5425912444
Cath Burke	Senior Midwifery Lecturer / Course leader for Sept. 2019 BSc Midwifery and MSc in Perinatal Mental Health	0114 225 5695	c.burke@shu.ac.uk https://shu.zoom.us/my/hwbcb11
Lindsay Durant	Lecturer in Midwifery	0114 225 5093	L.Durant@shu.ac.uk
Frankie Fair	Lecturer in Midwifery	0114 225 2211	F.Fair@shu.ac.uk
Carrie Fox	Lecturer in Midwifery	0114 225 3980	carrie.fox@shu.ac.uk https://shu.zoom.us/j/6096766171 https://shu.zoom.us/my/cf8600
Sally Freeman	Senior Lecturer in Midwifery/ eMORA Lead	0114 225 5484	s.freeman@shu.ac.uk https://shu.zoom.us/j/7924768682
Charlotte Keyworth	Lecturer in Midwifery	0114 225 5294	C.Keyworth@shu.ac.uk
Kath Nakielski	Senior Lecturer in Midwifery/ Course Leader September 2020 onwards	0114 225 2488	k.nakielski@shu.ac.uk https://shu.zoom.us/j/5758836808
Katherine Rothwell	Lecturer in Midwifery	0114 225 3954	kr9720@exchange.shu.ac.uk https://shu.zoom.us/my/k.rothwell

Name	Role	Tel. Number	email Address and Zoom Room
Vicky Schofield	Lecturer in Midwifery	0114 225 2082	vs7412@exchange.shu.ac.uk http://shu.zoom.us/my/vs7412
Hora Soltani	Professor of Maternal and Infant Health	0114 2255444	h.soltani@shu.ac.uk
Rachael Spencer	Principle Lecturer / Lead Midwife for Education	0114 225 3480	Rachael.Spencer@shu.ac.uk
Jane Stephenson	Lecturer in Midwifery/ Recruitment Lead for Midwifery	0114 225 2732	j.stephenson@shu.ac.uk https://shu.zoom.us/j/7453211743
Chantelle Thomas	Lecturer in Midwifery	0114 225 5723	C.Thomas@shu.ac.uk https://shu.zoom.us/j/8410043282
Hannah Thompson	Midwifery Lecturer	0114 225 5312	Hannah.Thompson@shu.ac.uk https://shu.zoom.us/my/hannahthompson
Lauramay (May) Williams	Midwifery Lecturer	0114 225 5296	Lauramay.Williams@shu.ac.uk https://shu.zoom.us/my/lw3174

An overview of the Course Management Team

The members of the Course Management Team (CMT) are involved in induction to each stage of the programme and help to support students through the programme, alongside other staff. The CMT operate a traffic light system which helps us identify students requiring most support and guidance. Regular meetings with other key support staff also take place to monitor the students on the traffic light system.

The CMT also meet regularly with student course representatives to discuss course related issues and students' experiences on the programme including the monthly Student Voice Meetings. We work positively with our student representatives, and we pride ourselves on the emphasis of co-production with the student population. Together we work on a number of exciting projects to improve the student experience.

Lead Midwife for Education:

The Lead Midwife for Education has primary responsibility for the overall development, delivery, and management of the midwifery course with special reference to compliance with the standards established by the NMC. They are responsible for informing the NMC that you are fit to practise upon qualification, including signing the supporting declaration for good health and good character for all midwifery students.

Course Leader:

The course leader has primary responsibility for the operation, management, and review of the learning process. In order to effectively undertake that role, they will liaise on a regular basis with the pre-registration course manager, administrative and student support team, practice partners and module leaders.

Cohort Lead:

This is a new role and more information will follow.

Module Leaders:

These are the academic members of staff with primary responsibility for the design and delivery of a module. Responsibilities include teaching, assessment, feedback and evaluation, alongside module specific advice and support.

The module leader will:

- Provide the module course information at the start of the module.
- Provide reading advice and details of other resources.
- Provide assignment guidelines.
- Undertake an evaluation of the module.

- Provide feedback on individual and group performance. Mechanisms for this will be made known at the beginning of the module.

Academic Advisers:

Each student will be assigned an Academic adviser who will support their personal and professional development until completion of the course. They will ensure that the students are engaging with the academic and professional requirements of the course and support the student in applying theory to the practice setting and encourage reflection. Academic Advisers provide a persistent personal point of contact and ongoing support as students' progress through their course, transitioning from induction, into and between levels of study, to and from placements and into employment or further study. Academic Advisers also provide pastoral support at the point of contact in relation to academic progress and, where appropriate, refer the student to specialist support services. Students will be required to meet with their Academic Adviser following practice placements to review completion of the Midwifery Ongoing Record of Achievement Document [MORA] and monitor progress of the professional values, proficiencies, skills, medicines management and EU numbers and Professional Development portfolio.

Students are allocated in groups to an Academic Adviser at the commencement of the programme and the norm would be for this advisor to stay with the same group throughout the programme. More information can be located at https://www.shu.ac.uk/myhallam/help-and-support/academic-advisers

Responsibilities:

- Campus learning
    - Actively encourage, motivate and support student engagement with the programme.
    - Facilitate a session in the first week (induction for level 4 as timetabled) of the programme.
    - Follow the Promoting professional behaviours process in monitoring attendance, complete documentation and referral to course management team as required.
    - Review student learning logs and evidence for missed hours of learning (this must be completed for all missed sessions to ensure NMC hours are met).
    - Facilitate a timetable session (one of the tutorials) on the **assessments for the year** (the purpose of the session is to identify the workload and discuss the management of the workload not the nature of the assessments)
    - Facilitate tutorials as timetabled, document any concerns raised about the student experience and refer these in email to the course management team.

The sessions will follow the lesson plan and will not be used for signing off CADS.
    - Monitor and encourage the students' professional development
    - Monitor and encourage the students' academic development
    - Refer requests for references for agency work to the course administrators for the standard letter to be sent out.
    - Monitor and confirm the completion of the record of experience (EU directives)
    - Write an end of course summary
    - Act as a referral agent for pastoral issues
    - Act as a point of contact for areas of concern in the student experience advising the student to refer issues on as appropriate to the Link lecturer, SSA, Module Leader, Course Management Team
    - Refer students where necessary to the referral processes for Fitness to practice or disciplinary
- Practice learning
    - Facilitate timetabled sessions on placement preparation
    - Email students within 3 weeks of the start of their placement to ensure they have settled including reminder of details of the need to escalate concerns to link lecturers or the SSA including a link to the escalating concerns on the placement learning web pages (standard email acceptable sent individually - monitor response)
    - Facilitate reflection on placement learning and achievement of competencies
    - Monitor clinical assessment and achievement
    - Process assessment of practice documents (eMORA) on time in line with published dates - arrange for an alternate if unavailable (extensions not permitted due to exam board deadlines).
- Undertake an annual performance review of the student's self-assessment of their academic and practice development (Web-folio). This is reviewed at the assessment of practice one to one sign off meetings.

Where necessary responsibilities following guidance from the Course Management Team (to be confirmed with admin)

- Where necessary conduct an exit interview with the Student Support Adviser
- Where necessary advise and support the student wishing to take a temporary withdrawal
- Where necessary advise and support the student who is referring in assessments
- Where necessary advise and support the student who is exiting as a failed student

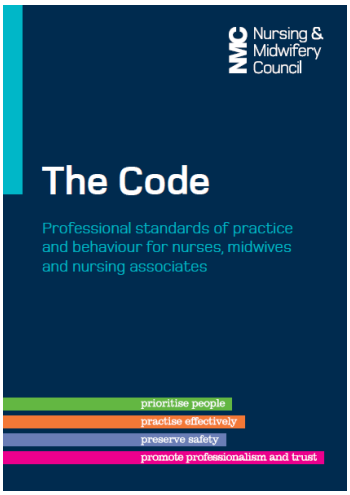
What students should not expect

- The AA to manage practice concerns which should be referred and dealt with by the link lecturer for that practice area.
- Pastoral support - this is the role of the SSA/ Student union advice centre, Health and Wellbeing services including counselling services.

The Nursing and Midwifery Council (NMC)

The NMC exists to safeguard the health and wellbeing of the public. They do this by maintaining a register of midwives, setting standards for education and practice and giving guidance and advice to professionals. The BSc (Hons) Midwifery programme at Sheffield Hallam University is regulated in accordance with the *Standards of proficiency for midwives* (NMC 2019) and as such maintains the fidelity of the competencies required to become a Registered Midwife.

The Code (NMC 2018) is a very important document, and you should reference it in all of your work as it governs the way we work as midwives. It is essential that you familiarise yourself with this document.



https://www.nmc.org.uk/globalassets/sitedocuments/standards/standards-of-proficiency-for-midwives.pdf

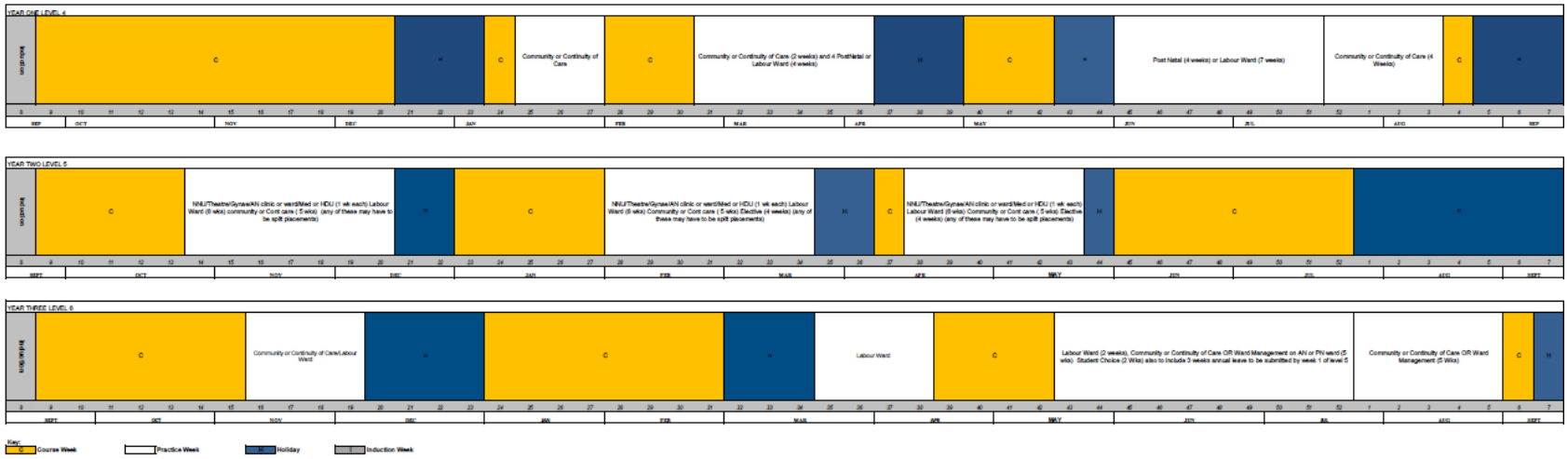
https://www.nmc.org.uk/globalassets/sitedocuments/nmc-publications/nmc-code.pdf

Academic Calendar

The midwifery course does not follow a traditional academic calendar and therefore the most reliable source of information is the course (training plan) below. During your Campus/theory learning weeks, you will follow a timetable which will be made available for the first few months of the course during the induction week. You will have a link to your individual timetable. We recommend that you check this daily for any updates or changes. You will be expected to do independent and group study outside timetabled classroom sessions.

2.6 Course Plan - generic

Midwifery



2.7 Course Session Content

All of the detailed session material can be found on the Blackboard (Virtual learning environment) site for each module and on your personal timetable. The indicative content can be found using the 'module documents' tab on each module site. There are lots of learning materials and details about all assignments under each module site. Take time to explore each module site to explore the greater learning opportunities available.

2.8 Course Outline

Module Leaders are responsible for the management and development of individual modules within the course.

General University guidance for assessments can be obtained at http://academic.shu.ac.uk/assessment4students/ Please see your Assessment Statement (via My student record) for the confirmed submission dates at https://msr.shu.ac.uk/urd/sits.urd/run/siw_lgn

Level 4

All of the modules are compulsory, and no optional modules are possible, as this ensures all students receive all content as defined by the NMC (2019). Modules are mapped to *Standards of proficiency for midwives* (NMC, 2019) in Appendix 6.5 of this document

Module Title	Credit	Module Code	Module Leader	Task Name
Establishing Midwifery Practice	40	66-407976	Hayley Billings	Observed Structured Clinical Examination (OSCE) (Pass/Fail)
				Practice document (eMORA) (Pass/Fail)
Sciences for Professional Midwifery Practice	40	66-407975	May Williams	Exam (75%)
				Written assignment (25%)
Personal and Professional Development	20	66-407205	Kate Mangham	Evidence-based reflection and action plan (100%)
Collaboration for Individual and Community Wellbeing	20	66-407206	Julie Marshall/Pat Day	Group Presentation (100%)

Level 5

All of the modules are compulsory, and no optional modules are possible, as this ensures all students receive all content as defined by the NMC (2019).

Module Title	Credit	Module Code	Module Leader	Task Name
Enhancing Midwifery Practice	40	66-507978	Jane Stephenson	OSCE (Pass/Fail)
				Practice document (eMORA) (Pass/Fail)
Complex Challenges in Midwifery and Neonatal Care	20	66-507977	Carrie Fox	Exam (100%)
Evidence and Enquiry for Practice	20	66-507208	Jon Painter Lindsay Durant	A written assessment (100%)
Assessing and Addressing Complexity	40	66-507207	Jane Foggin/ Vicky Scholfield	Poster presentation (integrated case study) (40%)
				Critical reflection on a case study (60%)

Level 6

All of the modules are compulsory, and no optional modules are possible, as this ensures all students receive all content as defined by the NMC (2019).

Module Title	Credit	Module Number	Module Leader	Task Name
Strengthening Professional Midwifery Practice	40	66-607979	Hannah Ashmore	OSCE (Pass/Fail)
				Practice document (eMORA) (Pass/Fail)
Working with complexity in practice	20	66-607211	Adrian Walker/ Steve Brown	Dissemination and reflection of your learning using an on-line blog or other form of on-line media (100%)
Professional Leadership	20	66-607209	Aimi Dillon	Patchwork text (100%)
The Advancing Professional	40	66-607210	Victoria Cadman/Hannah Thompson	Project report, dissertation, or publication manuscript as agreed with supervisor (100%)

2.9 Placements

Half of the 3-year programme is designated as placement time. Students spend 20 weeks per year learning the practice of midwifery which totals 2300 hours across the programme. You will be provided with a range of placements that will allow you to fulfil the professional requirements for registration and the academic requirement set with each module. Our placement partners work closely with us to enable you to develop your confidence, resilience and proficiency across the course, encouraging you to perform increasingly challenging and complex activities until you are considered competent for registration.

Clinical practice is graded and counted as part of the academic award. During all clinical placements throughout the 3 years, students will undertake rostered practice in a supernumerary capacity. Where the opportunity is available students in all years are involved in supporting women birthing in a variety of settings such as labour/delivery/recovery and postnatal wards, hospital wards, free standing/ integrated birth centres and in the home setting.

The student actively engages in learning activities during their working shifts. The activities are directed by the proficiencies, inter-professional capabilities and learning outcomes that the student has to achieve during each year of the course. During this time the student will collate a professional portfolio of evidence/assessment of practice documentation to demonstrate proficiency and completion of the NMC proficiencies for registered midwives.

Each student will be supported by practice supervisor/s. A Practice Supervisor is an appropriately prepared professional who oversees the student and directs their learning activities, acting as a positive role model. They support the student in collating evidence for the assessor, provide feedback for development and contribute to the assessment of the student. In order to fulfil this role, the supervisor is required to understand

- The proficiencies, inter-professional capabilities and learning outcomes that a student has to achieve during each year of the programme
- The learning activities in their practice area that enable the student to achieve the proficiencies
- An understanding of associated learning experiences that a student can access in order to maximise their success.

Practice supervisors will provide regular verbal formative feedback to the student on their performance, facilitated through the portfolio/ assessment of practice documentation. They will provide evidence to enable the practice assessor to make an objective decision of the student's performance.

Students may work with an individual supervisor or teams of practice supervisor's dependent upon the nature of the practice area. They will be allocated to the student by the Learning Environment Manager (LEM).

Supervisors will be prepared for this role by undertaking a 'preparation for supervision' package. This will be offered face to face and online.

Practice supervisors will be supported in their roles by:

- Learning Environment Manager, who is responsible for the allocation of students and maintenance of the learning environment to ensure a positive experience and support of supervisors.
- Practice Learning Support Team - made up of experienced practice and academic assessors who are not directly involved in the assessment of the student but provide guidance for supervisors and assessors when supporting students who are failing to progress.

Where Practice supervisors are concerned that students are not collating sufficient/appropriate evidence of achievement or are causing concern regarding their performance, behaviours or patient safety issues they can contact the above team who will action plan for achievement with the student. Where appropriate, students will be referred to the Fitness to Practise processes.

A nominated Practice Assessor is a midwifery registrant with the NMC who objectively reviews and verifies the student's evidence of achievement of the proficiencies and programme learning outcomes and enables progression to the following year of study. The nominated practice assessor changes with each part of the programme.

The practice assessors will assess the student based on the evidence the student independently collates and using the Midwifery Ongoing Record of Achievement (MORA). This is an assessment tool developed by a collaboration of midwifery education and practice providers across England and Northern Ireland (Midwifery Practice Assessment Collaboration [MPAC]) working collaboratively to produce a coherent pre-registration midwifery practice assessment tool. The development was informed by the PAN London approach to assessing practice which has received positive evaluation from current students and those assessing their learning.

The approach to this activity may be defined by the practice partners but will fall into one of the 2 following models:

- Central team approach - A team of dedicated assessors will review evidence from all students allocated to the trust/area. The preparation for this role will be an approved short programme. Where a registrant already holds

evidence of completion of a mentor programme an 'Orientation to the assessor role' study day will be undertaken.

- Dispersed approach - Individuals will undertake the assessor role. The preparation for this role will be an approved short programme. Where a registrant already holds evidence of completion of a mentor programme an 'Orientation to the assessor role' study day will be undertaken.

In each practice area there will be a named individual who will act as a 'go to' person. This person's title will vary dependent upon the practice area but will be identified to students at orientation to the practice area as someone they may go to if they have any concerns regarding patient safety, their support or learning experience in practice. They will be independent of the assessment process and of the teams involved in supervising.

A nominated academic assessor, liaising with the practice assessor, will collate and confirm the student's performance with regards to their achievement of proficiencies and compliance with The Code - Professional standards of practice and behaviour for nurses, midwives and nursing associates (NMC, 2018) prior to progression. The nominated academic assessor will not have a role as practice supervisor or practice assessor for the student they assess.

Service users will be invited to provide students with formative feedback. Confidentiality will be maintained and requests for testimonies on performance will be overseen by the supervisor.

At the end of each part there will be a Supervising and assessing students in practice event. This event offers the opportunity for practice assessors, supervisors, academic assessors and service to review evidence of the assessment of practice, discuss effective and supportive approaches to supervision and assessment with a view to learning lessons and sharing good practice. This information will feedforward to the Curriculum and Practice Learning Partnership Group for further discussion including students. This will enable quality oversight and improvement for the assessment of practice learning on a continuous improvement premise.

The placements are organised to complement your learning in university and to ensure you receive a thorough, all-round, practical experience to enable you to comply with the European Union Directives, (see appendix 6.4) and the *Standards of proficiency for midwives* (NMC 2019) (see appendix 6.5). Further details of placement support and guidance can be located at:

https://www.shu.ac.uk/health-social-placements/profession-information/midwifery

2.10 Resources available

Sheffield Hallam University is very proud of its' outstanding clinical simulation facilities within the Robert Winston Building, and the practical sessions on the course are taught in this purpose-built accommodation.

Our students report 98% satisfaction with the learning centre facilities, and this is the link to the service they offer. http://library.shu.ac.uk/

They provide assistance with referencing, searching and study skills. Many of the key texts are now available as electronic books.

2.11 Course specific information

The Midwifery programme has validated by the Nursing and Midwifery Council. This adheres to the *Standards of proficiency for midwives* on midwifery programmes (NMC 2019). Therefore, this is a non-standard university course which has some exceptions to some university regulations.

2.11.1 Mandatory Preparation for Practice

In order to prepare you for this practice experience you will need to have completed mandatory requirements. Please see your BSc Midwifery: Mandatory Preparation for Practice, Organisational Site. You will find this contains all relevant information and on-line learning required. There will also be clinical skill-based activities that must be attended. You will be unable to commence your practice placement until all mandatory and other preparatory work is completed.

Subject	Refresher Period	Method of delivery
1. Equality, Diversity and Human Rights	3 yearly	**Year 1 only** On-line package prior to placement, then embedded in curriculum and eMORA
2. Health, Safety and Welfare	3 yearly	**Year 1 only** On-line package prior to placement, then embedded in curriculum and eMORA
3. Safeguarding Adults	Year 1 then every 3 years	**Year 1 only** On-line package
4. Safeguarding children	Induction 3 yearly	**Year 1 only** On-line package
5. NHS conflict resolution	3 yearly	**Year 1** On-line package prior to placement, then embedded in curriculum and eMORA
6. Violence and aggression	Mental health students only	**N.B.** Student directed learning prior to 3rd year caseload holding

7. Fire Safety	At least every 2 years	Online package years 1 and 3
8. Infection Prevention and Control	Annual	**Year 1** On-line package prior to placement, then embedded in eMORA and as an OSCE
9. Moving and Handling	3 yearly	**Year 1** taught practical session.
10. Preventing radicalisation	3 yearly	**Year 1 only** On-line package
11. Resuscitation	Annual refresher	Initial training for adult in year one and annual review, and neonatal in years 2 and 3
12. Data Security Awareness	Annual refresher	Annual on-line package prior to placement

2.11.2 What are your responsibilities as a Midwifery Student?

As a student member of the College of Health, Wellbeing and Life Sciences you have certain additional responsibilities:

The Nursing and Midwifery Council (NMC) make specific mention of the calibre of students on the course. They expect certain standards of behaviour both in and out of work.

You are expected to be of Good Health and Good Character

You have a Disclosure and Barring Service (DBS) check at the start of the course, and you will also be required to declare each year that you have not committed any criminal offences within the previous 12 months. This includes speeding fines. If you do not do this, you may be required to leave the course. Additionally, you must declare immediately any cautions or convictions, pending charges or adverse determinations made by other regulators, professional bodies and educational establishments should they occur during your programme. You must remember that as well as being a student at the university you are studying to enter a professional register, as such you are expected to be of 'good health and character' throughout the course and through your professional midwifery career. At the end of the course the student's health status and declaration of good character is signed by the Lead Midwife for Education who is a signatory of the NMC register.

You are expected to be 'Fit to Practise'

Your Health, DBS and Good Character are assessed prior to the course, and you will be asked to complete a self-declaration each year to confirm that there are no changes to this. Where there is cause for concern regarding a student's health status, they are referred to Occupational Health. There are taught sessions on professional conduct and students are referred to the appropriate NMC

documentation online. Any student whose behaviour falls below expected professional standards will be subject to a fitness to practise investigation. The University, through the College, reserves the right to review a student's continued membership of a course if clear evidence of their professional unsuitability emerges.

Students are expected to conform to the current NMC code https://www.nmc.org.uk/standards/code/ and the additional guidance on study

https://www.nmc.org.uk/education/becoming-a-nurse-or-midwife/when-studying-to-be-a-nurse-or-midwife/

Any student whose behaviour falls below expected professional standards will be subject to a fitness to practise investigation.
https://www.nmc.org.uk/globalassets/sitedocuments/education-standards/student-supervision-assessment.pdf

In addition, see the Student Charter at the link below:

https://www.shu.ac.uk/about-us/governance-and-strategy/governance/our-student-charter and for guidance related to Academic Conduct Regulations:

https://students.shu.ac.uk/regulations/conduct_discipline/Disciplinary%20Regulations%20for%20Students.pdf

You may need to raise concerns regarding Practice

If you witness anything on placement that causes you to have concern about patient/client or staff safety or standards of care you must escalate that concern as soon as possible.

The process for escalating your concerns can be found on:

https://www.shu.ac.uk/health-social-placements/policy-library/student-guidance-policies

The process for reporting accidents or incidents whilst on placement can be found on:

https://www.shu.ac.uk/health-social-placements/policy-library/student-guidance-policies

2.11.3 Attendance requirements

The University's approach to learning places high value on the active engagement of all students with their peers, teaching staff and other external/professional experts. The University recognises that a high level of attendance contributes significantly to academic achievement, retention, progression, and the successful

completion of the course. It also contributes to the enhancement of the quality of the learning experience and the development of core skills such as teamwork and professional communication and behaviour. It is therefore essential that all students take responsibility for their learning by engaging fully with their course and that as a minimum should:

- Attend punctually all scheduled and timetabled learning and teaching activities and sessions unless unable to do so for reasons of illness or other extenuating circumstances
- Engage with and participate in all learning activities
- Submit all assessments by scheduled hand-in dates
- Attend all scheduled assessments (for example, in class tests, presentations, exams)
- Reflect on and act on feedback on assessed work
- Undertake independent learning in support of teaching delivery as directed by academic staff

As you are a student on a Health and Social Care course there are specific attendance requirements because of Professional Statutory and Regulatory Body requirements. We therefore also expect the following:

- Active participation in **all** sessions (student or tutor led) of the course enables you to develop the academic and practical skills necessary for professional practice. You are thus required to participate in all academic, practical and practice elements of the course.
- Attendance is required not only at designated teaching sessions but also during weeks identified for study and assessment, including those times when students are part of an audience for their peers' presentation.

Your Academic Advisers will monitor your attendance. The expectation is that student attendance reflects your commitment to the midwifery profession. It is therefore expected that you will be in attendance unless you are prevented from doing so by illness or some other domestic or personal emergency. In such cases a recovery plan would be put in place to ensure that your learning is not compromised.

Action will be taken where attendance issues arise. In the case of practice placement, absence for whatever reason must be made up in clinical practice. Guidance on how this is to be accomplished can be found in the https://www.shu.ac.uk/health-social-placements/policy-library/student-guidance-policies . Students should work 38.5 hours per week but no more than 48 hours in any given week. In the case of unexplained absence from University-based activities, the matter will be referred to the Course Leader and to a student's

Academic Adviser. The student will then be asked to undertake learning activities designed to make up for lost time. Thereafter, a student's engagement with the required programme of additional study will be monitored to ensure compliance.

A student who fails to respond to the aforementioned support strategies designed to make up for deficiencies in attendance will after due warning be judged to be in breach of the professional requirements.

Arrangements for recording and monitoring attendance

In addition, as midwifery students you are required to register your attendance at university and to log placement hours within your Ongoing Achievement Record to enable you to demonstrate meeting the professional body requirements.

The NMC Standards stipulate your course must no less than 50 per cent practice (2300 hours) (NMC 2019). These hours must be completed before student midwives can complete the course and this completion must be fully evidenced.

On successful completion of the course, you have a period of five years to register with the NMC. If you fail to register your qualification within five years you will have to undertake additional education and training or gain such experience as specified in the NMC Standards.

During placement you are required to adhere to the service provider guidelines alongside notification to the university with regard to any absence. Your attendance on placement is verified by placement supervisors. Whilst you are in university attendance will be monitored. Theory hours are also achieved by the studying undertaken outside the classroom.

Students who have a problem with attendance on the course are met by an appropriate member of university staff and an action plan is implemented. Where attendance does not improve disciplinary procedures will ensue or if appropriate Fitness for Study/Practice Procedures will be followed see

https://students.shu.ac.uk/regulations/assessment_awards/index.html

What happens if you do not meet attendance requirements?

You are required to keep evidence (using the evidence of learning log) of how you have made up time missed from university. The learning log can be found on your organisation site on Blackboard.

Attend additional hours on placement guided by" Students Working Hours in Practice" document on the Placement Website at: https://www.shu.ac.uk/health-social-placements/policy-library/student-guidance-policies

If time missed in university is deemed by the Course Leader as excessive and you have not completed all Preparation to Practice, the commencement of your placement will be delayed.

The consequences of failing to meet attendance requirements is you will not be able to complete the course until you have achieved the required number of hours either in University or the Practice setting.

Sickness and Absence

We have specific procedures for reporting sickness & special leave: This information is on your organisation site

Please notify the University and/or Practice on the first day or your period of sickness / special leave and confirm your date of return. You must report your absence before the start of your shift or timetabled University session. Please note it is imperative you contact the placement area to inform them of your sickness; they will worry about you if you do not arrive when expected.

The following applies:

Sickness for more than 7 days in a row, including non- working days:

- You are required to submit a 'Fit to work Note' from either your GP or Hospital Doctor
- You are required to submit this promptly to their Student Support Officer

Please note that students should report both 'Practice Placement Absence' and 'Taught Session Absence' by completing the Student Absence Form. If not currently logged in to Google Drive, clicking on the link will require the student to log in using their university email address as per the below example (username@my.shu.ac.uk). This will then take the student to the Sheffield Hallam University login page where they would login using their single sign on Sheffield Hallam University login details. The HWB Student Absence Google Form for will then open for completion.

New Google Form Student Absence Form

Example Email Login username@my.shu.ac.uk

Absence from Placement:

1. Contact the Placement Area and record the details in your eMORA Practice hours record.
2. Contact the College's Placement Team via the Student Absence Form.

Absence from Teaching

1. You are required to contact the Undergraduate Team via Student Absence Form and record the details within the Learning Log section of your Web-folio

Please Note: If you do not notify either the University or the Practice Area that you are off sick, you will be recorded as 'Absent'.

This is important because potential future employers may request detailed information about your attendance, absence, and sickness whilst on the programme, when a position has been offered to you. Keep a record of your absence in your Midwifery Ongoing Record of Achievement (eMORA) and your Learning Log (in your Web-folio).

Any student making up either theory or practice hours will be monitored. Evidence that theory time has been made up will be presented to and reviewed by your Academic advisor at the Year Assessment Summary point.

If a student accrues non-informed absence, or has a poor attendance record, they will be seen by their Academic Advisor, the Course Leader or the Deputy Head of Department following the three-stage disciplinary approach to absence.

Weather advice

Occasionally it snows in Sheffield and the surrounding area, and sometimes this can interfere with travelling to placement. When inclement weather occurs, emails, texts and announcements will be made regarding university attendance and placement travel https://www.shu.ac.uk/health-social-placements/policy-library/student-guidance-policies

2.11.4 Supporting students with disabilities or additional educational needs

The University offers extensive support for students with disabilities or other specific educational needs. The needs of individual students are discussed with an assessor from the disabled student support team, who will then recommend an appropriate support strategy. A learning contract is then drawn up and circulated to members of the administrative team, the course tutors and relevant teaching staff. Further information can be found at https://www.shu.ac.uk/current-students/student-support/disability-support

This process is supported by the nursing / midwifery disability co-ordinator whose role is to:

- act as first point of contact for staff and students for advice and information, especially in relation to learning contracts

- works with disabled students to identify learning needs in relation to practice placement, which may include liaising with the placement to discuss reasonable adjustment
- engage in and encourage disability equality and awareness training for staff
- maintains records of student contact and produces a brief annual summary of common issues
- positively promote the principles of an inclusive University environment for disabled students

Nursing and Midwifery Disability Co-ordinators contact details:

Sara Morris-Docker 0114 225 2257 S.Morris-Docker@shu.ac.uk

Your Health

At the beginning of the course, you will be required to have a health care worker medical. An element of this medical is to ascertain your immunisation status in relation to Rubella, Chicken Pox, Pertussis and Hepatitis B antibodies. Additionally, your TB status is checked and Mantoux tests performed where necessary. All of these areas of care are relevant to protect the student and patients/clients when you commence on clinical placements.

As you will be aware there is no requirement during school years to be vaccinated against Hepatitis B. It is likely therefore that you will need to have a course of Hepatitis B vaccine initiated. You will be then be supplied with written and verbal instructions from the University Medical Centre concerning follow up procedures which must be fulfilled in order to ensure adequate protection against Hepatitis B. Prior to commencing placement, you will be asked to provide evidence, either directly or through the Medical Centre that you have complied with the guidance issued to you in respect of this vaccination.

NB Failure to do so may result in you being temporarily suspended from placement and therefore have consequences for you in relation to prolonging your course of study. It may also result in you being permanently being withdrawn from your studies. It is important to remember that both your own health and the health of those you are caring for is very important

Disclosure and Barring Service (CRB) checking

This course requires students to work in environments where they work with children and may work with vulnerable adults e.g., adults with visual impairment, hearing impairment, learning disabilities etc. The University requires that

students be checked by the Disclosure and Barring Service (DBS) in order that both the student and participants are protected. This policy is in line with that of the professional body which oversees the organisations that are potential employers of students within the Midwifery Course. All students on a Midwifery Course will be required to undertake DBS checking.

At the start of each academic year, after DBS checking taking place, students will be required to sign a form indicating that no circumstances/events have occurred since the original checking procedures which may have invalidated or compromised the original DBS outcome.

Changes to personal details

It is vital that you inform the University of any changes to your name and address. You can change your details via the student portal (https://www.shu.ac.uk/myhallam) or by contacting the College Administration Office.

Withdrawal from your course

- You should consult your Course Leader or Academic Advisor about withdrawal from the programme.
- The University also requires written confirmation of date of withdrawal. Students are able to 'step off' the programme for a maximum period of one year. If there are any interruptions to your 3-year full time midwifery programme of education, the programme must be completed within 6 years of the commencement date.

Convictions

You must inform your Course Leader/ Programme Leader/Academic Adviser immediately of any convictions/offences you incur during your time on the course.

Medical Conditions

You must inform your Course Leader/Programme Leader/Academic advisor immediately of any medical conditions or changes in your health which may affect your ability to satisfactorily undertake your course.

Health and Safety

Any accidents on University premises must be reported to your course leader and an incident form completed. Forms are available at reception. Any accidents occurring on hospital premises must be reported according to the individual unit's policy in addition to reporting them at the earliest possible time following the

accident to the course leader. For a full copy of the University Health and Safety policy, pleases refer to the Student Intranet. https://www.shu.ac.uk/health-social-placements/policy-library/student-guidance-policies

Preventing sexual violence, harassment and hate crime

Sheffield Hallam University is committed to ensuring that our students and staff have a safe and secure environment in which to live, work and study. Please familiarise yourself with the guidance and training at https://www.hallamstudentsunion.com/advice_help/healthwellbeingsafety/reportinghatecrimes/hatecrime/

Sheffield Hallam - a smoke free campus

Sheffield Hallam University has committed to becoming a smoke free university from 1 September 2019. A new "No Smoking" policy will come into force on that date to improve the wellbeing of our staff, students, and visitors to pave the way for Hallam to be become one of the first universities in the country to become smoke free.

2.11.5 Student Support Services

General help and guidance for a range of can be located for a range of issues influencing your university experience can be located at https://www.shu.ac.uk/current-students/student-support

2.11.6 Reporting of concerns whilst on placement

On very rare occasions, students may feel they need to escalate a concern about the practice area. The following link will give you guidance on the correct process to follow https://www.shu.ac.uk/health-social-placements/policy-library/student-guidance-policies

2.11.7 Managing drug errors in practice.

There is a process for managing drug errors in practice which will be effective from September 2018. This process 'Drug Error Risk Assessment Process' has been included on the placement web site for access by nursing and midwifery staff in the department, students and practice partners. The Drug Error Risk Assessment Process is now accessible in pdf format from the SHU Policies page on the College's Placement Information Websites. If you are involved in a drug error in practice, please follow the reporting requirements contained in this process and the requirements for all incident reporting on the practice placements web site.

2.11.8 Dress code / uniform policy

You will undertake placement experience in some areas where you will be required to wear a uniform and some where you will not (usually mental health care environments). You should present yourself at all times in accordance with your professional (student) status and be aware of the need to generate and maintain confidence in users of the health services and in the public. Changing facilities are provided within the hospitals you will be placed at; therefore, there should be no necessity for you to travel in your uniform.

The University will provide you with identification and name badges. **Name badges must be worn visibly at all times.** University identification badges should be carried and produced upon request.

You will be provided with a student midwife uniform which you will be required to wear at all times in those placement areas which require it, during duty hours.

A professional standard of dress is expected; jewellery, nail varnish and heavy make-up are not generally acceptable. It is the responsibility of each student to comply with the uniform policy / dress code of each NHS Trust and institution. The Trust guidance will refer to the jewellery, tattoos, make-up, and nail varnish. You are expected to be compliant with any Trust Policy with regard to wearing of uniform on practice placement. Your hair must be above your collar at all times whilst on placement.

Within those placement areas where uniform is not worn, i.e., `mufti', it is expected that students will wear suitable clothes that are clean and not torn or in a run-down state. Personal hygiene must be of a standard which does not cause offence to others. In consideration of the work being undertaken you have a responsibility to ensure that you do not put yourself or others at risk by the clothing or adornments you wear. Students should also comply with the Department of Health's position on 'Bare Below the Elbow', details can be found at https://www.shu.ac.uk/health-social-placements/policy-library/student-guidance-policies

2.12 Support arrangements

2.12.1 Placements Team:

The placement team are responsible for the organisation and planning of practice placements for the pre-registration provision. The team liaise with practice partners and members of the course management team in order to ensure students receive a variety of experiences throughout their course.

It is really important that you prepare for your placements by visiting the practice module sites on Blackboard as well as considering the advice on the SHU placements website https://www.shu.ac.uk/health-social-placements/placement-information

All of the information on the site is aimed at making your placement experience as smooth and enjoyable as possible and allows you the opportunity to feel really well prepared for each placement before you attend.

The following explanations of the roles will assist your preparation;

2.12.2 Link Lecturer

Link Lecturers provide additional support for supervisors and assessors to ensure fair and consistent assessment of the student. Working with LEMs, supervisors and assessors to make available information and resources that enable students to be empowered to take responsibility for their learning. A student may also contact the Link Lecturer to request additional support and guidance. Link Lecturers will collate information on student evaluations and be available, where necessary, to support the monitoring and response to evaluations if required. Collaborating with placement providers to identify and take forward areas for development to enhance student learning in practice, reporting as necessary to the Director of Placement Learning and Subject Area Placement Leads.

Further information is available at:

https://www.shu.ac.uk/health-social-placements/profession-information/midwifery/roles-and-responsibilities

2.12.3 Learning Environment Manager:

Each placement site has a learning environment manager whose role is to ensure that the learning environment and related opportunities will enable a student to achieve the learning outcomes at each stage of their development.

2.12.4 Professional Midwifery Advocates

In line with NHS England A-EQUIP model, **Professional Midwifery Advocates** (PMA's) deploy the valuable function of leadership, education, restoration, and quality improvement. Every midwifery student can access a PMA within their placement Trust to receive restorative clinical supervision. This intervention has been shown to support midwives in developing skills of resilience that will protect their future health and reduce the chances of attrition from employment. The PMA teams in each Trust aim to offer this for students at various points from the beginning of the programme until completion.

2.12.5 Student Support Advisers

Student Support Advisers (SSA) work alongside the Course Management Team helping to provide support, co-ordinate and monitor student progression. They provide instant access for students who are struggling to manage the demands of the course. Your SSA can be located at https://www.shu.ac.uk/myhallam/help-and-support/student-support-advisers

All of these people are there in order to support you in achieving the NMC standards of proficiency. Achievement of proficiency in practice is essential to complete the course. In your final placement of the course your 'sign off mentor' will make a decision as to your suitability and proficiency to register as a midwife.

2.12.6 Careers advice

The following website offers helpful advice on how to contact the careers advice service, and what help they can offer

https://careerscentral.shu.ac.uk/health-and-wellbeing/midwifery-2

Our careers advisor is Jill Valentine and Careers, and employability advice can be located at https://www.shu.ac.uk/careers She can provide help, in addition to that provided by Academic Advisers, with application process, searching for jobs and writing strong applications for post. Also support you in the interview /selection process by discussing tactics/strategies for successful interviews and arrange a "mock" interview for you (in addition to those provided during the course) providing feedback and advice on your interview techniques. Her contact details are j.valentine@shu.ac.uk or you can go to the Hallam Help Point at RWB and book an apt to see her there. They can book an appointment online by going to Unihub

2.12.7 Graduate Attributes

What are Graduate Attributes? A Graduate Attribute is one that we know employers' value. There are 12 Hallam Graduate Attributes in total and each course operates a 3+3 model. The Universities' Core Graduate Attributes are Confidence, Creativity and Resilience and the three for the midwifery course are Integrity, Accountability/Responsibility and Globally Minded.

2.12.8 Digital Skills - Core Offer

The University is committed to developing your digital skills during the programme. During the programme you will have access to and be required to utilise the following:

- Access to PebblePad,
- Online Medicines management,
- Systems of e-care (Health informatics) e-learning module at all levels,
- Authentic world,
- Google Apps
- Midwifery online, profession specific, mandatory learning such as eLearning for Health (eLfH), K2, Newborn Blood Spot Testing & GAP training

3. How to get the most out of your course:

3.1 Learning, Teaching and Assessment

Learning, teaching and assessment for your course are based firmly on the principles set out in the University's Learning and Teaching Strategy. The aim of the strategy is to "foster collaboration between students and staff to ensure that successful learning takes place in a diverse and vibrant learning community".

Staff will be forward-thinking in the design of our courses and in supporting lifelong learning and anticipating and responding to changes in demand and need, providing vibrant and challenging learning opportunities.

The course is designed to promote active and independent learning. You will be supported to actively engage in student centred activities in a variety of modules. In some of the modules you will learn with, from and about students from other health and social care courses in the College. This innovative and collaborative approach will ensure you have a sound basis in midwifery but are also able to deliver care for women, newborn infants, partners and families with an understanding of how other professionals contribute to their journey through health and social care services.

You will experience a blended approach to learning and teaching both on campus and in practice placements including:

Campus learning:

- Tutor-facilitated, face to face sessions
- Lectures
- Specialist Visiting Lecturers
- Tutorials with academic advisers
- Supervision and facilitation of learning through reflection on practice
- Reflection on your Professional portfolio
- Projects and Group work
- Presentations
- E-tivities
- Directed learning
- Independent learning
- Skills rehearsal through simulation and workshops
- Technology enhanced learning including anatomy and physiology electronic resources, interactive virtual learning environments, e-workbooks, electronic medicines calculations resources, and clinical skills simulations

- Enquiry-based learning comprising scenarios that are underpinned by contemporary practice and utilising triggers that are generated with maternity service users and clinicians

Practice placement:

- Direct care giving experience with the people we care for
- Preparation for practice learning, including simulated practice
- Observation of practice
- Discussion with experienced registrants from midwifery, and members of the wider interdisciplinary and multiagency teams
- Question and answer sessions
- 360-degree evaluations from people you care for, supervisors and peers
- Peer support and learning
- Supervision and facilitation of learning through reflection on practice
- Record of skills development
- Professional portfolio, including assessment of NMC proficiencies

During your learning experiences on campus and in the practice placements you will be supported by academics, practice staff, support staff and peers undertaking a variety of roles which include:

- Course management team
- Academic teaching teams
- Academic advisers
- Learning Environment Manager
- Practice supervisors
- Peer support
- Link Lecturer
- Assessment by a Practice Assessor
- End of year assessment by an Academic Assessor

You will progress through the course following successful achievement of assessments addressing the learning outcomes for each module. This is achieved through a varied diet of assessments, individually or in groups, and may include the following:

- Examinations
- Poster presentation
- Reflective care studies
- Assessment of proficiency in practice (eMORA)
- Personal project
- Blogs/other online media
- Group presentation

- Written assessment
- Patchwork assignment
- Objective Simulated Clinical Examinations (OSCEs)

Digital Learning and Skills

To study this blended-learning course you will require access to a computer with:

- a reliable internet connection
- Microsoft or Apple Mac Supported Office Software – this can be accessed through the university once you have enrolled on the programme
- the current version of Google Chrome or Mozilla Firefox

You will have comprehensive access to technology-enhanced-learning resources (TEL), these include anatomy and physiology e-resources, interactive virtual learning environments, reading lists online, e-workbooks, electronic medicines calculations resources, online access to e-books and journals via the library website.

You will have access to comprehensive study skills support via your Academic Advisor, Student Support Advisor, and the library. You can access resources online for self-directed study or book onto one of the many webinars and digital skills virtual drop-ins that the library service regularly provides.

The Hallam Digital Skills website also provides support for using software that is provided by the university in addition to general digital skills that are useful in day-to-day life.

3.2 The Student Representative System

Sheffield Hallam Students' Union represents the views of Sheffield Hallam students and aims to make their time at university enjoyable, engaging and rewarding. There is a strong emphasis on developing students and providing them with the opportunities to gain new skills and experiences to enhance their employability. Events, clubs and societies have also been established to enable students to meet new people and develop their skills and experiences.

All students at Sheffield Hallam University are members of the Students' Union. Being a member means having unlimited access to all the events, activities and services we provide. As a not-for-profit organisation, social enterprise and registered charity, we reinvest our income straight back into improving the services we offer for the 35,000 students at Sheffield Hallam University. We are committed to enhancing the student experience by making a positive difference through the development and delivery of student focused activities.

The Students' Union is led by a dedicated and professional staff team. In addition, there are five full-time Officers who support 12 part-time Union Representatives, all of whom have been democratically elected by the student body. Officers help to ensure that everything we do is student centred and liaise formally and informally to ensure their views are represented to the University, the community and nationally.

As a student, you can have a voice within your course and University through the Student Representative system. Each course has several Course Representatives (Reps) who provide valuable feedback to the course team about the course from the students' point of view. Course Reps are jointly trained and supported by your College and Sheffield Hallam Students' Union and work together with the course team, Union and University to improve courses and your student experience.

Your course leader will arrange for Course Reps to be appointed during the first few weeks of your course. Any student can put themselves forward to be a Course Rep. and Course Reps are also eligible to apply for the Hallam Award, to recognise their developed skills, supporting their employability. To find out how to nominate yourself as a Course Rep. speak to your course leader or contact studentreps@shu.ac.uk.

Once Course Reps have been appointed, it is their role to gather feedback and represent you and the rest of the student body. They will contact you to ask for feedback so make sure that you respond to give your views about your course. You can also contact your Course Reps at any time to ask for feedback or raise issues about your course. If you don't know who your reps are, ask your course leader or contact studentreps@shu.ac.uk.

Current or former Course Reps can also put themselves forward to become Department Reps. This is an opportunity to represent the student view higher up in the University to enhance the wider SHU experience. Department Reps can participate in University and Students' Union committees and get involved in projects to improve the student experience

For more information on Student Reps, visit:
https://www.hallamstudentsunion.com/representation/

3.3 Additional Support:

A summary of additional sources of support available in the University and direction to sources of further information on these can be located at https://www.shu.ac.uk/current-students/student-support

3.4 Audio Recording lectures and other teaching sessions

If you have a learning contract which allows you to make audio recordings, you have permission to record any of your lectures, seminars or tutorials using your own equipment. This is allowed on condition that the recording is solely for your own use. The rights belong to the University and the lecturer concerned, it must not be shared, published or otherwise made available to others for any reasons whatsoever.

Should academic staff wish to allow any other student to record their lecture for personal use, then they are free to do so; but there is no obligation to do so in any case other than those authorised by their learning contract. Students without a learning contract must request permission to make an audio recording from the relevant academic member of staff prior to the lecture taking place. Misuse of recording could potentially lead to action under the disciplinary procedure.

4. Academic Integrity, Assessment, Standards and Fairness:

4.1 How is the programme designed?

The BSc (Hons) in Midwifery has been designed in collaboration and partnership with our current and alumni students, listening carefully to their feedback and evaluations, and also with our valued clinical practice partners and maternity service users/advocacy groups. We hope that you will find the course fulfilling, stimulating and enjoyable. It is designed to provide a breadth of experience, underpinned by appropriate theoretical knowledge in midwifery practice in all areas of midwifery care provision.

You will be supported in throughout your studies by a range of experienced and dedicated staff, who all hold post-graduation qualifications as well as formal teaching credentials. All of the lecturing staff are practising midwives with a range of practice experiences.

Academic assessment tasks are set to test the module aims and outcomes in a meaningful way. Tasks set will be designed to be innovative and creative as well as represent genuine real-world development of professional skills, knowledge, values and technical capabilities.

Progression is shown through the development of critical thinking skills at levels 4, 5 and 6. These skills will be stimulated by the use of active learning methods and real-world scenarios. By the end of the programme, you will exhibit 'Graduateness' by demonstrating the following

- open to new ideas, knowledgeable, observant, and resourceful
- Innovative, creative and flexible in thinking and practice.
- Analytical, assertive and persistent in finding solutions.
- Capable of understanding the discipline of midwifery, focusing on best outcomes.

The nature of Assessment for theory and practice for each module is available through your module sites. Assessments **MUST** be passed in order to progress on the course.

All of your assessments have 2 attempts (a first attempt and a last attempt). In some of the modules you may be offered an option of 'In- Module Retrieval' (IMR). This means that you are allowed to rework your first attempt following feedback. Where this option exists, you are encouraged to engage as this is to your benefit. If you have to submit a refer (**final**) attempt this is normally a different piece of course work.

You **must** pass all your theoretical and practical assessments to progress on the programme. Failure to do so will result in you being discontinued from the programme. This course is exempt from compensation and re-registration/ reassessment entitlement due to professional body standards

You are generally expected to study in consecutive years for the duration of the course provided you meet the rules of progression to each level of study. In exceptional circumstances when meaningful engagement with the course is not possible a break in study may be necessary. This will be discussed with a member of the course team and must follow the rules and regulations

4.2 How do we ensure all assessments are appropriate and fair for all students?

All courses at Sheffield Hallam University are subject to the University's quality assurance processes which begin when courses are designed and approved. An important element in this is the input of external partners and professional bodies with subject expertise that inform course design. Subject experts from other Universities also act external examiners on our courses to ensure your course standards are comparable with other Universities. Our current external examiner is from the University of Manchester.

Each year, all assessment tasks are reviewed by staff before they are released to students. This ensures they are appropriate and suitable for testing the learning outcomes agreed during course approval. The assessment(s) will be set by the Module Leader and/or module team subject to approval by both an internal moderator and, if the marks from the assessment contribute to your award classification, an external examiner. This will normally take place before they are given to you at the start of teaching.

When you submit your work for marking it will be marked against the marking grid. You will have had access to these criteria in preparation for your submission. In order to enhance consistency of marking the University requires all marking teams to undertake a marking standardisation exercise. The aim of this exercise is to ensure that the markers have a consistent view of the criteria and are applying it fairly and equitably during the marking process and a statement will be made in the module Handbook on how standardisation exercise take place.

Once all the submissions for the module have been marked, they will then be moderated. This means that an independent team of academics will review the marks against the criteria for fairness and equity. They will look at a representative sample of marked submissions and report on their findings. As a general rule, 10%

of scripts in each band (i.e., 40-49, 50-59, 60-69, 70-79, 80 plus) and all fails will be moderated.

A further sample of submitted work is then reviewed by an External Examiner, who is an academic from another University. They will be assessed and provide comments on the marking and feedback for equity and fairness. They will draw on their experience from their own university to ensure that our marking and moderation is consistent with the national expectations. The External examiners feedback is considered at the Departmental Assessment Board where results are finally ratified.

The purpose of these quality assurance processes is to ensure that no student is disadvantaged by our assessment practices, to ensure that our assessments allow all students to meet the learning outcomes of their modules to the best of their abilities, and to ensure that standards of marking and feedback are entirely appropriate and fair to all.

On each group organisation site on Blackboard, there is a presentation on how we mark and moderate your work. This helps to give clarity to how this task is undertaken and includes guidance on marking turnaround times for feedback and release of marks also.

What happens if I submit my work late?

You will receive a schedule of coursework submission deadlines via your Assessment Statement at the start of the year. You should use this schedule to plan your work programme and should regard coursework submission deadline dates and times as being almost immovable.

However, it is recognised that occasionally some students struggle to meet the deadline due to a range of circumstances. If your medical or personal circumstances (also known as extenuating circumstances) mean that submission by a due deadline becomes a problem, please talk to College Student Services (Student Support Officer) prior to the deadline. They will then review whether an extension to provide you more time to submit your work can be permitted.

If you submit your coursework late without an approved extension, then your mark will be reduced in line with the University's policy for late submission of coursework:

- Within one working day (i.e., 24 hours) of the deadline, your marks will be capped at the minimum pass mark. For students studying at levels 3-6 this is 40%. For students studying at level 7, this is 50%.
- Any work submitted after this point will receive a zero mark.

24 hours is defined as the same time as the original submission deadline on the next University working day. Weekends and other days the University is not open are not counted as working days.

Please note there may be some coursework items which cannot support late submission for sound practice or operational reasons, e.g., time bound assessments such as a presentation or where feedback has already been provided to the class. Your Module Leader will make it clear to you in module documentation where this is the case.

Academic Conduct

All assessments must be conducted fairly and equitably, so that the marks you obtain result from your own efforts to learn and develop.

Before submitting your work check that you have referenced sources correctly, that the work is your own and that you have followed the instructions issued regarding working with others.

Please see the Academic Conduct Regulation for details of what academic misconduct is, and how it is investigated and sanctioned.

Essential Skills for Academic Success portal and the University English Scheme run regular workshops on academic writing and how to reference correctly. If you have any doubts or concerns about how you are conducting your assessment, please speak to the Module Leader.

4.3 Keeping Your Course Up-to-date

Each year your course team review your course, including student achievement and the courses' suitability to meet the needs of its students. Your feedback, changes in teaching practice and the external environment are all used to continually improve your course, so it remains up to date and of the highest quality enabling you to fulfil your aspirations.

4.4 Extenuating Circumstances and Fitness to Study

During your studies you may experience sudden or unexpected ill-health or personal issues that have a significant impact on your ability to study, or complete assessments on time or to your usual standard. We define these as extenuating circumstances. Such circumstances could include (but are not limited to): illness (other than minor illnesses; hospitalisation; bereavement; acute personal/emotional circumstances; or sudden and unexpected changes in family circumstances.

If you find yourself in this type of situation then you are strongly encouraged to contact your College Student Services Team as soon as practical. The Students' Union Advice Centre is also able to provide independent, confidential, and free advice to all Sheffield Hallam students.

The College Student Services Team will discuss with you your options which may include (list not extensive): a request to extend a submission deadline (RESD) to a coursework deadline; submitting a request to repeat an assessment attempt (RRAA); making reasonable adjustments through a Learning Contract. If your circumstances are felt to be having a significant impact on your studies, then we may review how we can support you through the Fitness to Study Procedure.

We are aware that some students may feel embarrassed or uncomfortable to disclose the details of these kinds of circumstances, particularly those of a personal or sensitive nature, to people outside of one's family. We wish to reassure you that the University is fully supportive of students in difficult circumstances and want to assist if at all possible. However, we are only able to do so if you bring these matters to our attention in a timely manner.

Further information on the University's extenuating circumstances and fitness to study policies are available on MyHallam under Rules and Regulations | Illness and Difficult Circumstances.

4.5 Appeals, complaints and student conduct

a. **Academic appeals:** Students are able to appeal a decision by a Departmental Assessment Board, an Extenuating Circumstances Panel or an Academic Conduct Panel. An appeal can request a review of the decision reached by the board and information submitted in appeals is treated confidentially. You will not be disadvantaged as a result of making an appeal, provided it is made in good faith. The full policy and procedure for appeals are published on MyHallam under Rules and Regulations | Appeals and complaints. Please note: all appeals should be submitted within 10 working days of the decision being available to you.

b. Student complaints: The University also operates a formal complaints process to address concerns raised by students. This process encourages early resolution by raising concerns locally with the member of staff most directly involved with the concern you have - this may be your module leader, course leader, academic adviser or College Student Support team. Early resolution is taken to mean the concern is addressed by agreement with appropriate staff without the need to submit a Student Complaint Form. Complaints will be dealt with promptly and sympathetically with respect for your privacy and

confidentiality. The detailed process and guidance on making a formal complaint is published on **MyHallam** under Rules and Regulations | Appeals and complaints.

c. **Student conduct:** The University recognises that the vast majority of its students behave in a responsible manner and meet the expectations of the Code of Conduct for students. However, on occasions a small minority behave in ways which cause harm to the University, its students or its staff, or the public. In these cases, it is the responsibility of the University to take action under its Disciplinary Regulations in order to protect the University community and the University's reputation. These regulations are also published on **MyHallam** under Rules and Regulations | Conduct and discipline.

Further information and advice are available from your College Student Support team. In addition, the Students' Union Advice Centre will also provide free, confidential, and independent advice and support to students.

4.6 Support with Assessments

Undergraduate learning requires you to: -

- develop a range of skills as an independent adult learner
- develop your independence and autonomy
- undertake pre and post sessional work as per your module Blackboard sites
- undertake self -directed study to develop your knowledge and understanding
- develop time management skills to enable you to achieve the course requirements
- use the self-directed study time appropriately
- identify your individual learning style and the skills development you need to enable you to achieve Levels 4, 5 and 6 learning outcomes
- access the appropriate support through the appropriate channels

To enable you to develop as an independent adult learner the course team have developed a strategy of assessment support for you. This strategy will encourage you to access appropriate support and develop the skills you need to be successful at undergraduate level. This strategy is around formative (assessment for learning, feedback on drafts) and summative (assessment for grading, pass/fail) tasks.

- Each module has academic assessment tasks within it.
- Each module will have an Assessment tab/section which will hold all the assessment information

- The module Blackboard site will have details of the assessment for that module, this will include written guidance, the marking criteria, a screencast of the assessment requirements
- You will have a taught session within each module where the module assessment will be introduced/discussed
- You will be encouraged to access support for academic study skills through the appropriate university student support portals.
- Each module will have a 'Frequently asked questions' section within the assessment section of the Blackboard site.
- You will be given the name of your marker for your module assessment.
- Where possible you will have the opportunity to submit work for formative feedback.
- Module teams will offer a group support session for the assignment this could be drop-in sessions, group tutorials, or an identified seminar where the assessment can be discussed.
- You will submit your summative (must be passed) assessment for each module to Grade Centre via a link on the specific module site by the appropriate deadline
- The summative assessment dates will be available in your Assessment Statement at the start of the module
- The summative submission will be marked, and the grade and feedback will be available to you 15 working days following submission (Bank Holidays, and Weekends are not working days)
- All summative assessments once marked go through a moderation process (reviewed by a team of lecturers who are not part of the marking team for the module) to ensure that the marking has been fair and consistent.

Study skills this includes: -

- Getting ready for Academic study
- Finding information
- Reading and Evaluating
- Academic writing
- Referencing
- Improving your maths
- Managing your time
- Group work and presenting
- Preparing for exams

Please go to. http://libguides.shu.ac.uk/skills

The University Regulations on academic conduct apply to all assessments. You are reminded that to represent as your own work the work of another person without acknowledgement is defined as plagiarism and is a breach of these regulations. You will be expected to upload your final submission to both grade centre and Turnitin. You will also be provided with a formative Turnitin submission link which will help you with the development of your assignment and to prevent academic conduct regulation breaches occurring.

Studiosity is an online writing feedback service available via MyHallam at https://blogs.shu.ac.uk/skillscentre/studiosity You can submit draft essays and extracts of your work online, and will receive comments, feedback and suggestions from an academic writing expert within 72 hours (and usually within 24). This service is in addition to the study skills support offered as part of your course and by central skills services via the Skills Centre and the University English Scheme.

See the assessment regulations and codes in the support and information section on Blackboard.

- General University guidance for assessments can be obtained at http://academic.shu.ac.uk/assessment4students/ and https://students.shu.ac.uk/regulations/assessment_awards/index.html
- Skills for learning - Essential Skills for Academic Success portal: http://libguides.shu.ac.uk/skills/home and https://blogs.shu.ac.uk/skillscentre/resources/?doing_wp_cron=1537697768.0536089894348144531250
- Help with referencing - http://libguides.shu.ac.uk/referencing
- Turnitin: Guidance for Students:
    - How do I submit work to Turnitin? - https://www.youtube.com/watch?v=0596UWuNfRw
    - How do I access and interpret a Turnitin originality report? - https://www.youtube.com/watch?v=iJTMjIuTM1Q
- Submitting an individual assignment https://www.youtube.com/watch?v=0596UWuNfRw
- Please see your Assessment Statement (via My student record) for the confirmed submission dates at https://msr.shu.ac.uk/urd/sits.urd/run/siw_lgn
- Provisional feedback will be given three weeks (15 working days) after the submission.
- All marks displayed on My Student Record are provisional until they have been moderated by an external examiner and agreed by the Departmental Assessment Board. https://msr.shu.ac.uk/urd/sits.urd/run/siw_lgn

5. What previous students said about the course

The recent NSS results (August 2022) have been reported by the September 2019 cohort who have had the greatest impact from the pandemic and were subject to the NMC emergency and recovery standards. They reported a 59% satisfaction rate which was a fall from 84% in August 2021. We have a detailed Course Improvement Plan (CIP) to address this.
Some of the comments we received are below:

"Academic advisor and small group were a good sort of support. The advisor is really supportive and my first point of call."

"I feel well supported by lecturers in terms of placement and feel happy to go to them for support."

"The student well-being team and Hallam Help have been really good throughout my time, giving practical support."

"Very supportive staff. Staff have tried hard to help and accommodate learning through very difficult circumstances feedback is in detail, so you can improve on your work"

"The emergency scenario practical aspects of the course to help us with our OSCEs were extremely well delivered and helped me become much more confident in handling emergencies in practice."

"There is a good range of learning through group work, clinical skills, and lectures. I think, the lecturers have been supportive when we have needed them and despite all the disruption from COVID to our cohort. I feel, we have all adapted quickly and they have tried to keep our learning going at all times and keep sessions interactive."

"Learning through COVID has been difficult for both students and staff and they have been amazing through it. The amount of support I have been given through this course is astounding and I couldn't have done it without such amazing people. I've enjoyed learning and loved lecturers and lessons; they may have stopped due to COVID but that was unavoidable."

"I feel the course has provided me the opportunity to grow as a future practitioner, particularly placement."

"Placement supervisors very supportive. Vast experiences and opportunities within placement."

6 Appendix

6.1 Hints and tips from student midwives for clinical practice

The following are some helpful hints and tips from student midwives.

Placements

- Keep a placement journal and write in it after each shift, it helps to reflect on the day and remember what has happened as well as new things that you have done and learnt. The journal also helps when it comes to doing assignments or any work that requires a case study from placement as well as helping you to practice reflection. The journal is also nice to look back on and see how far you have come. Remember to keep everything anonymous.
- Bring a big bottle of water for placement- it helps to tackle tiredness and headaches on those long 13-hour shifts.
- Always have a spare pair of black socks or tights on hand just in case any bodily fluids run into your shoes!
- Bring plenty of snacks to keep refuelled.
- If you've got a busy shift on the ward, always make sure you ask for your break. Your Practice Supervisor is really busy and will sometimes forget to send you for one, but you are entitled to a break so make sure you have one.
- Put odour eaters into your shoes because they will stink.
- Don't turn down the opportunity to practice your skills even if you have been shown 10 times before.
- Say hello and smile- it goes a long way!
- Never be afraid to say if you don't understand something, the staff are always happy to help and would rather you say instead of struggle.
- Always set aside time to fill out your documents with your mentor on your placement for example your Common Assessment Document, Record of Experience, Clinical Skills and Medicines management.
- Your Common Assessment Document is really important- ensure you make time for it. It is your responsibility to set aside time with your Practice Supervisor to discuss your progress and complete the document. Don't leave it until the last minute as it can be very stressful with everything else you have going on.
- Have a look through your common assessment document to see what needs to be signed off and if you have achieved a competency after you've finished your shift, sticky markers are helpful to make it easier to identify the pages.
- If you are not happy on placement with something, make sure you speak up! Everybody wants you to enjoy your placements so tell your Academic Advisor or your learning environment manager.

- You can apply for a travel master smart card online, with the travel master you can get on any trams, trains or buses within South Yorkshire which is really helpful as a student.
- Ask your Practice Supervisor depending on the situation what she would like you to do on your placement because each midwife is different.

Community placement

- You will have a trust induction at the beginning of the academic year after that you are given your mentors name and work mobile number, the community area you will be placed in and your supervisor of midwives. Here you will meet LEM's and see who else is in your practice area.
- You can ring your community midwives' number 1-2 weeks before placement starts. If their phone is off it means they are off duty just try again another day, the best time to call is at the start of their working day around 9am.
- Shift patterns on community tend to be 9am until 5pm but can finish earlier or later depending on that specific days' workload.
- If you don't get time for a proper dinner break, document it in your hours!
- Buy a good coat and shoes for community placement in the winter.

Placement shoes

- Clarks unloops are really comfy and have a sturdy sole as well as being closed so no bodily fluids can get in!
- Crocs are great for theatre and there are a variety of different styles but check with your trust that they allow them before you buy.
- Sketchers go walk impress have memory foam sole and are really comfy.

The main thing for your shoes is that they are comfortable and practical.

Placement essentials bag

A Little notebook to put in your pocket- really handy for jotting down questions and key words

A big bottle of water to keep hydrated

Anti-bacterial hand gel to keep germ free

Plenty of black pens for your notes

A fob watch is always really handy

Face wipes or baby wipes to freshen up on a long shift

Body spray to mask the smell of liquor and other questionable substances

Deodorant- you'll need it!

Mints to keep your breath minty fresh

Spare bobbles and clips in case your bun comes out in an emergency

Pain killers- just in case

All your placement documents

A spare uniform is always handy on your hospital placement just in case you get splashed with anything!

Sheffield Trust

- Shift patterns: long day 07:00 to 19:30, Night 19:30 to 07:00, Early 07:00 to 15:00 and Late 13:15 to 21:15
- Jessop Wing is a very busy maternity unit so don't take things to heart as people get very stressed.
- There is a microwave, fridge, and hot water in the staff room.
- There is a cloakroom to keep your belongings in or you can leave your things in the office.
- You can eat your dinner in the office or the staff room.
- Parking is really expensive and busy so try to park on a side road around the hospital or try and get a lift.

Rotherham Trust

- Shifts: Long days 7:00 to 19:30 and night shifts are 19:00 to 7:30
- Rotherham trust only do 12 hour shifts for Ward placements, either day shifts or night shifts
- On labour ward, scrubs are worn. They are provided by labour ward and should be left in the linen bag in the changing rooms after every shift.
- No cardigans or jackets are to be worn over the scrubs and arms must be bare from the elbow down.
- Car permits allow you to park for £1per day in the main carpark.
- There are lockers provided in the staff room to store your belongings.

Doncaster Hospital

- Shifts: Long days 07:30 to 20:30, Night 20:00 to 08:00, Early 07:20 to 15:30 and Late 12:30 to 20:30
- Get there ten minutes before because handover starts as soon as the shift starts.
- The Park and Ride is really helpful from Doncaster as it's free and parking is quite difficult near the hospital.
- There are plenty of trains to Doncaster but make sure you check the times for the morning starts and late finishes.
- Buses are available directly from the French gate interchange to your community location or hospital.
- There is a microwave and fridge as well as a big cloakroom to keep your things in.

Bassetlaw Hospital

- Shifts: Long day 07:30 to 20:30, Night 20:00 to 08:00, Early 07:30 to 15:30 and Late 12:30 to 20:30
- There is always plenty of parking at Bassetlaw, but you do have to sometimes pay for it.
- Bring your own tea and coffee as it isn't provided but there are plenty of mugs available.
- Lockers aren't provided for your belongings.
- A microwave and fridge are provided for you to make your lunch.

Barnsley Trust

- Shifts: Long day 07:15 to 19:45, Night 19:15 to 07:45, Early 07:15 to 14:45 and Late 12:15 to 19:45
- Don't pay for parking, there are plenty of side roads and streets that are a 5–10-minute walk away from the hospital.
- There is a microwave and fridge, toaster and fridge provided for lunch.
- There isn't a cloak room, but the staff room can be used to store your belongings.
- If you are getting the train to Barnsley train station, there is a bus that drops off straight outside the hospital.

Chesterfield Trust

Shifts: Early 07.15-15.15; Long days 07.15-19.45; Late 13.30-21.30 and Long night 19.15-08.45. Community has some variation but is generally between 0800 -1700.

Tips for families

- Sort childcare early and make sure all bases are covered (plan B and plan C) as the hours are long and unpredictable.
- Be organised
- Have a space you can go to for study where it is quiet and there are no distractions.
- NEVER leave assignments try and start them straight away.
- Enjoy the holidays!
- Send kids to childcare on your days off, they are great days to study covered by your bursary.
- Plan ahead and keep a diary or your head will start spinning.
- Take every little bit of help you can get with your house e.g., cooking, cleaning, general mum duties!

- Pack bags and school lunches the night before where possible as the mornings can be manic.
- Try and enjoy the course and embrace the amazing journey. Try not to think about how guilty you feel about how little you see of the kids; you are doing this for them too and they will be proud of their mum the midwife.

6.2 Assignment Tips

For assignments make sure you read the assignment guidance and look at the marking grid before you do any other work. Do this in September when you get the assignment information, you get this early to enable you to plan your year and seek help with your work earlier rather than later.

1) Word limits

For example, for a 3000-word assignment you can break it up like this:
Keep 10% for the introduction (300 words)
Keep 10% for the conclusion (300 words)
This then leaves you with 2400 words, divide by 4 which leaves you with 600 words per paragraph. This layout can work as a start point for any piece of work and makes it seem more doable!

2) Planning

Do a plan and work out what is going to be included in each part of the work. Use the module guidance for the outcomes/ marking criteria to make sure you are covering the right information.

3) Literature searching 1:

Now do a literature search / general reading / get your key words / subjects and make sure your plan looks to be right; add info / detail and tweak the plan so that it is right before you do any more work
Each time you do any work on your assignment make sure you save as you are going along and when you finish each session you need to email the document to your university account (protect against IT failures at home / losing your memory stick / theft etc. This has happened and students will not be granted an extension for this reason) your assignments are now protected.

4) Detailed Literature Searching 2:

The literature searching and reading of same will take a lot of time; allow for this. Make notes and keep a record of all of the literature that you are reading. I would make a reference document with all of the reference details (as you would have in the assignment) so that you don't have to go searching for them later.

5) Start to write the assignment:

Start writing one of the sections - make sure you reference as you go along - add each reference (alphabetically) into your reference page (separate document at this stage) (no bibliography required), so you are not hunting for this information later. If you realise you need a reference, find it now - do not leave referencing until later.

Once you have this section done - do all of the spelling checks / print off a copy and read it out loud - you will spot poor English / grammar / punctuation etc. by doing this.

Make sure you are within the word limit you set for this section and if not you need to sort this out - prune and sort before you move on. This will mean that the balance of your work is correct at the end.

6) Finalise this first section:

Sort out any issues identified from this tutorial - you can send the work through to the lecturer to see that you have grasped what they said if you are not confident.

7) Now write the next 3 sections (or however many you have):

Any specific questions, ask them now! Have another tutorial if you are stuck! The conversation you will have about a specific aspect of your work will stop you having sleepless nights and enable you to move on with writing the assignment. Each time sort out the number of words / grammar / punctuation etc.….

You will need to ensure that your professional development is evident i.e. your development in light of what you have experienced in clinical practice and also by the increase in knowledge by undertaking this piece of work.

8) Write the Introduction and Conclusion in Full:

You might have written a brief introduction but when all sections are written you can complete your introduction (as you now know what you are introducing!) and then your conclusion - which needs to identify your future practice / professional development where relevant

10% extra word limit:

You have 10%-word limit to play with now to bring links between your sections and to tidy up the work overall.

9) Read it out loud:

Finally - print it off and have a final read out loud. You will pick up on all the bits that aren't quite right, spot where you need to adjust the punctuation and alter grammar. If you have someone else that can read your work, bribe them to have a read and see if it makes sense! Do they understand what you are saying - if

they ask about a professional term that's fine - but if they have no idea what you are talking about….

10) Final Notes:

- Font – Arial or Verdana is the preferred font for dyslexia - good practice to use this for anything that you produce and for handouts make font size 14+ for your assignments make it minimum of 12 (this document is Verdana size 10) as it is a long document
- Double line space the document
- Make sure you have it in a format that the lecturers can open! .docx is the ideal
- Do not use The Edge as a browser as Blackboard and Turnitin don't like it
- Many of you will have worked with the lastminute.com mode on your previous courses / studies. That mode will not work on this course. You are juggling academic work with placement and doing the laundry! Therefore: Do not leave work until the last minute.
- If you keep doing little and often and have more than one piece of work on the go it will mean that any mini emergencies, minor illness etc. can be managed. Additionally, you will not get bored with one piece of work! We all recommend doing some assessment related work every week.
- Aim to have work finished a week before the deadline. You can then re-read it and check through the day before submission and submit with much greater confidence. If you have a last-minute problem with a computer etc. then you have time to sort this, access another computer and get your work in on time.
- Look for ways to keep on top of your work - we are happy to help you with this!

6.3 How we respond to student feedback - you said we did.

All Cohorts have student reps who attend the monthly Student Voice meetings. Action log for these meetings are stored on the Cohort organisational sites and all students receive an email to make them aware of their availability. Each subgroup (first year Byrom, second year Gaskin or third year Warwick groups) have a group Champion who filters information to and from these meetings too.

All cohorts have regular timetabled meetings with the Lead Midwife for Education and the Course leader.

A Student Staff Committee meets twice a year and practice partners, and service users are also core members of this committee. The focus of this meeting is student issues. Pre-Registration Midwifery Programme Management Committee meets twice a year and practice partners, and service users are also core members of this committee. The focus of this meeting is placement and practice partner feedback. The two-meeting alternate so there is a meeting every three months usually September December, March, and June. Action logs for these meetings are stored on the Cohort organisational sites and all students receive an email to make them aware of their availability.

We also hold Practice learning Team meetings at each Trust every three months usually September December, March, and June. At these meeting we review the Placement Evaluations that you complete via PARE (Practice Assessment Record & Evaluation) and all other issues associated with the learning and assessment processes at that Trust.

Nursing and Midwifery Department Board consists of student group reps, across all nursing and midwifery programmes, Course Leaders, and undergraduate programme leadership team members. The group meets every three months.

All Cohorts undertake an end of year or end of course evaluation. The data and actions from the evaluations are stored on the Cohort organisational sites and all students receive an email to make them aware of their availability.

6.4 Mapping Course Modules to EU Directives

NB The 'Advancing Professional' module encourages individual exploration of a health/care issue with an emphasis on service improvement. As such the benchmarks addressed will largely be determined by the student's chosen topic.

EU Directives	Level 4				Level 5				Level 6			
	Personal and Professional Development	Collaboration for Individual and Community Wellbeing	Sciences for Professional Midwifery Practice	Establishing Midwifery Practice	Assessing and Addressing Complexity	Evidence and Enquiry for Practice	Complex Challenges in Midwifery and Neonatal Care	Enhancing Midwifery Practice	Working with Complexity in Practice	Professional Leadership	The Advancing Professional	Strengthening Professional Midwifery Practice
Article 40 - The training of midwives **3. Training as a midwife shall provide an assurance that the professional in question has acquired the following knowledge and skills:**												
a. detailed knowledge of the sciences on which the activities of midwives are based, particularly midwifery, obstetrics and gynaecology;			✓	✓	✓		✓	✓	✓			✓
b. adequate knowledge of the ethics of the profession and the legislation relevant for the practice of the profession;	✓	✓	✓	✓	✓		✓	✓	✓	✓		✓
c. adequate knowledge of general medical knowledge (biological functions, anatomy and physiology) and of pharmacology in the field of obstetrics and of the newly born, and also knowledge of the relationship between the state of			✓	✓	✓		✓	✓	✓			✓

EU Directives	Level 4				Level 5				Level 6			
	Personal and Professional Development	Collaboration for Individual and Community Wellbeing	Sciences for Professional Midwifery Practice	Establishing Midwifery Practice	Assessing and Addressing Complexity	Evidence and Enquiry for Practice	Complex Challenges in Midwifery and Neonatal Care	Enhancing Midwifery Practice	Working with Complexity in Practice	Professional Leadership	The Advancing Professional	Strengthening Professional Midwifery Practice
health and the physical and social environment of the human being, and of his behaviour;												
d. adequate clinical experience gained in approved institutions allowing the midwife to be able, independently and under his own responsibility, to the extent necessary and excluding pathological situations, to manage the antenatal care, to conduct the delivery and its consequences in approved institutions, and to supervise labour and birth, postnatal care and neonatal resuscitation while awaiting a medical practitioner;			✓	✓	✓		✓	✓	✓			✓
e. adequate understanding of the training of health personnel and experience of working with such personnel.	✓	✓	✓	✓	✓		✓	✓	✓	✓		✓
Article 42 - Pursuit of the professional activities of a midwife **2. The Member States shall ensure that midwives are able to gain access to and pursue at least the following activities:**												
a. provision of sound family planning information and advice;			✓	✓			✓	✓				✓
b. diagnosis of pregnancies and monitoring normal pregnancies; carrying out the examinations necessary for the monitoring of the development of normal pregnancies;			✓	✓	✓		✓	✓	✓			✓

EU Directives	Level 4				Level 5				Level 6			
	Personal and Professional Development	Collaboration for Individual and Community Wellbeing	Sciences for Professional Midwifery Practice	Establishing Midwifery Practice	Assessing and Addressing Complexity	Evidence and Enquiry for Practice	Complex Challenges in Midwifery and Neonatal Care	Enhancing Midwifery Practice	Working with Complexity in Practice	Professional Leadership	The Advancing Professional	Strengthening Professional Midwifery Practice
c. prescribing or advising on the examinations necessary for the earliest possible diagnosis of pregnancies at risk;			✓	✓	✓		✓	✓	✓			✓
d. provision of programmes of parenthood preparation and complete preparation for childbirth including advice on hygiene and nutrition;				✓				✓				✓
e. caring for and assisting the mother during labour and monitoring the condition of the foetus in utero by the appropriate clinical and technical means;			✓	✓	✓		✓	✓	✓			✓
f. conducting spontaneous deliveries including where required episiotomies and in urgent cases breech deliveries;			✓	✓			✓	✓				✓
g. recognising the warning signs of abnormality in the mother or infant which necessitate referral to a doctor and assisting the latter where appropriate; taking the necessary emergency measures in the doctor's absence, in particular the manual removal of the placenta, possibly followed by manual examination of the uterus;			✓	✓	✓		✓	✓	✓			✓
h. examining and caring for the new-born infant; taking all initiatives which are necessary in case of need and carrying out where necessary immediate resuscitation;			✓	✓	✓		✓	✓	✓			✓

EU Directives	Level 4				Level 5				Level 6			
	Personal and Professional Development	Collaboration for Individual and Community Wellbeing	Sciences for Professional Midwifery Practice	Establishing Midwifery Practice	Assessing and Addressing Complexity	Evidence and Enquiry for Practice	Complex Challenges in Midwifery and Neonatal Care	Enhancing Midwifery Practice	Working with Complexity in Practice	Professional Leadership	The Advancing Professional	Strengthening Professional Midwifery Practice
i. caring for and monitoring the progress of the mother in the post-natal period and giving all necessary advice to the mother on infant care to enable her to ensure the optimum progress of the new-born infant;			✓	✓	✓		✓	✓	✓			✓
j. carrying out treatment prescribed by doctors;			✓	✓	✓		✓	✓	✓			✓
k. drawing up the necessary written reports.	✓		✓	✓	✓		✓	✓	✓			✓
ANNEX V Recognition on the basis of coordination of the minimum training conditions **V.5. MIDWIFE 5.5.1. Training programme for midwives (Training types I and II)**												
The training programme for obtaining evidence of formal qualifications in midwifery consists of the following two parts: **A. Theoretical and technical instruction**												
a. General subjects • Basic anatomy and physiology			✓	✓			✓	✓				✓
• Basic pathology				✓	✓		✓	✓	✓			✓
• Basic bacteriology, virology and parasitology			✓	✓	✓		✓	✓	✓			✓

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	Personal and Professional Development	Collaboration for Individual and Community Wellbeing	Sciences for Professional Midwifery Practice	Establishing Midwifery Practice	Assessing and Addressing Complexity	Evidence and Enquiry for Practice	Complex Challenges in Midwifery and Neonatal Care	Enhancing Midwifery Practice	Working with Complexity in Practice	Professional Leadership	The Advancing Professional	Strengthening Professional Midwifery Practice
• Basic biophysics, biochemistry and radiology			✓	✓	✓		✓	✓	✓			✓
• Paediatrics, with particular reference to new-born infants			✓	✓	✓		✓	✓	✓			✓
• Hygiene, health education, preventive medicine, early diagnosis of diseases		✓	✓	✓	✓		✓	✓	✓			✓
• Nutrition and dietetics, with particular reference to women, new-born and young babies			✓	✓	✓		✓	✓	✓			✓
• Basic sociology and socio-medical questions		✓	✓	✓	✓		✓	✓	✓			✓
• Basic pharmacology			✓	✓	✓		✓	✓	✓			✓
• Psychology		✓	✓	✓	✓		✓	✓	✓			✓
• Principles and methods of teaching				✓				✓	✓			✓
• Health and social legislation and health organisation	✓	✓	✓	✓	✓		✓	✓	✓	✓		✓
• Professional ethics and professional legislation	✓		✓	✓	✓		✓	✓	✓	✓		✓
• Sex education and family planning			✓	✓			✓	✓				✓
• Legal protection of mother and infant		✓	✓	✓	✓		✓	✓	✓			✓
b. Subjects specific to the activities of midwives • Anatomy and physiology			✓	✓	✓		✓	✓	✓			✓

EU Directives	Level 4				Level 5				Level 6			
	Personal and Professional Development	Collaboration for Individual and Community Wellbeing	Sciences for Professional Midwifery Practice	Establishing Midwifery Practice	Assessing and Addressing Complexity	Evidence and Enquiry for Practice	Complex Challenges in Midwifery and Neonatal Care	Enhancing Midwifery Practice	Working with Complexity in Practice	Professional Leadership	The Advancing Professional	Strengthening Professional Midwifery Practice
• Embryology and development of the foetus			✓		✓		✓					
• Pregnancy, childbirth and puerperium			✓	✓	✓		✓	✓	✓			✓
• Gynaecological and obstetrical pathology					✓		✓	✓	✓			✓
• Preparation for childbirth and parenthood, including psychological aspects				✓	✓		✓	✓	✓			✓
• Preparation for delivery (including knowledge and use of technical equipment in obstetrics)			✓	✓	✓		✓	✓	✓			✓
• Analgesia, anaesthesia and resuscitation				✓	✓		✓	✓				✓
• Physiology and pathology of the new-born infant			✓	✓	✓		✓	✓	✓			✓
• Care and supervision of the new-born infant			✓	✓	✓		✓	✓	✓			✓
• Psychological and social factors		✓	✓	✓	✓		✓	✓	✓			✓
B. Practical and clinical training This training is to be dispensed under appropriate supervision:												
• Advising of pregnant women, involving at least 100 pre-natal examinations			✓	✓			✓	✓				✓
• Supervision and care of at least 40 pregnant women				✓				✓				✓

EU Directives	Level 4				Level 5				Level 6			
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• Conduct by the student of at least 40 deliveries; where this number cannot be reached owing to the lack of available women in labour, it may be reduced to a minimum of 30, provided that the student assists with 20 further deliveries				✓				✓				✓
• Active participation with breech deliveries. Where this is not possible because of lack of breech deliveries, practice may be in a simulated situation.				✓				✓				✓
• Performance of episiotomy and initiation into suturing. Initiation shall include theoretical instruction and clinical practice. The practice of suturing includes suturing of the wound following an episiotomy and a simple perineal laceration. This may be in a simulated situation if absolutely necessary.								✓				✓
• Supervision and care of 40 women at risk in pregnancy, or labour or post-natal period.				✓				✓				✓
• Supervision and care (including examination) of at least 100 post-natal women and healthy new-born infants.				✓				✓				✓

EU Directives	Level 4				Level 5				Level 6			
	Personal and Professional Development	Collaboration for Individual and Community Wellbeing	Sciences for Professional Midwifery Practice	Establishing Midwifery Practice	Assessing and Addressing Complexity	Evidence and Enquiry for Practice	Complex Challenges in Midwifery and Neonatal Care	Enhancing Midwifery Practice	Working with Complexity in Practice	Professional Leadership	The Advancing Professional	Strengthening Professional Midwifery Practice
• Observation and care of the new-born requiring special care, including those born pre-term, post-term, underweight or ill.							✓	✓				✓
• Care of women with pathological conditions in the fields of gynaecology and obstetrics.					✓		✓	✓				✓
• Initiation into care in the field of medicine and surgery. Initiation shall include theoretical instruction and clinical practice.				✓	✓		✓	✓	✓			✓

6.5 Mapping Course Modules to Standards of proficiency for midwives (NMC, 2019)

NB The 'Advancing Professional' module encourages individual exploration of a health/care issue with an emphasis on service improvement. As such the benchmarks addressed will largely be determined by the student's chosen topic.

	Level 4				**Level 5**				**Level 6**			
Standards of proficiency	Personal and Professional Development	Collaboration for Individual and Community Wellbeing	Sciences for Professional Midwifery Practice	Establishing Midwifery Practice	Assessing and Addressing Complexity	Evidence and Enquiry for Practice	Complex Challenges in Midwifery and Neonatal Care	Enhancing Midwifery Practice	Working with Complexity in Practice	Professional Leadership	The Advancing Professional	Strengthening Professional Midwifery Practice
Domain 1: Being an accountable, autonomous, professional midwife												
1.1 understand and act in accordance with *The Code: Professional standards of practice and behaviour for nurses, midwives and nursing associates*, and fulfil all registration requirements												✓
1.2 understand and act in accordance with relevant legal, regulatory, and governance requirements, policies, and ethical frameworks including any mandatory reporting duties, differentiating where appropriate between the devolved legislatures of the United Kingdom	✓			✓				✓	✓			✓
1.3 understand and act to promote and enable the human rights of women and newborn infants at all times, including women's sexual and reproductive rights					✓		✓	✓	✓			✓

Standards of proficiency	Level 4				Level 5				Level 6			
	Personal and Professional Development	Collaboration for Individual and Community Wellbeing	Sciences for Professional Midwifery Practice	Establishing Midwifery Practice	Assessing and Addressing Complexity	Evidence and Enquiry for Practice	Complex Challenges in Midwifery and Neonatal Care	Enhancing Midwifery Practice	Working with Complexity in Practice	Professional Leadership	The Advancing Professional	Strengthening Professional Midwifery Practice
1.4 demonstrate the knowledge, skills, and ability to identify, critically analyse, and interpret research evidence and local, national, and international data and reports											✓	✓
1.5 use, share and apply research findings and lessons from data and reports to promote and inform best midwifery policy and practice, and to support women's evidence-informed decision-making						✓		✓			✓	✓
1.6 be accountable and autonomous as the lead professional for the midwifery care and support of women and newborn infants throughout the whole continuum of care							✓	✓	✓	✓		✓
1.7 demonstrate knowledge and understanding of the role and scope of the midwife in the 21st Century	✓			✓	✓		✓	✓	✓	✓		✓
1.8 demonstrate an understanding of and the ability to challenge discriminatory behaviour	✓	✓		✓	✓		✓	✓	✓	✓		✓
1.9 provide and promote non-discriminatory, respectful, compassionate, and kind care, and take account of any need for adjustments				✓				✓				✓
1.10 demonstrate understanding of women's relationships and individual family circumstances, and the ability to communicate and involve her partner and family in discussions and decisions about	✓	✓		✓	✓		✓	✓	✓	✓		✓

Standards of proficiency	Level 4				Level 5				Level 6			
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her care and the care of the newborn infant, always respecting the woman's preferences and decisions about who to involve and the extent of involvement and communication												
1.11 use effective, authentic, and meaningful communication skills and strategies with women, newborn infants, partners and families, and with colleagues			✓	✓			✓	✓				✓
1.12 develop and maintain trusting, respectful, kind, and compassionate person-centred relationships with women, their partners and families, and with colleagues			✓	✓			✓	✓	✓			✓
1.13 demonstrate the ability to always work in partnership with women, basing care on individual women's needs, views, preferences, and decisions, and working to strengthen women's own capabilities to care for themselves and their newborn infant			✓	✓			✓	✓				✓
1.14 act in the best interests of women and newborn infants at all times			✓	✓			✓	✓	✓			✓
1.15 demonstrate the skills of advocacy and leadership, collaborating with and challenging colleagues as necessary, and knowing when and how to escalate concerns					✓		✓	✓	✓	✓		✓
1.16 demonstrate the ability to advocate for women and newborn infants who are made vulnerable by their physical, psychological,					✓		✓	✓	✓	✓		✓

Standards of proficiency	Level 4				Level 5				Level 6			
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social, cultural, or spiritual circumstances												
1.17 demonstrate knowledge and understanding of the range of factors affecting women, newborn infants, partners, and families and the impact these factors may have, including but not limited to:			✓	✓	✓		✓	✓	✓			✓
1.17.1 health and social inequalities and their determinants			✓	✓	✓		✓	✓	✓			✓
1.17.2 historical and social developments and trends			✓	✓	✓		✓	✓	✓			✓
1.17.3 cultural and media influences on public and professional understanding			✓	✓	✓		✓	✓	✓	✓		✓
1.18 explain the rationale that influences their own judgements and decisions, recognising and addressing any personal and external factors that may unduly influence their own decision-making in routine, complex, and challenging situations					✓		✓	✓	✓	✓		✓
1.19 understand and apply the principles of courage, integrity, transparency, and the professional duty of candour, recognising and reporting any situations, behaviours, or errors that could result in sub-standard care, dysfunctional attitudes and behaviour, ineffective team working, or adverse outcomes	✓			✓	✓		✓	✓	✓	✓		✓

Standards of proficiency	Level 4				Level 5				Level 6			
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1.20 understand the importance of, and demonstrate the ability to seek, informed consent from women, both for herself and her newborn infant				✓				✓		✓		✓
1.21 understand and respect the woman's right to decline consent, and demonstrate the ability to provide appropriate care and support in these circumstances				✓				✓		✓		✓
1.22 be able to advocate for the woman when her decision is outside of clinical guidance, in order to minimise risk and maintain relationships					✓		✓	✓	✓	✓		✓
1.23 demonstrate the skills of numeracy, literacy, digital, media, and technological literacy needed to ensure safe and effective midwifery practice	✓			✓				✓				✓
1.24 understand the importance of effective record keeping, and maintain consistent, complete, clear, accurate, secure, and timely records to ensure an account of all care given is available for review by the woman and by all professionals involved in care	✓	✓	✓	✓	✓		✓	✓	✓	✓		✓
1.25 act as an ambassador, uphold public trust and promote confidence in midwifery and health and care services	✓	✓	✓	✓	✓		✓	✓	✓	✓		✓

Standards of proficiency	Level 4				Level 5				Level 6			
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1.26 understand the professional responsibility to maintain the level of personal health, fitness, and well-being required to meet the needs of women, newborn infants and families for psychological and physical care	✓			✓				✓				✓
1.27 take responsibility for continuous self-reflection, seeking and responding to all support and feedback to develop their professional knowledge, understanding, and skills.	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Domain 2: Safe and effective midwifery care: promoting and providing continuity of care and carer												
2.1 demonstrate knowledge and understanding of the health and social care system and of different settings for midwifery and maternity care, and the impact of these on women, newborn infants, partners and families	✓	✓	✓	✓	✓		✓	✓	✓	✓		✓
2.2 demonstrate knowledge and understanding of different ways of organising midwifery and maternity care, and the potential positive and negative impact of these on safety and effectiveness, and on women, their newborn infants, partners and families	✓	✓	✓	✓	✓		✓	✓	✓	✓		✓
2.3 demonstrate knowledge and understanding of the range of factors affecting the provision of safe and effective midwifery and maternity services and their impact on quality of care	✓	✓	✓	✓	✓		✓	✓	✓	✓		✓

Standards of proficiency	Level 4				Level 5				Level 6			
	Personal and Professional Development	Collaboration for Individual and Community Wellbeing	Sciences for Professional Midwifery Practice	Establishing Midwifery Practice	Assessing and Addressing Complexity	Evidence and Enquiry for Practice	Complex Challenges in Midwifery and Neonatal Care	Enhancing Midwifery Practice	Working with Complexity in Practice	Professional Leadership	The Advancing Professional	Strengthening Professional Midwifery Practice
2.4 demonstrate the ability to work in and across a range of health and social care settings and with other health and social care staff to promote continuity of care and carer				✓				✓				✓
2.5 demonstrate the ability to provide continuity of midwifery carer across the whole continuum of care and in diverse settings for women and newborn infants with and without complications and additional care needs								✓				✓
2.6 demonstrate the ability to ensure that the needs of women and newborn infants are considered together as a priority in all settings, even when women and infants have to be cared for separately				✓				✓				✓
2.7 demonstrate and apply knowledge and understanding of the social context in which women and their families live to inform, support, and assist in meeting their needs and preferences	✓	✓	✓	✓	✓		✓	✓	✓			✓
2.8 demonstrate knowledge and understanding of ways of identifying and reaching out to women who may find it difficult to access services, and of adapting care provision to meet their needs	✓	✓	✓	✓	✓		✓	✓	✓			✓
2.9 understand the need to work with other professionals, agencies, and communities to share knowledge of the needs of women, newborn infants, partners and families when considering the impact of the social determinants of health on public health and well-being	✓	✓	✓	✓	✓		✓	✓	✓	✓		✓

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2.10 work with other professionals, agencies, and communities to promote, support and protect breastfeeding, including protection for women to breastfeed in all settings			✓	✓	✓		✓	✓	✓			✓
2.11 demonstrate the ability to be the coordinator of care within the wider interdisciplinary and multiagency teams, arranging a seamless transfer of care when midwifery care is complete								✓		✓		✓
2.12 demonstrate an understanding of the need for an ongoing focus on the promotion of public health and well-being of women and newborn infants, their partners and families across all settings.	✓	✓	✓	✓	✓		✓	✓	✓			✓
Domain 3: Universal care for all women and newborn infants												
A. The midwife's role in public health, health promotion and health protection												
3.1 demonstrate knowledge and understanding of the woman's lived experiences in everyday life, enabling access to public health, social care and community resources as needed	✓	✓	✓	✓	✓		✓	✓	✓			✓
3.2 understand epidemiological principles and critically appraise and interpret current evidence and data on public health strategies, health promotion, health protection, and safeguarding, and use this evidence to inform conversations with women, their partners, and families, as appropriate to their needs and preferences									✓			✓

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3.3 demonstrate the ability to share information on public health, health promotion and health protection with women, enabling them to make evidence-informed decisions, and providing support for access to resources and services			✓	✓	✓		✓	✓	✓			✓
3.4 demonstrate the ability to offer information and access to resources and services for women and families in regard to sexual and reproductive health and contraception			✓	✓			✓	✓				✓
3.5 understand the importance of birth to public health and wellbeing across the life course		✓	✓	✓	✓		✓	✓	✓			✓
3.6 understand the importance of human milk and breastfeeding to public health and well-being, and demonstrate how to protect, promote and enable breastfeeding with the woman, her partner and family			✓	✓			✓	✓				✓
3.7 demonstrate the ability to offer information and access to resources and services for women and families in regard to violence, abuse, and safeguarding		✓		✓	✓			✓	✓			✓
3.8 understand and demonstrate how to support and provide parent education and preparation for parenthood, both for individuals and groups								✓				✓
3.9 promote and support parent and newborn mental health and			✓	✓	✓		✓	✓	✓			✓

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well-being, positive attachment and the transition to parenthood												
3.10 demonstrate effective health protection through understanding and applying the principles of infection prevention and control, communicable disease surveillance, and antimicrobial resistance and stewardship			✓	✓	✓		✓	✓	✓			✓
B. The midwife's role in assessment, screening and care planning												
3.11 demonstrate knowledge and understanding of anatomy, physiology, genetics, and genomics of adolescent girls and women and the reproductive system for adolescent boys and men			✓	✓				✓				✓
3.12 demonstrate knowledge and understanding of normal changes to anatomy, physiology, and epigenetics of the adolescent girl/ woman during:			✓	✓				✓				✓
3.12.1 pregnancy			✓	✓				✓				✓
3.12.2 labour			✓	✓				✓				✓
3.12.3 birth			✓	✓				✓				✓
3.12.4 postpartum			✓	✓				✓				✓
3.13 demonstrate knowledge and understanding of anatomy,			✓	✓	✓		✓	✓				✓

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physiology, and epigenetics of:												
3.13.1 fetal development			✓	✓	✓		✓	✓				✓
3.13.2 adaptation to life			✓	✓	✓		✓	✓				✓
3.13.3 the newborn infant		✓	✓	✓	✓		✓	✓				✓
3.13.4 very early child development		✓	✓	✓	✓		✓	✓				✓
3.14 demonstrate knowledge and understanding of anatomy, physiology, and epigenetics of infant feeding			✓	✓	✓		✓	✓				✓
3.15 demonstrate knowledge and understanding of the implications of infant feeding for maternal and child health and for very early child development			✓	✓	✓		✓	✓				✓
3.16 demonstrate knowledge and understanding of psychological, behavioural, and cognitive factors for:		✓	✓	✓	✓		✓	✓	✓			✓
3.16.1 adolescents and adults		✓	✓	✓	✓		✓	✓	✓			✓
3.16.2 newborn infants		✓	✓	✓	✓		✓	✓	✓			✓
3.17 demonstrate knowledge and understanding of changes to psychological, behavioural, and cognitive factors during:			✓	✓	✓		✓	✓	✓			✓
3.17.1 pregnancy, labour, birth and postpartum			✓	✓	✓		✓	✓	✓			✓

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3.17.2 infant feeding and relationship building			✓	✓	✓		✓	✓	✓			✓
3.17.3 the transition to parenthood and positive family attachment			✓	✓	✓		✓	✓	✓			✓
3.18 demonstrate knowledge and understanding of pharmacology and the ability to recognise the positive and adverse effects of medicines across the continuum of care; to include allergies, drug sensitivities, side effects, contraindications, incompatibilities, adverse reactions, prescribing errors and the impact of polypharmacy and over the counter medication usage									✓			✓
3.19 demonstrate knowledge and understanding of the principles of safe and effective administration and optimisation of prescription and non-prescription medicines and midwives exemptions, demonstrating the ability to progress to a prescribing qualification following registration												✓
3.20 demonstrate knowledge and understanding of national screening and diagnostic tests for women and newborn infants, and associated ethical dilemmas			✓	✓	✓		✓	✓	✓			✓
3.21 demonstrate knowledge and understanding of the importance of optimising normal physiological processes, supporting safe, physical, psychological, social and cultural situations, and working to			✓	✓			✓	✓	✓			✓

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promote positive outcomes and to anticipate and prevent complications												
3.22 demonstrate knowledge and understanding that women's circumstances vary widely, and the importance of supporting, promoting and protecting any individual needs and preferences that they themselves identify		✓	✓	✓	✓		✓	✓	✓			✓
3.23 in partnership with the woman, use evidence-based, best practice approaches to plan and carry out ongoing integrated assessment, individualised care planning and evaluation for both the woman and the newborn infant, based on sound knowledge and understanding of normal processes and recognition of deviations from these.			✓	✓	✓		✓	✓	✓			✓
C. The midwife's role in optimising normal physiological processes and working to promote positive outcomes and prevent complications												
3.24 identify how factors in the care environment can impact on normal physiological processes and how the midwife can work to promote and protect a positive environment, both physical and emotional	✓	✓	✓	✓	✓		✓	✓	✓	✓		✓

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3.25 use evidence-based, best practice approaches and work in partnership with the woman to provide care for the woman and the newborn infant across the continuum that optimises normal processes, manages common symptoms and problems, and anticipates and prevents complications, drawing on the findings of assessment, screening and care planning				✓	✓		✓	✓	✓	✓		✓
3.26 understand when additional care or support is needed and demonstrate how to consult and make referrals for additional care or support needs when necessary			✓	✓	✓		✓	✓	✓	✓		✓
3.27 understand and demonstrate how to provide culturally sensitive and individualised care for all women, their partners and families, irrespective of their social situation.			✓	✓	✓		✓	✓	✓			✓
Domain 4: Additional care for women and newborn infants with complications												
A. The midwife's role in first line assessment and management of complications and additional care needs												
4.1 demonstrate knowledge and understanding that the complications and additional care needs of women, newborn infants, partners and families may relate to physical, psychological, social, cultural, and spiritual factors					✓		✓	✓	✓			✓

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4.2 identify and use reports and data on local, national, and international prevalence and risk to develop knowledge and awareness of complications and additional care needs that may affect women, newborn infants, and families				✓	✓		✓	✓	✓			✓
4.3 demonstrate knowledge and understanding of pre-existing, current and emerging complications and additional care needs that affect the woman, including their potential impact on the woman's health and well-being; and the ability to recognise and provide any care, support or referral that may be required as a result of any such complications or needs					✓		✓	✓	✓			✓
4.4 demonstrate knowledge, understanding, and the ability to recognise complications and additional care needs in regard to:							✓	✓				✓
4.4.1 embryology and fetal development							✓	✓				✓
4.4.2 adaptation to life					✓		✓	✓				✓
4.4.3 the newborn infant					✓		✓	✓				✓
4.4.4 very early child development					✓		✓	✓				✓
4.4.5 the transition to parenthood and positive family attachment					✓		✓	✓	✓			✓

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4.5 demonstrate knowledge, understanding, and the ability to recognise complications and additional care needs of the woman and/or newborn infant, in regard to infant feeding and the implications of feeding for very early child development					✓		✓	✓	✓			✓
4.6 use evidence-based, best practice approaches to respond promptly to signs of compromise and deterioration in the woman, fetus, and newborn infant, and to make clinical decisions based on need and best practice evidence; and act on those decisions					✓		✓	✓	✓			✓
4.7 use evidence-based, best practice approaches to the management of emergency situations					✓		✓	✓	✓			✓
4.8 use evidence-based, best practice approaches for the first-line management of complications and additional care needs of the woman, fetus and/or newborn infant; including support, referral, interdisciplinary and multiagency team working, escalation and follow-up, as needed.					✓		✓	✓	✓	✓		✓
B. The midwife's role in caring for and supporting women and newborn infants requiring medical, obstetric, neonatal, mental health, social care, and other services												

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4.9 demonstrate the ability to work in collaboration with the interdisciplinary and multiagency teams while continuing to provide midwifery care needed by women and newborn infants			✓	✓	✓		✓	✓	✓	✓		✓
4.10 use evidence-based, best practice approaches to keep mothers and newborn infants together whenever possible when providing midwifery care, even when complications and additional care needs occur					✓		✓	✓	✓	✓		✓
4.11 demonstrate knowledge and understanding of how to work in collaboration with the interdisciplinary and multiagency teams to provide respectful, kind, compassionate end of life care for the woman and/or newborn infant, and their partner and family, and follow up with the family, ensuring continuity of care.					✓		✓	✓	✓	✓		✓
Domain 5: Promoting excellence: the midwife as colleague, scholar and leader												
A. Working with others: the midwife as colleague												
5.1 demonstrate knowledge of quality improvement methodologies, and the skills required to actively engage in evidence-informed quality improvement processes to promote quality care for all										✓	✓	✓

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5.2 demonstrate an understanding of how to identify, report and critically reflect on near misses, critical incidents, major incidents, and serious adverse events									✓	✓		✓
5.3 demonstrate knowledge and understanding of how to work with women, partners, families, advocacy groups, and colleagues to develop effective improvement strategies for quality and safety, sharing feedback and learning from positive and adverse outcomes and experiences									✓	✓		✓
5.4 understand and apply the principles of human factors, environmental factors, and strength based approaches when working with colleagues							✓	✓	✓	✓		✓
5.5 understand the relationship between safe staffing levels, effective team working, appropriate skill mix, and the safety and quality of care									✓	✓		✓
5.6 recognise risks to public protection and quality of care and know how to escalate concerns in line with local/national escalation guidance and policies							✓	✓	✓	✓		✓
5.7 demonstrate the ability to act safely in situations where there is an absence of good quality evidence									✓	✓	✓	✓

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5.8 demonstrate understanding of why interdisciplinary team working and learning matters, and the importance of participating in a range of interdisciplinary learning opportunities							✓	✓	✓	✓		✓
5.9 contribute to team reflection activities to promote improvements in practice and service									✓	✓		✓
5.10 demonstrate knowledge and understanding of the principles and methods of sustainable health care									✓	✓		✓
5.11 demonstrate knowledge and understanding of change management and the ability to collaborate in, implement, and evaluate evidence-informed change at individual, group, and service level									✓	✓		✓
5.12 effectively and responsibly use a range of digital and other technologies to access, record, share and apply data within teams and between agencies				✓				✓	✓	✓		✓
5.13 demonstrate the ability to develop the strength, resourcefulness, and flexibility needed to work in stressful and difficult situations, and to develop strategies to contribute to safe and effective practice; this must include:									✓	✓		✓
5.13.1 individual and team reflection, problem solving, and planning									✓	✓		✓

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5.13.2 effective and timely communication with colleagues and senior staff									✓	✓		✓
5.13.3 collaborating to ensure safe and sustainable systems and processes									✓	✓		✓
5.13.4 the ability to advocate for change									✓	✓		✓
5.13.5 the use of strength based approaches									✓	✓		✓
5.13.6 responding to unpredictable situations									✓	✓		✓
5.14 demonstrate how to recognise signs of vulnerability in themselves or their colleagues and the actions required to minimise risks to health or well-being of self and others									✓	✓		✓
5.15 demonstrate awareness of the need to manage the personal and emotional challenges of work and workload, uncertainty, and change; and incorporate compassionate self-care into their personal and professional life.	✓								✓	✓		✓
B. Developing knowledge, positive role modelling and leadership: the midwife as scholar and leader												
5.16 demonstrate knowledge and understanding of the importance of current and ongoing local, national and international research and scholarship in midwifery and related fields, and how to use this						✓			✓	✓	✓	✓

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knowledge to keep updated, to inform decision-making, and to develop practice												
5.17 demonstrate knowledge and understanding of the importance of midwives' contribution to the knowledge base for practice and policy through research, audit and service evaluation, engagement and consultation						✓			✓	✓	✓	✓
5.18 demonstrate the ability and commitment to develop as a midwife, to understand career pathways that may include practice, management, leadership, education, research, and policy, and to recognise the need to take responsibility for engaging in ongoing education and professional development opportunities										✓	✓	✓
5.19 safely and effectively lead and manage midwifery care, demonstrating appropriate prioritising, delegation, and assignment of care responsibilities to others involved in providing care									✓	✓		✓
5.20 demonstrate positive leadership and role modelling, including the ability to guide, support, motivate, and interact with other members of the interdisciplinary team							✓	✓	✓	✓		✓
5.21 support and supervise students in the provision of midwifery care, promoting reflection, providing constructive feedback, and evaluating and documenting their performance										✓		✓

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Domain 6: The midwife as skilled practitioner												
Communication, sharing information and relationship management: shared skills for Domains 1, 2, 3, 4 and 5												
6.0 safely demonstrate evidence-based best practice in all core and domain-specific skills and procedures listed below:				✓				✓				✓
6.1 demonstrate the ability to use evidence-based communication skills when communicating and sharing information with the woman, newborn infants and families that takes account of the woman's needs, views, preferences, and decisions, and the needs of the newborn infant				✓				✓				✓
6.1.1 actively listen, recognise and respond to verbal and non-verbal cues				✓				✓				✓
6.1.2 use prompts and positive verbal and non-verbal reinforcement				✓				✓				✓
6.1.3 use appropriate non-verbal communication techniques including touch, eye contact, and respecting personal space				✓				✓				✓
6.1.4 make appropriate use of respectful, caring, and kind open and closed questioning				✓				✓				✓
6.1.5 check understanding and use clarification techniques				✓				✓				✓

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6.1.6 respond to women's questions and concerns with kindness and compassion				✓				✓				✓
6.1.7 avoid discriminatory behaviour and identify signs of unconscious bias in self and others				✓				✓				✓
6.1.8 use clear language and appropriate resources, making adjustments where appropriate to optimise women's, and their partners' and families', understanding of their own and their newborn infant's health and well-being				✓				✓				✓
6.1.9 recognise the need for, and facilitate access to, translation and interpretation services				✓				✓				✓
6.1.10 recognise and accommodate sensory impairments during all communications				✓				✓				✓
6.1.11 support and manage the use of personal communication aids				✓				✓				✓
6.1.12 identify the need for alternative communication techniques, and access services to support these				✓				✓				✓
6.1.13 communicate effectively with interdisciplinary and multiagency teams and colleagues in all settings to support the woman's needs, views, preferences, and decisions				✓				✓				✓

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6.1.14 maintain effective and kind communication techniques with women, partners and families in challenging and emergency situations				✓				✓				✓
6.1.15 maintain effective communication techniques with interdisciplinary and multiagency teams and colleagues in challenging and emergency situations				✓				✓				✓
6.2 demonstrate the ability to use evidence-based approaches to build relationships with women, newborn infants, partners and families that respect and enable the woman's needs, views, preferences, and decisions				✓				✓				✓
6.2.1 build and maintain trusting, kind, and respectful professional relationships				✓				✓				✓
6.2.2 convey respect, compassion and sensitivity when supporting women, their partners and families who are emotionally vulnerable and/or distressed				✓				✓				✓
6.2.3 demonstrate the ability to conduct sensitive, individualised conversations that are informed by current evidence on public health promotion strategies				✓				✓				✓
6.2.4 demonstrate effective communication to initiate sensitive, compassionate, woman-centred conversations with				✓				✓				✓

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pregnant women and new mothers around infant feeding and relationship building												
6.2.5 engage effectively in difficult conversations, including conversations about sensitive issues related to ethical dilemmas and breaking bad news, and sexuality, pregnancy, childbirth and the newborn infant				✓				✓				✓
6.2.6 demonstrate the ability to explore with women their attitudes, beliefs and preferences related to childbirth, infant feeding, and parenting, taking into account differing cultural contexts and traditions				✓				✓				✓
6.2.7 provide effective and timely communication with women who experience complications and additional care needs, and their partners and families. This includes support, accurate information and updates on changes whilst continuing to listen and respond to their concerns, views, preferences, and decisions				✓				✓				✓
6.2.8 communicate complex information regarding a woman's care needs in a clear, concise manner to interdisciplinary and multiagency colleagues and teams								✓				✓

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6.2.9 consult with, seek help from, and refer to other health and social care professionals both in routine and emergency situations				✓				✓				✓
6.2.10 demonstrate skills of effective challenge, de-escalation and remaining calm, considering and taking account of the views and decisions made by others.				✓				✓				✓
Being an accountable, autonomous, professional midwife: skills for Domain 1												
6.3 share and apply research, audit, and service evaluation findings to inform practice, to include:				✓				✓			✓	✓
6.3.1 find and access best local, national and international evidence relevant to health, care, and policy				✓				✓			✓	✓
6.3.2 critically analyse the strengths and limitations of quantitative and qualitative studies, including ethical considerations, study design, and data analysis											✓	✓
6.4 keep, and securely store, effective records for all aspects of the continuum of care for the woman, newborn infant, partner and family:				✓				✓			✓	✓
6.4.1 present and share verbal, digital and written reports with individuals and/or groups, respecting confidentiality				✓				✓			✓	✓

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6.4.2 clearly document the woman's understanding, input, and decisions about her care				✓				✓			✓	✓
6.5 use strategies to work within the World Health Organisation International Code of Marketing of Breastmilk Substitutes and subsequent World Health Assembly resolutions				✓				✓				✓
6.6 reflect on and debate topics including those that are seen to be challenging or contentious				✓				✓				✓
6.7 demonstrate the ability to escalate concerns in situations related to the health and well-being of the woman or newborn infant, or of the behaviour or vulnerability of colleagues.				✓				✓				✓
Safe and effective midwifery care: promoting and providing continuity of care and carer: skills for Domain 2												
6.8 discuss with women, and their partners and families as appropriate, information on options for the place of birth; support the woman in her decision; and regularly review this with the woman and with colleagues				✓				✓				✓
6.9 identify, contact, and communicate effectively with colleagues from their own and other health and social care settings, and voluntary and third sector agencies, to ensure continuity of care				✓				✓				✓

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6.10 consistently plan, implement, and evaluate care that considers the needs of women and newborn infants together				✓				✓				✓
6.11 identify resources relevant to the needs of women and newborn infants, and support and enable women to access these as needed				✓				✓				✓
6.12 arrange for effective transfer of care for the woman and newborn infant, as needed, and when midwifery care is complete				✓				✓				✓
6.13 inform and update interdisciplinary and multiagency colleagues about changes in care needs and care planning, and update records accordingly.				✓				✓				✓
Assessment, screening, planning, care and support across the continuum: shared skills for Domains 3 and 4												
6.14 promote the woman's confidence in her own body, health and well-being, and in her own ability to be pregnant, give birth, build a relationship, and nurture, feed, love, and respond to her newborn infant				✓				✓	✓			✓
6.15 when assessing, planning, and providing care include the woman's own self-assessment and assessment of her newborn infant's health and well-being, and her own ability and confidence in regard to self-care and care for her newborn infant				✓				✓				✓

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6.16 respond to any questions and concerns, and recognise the woman's own expertise of her own pre-existing conditions				✓				✓				✓
6.17 demonstrate the ability to involve women in assessment, planning and evaluating their care				✓				✓				✓
6.18 apply in-depth knowledge of anatomy, physiology, genetics, genomics, epigenetics and psychology to inform the assessment, planning and provision of care for the woman and newborn infant across the continuum				✓				✓				✓
6.19 assess, plan and provide care that promotes and protects physical, psychological, social, cultural, and spiritual safety for all women and newborn infants, including any need for safeguarding, recognising the diversity of individual circumstances				✓				✓				✓
6.20 demonstrate the ability to conduct a holistic assessment of physical, psychological, social, cultural, and spiritual health and wellbeing for the woman and the newborn infant, across the continuum				✓				✓				✓
6.21 assess, plan and provide care that optimises the normal physiological processes of reproduction and early life, working to promote positive outcomes, health and well-being, and to anticipate and prevent complications				✓				✓				✓

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6.22 provide evidence-based information on all aspects of health and well-being of the woman and newborn infant to enable informed decision-making by the woman, and partner and family as appropriate				✓				✓				✓
6.23 use evidence-based information to enable women, their partners and families to make individualised care choices and decisions about screening and diagnostic tests				✓				✓				✓
6.24 demonstrate the ability to discuss findings of tests, observations and assessments with the woman, partner/companion and family as appropriate				✓				✓				✓
6.25 assess the environment to maximise safety, privacy, dignity, and well-being, optimise normal physiological processes, and provide a welcoming environment for the woman, partner/ companion, and family; and to create the conditions needed for the birth and subsequent care to be as gentle as possible for the newborn infant				✓				✓				✓
6.26 identify opportunities to offer support and positive feedback to the woman				✓				✓				✓
6.27 recognise and respond to signs of all forms of abuse and exploitation, and need for safeguarding				✓				✓				✓

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6.28 use skills of infection prevention and control, following local and national policies and protocols				✓				✓				✓
6.29 engage women, partners, and families in understanding and applying principles of infection control and antimicrobial stewardship				✓				✓				✓
6.30 demonstrate the ability to measure and record vital signs for the woman and newborn infant, using technological aids where appropriate, and implement appropriate responses and decisions				✓				✓				✓
6.31 undertake abdominal examination and palpation of the woman appropriately across all stages of the continuum				✓				✓				✓
6.32 undertake auscultation of the fetal heart, using Pinard stethoscope and technical devices as appropriate including cardiotocograph (CTG), accurately interpreting and recording all findings including fetal heart patterns				✓				✓				✓
6.33 recognise normal vaginal loss and deviations from normal, across the continuum				✓				✓				✓
6.34 undertake vaginal examination with the woman's consent				✓				✓				✓
6.35 undertake venepuncture and cannulation and blood sampling, and interpret appropriate blood tests								✓				✓
6.36 assess, plan and provide care that optimises the woman's hygiene needs and skin integrity				✓				✓				✓

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6.37 recognise and respond to oedema, varicosities, and signs of thromboembolism				✓				✓				✓
6.38 support the woman when nausea and vomiting occur, recognising deviations from normal physiological processes				✓				✓				✓
6.39 assess, plan and provide care that optimises the woman's nutrition and hydration				✓				✓				✓
6.40 assess, plan and provide care that optimises the woman's bladder and bowel function and health across the continuum				✓				✓				✓
6.41 assess, plan and provide care and support in regard to the woman's experience of and response to pain and her need for pain management, using evidence-based techniques including comfort measures, non-pharmacological and pharmacological methods				✓				✓				✓
6.42 demonstrate the ability to recognise and respond to deviations from normal physiological processes, and unsafe psychological, social, cultural and spiritual situations for the woman and the newborn infant				✓				✓				✓
6.43 demonstrate the ability to avoid and minimise trauma				✓				✓				✓
6.44 demonstrate the ability to consult, collaborate with, and refer to, interdisciplinary and multiagency colleagues as appropriate								✓				✓

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6.45 act as an advocate when care involves the interdisciplinary and multiagency team, to ensure that care continues to focus on the needs, views, preferences and decisions of women, and the needs of newborn infants								✓				✓
6.46 assess, promote, and encourage the development of the mother-newborn infant relationship, and opportunities for attachment, contact, interaction, and relationship building between the woman, newborn infant, partner and family				✓				✓				✓
6.47 enable immediate, uninterrupted, and ongoing safe skin-to skin contact between the mother and the newborn infant, and positive time for the partner and family to be with the newborn infant and each other, preventing unnecessary interruptions				✓				✓				✓
6.48 observe, assess, and promote the woman's, and partner's (as appropriate), immediate response to the newborn infant, and their ability to keep the newborn infant close and be responsive to the newborn infant's cues for love, comfort and feeding (reciprocity)				✓				✓				✓
6.49 provide information about and promote access to community based facilities and resources as needed.				✓				✓				✓
Evidence-based medicines administration and optimisation: shared skills for Domains 3 and 4												

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A. The midwife's role in public health, health promotion and health protection												
6.50 demonstrate the ability to work in partnership with the woman to assess and provide care and support across the continuum that ensures the safe administration of medicines				✓				✓				✓
6.50.1 carry out initial and continued assessments of women and their ability to self-administer their own medications				✓				✓				✓
6.50.2 recognise the various procedural routes under which medicines can be prescribed, supplied, dispensed and administered; and the laws, policies, regulations and guidance that underpin them				✓				✓				✓
6.50.3 use the principles of safe remote prescribing and directions to administer medicines, including safe storage, transportation and disposal of medicinal products				✓				✓				✓
6.50.4 demonstrate the ability to safely supply and administer medicines listed in Schedule 17 of the Human Medicines Regulations (midwives exemptions) and any subsequent legislation and demonstrate the ability to check the list regularly								✓				✓

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6.50.5 undertake accurate drug calculations for a range of medications				✓				✓				✓
6.50.6 undertake accurate checks, including transcription and titration, of any direction to supply and administer a medicinal product								✓				✓
6.50.7 exercise professional accountability in ensuring the safe administration of medicines, via a range of routes, to women and newborn infants												✓
6.50.8 administer injections using intramuscular, subcutaneous, intradermal and intravenous routes and manage injection equipment												✓
6.50.9 recognise and respond to adverse or abnormal reactions to medications for the woman and the newborn infant, and the potential impact on the fetus and the breastfed infant				✓				✓				✓
6.50.10 recognise the impact of medicines in breastmilk and support the woman to continue to responsively feed her newborn infant and/or to express breastmilk				✓				✓				✓
Universal care for all women and newborn infants: skills for Domain 3												

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A. The midwife's role in public health, health promotion and health protection												
6.51 access oral, written and digital information from sources including published evidence, data and reports to inform conversations with women, partners, and families				✓				✓				✓
6.52 conduct person-centred conversations with women, their partners and families on women's and children's health across the life course, depending on relevance and context; this must include:				✓				✓				✓
6.52.1 sexual and reproductive health: pre-conception, contraception, unintended pregnancy, abortion, sexually transmitted infections				✓				✓				✓
6.52.2 food, nutrition and food safety				✓				✓				✓
6.52.3 the importance of human milk and breastfeeding on short and long term health and well-being outcomes				✓				✓				✓
6.52.4 weight management and exercise				✓				✓				✓
6.52.5 smoking, alcohol and substance use				✓				✓				✓
6.52.6 immunisation				✓				✓				✓
6.52.7 poverty and social and health inequalities				✓				✓				✓

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6.52.8 social media use and the potential for addiction				✓				✓				✓
6.53 use evidence-based information to enable women, their partners and families to make individualised care choices and decisions on:				✓				✓				✓
6.53.1 the potential impact of practices and interventions in labour and at birth on the establishment of breastfeeding				✓				✓				✓
6.53.2 formula feeding responsively and as safely as possible				✓				✓				✓
6.53.3 attachment relationships and very early childhood development and the impact on their own and the infant's health and emotional well-being outcomes				✓				✓				✓
6.54 develop and provide parent education and preparation for parenthood that is tailored to the context, needs, views, and preferences of individuals and groups								✓				✓
6.55 recognise when women, children and families are at risk of violence and abuse and know how to escalate, instigate and refer using safeguarding policies and protocols								✓				✓
B. The midwife's role in assessment, screening, and care planning												

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6.56 accurately assess, interpret, and record findings for the woman in pregnancy and the fetus for:				✓				✓				✓
6.56.1 signs and symptoms of pregnancy				✓				✓				✓
6.56.2 shared identification of social and lifestyle factors				✓				✓				✓
6.56.3 maternal mental health and well-being				✓				✓				✓
6.56.4 recognition of signs of all forms of abuse and exploitation, and need for safeguarding				✓				✓				✓
6.56.5 weight and height including calculation of Body Mass Index (BMI)				✓				✓				✓
6.56.6 recognition of spontaneous rupture of membranes and assessment of vaginal loss				✓				✓				✓
6.56.7 recognition of the onset of labour				✓				✓				✓
6.57 accurately assess, interpret and record the health and wellbeing of the woman and the fetus during labour for:				✓				✓				✓
6.57.1 the woman's behaviour, appearance, and emotional needs				✓				✓				✓
6.57.2 the need for mobility and position changes				✓				✓				✓
6.57.3 effectiveness of contractions and progress in labour				✓				✓				✓

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6.57.4 fetal well-being and the need to respond to problems				✓				✓				✓
6.57.5 the need to expedite birth when necessary								✓				✓
6.57.6 the need for an episiotomy								✓				✓
6.57.7 recognising the position of the umbilical cord during birth and the need to respond to problems				✓				✓				✓
6.57.8 progress of the third stage of labour, birthing of the placenta, completeness and healthiness of the placenta and membranes, and any suspected abnormalities and associated blood loss				✓				✓				✓
6.57.9 perineal/labial/vaginal/cervical/anal trauma, and the need for suturing				✓				✓				✓
6.58 conduct immediate assessments of the newborn infant at birth and after birth, and interpret and record findings; this must include:				✓				✓				✓
6.58.1 initial adaptation to extra-uterine life including appearance, heart rate, response, tone and respirations				✓				✓				✓
6.58.2 the infant's ability to respond to cues for food, love, and comfort and the ability to suck, swallow and breathe at the first breastfeed or bottle feed				✓				✓				✓

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6.58.3 the need for neonatal life support (NLS) where respiration is not established				✓				✓				✓
6.58.4 with the mother present whenever possible, check newborn infant's vital signs and body systems, reflexes, behaviour, movement, neurological tone, and posture				✓				✓				✓
6.59 conduct ongoing assessments of the health and well-being of the newborn infant, involving the mother and partner as appropriate and providing a full explanation; this must include:				✓				✓				✓
6.59.1 parental confidence in handling and caring for the newborn infant including response to crying and comfort measures				✓				✓				✓
6.59.2 full systematic physical examination of the newborn infant in line with local and national evidence-based protocols				✓				✓				✓
6.59.3 ensuring screening and diagnostic tests are carried out appropriately and as required in line with local and national evidence-based protocols				✓				✓				✓
6.60 accurately assess, interpret and record the health and wellbeing of the woman postnatally; this must include:				✓				✓				✓

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6.60.1 mental health and well-being, including appetite, energy levels, sleeping pattern, ability to cope with daily living, mood, anxiety and depression, family relationships				✓				✓				✓
6.60.2 vital signs and physical assessment including uterine involution and perineal health and well-being				✓				✓				✓
6.60.3 individual mobility needs, including any adaptations needed to carry and care for her newborn infant				✓				✓				✓
6.61 accurately assess all relevant aspects of infant feeding, for both the woman and the newborn infant; this must include:				✓				✓				✓
6.61.1 monitoring the newborn infant's weight, growth and development				✓				✓				✓
6.61.2 use skills of observation, active listening and evaluation to examine effectiveness of feeding practices				✓				✓				✓
6.61.3 observation of the woman's breasts for tenderness, pain, engorgement, and need for pain management				✓				✓				✓
6.62 for women and newborn infants who are breastfeeding: ongoing observation and assessment of effective breastfeeding; this must include:				✓				✓				✓
6.62.1 effective attachment and positioning of the infant at the breast				✓				✓				✓

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6.62.2 responsive feeding				✓				✓				✓
6.62.3 infant behaviour at the breast including coordination and effectiveness of sucking and swallowing				✓				✓				✓
6.62.4 effective milk transfer and milk production				✓				✓				✓
6.62.5 stool and urine output appropriate to age of infant				✓				✓				✓
6.62.6 ability to maximise breastmilk, safe and effective hand expression and feeding the baby expressed breastmilk				✓				✓				✓
6.63 for the woman and her partner, and newborn infants who are formula feeding or bottle feeding with human milk, partially or exclusively; observation and assessment must include:				✓				✓				✓
6.63.1 parent's assessment of and confidence with using a bottle to feed their baby				✓				✓				✓
6.63.2 responsive bottle feeding: pacing the feeds, limiting the number of care givers				✓				✓				✓
6.63.3 when formula feeding: use of appropriate formula, making up feeds and sterilisation of equipment as safely as possible				✓				✓				✓
6.64 effectively implement, review, and adapt an individualised, evidence-informed care plan for the woman and her newborn infant				✓				✓				✓

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across the continuum, involving her partner and family as appropriate.												
C. The midwife's role in optimising normal physiological processes and working to promote positive outcomes and to anticipate and prevent complications												
6.65 implement care that meets the needs of the woman and fetus in labour and at birth, including provision of safe, continuous, one-to-one care for the woman in labour and at birth, and for the newborn infant at birth; this must include:								✓				✓
6.65.1 encourage mobility and support the woman to achieve optimal positions in labour and for birth				✓				✓				✓
6.65.2 guide and support the woman as she gives birth, using evidence-informed approaches to safely conduct the birth, and to avoid and minimise trauma, while responding to the woman's own preferences				✓				✓				✓
6.65.3 optimise the management of the umbilical cord at birth				✓				✓				✓
6.65.4 use evidence-informed physiological and active techniques as appropriate to safely manage the third stage of labour				✓				✓				✓

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6.65.5 suture an episiotomy, undertake repair of 1st and 2nd degree perineal tears as necessary, and refer if additional trauma has occurred								✓				✓
6.66 implement care that meets the woman's mental health and well-being needs after birth; this must include:				✓				✓				✓
6.66.1 provide ongoing information, support, and care on all aspects of the woman's mental health and well-being				✓				✓				✓
6.66.2 if assessment has identified concerns about the partner's mental health, encourage referral to appropriate services				✓				✓				✓
6.66.3 provide opportunities for the woman, and partner as appropriate, to discuss the birth and any questions they may have				✓				✓				✓
6.67 share evidence-based information with all women and fathers/ partners as appropriate on how to minimise the risks of sudden infant death syndrome				✓				✓				✓
6.68 implement care that meets the needs of the woman in regard to infant feeding; this must include:				✓				✓				✓
6.68.1 for all women:				✓								

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a. understand how to complete an infant feeding assessment with the woman, maintaining accurate records including plans of care, and any challenges encountered or referrals made				✓				✓				✓
b. provide appropriate pain management for breast tenderness and pain				✓				✓				✓
6.68.2 for women who are breastfeeding:				✓				✓				✓
a. apply in-depth knowledge of the anatomy of the breast and physiology and psychology of lactation to enable mothers to get breastfeeding off to a good start				✓				✓				✓
b. support women learning how to hand express their breastmilk and how to store, freeze and warm it with consideration to aspects of infection control				✓				✓				✓
c. share information with women and families about national and local information and networks that are available to support women in the continuation of breastfeeding				✓				✓				✓
6.68.3 for parents who bottle feed, partially or exclusively:				✓				✓				✓
a. support women who wish to combine breastfeeding with formula feeding, helping women to understand the impact				✓				✓				✓

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on breastmilk production												
b. encourage responsive bottle feeding				✓				✓				✓
c. encourage parents' use of appropriate formula including its reconstitution, and the cleaning and sterilising of equipment as safely as possible				✓				✓				✓
Additional care for women and newborn infants with complications: skills for Domain 4												
A. The midwife's role in first line assessment and management of complications and additional care needs												
6.69 recognise, assess, plan, and respond to pre-existing and emerging complications and additional care needs for women and newborn infants, collaborating with, consulting and referring to the interdisciplinary and multiagency team as appropriate; this must include:								✓				✓
6.69.1 pre-existing and emerging physical conditions, and complications of pregnancy, labour, birth, postpartum for the woman and fetus, and complications for the newborn infant, infant feeding challenges, perinatal loss, and maternal illness or death								✓				✓

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6.69.2 physical disability								✓				✓
6.69.3 learning disability								✓				✓
6.69.4 psychological circumstances and mental illness including alcohol, drug and substance misuse/withdrawal, previous perinatal loss, stress, depression, anxiety, postpartum psychosis								✓				✓
6.69.5 social circumstances including lack of family and community support, poverty, homelessness, those in the criminal justice system, refugees, asylum seekers and victims of trafficking and modern slavery								✓				✓
6.69.6 violence and abuse including female genital mutilation and emergency safeguarding situations								✓				✓
6.69.7 traumatic experiences including tocophobia, birth trauma and its sequelae including post-traumatic stress disorder, pre-term birth, perinatal loss and bereavement								✓				✓
6.70 act upon the need to involve others, promptly and proactively consulting with and referring to appropriate health and social care professionals when signs of compromise and deterioration or emergencies occur								✓				✓

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6.71 implement first-line emergency management of complications and/or additional care needs for the woman, fetus, and newborn infant when signs of compromise and deterioration or emergencies occur until other help is available; this must include:								✓				✓
6.71.1 prompt call for assistance and escalation as necessary								✓				✓
6.71.2 implement evidence-based, emergency actions and procedures and immediate life support for the woman and newborn infant until help is available								✓				✓
6.71.3 monitor deterioration using evidence-based early warning tools								✓				✓
6.71.4 respond to signs of infection, sepsis, blood loss including haemorrhage, and meconium-stained liquor								✓				✓
6.71.5 communicate concerns to interdisciplinary and/or multiagency colleagues using recognised tools								✓				✓
6.71.6 expedite birth of newborn infant								✓				✓
6.71.7 conduct a breech birth and manage shoulder dystocia								✓				✓
6.71.8 conduct manual removal of the placenta								✓				✓

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6.71.9 keep accurate and clear records, including emergency scribe sheets								✓				✓
6.71.10 undertake delegated tests for woman, fetus and newborn infant				✓				✓				✓
6.71.11 organise safe environment, immediate referral, and appropriate support if acute mental illness, violence or abuse is identified								✓				✓
6.71.12 arrange safe transfer to appropriate care setting								✓				✓
B. The midwife's role in caring for and supporting women and newborn infants requiring medical, obstetric, neonatal, mental health, social care, and other services												
6.72 work in partnership with the woman and in collaboration with the interdisciplinary and/or multiagency team to plan and implement midwifery care for women and newborn infants as appropriate to:								✓				✓
6.72.1 implement appropriate response when acute social problems occur								✓				✓
6.72.2 implement necessary interventions when physical complications occur, including but not limited to:								✓				✓

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a. manage, monitor, and effectively administer fluid balance								✓				✓
b. conduct speculum examination and low and high vaginal swabs to test for signs of infection and preterm labour								✓				✓
c. undertake amniotomy and application of fetal scalp electrode								✓				✓
d. obtain cord blood and interpret results								✓				✓
e. provide care for women who have experienced female genital mutilation								✓				✓
6.73 demonstrate the ability to collaborate effectively with interdisciplinary teams and work in partnership with the woman to assess and provide care and support when emergency situations or clinical complications arise that ensures the safe administration of medicines; this must include:								✓				✓
6.73.1 safe administration of medicines in an emergency								✓				✓
6.73.2 manage intravenous (IV) fluids including transfusion of blood and blood products								✓				✓
6.73.3 manage fluid and infusion pumps and devices								✓				✓
6.74 provide midwifery care for the women and newborn infant before, during, and after medical interventions, and collaborate with								✓				✓

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colleagues as needed, including epidural analgesia, fetal blood sampling, instrumental births, caesarean section and medical and surgical interventions to manage haemorrhage												
6.74.1 provide midwifery care for the women and newborn infant before, during, and after interventions carried out in theatre								✓				✓
6.75 provide additional postnatal care for the woman including referral to services and resources as needed; this must include:								✓				✓
6.75.1 support and care for women with pre-existing conditions								✓				✓
6.75.2 support and care for women following caesarean section								✓				✓
6.75.3 support and care for women with perineal/labial/ vaginal/cervical/anal trauma including female genital mutilation								✓				✓
6.75.4 support and care for woman with urinary or faecal incontinence								✓				✓
6.75.5 support for women and families undergoing surrogacy or adoption								✓				✓
6.76 support transitional care of a newborn infant with additional								✓				✓

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care needs in collaboration with the neonatal team												
6.77 support women and their partners who have a newborn infant in the neonatal unit to:								✓				✓
6.77.1 stay close to their newborn infant, be partners in care, build a close and loving relationship with their newborn infant								✓				✓
6.77.2 optimise skin-to-skin/kangaroo care where possible, including for parents of more than one newborn infant who may be separated and cared for in different places								✓				✓
6.77.3 to enable their newborn infant to receive human milk and be breastfed when possible, including access to and use of donor milk								✓				✓
6.78 support women who are separated from their newborn infants as a result of maternal illness and enable contact with the newborn infant to maximise the time they can spend together								✓				✓
6.79 work in partnership with the woman, her partner and family as appropriate, and in collaboration with the interdisciplinary and/ or multiagency team, to plan and implement midwifery care for the newborn infant who requires additional care and support								✓				✓

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6.80 work in partnership with the woman, her partner and family as appropriate, and in collaboration with the interdisciplinary and/or multiagency team, to plan and implement compassionate, respectful, empathetic, dignified midwifery care for women and/or partners and families experiencing perinatal loss or maternal death, and demonstrate the ability to:								✓				✓
6.80.1 provide care and follow up after discharge to women and/ or families experiencing miscarriage, stillbirth, or newborn infant death, and understand the care needed by partners and families who experience maternal death								✓				✓
6.80.2 provide end of life care for a woman or for a newborn infant								✓				✓
6.80.3 arrange provision of pastoral and spiritual care according to the woman's, father's/partner's, and family's wishes and religious/spiritual beliefs and faith								✓				✓
6.80.4 support and assist with palliative care for the woman or newborn infant								✓				✓
6.80.5 offer opportunities for parents and/or family to spend as much private time as they wish with the dying or dead infant or woman								✓				✓

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6.80.6 support the parents of more than one newborn infant when a newborn infant survives while another dies, recognising the psychological challenges of dealing with loss and bereavement and adapting to parenthood at the same time								✓				✓
6.80.7 provide care for the deceased woman or newborn infant and the bereaved, respecting cultural requirements and protocols								✓				✓
6.80.8 support the bereaved woman with lactation suppression and/ or donating her breastmilk if wished								✓				✓
6.80.9 provide clear information and support regarding any possible post-mortem examinations, registration of death and options for funeral arrangements and/or a memorial service								✓				✓
6.81 work in partnership with the woman, her partner and family as appropriate, and in collaboration with the interdisciplinary and multiagency team, to plan and implement midwifery care for women and/or partners and families experiencing mental illness and following traumatic experiences; this must include:								✓				✓

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6.81.1 provide care and support for women and the newborn infant, and partners and families as appropriate								✓				✓
6.81.2 support the woman to stay close to her newborn infant to build positive attachment behaviours								✓				✓
6.81.3 support the woman to responsively feed her newborn infant, and to maximise the use of human milk/breastfeeding								✓				✓
6.81.4 support positive attachment between the father/ partner and the infant								✓				✓
6.82 work in partnership with the woman, her partner and family as appropriate, and in collaboration with the interdisciplinary and/or multiagency team, to plan and implement midwifery care for women, newborn infants, and partners and families as appropriate, when problems occur with infant feeding; this must include:								✓				✓
6.82.1 carry out ongoing feeding assessments when a newborn infant is not feeding effectively and respond if newborn infant weight gain is insufficient								✓				✓
6.82.2 refer to appropriate colleagues where deviation from evidence-based infant feeding and growth patterns does not respond to first line management								✓				✓

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6.82.3 for women who are breastfeeding: support women to overcome breastfeeding challenges and provide ongoing support and referral to infant feeding specialists and peer supporters as required.								✓				✓
Promoting excellence: the midwife as colleague, scholar and leader: skills for Domain 5												
A. Working with others: the midwife as colleague												
6.83 work with interdisciplinary and multiagency colleagues, advocacy groups and stakeholders to promote quality improvement; this must include:								✓				✓
6.83.1 use best evidence to inform decisions								✓				✓
6.83.2 learn from local, national, and international reports								✓				✓
6.83.3 analyse, clearly record and share digital information and data								✓				✓
6.83.4 contribute to audit and risk management								✓				✓
6.83.5 contribute to investigations on critical incidents, near misses and serious event reviews								✓				✓
6.84 work with interdisciplinary and multiagency colleagues to implement change management; this must include:								✓				✓

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6.84.1 advocate for change								✓				✓
6.84.2 negotiate and challenge skills								✓				✓
6.84.3 use evidence-informed approaches to support change								✓				✓
6.85 when managing, supervising, supporting, teaching and delegating care responsibilities to other members of the midwifery and interdisciplinary team and students:								✓				✓
6.85.1 provide clear verbal, digital or written information and instructions and check understanding								✓				✓
6.85.2 provide encouragement to colleagues and students that helps them to reflect on their practice								✓				✓
6.85.3 keep unambiguous records of performance								✓				✓
6.86 demonstrate effective team management skills when:								✓				✓
6.86.1 developing, supporting and managing teams								✓				✓
6.86.2 managing concerns								✓				✓
6.86.3 escalating and reporting on those concerns								✓				✓
6.86.4 de-escalating conflict								✓				✓
6.86.5 reflecting on learning that comes from working with								✓				✓

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interdisciplinary and multiagency teams												
6.87 demonstrate skills to recognise and respond to vulnerability in self and others, including:				✓				✓				✓
6.87.1 self-reflection				✓				✓				✓
6.87.2 seeking support and assistance when feeling vulnerable				✓				✓				✓
6.87.3 taking action when own vulnerability may impact on ability to undertake their role as a midwife				✓				✓				✓
6.87.4 identifying vulnerability of individual and wider team members and action support and/or intervention as needed				✓				✓				✓
6.87.5 demonstrating strength-based approaches and compassionate self-care				✓				✓				✓
B. Developing knowledge, positive role modelling and leadership: the midwife as scholar and leader												
6.88 reflect on own thoughts and feelings around positive and negative feedback, and take responsibility for incorporating relevant changes into practice and behaviour				✓				✓				✓
6.89 demonstrate engagement in ongoing midwifery and interdisciplinary professional development, including:				✓				✓				✓

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6.89.1 participatory and self-directed learning				✓				✓				✓
6.89.2 reflection on learning that informs professional development and practice				✓				✓				✓
6.90 know how to: **6.90.1** keep up to date by accessing evidence-based information and policy, applying digital literacy and critical appraisal skills				✓				✓				✓
6.90.2 debate the implications for practice where no research or conflicting research evidence exists								✓				✓
6.90.3 find information about possible paths for career development including opportunities for postgraduate courses and scholarships.												✓