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Unite the union response to the Nursing & Midwifery Council (NMC) consultation on proposals to change their nursing and midwifery practice learning education standards

Introduction

This consultation response is submitted by Unite the union - Britain and Ireland largest trade union. Unite's members work in a range of industries including manufacturing, transport, financial services, print, media, construction, not-for-profit sectors and public services.

Unite is the third largest trade union in the NHS and represents 100,000 health sector workers. This includes seven professional associations – the Community Practitioners and Health Visitors' Association (CPHVA), Guild of Healthcare Pharmacists (GHP), Medical Practitioners Union (MPU), Society of Sexual Health Advisors (SSHA), Hospital Physicists Association (HPA), College of Health Care Chaplains (CHCC) and the Mental Health Nurses Association (MNHA) – and members in occupations such as allied health professions, healthcare science, applied psychology, counselling and psychotherapy, dental professions, audiology, optometry, social work, building trades, estates, craft and maintenance, administration, information and communications technology (ICT), support services and ambulance services.

Unite also has 80,000 members in local authorities and 50,000 in the voluntary and community sector many of whom work in services directly involved with or linked to health and social care.

The following response was submitted via the NMC online survey that was available for completion between 30 April and 23 July 2026 via: https://www.nmc.org.uk/about-us/consultations/practice-learning-consultation/.

Consultation response

Please tell us which questions you would like to respond to. Please note, some questions are applicable to nursing, nursing associate and midwifery practice learning standards and so, all respondents will be asked these questions.

Questions related to nursing and nursing associate practice learning standards
Questions related to midwifery practice learning standards
Questions related to nursing, nursing associate and midwifery practice learning standards ✅
None of the above

Standards for pre-registration nursing and nursing associate programmes

Nursing programme hours

Do you agree with changing the programme hours that pre-registration nursing students complete from a minimum of 4,600 hours to a minimum of 3,600 hours?

Strongly agree
Agree
Neither agree nor disagree
Disagree
Strongly disagree ✅
Unsure / Don't know
Prefer not to say

Length of nursing associate programmes

Do you agree with this removing the requirement that a nursing associate programme is no less than 50% of a nursing programme (if the minimum hours of nursing programmes is reduced)?

Strongly agree
Agree
Neither agree nor disagree
Disagree ✅
Strongly disagree
Unsure / Don't know
Prefer not to say

Simulated practice learning in nursing programmes

Do you agree that simulated practice learning should make up no more than 25% of a nursing programme's practice learning hours (if we reduce the total minimum number of nursing programme hours from a minimum of 4,600 to a minimum of 3,600)?

Strongly agree
Agree
Neither agree nor disagree
Disagree ✅
Strongly disagree
Unsure / Don't know
Prefer not to say

Practice learning placement settings for student nurses

Do you agree that nursing students must have at least one community practice learning experience in health or social care?

Strongly agree
Agree ✅ (with conditions)
Neither agree nor disagree
Disagree
Strongly disagree
Unsure / Don't know
Prefer not to say

You have said that you either disagree or strongly disagree with one or more of the proposals below:

- **The proposal to change the programme hours that pre-registration nursing students complete from a minimum of 4,600 hours to a minimum of 3,600 hours.**
- **The proposal to remove the requirement that a nursing associate programme is no less than 50% of a nursing programme (if the minimum hours of nursing programmes is reduced).**
- **The proposal that simulated practice learning should make up no more than 25% of a nursing programme's practice learning hours (if we reduce the total minimum number of nursing programme hours from a minimum of 4,600 to a minimum of 3,600).**
- **The proposal that nursing students must have at least one community practice learning experience in health or social care.**

Please tell us why you don't agree with this/these changes. If you disagree that a maximum of 25% of practice learning hours can be simulated practice hours, please tell us what you think the maximum percentage should be.

Nursing programme hours – Strongly disagree

In the pre-amble on the website page[1] announcing the review, it highlights how the differing proposals for nursing and midwifery are 'thought- provoking'. In Professor McMahon's introduction to the consultation[2] he states, "We need nursing, nursing associate, and midwifery professionals who are 'even more' confident and competent, and who will deliver

[1] https://www.nmc.org.uk/about-us/consultations/practice-learning-consultation/
[2] https://www.nmc.org.uk/globalassets/sitedocuments/consultations/2026/practice-learning-review/practice-learning-review-consultation-2026/

the highest and safest standards of care possible for people who use services." It seems with little research looking at outcomes, three different responses have been formulated:

- To get 'better' registered nurses we need to reduce the quantity of their courses by 22%.
- To get 'better' registered nursing associates we need to keep the number of hours of their education the same, whilst increasing the proportion of hours they study/practise versus nursing students, and
- To get 'better' registered midwives we need to increase the length of time it takes to complete their studies by 33%.

The options for both nursing and midwifery seem extreme changes, whilst there is an absence of strong evidence that appears to back these.

On nurse programme hours there appears to have been an assumption made that if practice hours are cut, the quality of placements will automatically improve. We are not clear why this is the likely result. Further, if we accept that currently some practice placements are of a low quality, rather than cutting the number of hours in an expectation this will improve, would it not be better to put better safeguards in place to ensure the placement quality improves? Is there an argument that if say, 25% of placements are of a low quality, to reduce the amount of time that students spend in placement will mean that any low-quality placements will have a greater impact on the student as they will have less time in higher quality placements?

In respect of cutting theory learning by 50%, is there not a risk that the university sector, which is already facing significant financial issues that has led to some university courses for nursing to threaten closure or close, will further cut the number of nursing lecturers and therefore any perceived improvement in quality will have the reverse impact? Rather than addressing this via cuts to the requirements wouldn't it be better to argue for more investment?

Also, it appears the NMC is accepting in this consultation that nursing students are facing financial hardship to complete their studies. But rather than arguing that there should be better systems put in place to support the registered nurses of the nation's future, the answer is to reduce the learning hours. Whilst this may alleviate some of the financial burdens faced in the short term, and seem an attractive proposition, there is the potential for financial unintended consequences that have not been addressed.

For example, if due to the reduction of 1,000 hours (500 theory and 500 practice learning) in preparation for becoming a registered nurse, will newly qualified registered nurses subsequently require more preceptorship support and greater access to continuing professional development (CPD) in their first years of practise? Who will shoulder this

financial burden? Our members already report that they find it difficult to access CPD and they report that often their experience of employers is that this often must be done in employees own time, so they would not receive any income whilst completing these studies.

Whilst the consultation makes several references to how the standards require a 50% split between theory and practice learning, it is not clear why this could not be changed going forward. For example, if there was strong evidence that suggested practice learning could be reduced by 50%, why must this automatically mean that we would get improved outcomes by also cutting theory learning by 50%? It seems that the NMC is being led by arbitrary numbers rather than basing its decisions on a sound evidence base.

Registered nurses can currently use annex 20 ('development of professional roles') of the NHS Terms and Conditions of Service Handbook[3]. There could be a risk that if this proposal was implemented, it would take longer for employees to use this provision thus slowing down their pay progression, which could have a long-term negative impact on their income.

The NMC has already seen a dramatic fall in the number of international nurses come to the UK. Will this further impact both this income stream and the reliance we have on overseas nurses? Will this change make the UK a less attractive place to come to join an undergraduate nursing degree course if it loses a closer parity with European Union education institutions?

Some benefits highlighted by our members included:

- Reduction in practice hours allows students more annual leave which is positive for their overall wellbeing
- Reduction in teaching hours allows students more headspace and time for reflection, wider reading, etc
- Benefits to practice partners as may result in less students on placement overall which supports prevention of burnout or 'student fatigue'

Further disadvantages highlighted by our members included:

- The current placement offer suggests that students are not always accessing high quality support or teaching due to capacity and demand issues in practice.
- Students often work with different people daily and have less supportive time to reflect on their learning due to staff capacity. Often assessment have become a tick box exercise rather than a developmental process.
- Less hours in practice will create a greater pressure to complete the same amount of work in less time.

[3] https://www.nhsemployers.org/publications/tchandbook

- We have an issue of some students being passed on a placement despite there being concerns about practice and, with even less hours to be assessed, this could increase resulting in students reaching the end of the programme unfit to qualify and register.
- The consultation argues that student midwives are struggling to fit their NMC requirements into 3-years therefore the proposal is to increase to 4-years. Will the next consultation argue the same for nursing? Whilst it is recognised one issue is achieving the required number of births, there are similar issues with nursing students not able to achieve the required proficiencies in the current timescales. This would certainly get worse if the hours were cut by 1,000.
- Concerns were expressed that some felt nursing students were not currently 'ready' at graduation, for the workplace, and cutting the number of hours would not improve this. This led to worries that the proposals might lead to increased attrition and negative impact on the health of newly qualified registrants.
- A current lack of investment in practice educators would not be improved by these proposals.
- A feeling that the NMC is pushing responsibility for nurse education from the undergraduate 'arena' to employers' post-registration.

<u>Length of nursing associate programmes</u> – Disagree

In a similar way to the concerns we have expressed on nursing programme hours, it seems that the NMC is basing this decision on what seems an arbitrary decision to reduce the number of hours for nursing. If a 1,000 hours cut to theory and practice learning will result in 'better' registered nurses at the end, why would maintaining the status quo for nursing associates also result in the same or better outcomes?

Whilst the consultation states that this proposal will not have any financial implications on students, approved education institutions and practice learning partners we are unsure whether this is true. As there will be a new differential between the hours required for nursing and nursing associate students, could this have an impact that is currently not understood? Could it also have an impact, either positive or negative, on the numbers seeing one career as more attractive over another?

<u>Simulated practice learning in nursing programmes</u> – disagree

The evidence that the NMC presents in the consultation seems to point to simulated practice learning (SPL) being positive but recognising that this is only where it is well implemented. Some members questioned whether, as you felt the evidence supports its use, as well as setting a maximum level of content that can be SPL, should the NMC also consider a minimum level? If there are concerns that the quality is variable, what is the NMC doing to ensure that any implementation is of a required standard? Again, the NMC seems to be arguing that quality can only be influenced by reducing or setting a target on amount

rather than having a robust process in place that addresses poor quality and expects improvement.

We also received response from members that highlighted they believed there was 'some' benefits to simulated practice learning, as it supports students' preparation for practice in a safe environment. However, they voiced concern that SPL is 'very resource intensive' within universities and requires adequate funding within the high education sector to deliver it effectively, including the time to do it, resources and appropriate facilities. They fed back that simulated practice learning should not replace 'actual practice' but can complement it. Is this another example where quality is diminished by a pressure to make the process as cheap as possible?

Practice learning placement settings for student nurses – agree (with conditions)

Members responding felt this was a positive step, acknowledging that it aligned with the NHS 10-year plan (in England) and hoped that it would have a positive impact on recruitment of registrants into the community workforce.

However, for this to be achievable it was reported that there needs to be an increase in availability of community placements onto the 'circuit' as some approved education institutions (AEIs), outside of large cities, will struggle to place all of their students within the community. Even within large cities, increasing student numbers is meaning the capacity is extremely tight to achieve this. There needs to be a greater investment in bringing on board wider private, independent and voluntary organisations (PIVO) where students can still experience this.

A further challenge was recognised that for NMC assessments a registered nurse (or potentially SCPHN midwife in future if that change is adopted) is required in the placement area. Therefore, many settings are currently not equipped to support students and the ones that can, are at maximum capacity.

Members also expressed concerns that there may be unintended consequences from this change. For example, for students that want to develop their careers in the community may find it harder to access placements if these are taken up by others. Also, that more community placements were potentially required for different fields of nursing practice. Examples were given to us of, for example, mental health nursing needing more access as much of the nursing care is now psychotherapy-based and delivered in the community.

Members also highlighted that, to only require one placement might make it seem community is one homogenous group of similar experiences. Whilst, as the consultation makes clear it is a vast, varied area of practice.

Standards for pre-registration midwifery programmes

Contemporary midwifery practice

Do you agree with strengthening our requirement around holistically assessing labour and birth?

Strongly agree
Agree ✅
Neither agree nor disagree
Disagree
Strongly disagree
Unsure / Don't know
Prefer not to say

Please tell us how you think we could strengthen student midwives' care for women with additional needs including if this should be across the whole continuum of maternity care.

Length of midwifery programmes

Do you agree with increasing the minimum length of midwifery programmes, including degree apprenticeships, from three years to four years?

Strongly agree
Agree
Neither agree nor disagree
Disagree
Strongly disagree
Unsure / Don't know ✅
Prefer not to say

Do you agree that the length of 'shortened' programmes (courses designed for registered adult nurses to qualify as midwives) should also be lengthened (keeping the 50:50 split between theory and practice) to a minimum of two years (if the length of direct entry pre-registration midwifery education programmes is increased)?

Yes
No
Unsure / Don't know ✅
Prefer not to say

Do you agree with requiring student midwives to undertake one of their practice placements during the final part of their pre-registration programme and that this placement should be at least eight weeks?

Strongly agree
Agree
Neither agree nor disagree
Disagree
Strongly disagree
Unsure / Don't know ✅
Prefer not to say

<u>Continuity of supervision for student midwives</u>

Do you agree that we should make it clear that continuity of supervision (having the same practice supervisor) for student midwives throughout the practice learning journey, should be provided wherever possible?

Strongly agree
Agree ✅
Neither agree nor disagree
Disagree
Strongly disagree
Unsure / Don't know
Prefer not to say

<u>Simulated practice learning in midwifery programmes</u>

Do you agree that simulated practice learning should contribute towards practice learning hours in pre-registration midwifery programmes?

Strongly agree
Agree ✅ (with conditions)
Neither agree nor disagree
Disagree [✅ *The only way we could trigger the text box for comments was by providing a 'disagree/strongly disagree' therefore we had to note that here whilst we 'agree']
Strongly disagree
Unsure/Don't know
Prefer not to say

You have said that disagree or strongly disagree [see above note*] with one or more of the proposals below:

- **The proposal to strengthen our requirement around holistically assessing labour and birth.**
- **The proposal to increase the minimum length of midwifery programmes, including degree apprenticeships, from three years to four years.**
- **The proposal to require student midwives to undertake one of their practice placements during the final part of their pre-registration programme and that this placement should be at least eight weeks.**
- **The proposal to lengthen shortened midwifery programmes (keeping the 50:50 split between theory and practice) to a minimum of two years (if the length of direct entry pre-registration midwifery education programmes is increased).**
- **The proposal to make it clear that continuity of supervision (having the same practice supervisor) for student midwives throughout the practice learning journey, should be provided wherever possible.**
- **The proposal that simulated practice learning should contribute towards practice learning hours in pre-registration midwifery programmes.**

Please tell us why you disagree with this/these changes.

Length of midwifery programmes – Unsure / Don't know

The consultation documents states that if midwifery programmes were extended, it would "facilitate more time for students to achieve the proficiencies." And notes that "This could also allow more time for periods of reflection, rest and recuperation during the programme for example."

Whilst this may be true, could an opposite situation happen whereby students face such financial hardships by having to study for an extra year that over the four-year period they need to hold one or more part time jobs? Is this more likely because student midwives are more likely to have caring responsibilities due to their demographics? As we responded to the section on nursing students above, rather than changing the practice learning requirements, would outcomes be better improved if efforts were made to ensure that students are better supported to live whilst studying?

Length of 'shortened' programmes – Unsure / Don't know

If you accept the premise that midwifery programmes should be extended from three to four years, it seems sensible to extend the shortened programme. However, if you also accept the premise that the nursing programme should be shortened from 4,600 to 3,600 hours, then it could be argued, dependent on what is cut in those 1,000 hours, that the

shortened programme should remain as is or be reduced for those that did the 4,600 course.

Continuity of supervision for student midwives – Agree

Whilst we agree with the premise of maintaining a continuity of supervision for student midwives, we imagine that this will be difficult to implement in practise. How will the NMC react in situations where students repeatedly see this failing and what responsibility will be placed on employers to support this in practice? Is there a risk that 'good' placements will do this well versus 'bad' placements that do this less well, and therefore this difference in experience will get greater?

As the NMC recognises this is important for the development of new registered midwives, it is interesting that it makes no comment of a similar requirement for nursing and nursing associate students.

Does the NMC need to consider what happens in situations where there are disputes between the supervisor and supervisee? Where there is more chance of changing personnel, local disputes might be more easily handled. Whereas, if students will be expected to spend more time with one person, better processes will need to be developed.

Simulated practice learning in midwifery programmes – Agree (with conditions)

We agree, conditional on the delivery on the NMC's promise to explore and better understand the impact of allowing SPL to contribute towards midwifery programme practice learning hours.

Questions for nursing, nursing associate and midwifery programmes

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

Do you agree with strengthening our requirements for AEIs and PLPs so that all nursing, nursing associate and midwifery professionals can develop the evidence-based skills, knowledge and experience they need around anti-racism, bias awareness, cultural curiosity, safety, and respect?

Strongly agree ✅
Agree
Neither agree nor disagree
Disagree [✅ The only way we could trigger the text box for comments was by providing a 'disagree/strongly disagree' therefore we had to note that here whilst we 'strongly agree']

Strongly disagree
Unsure/Don't know
Prefer not to say

You have said that you disagree/strongly disagree [see above note*] with the proposal to strengthen our requirements for AEIs and PLPs so that all nursing, nursing associate and midwifery professionals can develop the evidence-based skills, knowledge and experience they need around anti-racism, bias awareness, cultural curiosity, safety, and respect. Please tell us why you disagree with this proposal.

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

The consultation rightly makes repeated mention of the situation related to how the maternity outcomes and experiences vary greatly for women and mothers. This includes:

- that Black women are three times more likely, and Asian women are 1.3 times more likely, to die during pregnancy or postnatally than White women[4].
- Black babies are over twice as likely to be stillborn as White babies – with Asian babies 50% more likely to be stillborn[5].

We therefore strongly agree that the NMC should strengthen its requirements for AEIs and PLPs, that all nursing, nursing associate and midwifery professionals can develop the evidence-based skills, knowledge and experience they need around anti-racism, bias awareness, cultural curiosity, safety, and respect.

Whilst the consultation, and proposals, suggests that increases to midwifery education could help to address this, the consultation omits to comment on other healthcare issues that show similar disparities related to protected characteristics. For example:

1. Mental Health Act detention rates[6] "for the 'Black or Black British' group was 262.4 detentions per 100,000 population in 2024-25, nearly four times those of the White group (65.8 per 100,000 population), which was the lowest ethnic group in 2024-25."
2. "Despite women's higher prevalence of pain, evidence suggests it is taken less seriously, is subject to greater diagnostic delay, and is more likely to be undertreated

[4] https://www.npeu.ox.ac.uk/mbrrace-uk/data-brief/maternal-mortality-2022-2024#:~:text=In%202022%2D24%2C%20women%20from,0.001)%20(Figure%203).
[5] https://www.ethnicity-facts-figures.service.gov.uk/health/maternity-and-infant-health/deaths-of-newborn-babies/latest/
[6] https://digital.nhs.uk/data-and-information/publications/statistical/mental-health-act-statistics-annual-figures/2024-25-annual-figures/detentions-differences-between-groups-of-people

than pain in men constituting a gender pain gap."[7] and "Over half of UK women feel their pain is ignored or dismissed."[8]

3. Adults with a learning disability die 19 years younger compared to the 'general' population and 39% of their deaths were 'avoidable' versus 21% for the 'general' population.[9]

Will the first point above be addressed by decreasing the time mental health nurse students take to qualify? Will the second point above be addressed by decreasing the time adult nurse students take to qualify? Will the third point above be improved by decreasing the time learning disability nurse students take to qualify?

In previous NMC education reviews it has been highlighted how nurses from different fields of practice needed to improve their knowledge in another nursing field. For example, criticism has been laid at mental health nurses, that they needed to improve their physical health skills and knowledge. So, will the first point above be addressed by decreasing the amount of time it takes adult nurse, learning disability of child nurse students to qualify?

Questions related to nursing and midwifery practice learning standards

Standards framework for nursing and midwifery education

Do you agree that we should strengthen the focus on partnership and collaborative working between AEIs and PLPs to support reasonable adjustments to this standards framework?

Strongly agree ✅
Agree
Neither agree nor disagree
Disagree
Strongly disagree
Unsure / Don't know
Prefer not to say

[7] https://pmc.ncbi.nlm.nih.gov/articles/PMC12094398/
[8] https://www.wellbeingofwomen.org.uk/news/over-half-of-uk-women-feel-their-pain-is-ignored-or-dismissed-new-report-shows/
[9] https://www.mencap.org.uk/get-involved/campaigns-and-activism/leder-report

Standards for student supervision and assessment (SSSA)

Do you agree that registered midwives with a SCPHN qualification should be allowed to act as practice assessors for pre-registration nursing students, who are in a public health practice learning setting?

Strongly agree ✅
Agree
Neither agree nor disagree
Disagree
Strongly disagree
Unsure / Don't know
Prefer not to say

Is there anything else you would like to share on the proposals to improve nursing and/or midwifery practice learning standards that was not covered in the previous questions?

In summary we are concerned that the consultation makes proposals that are significant whilst being under-evidenced or unevidenced with a 'we know best' approach. Some of our members have described nurse education as 'embattled', which already leads to nursing students qualifying with reduced qualifying knowledge and competency-base. A further diminishing could result in near 'extermination' of child, mental health and learning disability field shared learning and specific theory content.

We note that the consultation makes no reference to the different fields of nursing which makes us concerned that this has not be properly considered as part of the proposals made. For example, whilst midwife/ry/wives is mentioned 101 times:

- 'adult' is mentioned twice
- mental health is mentioned twice (once related to the adult field of practice and both unrelated to the mental health field of nursing practise),
- 'child/ren' and 'learning disability' are not mentioned once.

We are concerned about the way this consultation survey is designed meaning that at times there is no ability to provide any free text responses to different questions or issues in the survey. For example, there are several questions where we have agreed or strongly agreed, with qualification(s), with the proposal but there is no ability to add this qualification in the relevant area of the survey as only disagreement elicits comments.

The consultation also does not allow us to record that we operate across England, Northern Ireland, Scotland **and** Wales. We have therefore picked 'prefer not to say'.

Implications of our proposals

When thinking about the proposed changes to practice learning standards, can you identify any potential impacts – positive or negative – on some individuals more than others based on their protected and other characteristics?

By protected characteristics we mean age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex and sexual orientation. Other characteristics can include socio-economic status and caring responsibilities.

Yes ✅
No
Don't know/ unsure
Prefer not to say

You said you think the proposed changes to practice learning standards could impact either positively or negatively on individuals based on their protected or other characteristics.

Which characteristics do you think this could impact? Please select all that apply.

Age ✅
Disability ✅
Gender reassignment ✅
Marriage and civil partnership ✅
Pregnancy and maternity ✅
Race ✅
Religion or belief ✅
Sex ✅
Sexual orientation ✅
Socio-economic status ✅
Caring responsibilities ✅
Other
Prefer not to say

When thinking about the proposed changes to practice learning standards, can you identify any potential impacts – positive or negative – on either the promotion of the Welsh language or on Welsh speakers?

Yes
No ✅

Don’t know/ unsure
Prefer not to say

You have said that you think the proposed changes to practice learning standards will have potential impacts on either or both of the below:

- **on some individuals more than others based on their protected and other characteristics**
- **on either the promotion of the Welsh language or for Welsh speakers.**

Please tell us what impact/s the proposed changes to practice learning standards could have on these areas.

The NMC’s Review of Practice Learning (RPL) Equality Impact Assessment (EQIA) Summary (April 2026)[10] appears to be heavily biased towards an assumption that, if implemented, the changes proposed will all bring positive outcomes and therefore led the NMC to conclude that the proposals will “have overall positive equality impacts.” If the proposals when implemented have the reserve impact, which is certainly possible, the effect it has on people with a protected characteristic could be highly detrimental.

Whilst we agree that the proposals related to midwifery education may lead to an improvement in outcomes for Black and Asian women and mothers, we believe the proposals for nurse education may well have a worsening impact on people with a protected characteristic receiving care. We have highlighted above a very small number of examples where this is already the case, and we are concerned that the impact of the proposed changes will lead to significantly greater disparities than those already faced.

To return to the phrase used earlier in the consultation, rather than this EQIA be ‘thought provoking’ it feels exceptionally myopic and closed to appropriate consideration of risks.

The EQIA also makes no consideration of issues like the pay, terms and conditions of the future employees that will be impacted. We already know that registered nurses face several areas of discrimination related to protected characteristics when compared with other professions in healthcare. For example, the Institute for Fiscal Studies (IFS)[11] found in 2024 of those nurses working in the NHS for 9 years, just over one third (35%) of nurses were still in band 5 while almost two-thirds (65%) had progressed to at least band 6. Midwives progress much faster. Two years after starting at band 5, 84% of midwives were in

[10] https://www.nmc.org.uk/globalassets/sitedocuments/consultations/2026/practice-learning-review/equality-impact-assessment2.pdf
[11] https://ifs.org.uk/publications/progression-nurses-within-nhs

in band 6 or above, versus 8% of nurses. In September 2025 NMC data[12] showed that 84% of the midwives on the NMC register were White compared with 63% of nurses. We believe the NMC proposals will have a negative impact on this area.

On the wider issue of finances, the EQIA also remains silent, whilst there seems to be several unanswered questions on this in the consultation. The consultation reports: "Any change in pre-registration nursing programme hours may have a financial impact on AEIs and PLPs that deliver practice learning. Any change in pre-registration nursing programme hours may also have implications for the funding for apprenticeship programmes." There is no acknowledgement of these issues in the EQIA and whilst this could cause a negative impact on people with a protected characteristic across the UK, it may be even worse felt in areas of heightened deprivation.

The EQIA also ignores the impact that an extra year of studies could have on midwives. For example, midwifery students who have caring responsibilities would have to take an extra year to qualify and start earning a graduate wage. Students that have family support may be able to shoulder this extra burden but those with limited support may find this change impossible to manage.

About you

Are you responding as an individual or on behalf of an organisation?

Individual
Organisation ✅

Where are you/your organisation based?

England
Northern Ireland
Scotland
Wales
Outside the UK
Prefer not to say ✅ (unable to pick England, Northern Ireland, Scotland **AND** Wales)

Please tell us the name of your organisation.

Unite the union

[12] https://www.nmc.org.uk/globalassets/sitedocuments/data-reports/september-2025/nmc-register-september-2025-uk-data-tables.xlsx - Total number of people on the register by declared ethnic group and registration type - Midwives / Total = 47,481 / White = 39,900 - Nurses / Total = 793,694 / White = 498,53

Which options best describe the type of organisation you represent? Please select all that apply.

Government department or public body
Local authority
Regulatory body
Professional organisation or trade union ✅
Employer of nurses, midwives and/or nursing associates
Agency for nurses, midwives and/or nursing associates
Education provider
Consumer or patient organisation
Charity/voluntary sector
Other

Does your organisation officially represent the views of nurses, midwives or nursing associates and/or members of the public who share any of the following protected characteristics? Please select all that apply.

Older (i.e. 65 years and over) ✅
Younger (i.e. under 18 years of age) ✅
Disabled (including mental health) ✅
Ethnic minority ✅
Gender-based difference ✅
Lesbian, Gay and/or Bisexual ✅
Trans/gender diversity ✅
Pregnancy/maternity ✅
Religion or belief ✅
Other
None of the above

23/07/2026

This consultation response was submitted on behalf of Unite the union by:

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