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# Greater Manchester and Eastern Cheshire Newborn Infant Physical Examination (NIPE) Competencies

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**Version 2**  
**December 2025**

Part of Greater Manchester  
Integrated Care Partnership

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## Important Notice

**THIS DOCUMENT SUPERCEDES ALL PREVIOUS VERSIONS.  
IT IS THE READERS RESPONSIBILITY TO ENSURE YOU ARE REFERING TO THE CORRECT DOCUMENT**

### Document Control

#### Ownership

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#### Version control

Title	GMEC Newborn Infant Physical Examination Competencies guidance
V0.1	Endorsed by GMEC HOMS and Education Group 14/9/21 Minor corrections made by Karen Bancroft SCN Clinical Lead 6/10/21
V0.2	Prepared for ratification by Maternity Steering Group on 15/10/21
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V2.02	Prepared for ratification for presentation to GMEC SCN Maternity Steering Group on 12/12/25

#### Ratification process

Formal ratification V2.02	Ratification by GMEC SCN Maternity Steering Group on 12/12/25
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Review	Review date: December 2027 Responsibility of: GM Midwifery Education Group

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## 1. Purpose:

The NIPE Newborn screening examination in England forms part of the wider systematic examination of the newborn and should be completed before, or at, 72 hours of age (NHS England 2025a). In recent years, in addition to doctors there are an increasing number of registered health professionals such as midwives, neonatal nurses, advanced neonatal nurse practitioners and physician assistants undertaking this examination. Historically, there were variations in training, qualifications and maintenance of competency across the region. It was agreed between the Heads of Midwifery in GMEC and Local Maternity System (LMS) to produce a document to standardise this process. The purpose of this document is to outline the training and maintenance of competency requirements for all healthcare practitioners undertaking the NIPE Newborn screening in Greater Manchester and Eastern Cheshire.

The focus for this guidance is the NIPE Newborn screening (<72hours of age). For NIPE Infant screening (undertaken at 6 to 8 weeks), please refer to the recommendations from the 'Newborn and Infant Physical Examination Screening Programme Handbook' (NHS England 2025a). Training compliances are managed locally by the local primary care providers.

## 2. Terminology

<b>AEI</b>	Approved Education Institution
<b>Health Professionals</b>	Registered midwives, neonatal nurses and advanced neonatal nurse practitioners
<b>NIPE Handbook</b>	Newborn and Infant Physical Examination Screening Programme Handbook (NHS England 2025a)
<b>NIPE Practitioners</b>	Registered health professionals who have completed the approved NIPE training and is competent to undertake the NIPE newborn screening.
<b>NIPE Trainee</b>	Health professionals or Midwifery students who are in process of undertaking their NIPE training at their AEI.

## 3. Requirements:

All healthcare professionals carrying out NIPE examinations within the GMEC region will have undertaken a recognised NIPE course and qualified as a NIPE Practitioner. They must adhere to the following principles as recommended by the NIPE handbook:

- The NIPE must be completed by healthcare professionals who have been appropriately trained in accordance with the guidance below.
- NIPE qualifications must be undertaken within an AEI
- Ongoing professional development and competency must be undertaken in line with the guidance below.

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- NB: Nursing associate would not be eligible to undertake examination of the newborn training or the newborn examination. This aligns with the guidance from the NIPE Handbook.
- Internationally educated midwives undertake a systematic physical examination of the newborn (SEN) as part of the required test of competence for the NMC (NMC 2025). While this has some principles of elements of a NIPE newborn examination, the marking criteria are for SEN only and not NIPE newborn screening. Successful completion of this SEN objective structured clinical examination (OSCE) would not constitute the NIPE university accredited training or assessment, therefore these midwives would not meet the training requirements and qualifications to undertake a NIPE newborn and screening.
- For Physician assistants, the ability to undertake a NIPE newborn screening will depend on the training and qualification achieved. If training is required, they should contact the relevant AEI to discuss enrolment to the NIPE training course.

## 4. NIPE training programme / qualification

Qualification to undertake NIPE screening requires the practitioner to undertake a full training programme within an AEI of their/their employer's choice. The training programme will enable the NIPE trainee to develop both theoretical knowledge and understanding of the NIPE screening programme and application of that knowledge into clinical practice. The programme should consist of the following:

### **4.1 Theoretical component/Summative Assessment:**

The theoretical component and assessment will include:

- attendance of the NIPE theory teaching days at the AEI
- formal assessment to assess the health professional's theoretical knowledge of the NIPE screening programme. The format of which is determined by the AEI in accordance with the academic requirements of the programme.
- A portfolio of evidence\* containing a record of a minimum 20 NIPE summative clinical assessments/reflective accounts. This will assess the health professionals' theoretical knowledge and apply them into clinical practice – to be supervised and assessed by NIPE practitioners.

### **4.2 Practice component/Summative Assessment:**

The practice component and assessment will include:

- NIPE trainees will gain experience and develop NIPE skills in their allocated maternity ward/ learning environment.
- Assessment of competence must include the theory and clinical competencies of NIPE to ensure a standardised approach is adopted.
- Demonstration and observation of NIPE including discussions of neonatal physiology / pathology, preparing the environment for NIPE, midwifery / neonatal care,

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continuous communication with service user, health promotion discussion, documentation and understanding of the quality assurance process for NIPE.

- The NIPE trainee must undertake at least 20 summative NIPE examinations and be assessed as competent at the point of assessment for their level of study. The level may vary due to their programme of study.
- NIPE screening examination assessment will be supervised by NIPE practitioners within the learning environment. The supervising NIPE practitioners must meet their annual NIPE competency (see appendix one).
- Collation of a portfolio to record and evidence a minimum of 20 summative NIPE clinical assessments/reflective accounts. All NIPE clinical assessments / reflective accounts must be reviewed and signed by the supervising NIPE practitioner. NIPE practitioners must provide verbal and written feedback to the NIPE trainee and must provide feedforward comments for future practices. The format of the portfolio is determined by the AEI and NMC in accordance with the academic requirements of the programme and can be in paper and/or electronic format.

GM Education Group have agreed that the practical assessments required as part of the preparation for NIPE qualification can be assessed by any qualified NIPE practitioner. The assessing NIPE practitioners must meet their annual NIPE competency (see [appendix one](#)).

#### **4.3 Midwifery Training under 2019 NMC Education Standards**

All student midwives commencing training in AEIs within GM from September 2022 will be offered both theoretical **AND** practical components of the NIPE programme in pre-registration training, as the training programme is approved against the 2019 NMC Education Standards. This means they will become NIPE Practitioners on completion of the programme and entry to the NMC register. It is recommended that the local provider sites to facilitate protected time for the development of the newly qualified midwife's confidence and foster a successful transition period. The success of this transition period will be determined by the requirements from local provider sites and preceptorship programme.

#### **4.4 Midwifery Training under 2009 NMC Education Standards**

There will still be some midwives who have completed the education programmes approved against the 2009 standards. They may have:

- not completed any examination of the newborn training (Inc. NIPE Screening)
- completed theory only
- completed full (theory and practice) elements (NIPE trained) at an AEI not affiliated with GM.

A discussion may be required with the individual midwife, the local midwifery education team at their employed sites and AEI to ascertain the support required to complete the remaining NIPE training and able to perform NIPE Newborn screening at their maternity

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sites. Provider sites will determine funding and protected time for newly qualified midwives to complete the practice elements of NIPE.

#### **4.5 Continuing Professional Development (CPD) NIPE Training**

Health professionals who have not completed any NIPE training may discuss with their line manager and / or local education team for CPD opportunity to undertake the training at an AEI. Provider sites will determine the funding and opportunity for this training.

### **5. Core competencies:**

The NIPE practitioner must demonstrate the following competencies:

- Clear Knowledge of the National NIPE Screening Programme such as the 4 screening elements and the screening standards
- Review relevant maternal / neonatal histories and identify both maternal and neonatal risk factors.
- Determine the relationship between antenatal and intrapartum and subsequent events that may impact on the newborn infant's health status.
- Creates an environment for safe, confidential and effective examination that encourages parental participation and provides information and facts to aid decision making. The aim is to have at least one parent present during the examination, but this might not always be possible. Consider the use of interpretation services when the parents first language is not English.
- Utilises a holistic, systematic approach, to comprehensively examine the newborn.
- Ability to assess and recognise any deviation in the newborn from the normal parameters.
- Effectively and sensitively records and communicates findings to parents and relevant professionals.
- Confirm that NIPE examination is recorded as per NSC / NHS England standards (Local maternal and neonatal records, National Child Health Records and SMaRT4NIPE IT System).
- Ability to escalate and refer concerns to the relevant multidisciplinary team.
- Clear knowledge of local pathways of referral e.g. timing of referrals, appropriate escalation of identified abnormalities or concerns as per NIPE standards.
- Integrates health promotion and education as part of the examination, promoting wellbeing of baby and family e.g. safe sleeping, smoke free home, signposting parents to appropriate government websites for advice regarding car seats, slings etc.
- After qualification, NIPE Practitioners must be compliant with level 3 Safeguarding Children training in line with national collegiate document and demonstrate clarity of knowledge on local safeguarding pathways.
- Knowledge of maternal and infant attachment / promotion of infant mental health.
- Explains normal neonatal behaviour, and outlines opportunities to foster parent-infant relationship.
- Educate parents the signs of an unwell baby and where to get help / advice and contact details.

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- Consideration of professional, legal and ethical considerations for midwives conducting the NIPE.
- Maintain the ability to supervise and assess other NIPE trainees

## 6. NIPE Annual Learning Framework

It is the responsibility of the individual NIPE practitioner to update their knowledge and maintain their competence in NIPE annually, supported by their employer.

The NIPE Annual Learning Framework (NHS England 2025a) supports NIPE practitioners to record and maintain their knowledge and understanding of NIPE screening.

For Greater Manchester, the standards for maintaining annual competency will align with the national recommendations. All NIPE practitioners who undertake the NIPE newborn screening examination are required to complete the listed below to follow the national standards and their local requirement to maintain the competency.

### 6.1 GMEC Annual NIPE Update

NIPE practitioners are required to update their theoretical and practice skills and knowledge, therefore the annual NIPE update will consist of the following:

#### 6.1.1 NIPE Knowledge Update

- Annual successful completion of the [‘NHS Newborn and Infant Physical Examination Screening Programme’](#) e-learning module via the eLearning for Healthcare online platform. There are 7 units to complete within the programme. A registered account is required to access the training module.
- Evidence of eLearning completion will be presented to a nominated NIPE peer assessor during the annual professional discussion.
- Attendance at an annual local NIPE update session. Local provider sites are responsible for facilitating the update session. The update session should include NIPE screening pathways and local referral processes.

#### 6.1.2 NIPE Peer Review Framework

NIPE practitioners can use the peer review framework to demonstrate evidence of good clinical screening practice in line with current guidance (NHS England 2025a). It is the local employer’s decision to identify the assessor for the peer review. The peer assessor may be a core member of the local NIPE team or an experienced NIPE practitioner.

- NIPE practitioner to conduct a **professional discussion** with the nominated peer assessor. The discussion will include:

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- Current and any updated knowledge of the NIPE screening programme and screening standards.
  - Any recent changes to the NIPE programme and the implications to their practices.
  - Any local updates with the NIPE procedure.
  - Shared learning and reflections from untoward incidents/best practice. Any written reflections may also be used towards any other professional requirements (e.g. appraisal or / and NMC revalidation).
- o **Practical assessment** with the peer assessor including:
    - Observation of a NIPE screening examination by the NIPE practitioner. The number of observed examinations will be determined by the local provider site and quality of the examination performed.
    - Complete the '*Peer Review Framework*' Document (see appendix one). This document is a recommendation from NHS England (2025a), however local provider site may use their locally adapted version of the peer review framework document.

## **6.2 Record keeping of maintaining competence**

NIPE practitioners are responsible to maintain a record of their training and maintaining competences. The completion of the peer review framework document will be aligned to individual practitioner appraisal records, confirming competence to practice.

A local register will be held of NIPE Practitioners who have attended annual update and have attained / maintained competency should be kept. It is the decision of the local provider site to identify the person responsible to keep and maintain this local register.

A record of clinically active practitioners will be included on an annual basis into the Training report submitted by each maternity provider to the GMEC LMS Maternity Programme Board.

All NIPE practitioners will commit to remaining clinically active as a NIPE practitioner and assessor.

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**Appendix one: NHS England (2025) NHS Newborn & Infant Physical Examination (NIPE) screening programme: peer review framework (newborn examination)**



## NHS Newborn & Infant Physical Examination (NIPE) screening programme: peer review framework (newborn examination)

Screening practitioner name	
GMC or NMC registration number (or indicate if physician assistant)	
Peer reviewer (PR) name	
Organisation name	
Date of NIPE qualification (NMC registrants)	
Date of peer review	

Checklist key	Please select either ✓ or LP for <b>each bullet point</b> in the checklist
✓	The screening practitioner performs the skill or procedure competently, independently, and safely
LP	<b>Learning points</b> identified and agreed actions documented

## 1. NIPE peer review checklist (newborn examination)

1. Identification, communication, informed choice and consent	✓ / LP	Comments
<p>Communicates professionally &amp; effectively with parents/carers, using appropriate language to:</p> <ul style="list-style-type: none"> <li>• explain the reason for the screening examination and what the examination entails (using 'Screening Tests for You and Your Baby', including easy read/alternative language/NICU versions where appropriate)</li> <li>• explain the benefits and limitations of the examination</li> <li>• explain how data from the examination will be recorded (S4N/local maternity/PCHR) and shared with other organisations (GP/CHIS)</li> <li>• gain informed consent (including consent for the peer reviewer to be present) and check understanding</li> <li>• involve the parent/carers in the examination &amp; answer questions appropriately</li> </ul>		
<p>Uses the maternal/baby case notes and verbal questions to:</p> <ul style="list-style-type: none"> <li>• take a health history</li> <li>• identify national &amp; local risk factors prior to the examination</li> </ul>		
2. The screen	✓ / LP	Comments
<p>Completes a full, systematic head to toe physical examination of the newborn infant, including the required screening examinations for the 4 screening elements of the NIPE (in line with the NIPE handbook clinical guidance and the NIPE e-learning module):</p> <ul style="list-style-type: none"> <li>• eyes</li> <li>• heart</li> <li>• hips</li> <li>• testes</li> </ul>		

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Applies knowledge to: <ul style="list-style-type: none"> <li>• recognise any screen positive findings</li> <li>• prioritise any required actions accordingly</li> </ul>		
Works within own professional limitations, and appropriately escalates to a senior clinician if a second opinion or further review is required		
<b>3. Explanation of screening outcome</b>	✓ / LP	<b>Comments</b>
Clearly explains the outcome of the screening examination to the parent/carer, including relevant: <ul style="list-style-type: none"> <li>• screen negative findings</li> <li>• screen positive findings and the need for any referral <ul style="list-style-type: none"> <li>○ identifying and explaining the local referral pathway the baby will follow</li> <li>○ providing information on possible diagnostic outcomes</li> </ul> </li> </ul>		
<b>4. Post screen</b>	✓ / LP	<b>Comments</b>
Communicates professionally and effectively to ensure: <ul style="list-style-type: none"> <li>• organisation of any follow up appointments is in place prior to discharge home</li> <li>• other health care professionals (GP/HV) are aware of any relevant information, findings or required follow up</li> <li>• parents/carers are directed to support services where appropriate</li> <li>• parents/carers are aware that baby should have NIPE infant screening examination at 6 to 8 weeks of age (usually in the primary care setting)</li> </ul>		
Works to professional record keeping standards to ensure: <ul style="list-style-type: none"> <li>• the results of the NIPE screen and any referrals are recorded accurately on the national NIPE IT system (S4N)</li> <li>• S4N outcomes are completed where available</li> </ul>		

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## 2. NIPE peer review: good practice, learning points, personal development and agreed actions

If no learning points are identified, please document 'None' under 'Learning points' and 'Agreed actions'

Date peer review completed:	
Good practice points:	Learning points:
Areas for personal development: are there any gaps in development or experience (in relation to NIPE screening) that you would like support with?	
Agreed actions:	
Date to review agreed actions:	
Signature of peer reviewer:	
Signature of screening practitioner:	

## 3. Final discussion and review:

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Ensure all agreed actions from NIPE peer review have been completed where appropriate

Signature of peer reviewer:	
Signature of screening practitioner:	
Date:	