

Transforming midwifery education and continuing professional development

**Sue Macdonald Midwifery Consultant &
Educationalist**

This session..

- Will explore issues around contemporary midwifery education:
 - Pre-registration education
 - CPD
 - Developing practice
- Fundamentally..what is midwifery and what do we need to educate students for?
- The teachers role – who are the teachers?
 - Clinical midwife as teacher
 - Teachers/lecturers
- Set out thoughts on future changes .. How education can inform practice for the future.

Health warning - my favourite books:

- Argyris & Schon – **what we say we do...and what we really do..**
- Freire - Pedagogy of the oppressed... **the radical power of education**
- Rowntree Assessing Students..how shall we know them? – **we need to connect and really communicate with students**
- KNOWLES M S *The Adult Learner: a neglected species* - **adult learning and motivation & self direction**
- Postman and Weringarten - Teaching and as subversive activity– **teach student how to question rather than give them the answers...**
- Byrom & Downe – The roar behind the silence; **The need for kindness and compassion in maternity care & midwifery**
- Downe & Byrom - Squaring the circle; **the evidence, research & debate for todays maternity care and midwifery**
- Benner – From novice to expert – **that the point of qualification is just the beginning**
- Schon 'The Reflective Practitioner – **what reflection is..and how powerful (and painful) it can be**
- Paul Gilbert - The Compassionate mind- **the critical part of compassion in our lives**
- Rogers Diffusion of Innovations – **How to get innovations into plcae...and the normative cureve of innovators & laggards**

transformation

(Oxford English Dictionary)

- a change or alteration, especially a radical one
- the act of transforming or the state of being transformed



Throwing the baby out with the bathwater?



A short history of midwifery education..

- **1902 Midwives Act** – fiercely fought for..was the beginning of formal, standardised education for midwives
- Prior to this time, education/training was based more on ‘sitting with Nellie’/apprenticeship model – dependant on where Nellie practices, and with whom.

Act. 16, 1902.]	THE MIDWIVES ACT.	[See <i>Notes</i> and <i>Tables</i> .] 481
<p>THE MIDWIVES ACT.*</p> <p>The following is the full text of the Midwives Act, 1902 (22 Edw. 7, Ch. 17), which received the Royal Assent on July 31st 1902:</p>		
<p>ARRANGEMENT OF SECTIONS.</p> <p>Section.</p> <ol style="list-style-type: none"> 1. Certification. 2. Provision for existing midwives. 3. Constitution and duties of the Central Midwives Board. 4. Appeal from decision of Midwives Board. 5. Fees and expenses. 6. Midwives roll. 7. Appointment of secretary and supplemental provision as to certificate. 8. Local supervision of midwives. 9. Delegation of powers to district councils. 10. Notification of practice. 11. Penalty for obtaining a certificate by false representation. 12. Penalty for wilful falsification of the roll. 13. Prosecution of offences. 14. Appeal. 15. Expenses of local supervising authority. 16. Act not to apply to medical practitioners. 17. Extent of Act and Action by English Branch Council. 18. Definitions. 19. Short title and commencement. 		
<p>CHAPTER 17.</p> <p>An Act to secure the better training of Midwives and to regulate their practice. [July 31st, 1902.]</p> <p>Enacted by the King's most Excellent Majesty, by and with the advice and consent of the Lords Spiritual and Temporal, and Commons, in this present Parliament assembled, and by the authority of the same, as follows:</p>		
<p>Certification.</p> <p>1. (1) From and after the first day of April, one thousand nine hundred and five, any woman who, not being certified under this Act, shall take or use the name or title of midwife (either alone or in combination with any other word or words), or any name, title, addition or description implying that she is certified under this Act, or is a person specially qualified to practise midwifery, or is recognized by law as a midwife, shall be liable on summary conviction to a fine not exceeding five pounds.</p> <p>(2) From and after the first day of April, one thousand nine hundred and ten, no woman shall habitually and for gain attend women in childbirth, otherwise than under the direction of a qualified medical practitioner, unless she be certified under this Act; any woman so acting without being certified under this Act shall be liable on summary conviction to a fine not exceeding ten pounds, provided this section shall not apply to legally qualified medical practitioners, or to any one rendering assistance in a case of emergency.</p> <p>(3) No woman shall be certified under this Act until she has complied with the rules and regulations to be laid down in pursuance of this Act.</p> <p>(4) No woman certified under this Act shall employ an uncertified person as her substitute.</p> <p>(5) The certificate under this Act shall not confer upon any woman any right or title to be registered under the Medical Acts or to assume any name, title, or designation implying that she is by law recognized as a medical practitioner, or that she is authorized to grant any medical certificate, or any certificate of death or of stillbirth, or to undertake the charge of cases of abnormality or disease in connexion with parturition.</p>		
<p>Provision for Existing Midwives.</p> <p>2. Any woman who, within two years from the date of this Act coming into operation, claims to be certified under this Act, shall be so certified provided she holds a certificate in midwifery from the Royal College of Physicians of Ireland, or from the Obstetrical Society of London, or the Combe Lying-in Hospital and Guinness's Dispensary, or the Rotunda Hospital for the Relief of the Poor Lying-in Women of Dublin, or such other certificate as may be approved by the Central Midwives Board, or produces evidence, satisfactory to the Board, that at the passing of this Act, she had been for at least one year in bona fide practice as a midwife, and that she bears a good character.</p>		
<p>Constitution and Duties of the Central Midwives Board.</p> <p>3. On the passing of this Act the Lord President of the Council shall take steps to secure the formation of a Central Midwives Board, which shall consist of—</p>		
<p>(1) Four registered medical practitioners, one to be appointed by the Royal College of Physicians of London, one by the Royal College of Surgeons of England, one by the Society of Apothecaries, and one by the Incorporated Midwives Institute; and</p> <p>(2) Two persons (one of whom shall be a woman) to be appointed for terms of three years by the Lord President of the Council; and</p> <p>(3) One person to be appointed for a term of three years by the Association of County Councils, one person to be appointed for a term of three years by the Queen Victoria's Jubilee Institute for Nurses, and one person to be appointed for a term of three years by the Royal British Nurses Association.</p>		
<p>After two years from the commencement of this Act, the members appointed under subsection (1) shall retire, but shall be eligible for reappointment annually. Any vacancy occurring by resignation or death shall be filled up in the case of a member appointed under subsections (1) and (3) by the body which appointed such person, and in the case of a member appointed under subsection (2) by the Lord President of the Council; members appointed under subsections (2) and (3) shall, on the termination of the period for which they have been appointed, be eligible for reappointment for a like period.</p>		
<p>The duties and powers of the Board shall be as follows:</p>		
<p>I. To frame rules—</p> <ol style="list-style-type: none"> (a) regulating their own proceedings; (b) regulating the issue of certificates and the conditions of admission to the roll of midwives; (c) regulating the course of training and the conduct of examinations, and the remuneration of the examiners; (d) regulating the admission to the roll of women already in practice as midwives at the passing of this Act; (e) regulating, supervising, and restricting within due limits the practice of midwives; (f) deciding the conditions under which midwives may be suspended from practice; (g) defining the particulars required to be given in any notice under section ten of this Act; 		
<p>II. To appoint examiners;</p>		
<p>III. To decide upon the places where, and the times when, examinations shall be held;</p>		
<p>IV. To publish annually a roll of midwives who have been duly certified under this Act;</p>		
<p>V. To decide upon the removal from the roll of the name of any midwife for disobeying the rules and regulations from time to time laid down under this Act by the Central Midwives Board, or for other misconduct, and also to decide upon the restoration to the roll of the name of any midwife so removed;</p>		
<p>VI. To issue and cancel certificates.</p>		
<p>And generally to do any other act or duty which may be necessary for the due and proper carrying out of the provisions of this Act.</p>		
<p>Rules framed under this Section shall be valid only if approved by the Privy Council; and the Privy Council, before approving any such rules, shall take into consideration any representations which the General Medical Council may make with respect thereto.</p>		
<p>Appeal from Decision of Midwives Board.</p>		
<p>4. Any woman thinking herself aggrieved by any decision of the Central Midwives Board removing her name from the roll of midwives may appeal therefrom to the High Court of</p>		

* Printed by Kyrle and Spottiswoode, for T. Digby Wigott, Esq., C.B., the King's Printer of Acts of Parliament. And to be purchased, either directly or through any bookseller, from Kyrle and Spottiswoode, Ltd., Harding Street, Fleet Street, E.C.4; or Oliver and Boyd, Edinburgh; or E. Penson, 10, Grafton Street, Dublin.

The redoubtable women...



Midwifery Education Development

Year	Governing Body	Length of course	Examinations	Award
Late 19 th Century	London Obstetrical Society	3 months		proficiency Certificate
1902-1915	Central Midwives Board (CMB)	3 months	3 hour written examination 15-minute viva conducted by an obstetrician	Certificate
1916	CMB	6 months (2 month exemption for nurses)		certificate
1926	CMB	1 year for non nurses		
1938	CMB	Part 1 – 12 months for non nurses: 6 months for nurses Part 2 – 6 months –for all CPD becomes required		Certificate
1968	CMB	1 year (for nurses) 2 years direct entry	practical assessment & submission of set number of case histories.	certificate

Midwifery Education Development 2

Year	Governing Body	Length of course	Examination	Award
1980	CMB	18 months nurses 3 years direct entrants	2 x 3 hour written examinations Viva Voce	certificate
1986	UKCC/National Boards	Project 2000..a New preparation for practice	Proposed new model of education – with midwifery as a branch of nursing	Midwives & RCM rejected this
1990s	UKCC/ National Boards	18 months nurses 3 years direct entrants CPD – from 5 yearly to 3 yearly cycle – overseen by Supervisors of Midwives	Development of continuous assessment and devolvment of assessment processes	Diploma of Higher Education (DipHE).. then Degrees (BSc)
2000s...	2002 Nursing & Midwifery Council +	18 months for nurses on general part of register 3 years 'direct entry' – some slightly longer 3 yearly Revalidation commenced	Continuous assessment – theory and practice	BSc midwifery A few Masters in midwifery Eg Masters in Leadership

No stranger to change!!

Examples include:

- First in UK to get regulation, standardised education & ongoing CPD
- History of teachers of midwifery being required to be very experienced clinicians who then completed a formal teaching qualification (MTD/PGCEA)
- 'Direct Entry' midwifery – 1990s from minority to majority
- Winterton Report 1993 & Changing Childbirth...changing models of care and working patterns.
- Move into Higher Education 1995 onwards..
- Growth of midwifery research 1984...and counting...
- Maternity service transformation – maternity reviews –
 - Scotland – The Best Start
 - Wales – Maternity Care in Wales
 - Northern Ireland – A Strategy for Maternity Care in Northern Ireland 2012 2018
 - England – Better Births
 - All promoting continuity of care; individualised and personalised care; choices around place of care & birth

So...

We have to prepare and educate students **and** midwives for a changing world.. To be enthusiastic lifelong learners



1st & 2nd 3rd year students Plymouth Uni



1st year students at Anglia Ruskin



3rd year students at UWS conference

Also

The theory practice gap



Shibboleth by Doris Salcedo

It represents borders, the experience of immigrants, the experience of segregation, the experience of racial hatred. It is the experience of a Third World person coming into the heart of Europe. For example, the space which illegal immigrants occupy is a negative space. And so this piece is a negative space

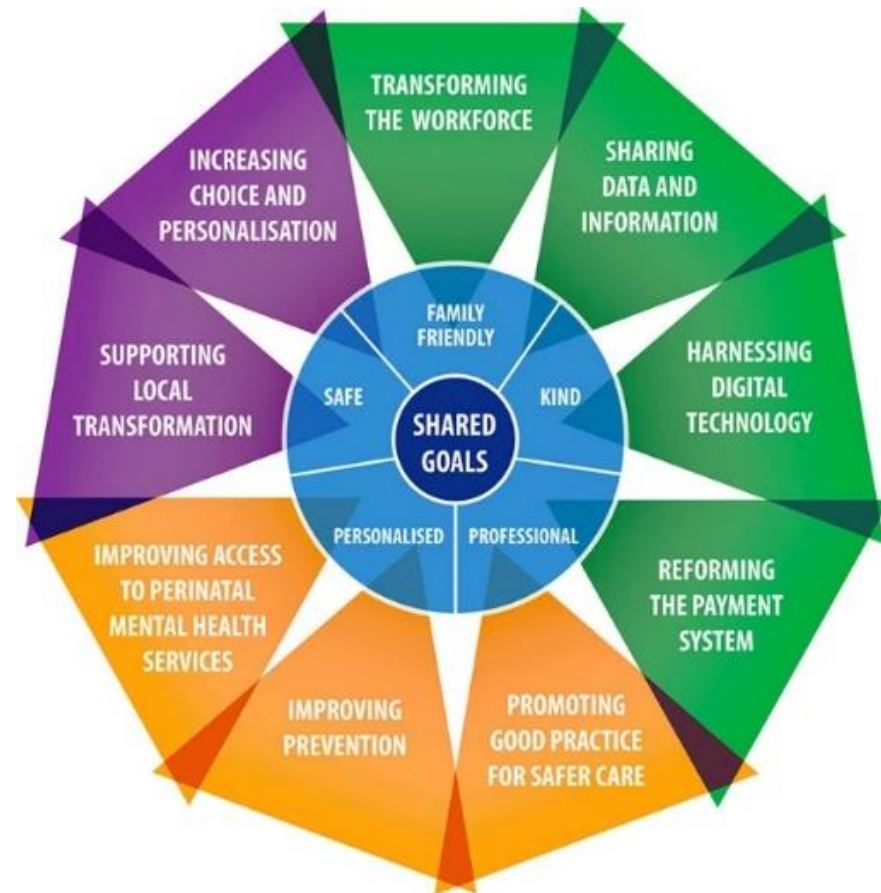
**Oh that's what you learn in
'school'..but this is what we do
here...**

- Why transform? Do we need to?
- Issue of who is the centre of your role?
- What is **important** in the role of the midwife...
- Professionalising students
- Student experience – teaching & assessing
- The teachers...ensuring we are recruiting teachers too
- Kindness, compassion and learning to care
- Previous experience may be a motivation and/or a block
- CPD – jewel in our crown

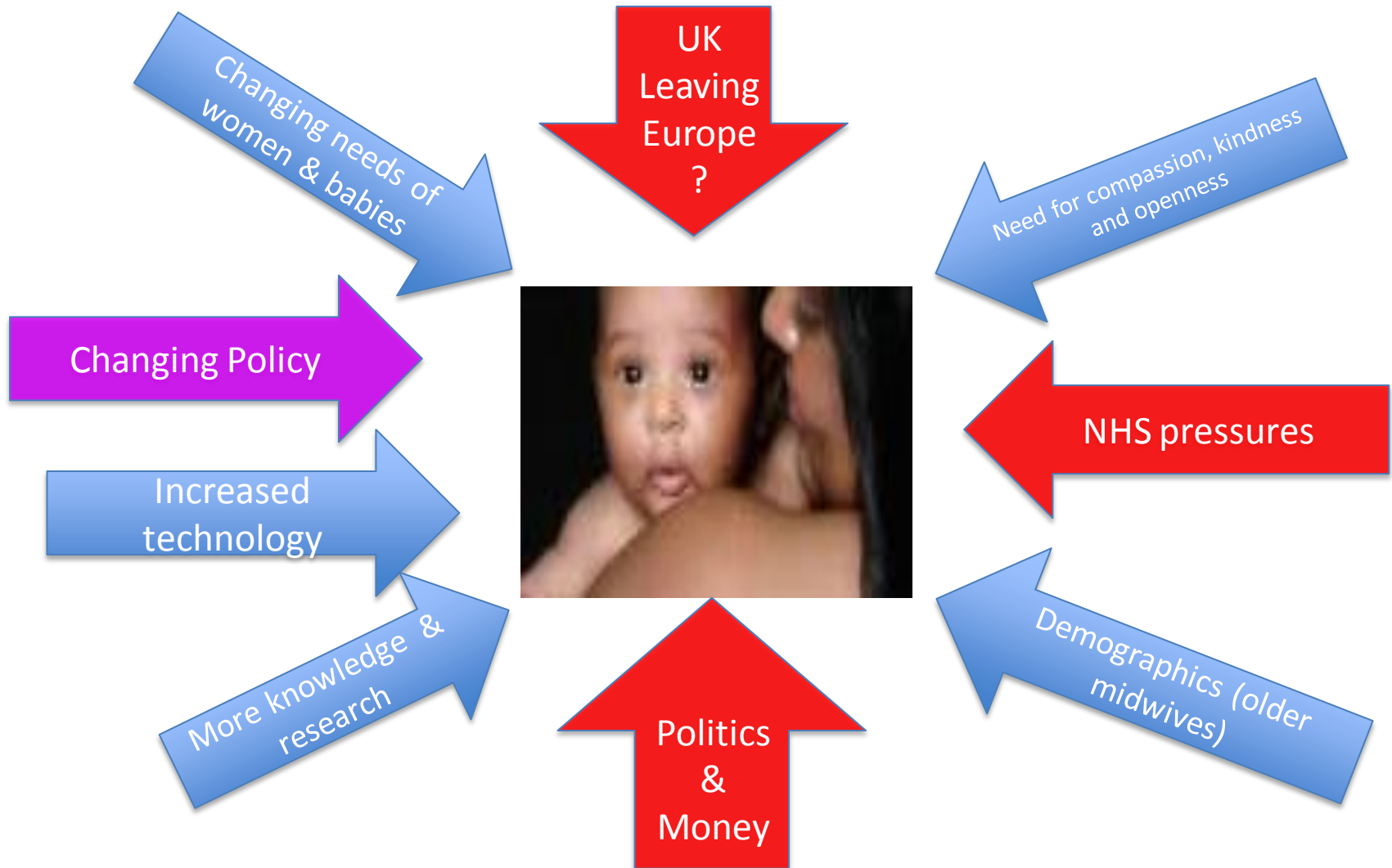


Why do we need to transform

- New NMC midwifery competencies standards
- Change in shape of maternity care
- Better Births: The Best Start: Welsh and Northern Ireland Maternity Strategies
- Changing needs of women and babies
- Need to improve care, reduce mortality & morbidity of mothers and babies – emerging work illustrating reduction in ‘normal midwifery’..more intervention...
- Need to address the changing patterns if events – example ‘normal delivery’
- Ensure high recruitment & retention of high quality students - > midwives
- Develop a kind, compassionate and learning organisation
- Changing society
- Prevent stagnation!



Challenges and Opportunities



Underpinning

- Laws of the country – for UK + EU Directives – activities of the midwife
- Laws and Human Rights
- ICM Essential Competencies for midwifery practice 2019; ICM Global standards
- Regulation – from professional regulator (Nursing & Midwifery Council (NMC))
- Future Midwife – new standards approved in October 2019 – to come into place Sept 2020, and full implemented in 2021
- Historical role of the midwife in the UK
- Existing programmes of study already in place
- Growing research & evidence – and a great need for midwifery education research



Support Overdue: Women's experiences of maternity services

2017

BETTER BIRTHS

Improving outcomes of
maternity services in England

A Five Year Forward
View for maternity care

Success in breastfeeding is not
the sole responsibility of a
woman—the promotion of
breastfeeding is a collective
societal responsibility.

#futuremidwife

Standards Midwifery Future midwife

Future midwife

Our Council have approved the future midwife standards!



National Maternity and Perinatal Audit Clinical Report 2019

Based on births in NHS maternity services between 1 April 2016 and
31 March 2017

THE LANCET

Midwifery

An Executive Summary for The Lancet's Series



"Midwifery is a vital solution to the challenges of
providing high-quality maternal and newborn care for
all women and newborn infants, in all countries"

Maternal, Newborn and
Child Clinical Outcome
Improvement Programme



MBRRACE-UK Perinatal Mortality Surveillance Report

UK Perinatal Deaths for Births from
January to December 2017



October 2019

THE BEST START A Five-Year Forward Plan for Maternity and Neonatal Care in Scotland EXECUTIVE SUMMARY

October 2019



The role of the midwife in the 21st century

Central to the midwifery pre-registration programme and to continuing professional development are the National and international definitions (NMC 2019; ICM 2017)

International Confederation of Midwives 2017

Future Midwife 2019

The role of the midwife is to provide skilled, knowledgeable, respectful, and compassionate care for all women, newborn infants and their families. They work across the continuum from pre-pregnancy, pregnancy, labour and birth, postpartum, and the early weeks of life, including women's future reproductive health, well-being, and choices, as well as very early child development and the parents' transition to parenthood. Midwives enable the human rights of women and children, and their priority is to ensure that care always focuses on the needs, views, and preferences of the woman and newborn infant.



Core Document

International Definition of the Midwife

"A midwife is a person who has successfully completed a midwifery education programme that is based on the ICM Essential Competencies for Basic Midwifery Practice and the framework of the ICM Global Standards for Midwifery Education and is recognized in the country where it is located; who has acquired the requisite qualifications to be registered and/or legally licensed to practice midwifery and use the title 'midwife'; and who demonstrates competency in the practice of midwifery.

Scope of Practice

The midwife is recognised as a responsible and accountable professional who works in partnership with women to give the necessary support, care and advice during pregnancy, labour and the postpartum period, to conduct births on the midwife's own responsibility and to provide care for the newborn and the infant. This care includes preventative measures, the promotion of normal birth, the detection of complications in mother and child, the accessing of medical care or other appropriate assistance and the carrying out of emergency measures.

The midwife has an important task in health counselling and education, not only for the woman, but also within the family and the community. This work should involve antenatal education and preparation for parenthood and may extend to women's health, sexual or reproductive health and child care.

A midwife may practise in any setting including the home, community, hospitals, clinics or health units."

Adopted at Brisbane Council meeting, 2005

Revised and adopted at Durban Council meeting, 2011

Revised and adopted at Toronto Council meeting, 2017

Due for next review 2023

Midwife's role

- ..but what really happens in practice?
- What are we doing that we should do more of..or do less of?
- Think about what we do..and what we are experts of
- Issue of delegation and expertise
- One of the most important aspects of what we do is..relationship – with women & baby
- Critical that our students and junior colleagues are learning the craft of midwifery from more experienced midwives.
- How does that influence education & CPD?



Who is at the centre of our teaching/care?



Key principles

- Need to develop pre-reg curricula alongside new competencies, but with dynamism to bring in information from qualified midwives
- Also when teaching, learning what **really** is going on in practice...and what could be implemented in CPD – **example... examining babies after birth**
- Developing abilities in managing information, understanding research and critical questioning
- Learning **must** be meaningful and relevant
- Also need knowledge to be deep and applied.
- Being creative..flexible and energetic
- Building on existing learning + active methods of learning
CHALLENGE!
- Effective support and quality monitoring for mentors in practice – linked to development opportunities
- Creative methods of teaching, learning and assessing students..from lectures to models like case holding programmes, student directed learning and the flipped classroom!

Midwifery programmes – off from the shelf

- Must be led by midwives, informed by midwives and taught by midwives
- Programme design, development and delivery should include service users taking meaningful roles
- Must enable academic and clinical midwives to work together
- May need to address the preparation of midwife teachers for their role
- Need to be developed with national and international frameworks
- Need to ensure that as new policy is developed it can be integrated into programmes
- Research & evidence based approach to learning, teaching and assessing
- Involvement of all stakeholders
- Effective recruitment & retention strategies & follow up of students who did not succeed
- Pre reg programmes can inform CPD...and there needs to be linkage
- Midwives must have access to high quality CPD opportunities – online; in service and mentoring/shadowing



Becoming professionals

Experience of students crucial:

Before the course

- why did the student want to be a midwife?
- Expectations
- Looking for potential

During the course

- Need to balance realistic 24/7 experience
- Understanding the responsibilities of being a midwife (ex Punctuality?)
- Learning, teaching and assessing knowledge and skills – including care, kindness and compassion..for other students; for colleagues and above all women and their families
- Understanding need for learning (not just doing the things that are assessed!)
- Inculcating need for CPD
- What about 'failure'?

End of Course:

- Completion of competencies
- LME sign off

After the course:

- Effective preceptorship and support
- Reviewing results against expectation – to improve future recruitment



Looks simple?

- Is there sufficient stringency in recruiting THE BEST students? Who are they?
- Recruitment tools – need to share the tools...
- Are we able to really know the students..andf their capability/achievement – the numbers game?
- Should all students pass?
 - Plagiarism
 - Need to have the highest standards
 - Students who don't pass ..why?
 - Impact on HEI
 - Have some good routes for students for whom this was not the right course
- Support for students – clinical; academic and pastoral

Student stress

- Often mature people – may be second career
- Often competition has been very high to get a place
- Family and caring responsibilities
- May have huge expectations
- Adjusting to being an NHS student midwife
- MONEY!! No bursary in England, though some funding streams in place, but NI (£5000 + fees|); Wales (£5000 & fees) and Scotland (£8000 + fees) have bursary systems in place.



Courtesy of the RCM collection



Students – Middlesex University

The balance

**Need for
student to be
treated as and
feel a member
of the team**

**Tasks and work
of students not
seen as being 'a
pair of hands'**

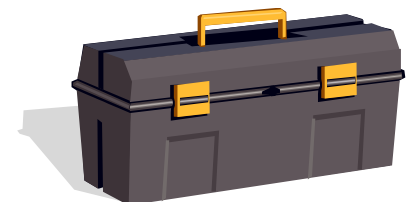


Preparing for contemporary practice

- Based on previous role & Lancet
- All women & babies need a midwife and some need a doctor too
- Strong understanding of applied physiology
- Evidence and research tools
- Practical skills..but recall novice to expert
- Experience in caseload and continuity of care models critical
- Preparation for resilience and working flexibly
- 24/7 care
- Must have an integrated understanding of CPD and have future strategies
- Above all, care, compassion and kindness

And most of all...

- Preparing for changing practice...
- For questioning and learning every day
- Walking together..learning together
- The CPD pathway (Midwives probably have the longest history of CPD – 1924/1936)
- Moving from the dreaded revalidation (every three years) to a dynamic process.
- Understanding:... Education and development as a pathway or journey “to be educated is not to have arrived: it is to travel with a different view” (Peters 1979:8)
- Midwifery Tools:
 - Critical thinking
 - In depth applied knowledge
 - Reflection
 - Research understanding
 - Information seeking and management
 - Strategy for reading/updating
 - Access and experimentation with quality and different CPD opportunities. From MScs to online conferences; electronic learning, Twitter discussion events; Blogs; publications ..MIDIRS; Evidence Based Midwifery; Practising midwife; working with colleagues...



×

BACK TO THE FUTURE

©1985 COLUMBIA



The quote from October 21st to 27th in Proyecto HU-CI



Education is the most powerful
weapon which you can use
to **change** the world

Nelson Mandela

kind. What a wonderful ideal ❤️... See More



Gabi Heras ▸ Compassionate
Healthcare Incubator

Follow · 2 hrs · 🌐

The quote from October 21st to 27th in Proyecto
HU-CI <https://humanizandoloscuidadosintensivos.com/en/this-weeks-quote/>



Like



Comment



Write a comment...



Privacy · Terms · Advertising · Ad Choices [D]

Thank you!!



Courtesy of Gaynor Wood WHT