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.
The redoubtable women...
# Midwifery Education Development

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

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

3rd year students at UWS conference

1st year students at Anglia Ruskin
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!
Underpinning

- Laws of the country – for UK + EU Directive; 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
BETTER BIRTHS
Improving outcomes of maternity services in England
A Five Year Forward View for maternity care
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.
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.
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
Education is the most powerful weapon which you can use to change the world.

Nelson Mandela
Thank you!!

Courtesey of Gaynor Wood WHT