Accepted Version 28th February 2018: Pre Type Set for Archiving in Higher Education Institutions

British Journal of Midwifery

Article Title:

Midwifery education: Reflecting on the past and changing for the future

Authors: Briscoe Lesley and Clarke Elinor

Lesley and Elinor are both members of the editorial board of the BJM

Dr. Lesley Briscoe
Senior Lecturer, Postgraduate Medical Education/Programme Lead (Advanced Fertility)
Edge Hill University.

Elinor Clarke
Senior Lecturer (Midwifery)
Coventry University

Corresponding authors: briscoel@edgehill.ac.uk and e.clarke@coventry.ac.uk

Abstract:
Midwifery education is dynamic and responsive to changes in society, population demographic, theory and policy. Changes to education since the BJM began in 1993 are phenomenal. The overarching aim of midwifery education is to prepare undergraduate students to be eligible to register as a midwife following a programme of theory and clinical practice and to enhance the potential of a midwifery workforce via postgraduate education. Reflecting upon the last 25 years of midwifery education provides insights in to the challenges of midwifery practice and the need to prepare midwives to be reflective and responsive to transformation as we advance towards 2025.

Key words
Responsive, Dynamic curriculum, Midwifery Education, Education Standards, Quality Assurance of Education, Transformation

Key Points

- Midwifery education responds to an ever changing clinical environment
- Responsive curriculum will ensure high quality education underpins quality care
- There are many influences that impact upon midwifery education
- Midwifery education standards help to improve outcomes and create positive experiences for women, children and families during childbirth
- It is important to look back and demonstrate learning from past events
- Midwifery education like maternity services do not enjoy a level playing field
- It is essential for the modern midwife to hold strong values to guide safe, humane and exceptional care for women and their families

Introduction

Looking back over the past 25 years of midwifery education enables us to learn from old ways of working and the related untoward events that took place, to help us plan for a future where the woman who receives personalised safe care is at the centre. In the first edition of the British Journal of Midwifery, it was noted that a fundamental change in the content and the implementation of educational programmes for midwives was considered essential for midwives, to equip them to fulfil full responsibility as central provider of care during childbirth, where they work in an environment as equal members of healthcare team (Henderson, 1993:1:1:2). Today, multidisciplinary working that recognises how human factors influence safety in maternity care is crucial to our understanding. However, recognition does not imply that we are always completely successful at achieving excellent standards of maternity care, which is documented in multiple maternity surveys over time (Lewis, 2004; Lewis, 2007; CEMACE, 2011; MBRRACE-UK, 2017).

Looking back, in 1993 one author was a clinical midwife (LB) and another was a senior lecturer in midwifery education (EC). At that time a key influence upon practice concerned changing childbirth to promote women's choice and control (DH, 1993). The document was quoted throughout educational standards for midwives and presented in multiple polices. Despite continual reference, it is apparent that it remains difficult for midwives to achieve informed choice (Francis, 2013; Kirkup, 2015) and midwifery education is an important driver to raise awareness about respectful and compassionate maternity services, wherever women birth their babies.

Today, after engaging in a professional journey, underpinned by midwifery education, the authors have achieved higher degrees which facilitated a moral and ethical desire to design undergraduate and postgraduate midwifery and nursing education to facilitate the growth of each individual student towards their ultimate goal of becoming the best that the health care professional can be.

Looking back- looking forward at midwifery education

Midwifery education focuses upon a natural process of birth where the anatomy and physiology of the birth process remains as it has for millennia. Therefore, it is crucial for every midwife to understand the fundamental physical and biological process of pregnancy, birth and parenthood. However, change within the profession is rapid and is related closely to women's lives, how they live, how their bodies respond to changing environments and how technology influences maternity care provided. This knowledge creates the need for midwifery education to be responsive, authentic and evidenced based.

An example of a responsive curriculum can be related to evidence around how women who have raised Body Mass Index (BMI) experience childbirth. This cultural and anthropological shift instigated change within midwifery curriculum in order to meet the needs of women, their families and the midwives who provide the essential safe care needed. Responsive curriculum is pivotal because a midwife is a healthcare professional with a clear role and responsibility regarding the provision of midwifery care throughout the childbirth continuum which permits the legal status of midwives to work in a variety of healthcare and social settings.

Keeping curriculum current and responsive helps to increase the quality of education provision. High quality education involves a pragmatic approach that brings

to life theory in the context of women's lives whilst developing an ever increasing competent skill base in an undergraduate or postgraduate midwife. It is thought that through high quality midwifery education, midwives will improve outcomes and experiences of childbirth for women, children and their families (CoD, 2017).

Moving forward, it is increasingly important for midwifery education to maintain currency to meet the changing needs of women and their families on a global scale (ICM, 2013; WHO, 2013). Using this pivotal moment in time to reflect upon midwifery education presents an opportunity to situate the past to provide a supportive and insightful link to the future (Gadamer, 2004: 197). Therefore, high quality education, developed over an ever-changing foundation of knowledge base will lead us through the next twenty five years of maternity care, where continual transformation is essential.

Looking back-looking forward at midwifery certification

It was usual at one time for midwives to undertake training following a nursing qualification and this is an option that continues in a small number of Universities today. Preparing midwives for professional practice during the 1980s and early 1990's involved knowledge development based on factual content, skills acquisition and assessment via a final written and oral examination, before the awarding of a certificate to provide eligibility for professional registration. This process was evident in the personal experience of the authors. In 1996, the introduction of a diploma awarded by a higher education institution enabled the development of a theoretical framework to underpin the design and content of the midwifery curricula (ENB, 1997). As training for midwives progressed, achievements were demonstrated at diploma or degree level qualifications.

The trend to train as a midwife following a certificate of nursing was interrupted when there was a desire to raise the profile of normal birth, and this focus led to direct entry midwifery becoming more common. At the same time, in the mid 1990's midwifery education moved away from hospital training schools and into universities. Midwifery tutors transferred from the NHS to the university setting and both students and midwifery lecturers were expected to transfer their loyalty to their university. This cultural and intellectual shift embraced new ways of learning which relied more on evidence, analysis and the development of a critical, questioning approach to underpin teaching, learning and assessment. The previous final written and oral examination then gave way to continuous, analysis of theory and practical assessment. Empowering midwives to critically question evidence and practice creates a gift for the future to help bridge the expectations of the woman with the expectations of the profession.

Looking back-looking forward: funding for midwifery education

In the past, funding for midwifery education places remained with the Strategic Health Authority (SHA) affording midwifery students to avoid the annual tuition fees paid by other university students. Prior to April 2013 the amount of commissioned places for student midwives rested with Strategic Health Authorities (SHA), workforce Deanery and PCT's. These responsibilities were devolved from the Department of Health via Nursing and Midwifery Professional Advisory Boards. However, academic progression, in today's climate, has been influenced by decommissioning student bursaries, and since September 2017, student midwives pay fees and are able to access the student loans system (SLS), as opposed to the student bursary.

Funded university places were constrained by limits and a fixed number of students available each year; resulting in robust competition for student places. Despite a national shortage of midwives, HEI's remain limited by the places they can offer which is currently restricted by the numbers of clinical placements available, and the amount of qualified mentors that are available to support learning and assessment in the clinical area. Establishing the delicate ratio between educational places available and clinical placements is a current issue within midwifery practice. The ratio is underpinned by close partnership working between HEI's and clinical practice, which is inseparable and each complements the value of the other. This is crucial to our understanding because NMC standards (2009) stipulate that the practice content of a midwifery programme should be no less than 50%.

Moving forward in the educational journey, upon qualification midwives have responsibility for their continuing education and professional development. Many midwives choose to study at master's level and others choose to go further and engage in PhD level study. However, the postgraduate students studying midwifery as a second degree are not eligible for a loan to support their studies and this may further reduce the numbers of students wishing to access the shortened midwifery programmes, alongside a fall in undergraduate applications. Completion and retention of students, based around funding issues, is likely to continue the shortage of registered midwives. Limited and declining funding has instigated the revolving process of time to acknowledge the value of apprenticeships within midwifery education and practice and this move may be the key to sustaining a vision for longevity within midwifery practice.

Looking back-looking forward: quality assurance

The quality of midwifery educational programmes are monitored and audited in a number of ways to establish safety, equity and establish a robust attention to detail. One method of assurance centres on systems within the educational establishment to confirm Quality Assurance Enhancements (QAE) within the Higher Education Institution (HEI). This involves course annual monitoring processes and is linked to processes for re-validating programmes (usually every 3-5 years). Those QAE processes ensure professional and academic standards are current and aligned to the NMC, and the Quality Assurance Agency for Higher Education. Alongside of those processes, graduation data including final employment (DHLE) information contribute to the reputation and standing of the university and the midwifery programmes they run.

Another perspective of quality assurance is the annual National Student Satisfaction Surveys (NSS) within the UK which provide a focus upon final year students, where their perceptions of the course and the institution are reported in the national media and are available to be scrutinised by prospective students. In turn, these statistics contribute to the University league tables and the results influence which courses continue to run.

Quality assurance of midwifery programmes is a duty of the Nursing and Midwifery Council (NMC) and is undertaken on its behalf by Mott MacDonald (NMC Quality Assurance of Education Framework, 2017; NMC Quality Assurance Team, 2017). Midwifery programme providers receive regular monitoring visits, during which the quality assurance framework identifies weak; acceptable; and well-developed levels of risk. Assessment of risk involves a focus upon resources; admissions and progression; practice learning; fitness to practice and quality assurance. These

themes are self- reported annually as a red, amber or green (RAG) rating which is applied as part of a supportive process to reduce the burden of regulation upon well performing educational institutions. However, a full review and visit is scheduled every three years. The NMC acknowledges confidence in midwifery programmes through the demonstration of acceptable levels of risk control.

The NMC education standards for midwifery were last reviewed in 2005 and current standards were published in 2009. The NMC are currently reviewing the standards for midwifery education and these are scheduled for publication in 2019.

Patient and public involvement (PPI) is now common in the recruitment of student midwives. Looking forward, it is possible that service users will have an increasing influence where their opinions are captured to inform about how they perceive the standard of maternity care generated by students in their particular clinical environment. Including this additional perspective will help to triangulate and enhance the quality assurance process in the future.

Conclusion

It is important to recognise there is wealth of knowledge and skill that underpins the foundations of midwifery education. Those foundations have evolved in response to evolving demographics and anthropological changes over time. Dynamic and responsive curriculum is essential to underpin maternity care today. Educational skills, born from questioning evidence and practice will help to bridge the gap in expectations between women, their families and the profession. It is crucial to recognise the changing landscape of midwifery education in order that we move forward. The new landscape reflects that the student midwife has a specific focus, and the demographic characteristics of that workforce are changing in response to funding opportunities. Those who experience midwifery education, who are assessed in theory and practice and are exposed to the joys and the perils of childbirth are the future of our profession. However, they incur emotional and financial stress when working in a culture of high expectations. Midwifery education will need to include reflexivity, emotional resilience and self care to meet the challenge of safe maternity care in 2025. Embracing an apprenticeship model may be a way forward for the future of midwifery.

Declaration of interests:
The authors have no conflict of interests to declare

References:

Centre for Maternal and Child Enquiries (CMACE) 2011.Saving mothers' lives: reviewing maternal deaths to make motherhood safer: 2006–2008. The eighth report on confidential enquiries into maternal deaths in the United Kingdom. BJOG, 118(Suppl.1):1–203. doi:10.1111/j.1471-0528.2010.02847.x.

Council of Deans of Health 2017. Educating the Future Midwife: Discussion paper on the key future outcomes for registered midwife education, CoD UK-Future Midwife Advisory Group, London

Department of Health (DH) 1993. Changing Childbirth. Report of the Expert Maternity Group. London: HMSO

English National Board 1997. An outcome evaluation of the effectiveness of pre-registration midwifery programmes of education ENB for Nursing, Midwifery and health Visiting, London

Francis, R., 2013. Report of the Mid Staffordshire NHS Foundation Trust Public Inquiry. http://webarchive.nationalarchives.gov.uk/20150407084003/http://www.midstaffspublicinquiry.com/report

Gadamer, H.G., 2004. Truth and Method. 2nd Revised Edition. (Translated by Weinsheimer, J. and Marshall, D.G.). London, New York: Continuum International Publishing Group.

Henderson C (1993) A new voice for midwives. British Journal of Midwifery, 1 (1) :2

International Confederation of Midwives (ICM) 2013. Global Standards for Midwifery Education-2010: Amended 2013 https://internationalmidwives.org

Kirkup, B., 2015. The Report of the Morecambe Bay Investigation. https://www.gov.uk

Lewis G (ed). 2004. Why mothers die 2000–2002: the confidential enquiries into maternal deaths in the United Kingdom. London: RCOG Press

Lewis G (ed) 2007. Saving mothers' lives: reviewing maternal deaths to make motherhood safer 2003–2005. The seventh report on confidential enquiries into maternal deaths in the United Kingdom. London: Confidential Enquiry into Maternal and Child Health (CEMAH)

MBRRACE-UK release 2017. Saving Lives, Improving Mothers' Care Lessons learned to inform maternity care from the UK and Ireland Confidential Enquiries into Maternal Deaths and Morbidity 2013–15. https://www.npeu.ox.ac.uk/mbrrace-uk

NMC 2009. Standards for pre-registration midwifery education. https://www.nmc.org.uk

World Health Organisation (WHO) 2013. Midwifery Educator Core Competencies, WHO, Geneva, Switzerland

NMC Quality Assurance Team (QAT) 2017. The midwifery curriculum – Analysis of three key topics, NMC, London

NMC Quality Assurance Framework for nursing and midwifery 2017. https://www.nmc.org.uk/