



MIDWIFERY: Review of Minimum Education and Training Standards in Nursing and Midwifery

Council of Deans of Health written submission – May 2021

The Council of Deans of Health is grateful for the opportunity to contribute to this consultation. The Council represents 100 UK university faculties engaged in education and research for nursing, midwifery and the allied health professions.

a) Entry into pre-registration midwifery programmes

A4) Do you think the NMC should continue to require people applying via (Direct Entry) pre-registration midwifery programmes to have met 12 years of general education or exam passes?

Continue to require – status quo option.

A5) If change in requirements in A4: Please tell us what you think they should be.

N/A.

A6) If change requirements in A4: Please explain your answer.

N/A.

A7) The NMC currently requires people applying via Route B (shortened midwifery programmes, to have met the requirements of a formal qualification as a registered nurse (first level) adult. Should the NMC continue to require this?

Change requirements (option 2).

A8) If change requirements in A7: You selected change requirements for those applying to shortened midwifery programmes. Please tell us what you think they should be:

Many potential student midwives have significant learning from previous education, work or life experience. The restriction on the use of recognition of prior learning does not help in widening access and growing the profession. This is particularly the case for nurses outside of the adult field who will have prior experiences that could be mapped to some of the learning outcomes for midwifery programmes.

A9) Shortened midwifery programmes are only available to first level adult nurses. Should the NMC stay aligned to the EU Directive or should they open access to (Route B) shortened midwifery programmes to others?

Children's nurses – Yes

Learning disabilities nurses – Yes

Mental health nurses – Yes

Registered nurse: second level – Yes

Nursing associates – No

Other health professional – Yes. This should be reviewed by universities on a case-by-case basis.

A10) All respondents: Please explain your answers. In particular, the NMC are interested to know whether your views are based on your own experiences, any research you have undertaken, or any other sources of information.

The Council of Deans of Health represents 100 UK university faculties engaged in education and research for nursing, midwifery and the allied health professions. Answers provided are based on our members' views and their experiences in delivering nursing and midwifery programmes adhering to the Directive. The Council supports the use of recognition of prior learning to ensure the midwifery profession remains accessible to a wide pool of applicants.

b) Recognition of prior learning (RPL) for entry into midwifery programmes

B3) Do you think that previous learning should be taken into consideration when people apply for a pre-registration midwifery programme?

Yes.

B4) If no in B3) Please explain your answer.

N/A.

B5) If recognition of prior learning for pre-registration midwifery programmes is introduced, would (Route B) shortened midwifery programmes for qualified registered nurses (first level) adult be required?

No.

B6) Please explain your answer. In particular, the NMC are interested to know whether your view is based on your own experiences, any research you have undertaken, or any other sources of information:

The Council supports the use of recognition of prior learning to ensure the midwifery profession remains accessible to a wide pool of applicants. Skills and knowledge from previous education, work and life experience should be considered. If recognition of prior learning is allowed for midwifery programmes, there will not be a need for a shortened midwifery programme only for adult nurses in NMC regulation.

c) Knowledge and skills for midwifery

C3) Do you think the knowledge and skills specified within the EU Directive (and set out above) are necessary for safe and effective midwifery care?

No.

C4) If no in C3: Please explain your answer.

It may be useful for the Nursing and Midwifery Council (NMC) to continue to have regard to the general subjects and subjects specific to the activities of midwives listed in the Directive. However, we note that

the NMC's standards of proficiency are more expansive and detailed than the subjects specified in the Directive. We would recommend changes to the number of occasions a specific skill must be performed.

C5) Do you think specifying the number of occasions a specific skill must be performed (as set out above) is necessary for safe and effective midwifery care?

No.

C6) Do you think the NMC should continue to specify the number of specific occasions skills must be performed?

No.

C7) If no in C5: Please tell us what you think the requirements should be:

Any change to the Directive must ensure public protection from both a regulatory and educational perspective. Universities are committed to delivering high quality education which ensures professional competency and public protection.

The Directive sets numerical requirements in relation to clinical skills acquisition and practice for student midwives. The NMC should develop a more outcome-focused and competency-based approach for midwifery education.

C8) If no in C6: What alternatives do you think the NMC should be thinking about if they no longer continue to specify the number of specific occasions skills must be performed?

The NMC should develop a more outcome-focused and competency-based approach to midwifery education, as opposed to specifying the number of specific occasions skills must be performed.

d) Use of simulation in pre-registration midwifery programmes

D9a) Which types of simulation-based learning can help someone to practise safely and effectively as a midwife? Please select all that apply (Council response is all the below)

- Simulated situations involving real women and families who use maternity services
- Simulation using mannequins or models
- Simulation that involves role-play using real people which could include colleagues, students or actors
- Simulation that involves using digital programmes to educate and assess knowledge and decision-making
- Simulation that involves using virtual or augmented reality systems to replicate real-life situations

All of the above.

D10) Do you think simulation should count towards practice learning and theory on pre-registration midwifery programmes?

Practice learning – Yes

Theory – Yes

D11) Do you think there should be any limitation set by the NMC about when simulation can/cannot occur in a programme? (e.g. in/not in a final placement)

No.

D12a) Should there be a maximum amount of practice learning that can be taught through simulation?

Yes.

D12b) If yes in D12a: What should the maximum amount of practice learning taught through simulation be for safe and effective autonomous midwifery practice at the point of registration?

The Council believes any changes to the Directive should increase the use of simulation and digital technology for both theory and practice hours. However, simulation must not fully replace clinical placements and should only be used where it is appropriate and beneficial to the student experience.

D13) Do you think that simulation should be used to assess any midwifery skills and procedures or should it be limited to certain skills and procedures?

Yes - any skill and procedure.

D14) If no in D13: Are there any skills or procedures that could be appropriately assessed through a simulated situation? If there are please list them.

N/A.

D15) If no in D13: Should any of the following types of simulation be used to assess nursing/midwifery skills and procedures? Please select all that apply.

N/A.

D16) All respondents: Please explain your answers about the use of simulation in pre-registration midwifery programmes. In particular, the NMC are interested to know whether your views are based on your own experiences, any research you have undertaken, or any other sources of information:

The Council of Deans of Health represents 100 UK university faculties engaged in education and research for nursing, midwifery and the allied health professions. Answers provided are based on our members' views and their experiences in delivering nursing and midwifery programmes adhering to the Directive.

Education programmes benefit from a variety of teaching and learning methodologies. Simulation and virtual placements are critically important to nursing and midwifery education. They provide opportunities for learners to develop, rehearse and build confidence in skills and behaviours. In midwifery, simulated practice is permitted when active participation with breech deliveries is not possible because of the lack of such deliveries and in the performance of episiotomy and initiation into suturing.

The new future midwife standards do not specify a total number of hours permitted for simulated practice. However, the quality assurance of education programmes has meant that the development of new education and proficiency standards has not fully enabled a truly flexible approach to the use of simulation. It is also seen as primarily used for theory hours rather than practice hours. We welcome the

recent recovery standard, implemented in February 2021, to allow students to undertake up to an additional 300 hours of simulated learning in practice hours.

Simulation should be permanently permitted more widely across both theory and practice hours where there is underpinning evidence regarding its pedagogical value. We also need a more flexible understanding of simulation including digital and virtual technologies. Virtual placements, which have increased during the pandemic, have been shown to be an effective alternative to traditional practice placements. Access to healthcare will increasingly be undertaken remotely and in a digitally enhanced way. Universities have already begun to embrace the opportunities for virtual and online placements. New technologies also provide prospects for further digital innovation in practice placements, including in artificial intelligence. NMC regulation on simulation in education must remain agile for the future.

Clearly, simulation must not fully replace clinical practice placements and should be used only where it is appropriate and beneficial to the student experience. However, practice is changing, and regulation must not be a barrier to students being educated to deliver contemporary healthcare at the point of registration.

e) Length and number of hours in pre-registration midwifery programmes

E6) Currently direct entry education and training must consist of at least three years made up of 4,600 hours (of which at least a third is practice learning). Is this the minimum necessary for someone to practise safely and effectively as a midwife at the point of registration?

No.

E7) If no in E6: What do you consider is the appropriate length of time to achieve proficiency for safe and effective autonomous midwifery practice at the point of registration?

Regulation should be risk-based and outcome-focused. A competency-based approach in midwifery education, which is not based solely on a quantitative measurement of hours undertaken, should be adopted. The Council believes direct entry midwifery programmes should continue to be delivered at degree level over a three-year period, to achieve proficiency for safe and effective midwifery practice. This is critically important in light of the advanced knowledge, skills and behaviours necessary to gain proficiency in this discipline. This degree level should be the minimum requirement rather than a set number of hours.

If the NMC decides to continue to require a minimum number of hours this should be reduced from 4,600 for direct entry programmes. Any reduction in the number of practice hours should not simply be replaced by an increase in the theory hours allocation.

In Scotland, some midwifery programmes are four years in length. Some students are likely to want to continue undertaking four-year programmes irrespective of any regulatory change. Scottish universities are committed to ensuring students benefit from innovative and advanced level education and a positive student experience across both three- and four-year programmes.

E8) If no in E6: Please explain your answer. In particular, the NMC are interested to know whether your view is based on your own experiences, any research you have undertaken, or any other sources of information:

Regulation should be risk-based and outcome-focused. A competency-based approach in midwifery education, which is not based solely on a quantitative measurement of hours undertaken, should be adopted. The Council believes midwifery programmes should continue to be delivered at degree level over a three-year period, to achieve proficiency for safe and effective practice. This is critically important in light of the advanced knowledge, skills and behaviours necessary to gain proficiency in this discipline. This degree level should be the minimum requirement rather than a set number of hours.

E9) Do you think the NMC should continue to specify a minimum length and/or hours for direct entry pre-registration midwifery programmes?

Minimum programme length – Yes.

Number of hours – No.

E10) In line with the NMC's outcome focused standards, should the time required to achieve the standards of proficiency be based on competency and outcomes rather than on hours?

Yes.

E11) Please explain your answers to E9 and E10. In particular, we are interested to know whether your views are based on your own experiences, any research you have undertaken, or any other sources of information.

The Council of Deans of Health represents 100 UK university faculties engaged in education and research for nursing, midwifery and the allied health professions. Answers provided are based on our members' views and their experiences in delivering nursing and midwifery programmes adhering to the Directive.

Any change to the Directive must ensure public protection from both a regulatory and educational perspective. Universities are committed to delivering high quality education which ensures professional competency and public protection.

Regulation should be risk-based and outcome-focused. A competency-based approach in midwifery education, which is not based solely on a quantitative measurement of hours undertaken should be adopted. The Council believes direct entry midwifery programmes should continue to be delivered at degree level over a three-year period, to achieve proficiency for safe and effective practice. This should be the minimum requirement rather than a set number of hours.

E12) Do you think the current minimum length and hours of shortened midwifery programmes (as described above) is sufficient for safe and effective midwifery practice at the point of registration?

Option 1 – Yes.

Option 2 – Yes.

E13) If no in E12: What do you consider is the appropriate length of time on a shortened midwifery programme, to achieve proficiency for safe and effective autonomous midwifery practice at the point of registration?

N/A.

E14) If no in E12: Please explain your answer. In particular, the NMC are interested to know whether your view is based on your own experiences, any research you have undertaken, or any other sources of information:

N/A.

E15) Do you think the NMC should continue to specify a minimum length and/or hours and length for shortened pre-registration midwifery programmes?

Minimum programme length – Yes.

Number of hours – No.

E16) If no in E15: Please explain your answers about shortened midwifery programmes. In particular, the NMC are interested to know whether your views are based on your own experiences, any research you have undertaken, or any other sources of information:

Regulation should be risk-based and outcome-focused. A competency-based approach in midwifery education, which is not based solely on a quantitative measurement of hours undertaken should be adopted.

f) Potential impacts of the NMC changing their requirements from the EU Directive on midwifery

F1) Do you think there will be any impacts from the NMC changing their requirements from the EU Directive on midwifery in any of the four countries of the UK?

England – Yes, positive impact

Scotland – Yes, positive impact

Wales – Yes, positive impact

Northern Ireland – Yes, positive impact

Please use this space to briefly explain your answers:

Any changes to the Directive should be undertaken on a UK-wide basis. The Council respects the devolution of health and education. However, the NMC is a UK-wide regulator and changes to the application of the Directive would be fundamental to the future of nursing and midwifery education. To ensure the portability of qualifications and the mobility of the workforce within the UK, any changes should be implemented in all four nations.

Amendments to the Directive, such as an increased use of simulation to contribute to theory and practice hours, would positively impact midwifery education across the UK. New technologies could provide opportunities to enable practice placement innovation such as via digital technologies and artificial intelligence. This would also be particularly important in the context of student number growth to meet workforce need and constrained placement capacity. The NMC must ensure that regulation is not a barrier to students being educated to deliver contemporary healthcare services at the point of registration.

F2) And finally, what are your views about the overall impact (positive and negative) of any potential move away from alignment with the EU Directive, specifically with respect to the following:

People who share a protected characteristic – N/A.

Public protection and safety – Any change to the Directive must ensure public protection from both a regulatory and educational perspective. Universities are committed to delivering high quality education which ensures professional competency and public protection.

Effectiveness and quality of care for people who use services – Any change to the Directive must ensure public protection from both a regulatory and educational perspective. Universities are committed to delivering high quality education which ensures professional competency and public protection.

Experience and perceptions of nurses, midwives, nursing associates and students – Changes to the Directive could improve the experience and perceptions of students. Increased flexibility in simulation and digital technology, to contribute to both theory and practice learning, would mean students can experience a wider range of placements and increased engagement with contemporary digital technologies.

Numbers and supply of nurses, midwives and nursing associates entering education and training and entering the register - Amendments to the Directive may positively impact numbers and supply of midwives entering education and joining the NMC register. Changes to the minimum hours requirement and simulation regulations could enable an increased number and range of practice placements. Regulation should be outcome-focused, and all students must continue to meet competencies on graduation.

Effectiveness, availability and quality of education programmes – Education programmes are currently robustly approved in accordance with the EU Directive. We expect this to continue under any new arrangements. The sector believes that changes to the Directive will have a positive impact on educational delivery. Ongoing delivery of midwifery programmes at degree level over a minimum three-year period will ensure continued educational effectiveness and quality.

Any difference in terms of impacts for nursing and midwifery – The Directive specifies certain regulations for midwifery education which do not apply to nursing education, including in relation to recognition of prior learning. The two professions are separate, and we will set out our responses to the future of the minimum education standards for nursing in the other part of this survey. However, the Council believes

that increased flexibility for both nursing and midwifery programmes will reduce unnecessary differences in the programme standards for both professions.

F3) Is there anything else you would like to add?

The NMC should continue to work collaboratively with education providers to enable flexibility and innovation in education and training. This will enable student choice, enhance career pathways, allow individuals to meet the requirements of professional registration and uphold patient safety.

Theory and practice hours are equally important for the holistic education of students and the future healthcare workforce. Any change in the number of practice hours should not simply be replaced by an increase in the theory hours allocation.

Individual institutions should be allowed to continue to operate in alignment with the Directive if they wish. Similarly, graduates who wish to work in the EU should have a route to do so.

Any regulatory changes should apply to both university-based programmes in the UK and apprenticeship programmes in England.

The NMC introduced a range of emergency and recovery standards in the light of the Covid pandemic. Any learning by the NMC from these standards should be shared widely and where relevant inform the review of future minimum education standards. Continued flexibility will be needed as we come out of the pandemic, including for blended learning, simulation, and standards of student supervision and assessment.

For more information contact:

Josh Niderost, Senior Policy and Public Affairs Officer, josh.niderost@cod-health.ac.uk