Midwifery 2020 Programme

Education & Career Progression Workstream Final Report

31 March 2010

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Education and Career Progression Report

Introduction

The Education and Career Progression workstream group has collaborated with all four countries towards meeting the aims set out within the Midwifery 2020 programme of work. Its purpose has been to ensure that education provision and opportunities for career progression maximise the midwifery contribution towards improving the experience of women and their families whilst using maternity care.

The requirement to meet the future health and social needs of a rapidly changing population has been emphasised, not least the consideration of how maternity services may be configured and how midwifery education and career progression may meet those challenges in the next decade. The overarching focus of the work has therefore been on improving outcomes for mothers, babies and families. The workstream has made use of local, national and international evidence to take account of factors which influence the future landscape of service provision including political/legal, economic/workforce, social and technical challenges.

From the Midwifery 2020 project initiation document, integral to every element of work undertaken in this project is the underpinning philosophy of:

- User involvement;
- Professional education and leadership; and
- The provision of safe, effective and evidence-based maternity care to meet user needs.

The remit of the workstream was to:

1. Scope current midwifery education provision and consider its fitness for purpose;
2. Identify both existing and potential clinical, management and academic careers, associated levels of practice and degrees of mobility and flexibility;

3. Outline the future needs of newly qualified midwives including preceptorship arrangements;
4. Outline the potential for midwives to contribute to the research base and deliver evidence based practice; and
5. Consider the image of midwifery as a career choice.

A two-phased approach was adopted by members of the workstream (Appendix 1).

1. Phase 1 was descriptive and provided the backdrop and context across all four countries. The focus was on raising the profile of Midwifery 2020 and on seeking feedback from key stakeholders. Some emerging themes/issues become apparent which influenced Phase 2.

2. Phase 2 engaged a forward-looking perspective and identified the key features which would form the basis of the recommendations of the workstream.

This report is the final report and includes recommendations from the Education and Career Progression workstream. It will become embedded as part of the final Midwifery 2020 Programme Report, to be published in September 2010.

Section 1 presents the findings from the current reality around:

- The image of midwifery;
- Education provision: pre registration and post qualifying continuing professional development;
- Practice/clinical focused, management, leadership academic and clinical academic careers; and
- Contribution to the research base and the delivery of evidence based practice.

Section 2 focuses on the future direction of those key issues:

- Contemporary image of midwifery;
- Future direction for education provision – pre registration;
- Future needs of newly qualified midwives, including preceptorship; and

- Future practice/clinical, management, academic and clinical academic careers.

Section 3 considers the direction of travel in order to achieve the outputs being considered:

- Contemporary image of midwifery;
- Future direction for education provision; and
- Future direction for practice, management, academic and clinical academic careers, including preceptorship.

The report finally concludes with recommendations for consideration by the Midwifery 2020 Programme Board.

Section 1: What is the current reality?

1.1 Current image of midwifery

The concept of image was central to the work of this workstream and so members explored current perceptions of midwifery. The importance of midwifery's image was addressed because *image* creates expectations amongst women, families, the wider community, potential recruits to the profession, midwives themselves and other health and social care professionals and workers. It can define who midwives are, what they do and how they are distinctive from other health care professionals. Whilst a professional group may carefully cultivate its image among fellow professionals, the standing of midwifery with women and families is key to the ongoing maintenance of its identity.

In addition to published research findings and the Prime Minister's Commission on the Future of Nursing and Midwifery in England (DH 2010), sources included work on this issue during 2009 using the Internet, and included:

- Association of Careers Services in Higher Education;
- Department of Health;
- International Confederation of Midwives;
- NHS Careers;
- NHS Education Scotland (NES);
- NHS London, Nursing and Midwifery Council;
- Royal College of Midwives;
- Royal Society of Medicine; and
- UCAS web site.

Although a number of positive portrayals were found such as a view that midwives are caring and compassionate, there are a significant number of negative representations about midwives on the web, in particular. It is recognised that the role the media plays in fashioning the perceptions of midwifery can be very influential in determining the views of audiences such as service users and their families. This

has not always benefited the profession; researchers have noted that negative female stereotypes of *'twin sets and pearls'* or *'old maid'* type women were linked to the profession of midwifery. Poor self-image can result in low self-value and uncaring behaviours.

It was helpful however, to find recent research on the topic of the broader perception of midwifery that could help to inform the basis of recommendations for shaping the future image of midwifery. Research findings suggested that the public's view of midwifery can still be linked to nursing images that are perceived as old fashioned, representing handmaiden roles, or even one of a 'failed doctor'. Evidence suggests that midwives are perhaps loved, but probably not respected. The public views are wrapped up in the person of the particular midwife and not in the profession in general. It was found in the literature that although general public audiences are often warm and positive about midwifery at an emotional level, their associations detract from positioning midwifery in a truly authenticated, professional capacity.

In general, midwives can be perceived by the public as having little or no autonomy, no authority, no control and playing a subservient role to doctors. Despite this it is important to note that the number of applications received by universities on an annual basis from those wishing to pursue undergraduate pre registration midwifery programmes still remain very high.

1.2 Current education provision – pre registration and post qualifying

A comprehensive scoping exercise was undertaken by the workstream to assess the views of individuals, groups and organisations including Higher Education Institutions (HEIs) and Heads of Maternity Services across all four countries regarding current educational provision. All HEIs require the approval of the Nursing and Midwifery Council (NMC) to deliver midwifery education programmes. It is via a strategic reference group involving all heads of midwifery education called Lead Midwives for Education (LME) that the NMC ensures that the standard of education programmes remains high. LMEs are experienced practising midwife teachers who play a key role in relation to the maintenance of standards, the overseeing of quality assurance and enhancement processes and activity. Providing leadership at each institution, they

have responsibilities in relation to the development, delivery and management of midwifery education programmes.
It was established that pre registration education programmes now meet the current requirements of the NMC to enable new midwives to practise safely and receive a degree level academic award. Feedback to the workstream indicated that there are very few flexible/part-time pre registration programmes. There is however, variation amongst practice placement providers in the range of learning opportunities available to pre registration students in relation to, for example, the development of suturing skills and midwife led birthing centre experience. Therefore, the ability to be able to take on the full scope of practice as a midwife at the point of registration varies.

There is also variation in the preceptorship period needs of new midwives. Employers of new midwives do not all accept competencies achieved either during pre registration programmes or whilst in previous employment. Consequently, newly appointed midwives may be required to attend training sessions for skills they have already acquired. There is, therefore, a degree of duplication of effort and a resultant waste of resources during the preceptorship period as midwives attend training sessions to satisfy their employer's need for them to attend their in-house training programme.

Additional feedback received regarding pre registration education tended to focus on future aspirations linked to Midwifery 2020 and will be covered in the next section.

In terms of feedback in relation to Continuing Professional Development (CPD), an overriding factor was the lack of resources to meet sufficient development and training needs of individual midwives apart from that required as mandatory by risk management schemes. Midwives must have the capacity both to initiate and to respond to change. The need to constantly enhance and develop their practise was acknowledged by all and it was confirmed that Higher Education Institutions throughout the UK provide a wide range of CPD programmes as stand-alone study days and modules and as part of degree pathways. Some CPD is also delivered in other environments beyond HEIs. However, the small numbers of applicants, due to difficulties in releasing midwives from practice, affect the viability of some of these

programmes. Thus, discrepancies in access and availability of educational opportunities exist.

Views about midwifery roles and responsibilities and the capacity and opportunity to think and act strategically, particularly at Board level, varied, as did the level of educational qualification associated with various leadership, management and clinical roles.

1.3 Current clinical, management, academic and clinical academic careers

The engagement of key stakeholders from all four countries of the UK, including Directors of Midwifery, Heads of Midwifery and Consultant Midwives, helped to inform the proposed career framework in this report. The process of engagement involved an e-mail survey across the four countries and one pan-London meeting where a request was made to complete a semi-structured pro-forma regarding current and future midwifery career roles and pathways. The responses received have influenced the development of the career framework in Appendices 2-4.

The workstreams' findings suggest that whilst opportunities for midwives to pursue clinical, management and academic, including clinical academic, careers exist, these have generally been *ad hoc.* The lack of a clear career structure was acknowledged.

Over recent years, opportunities for midwives to develop their careers and move between or combine practice and education has become increasingly restricted. The reasons for this are multi-factorial but include:

- The separation of education from practice with the move into HEIs;
- A reduction in opportunities for practice based midwives to undertake secondments as lecturer-practitioners in HEIs;
- A flattened career structure in practice and education;
- Disparities in pay and reward between practice and education;
- Lack of pension portability between practice and education; and
- Increasing risk of redundancy in the HEI setting in recent times;

Midwifery roles and career progression should reflect the changing needs of health and maternity care provision. Providing guidance for the development of a career framework where existing and new midwifery roles are key was agreed by the workstream to be essential in terms of the way forward. These developments will need to reflect a highly skilled workforce that has the scope to provide world class maternity care by 2020 and beyond, from the provision of direct care through to Board level contributions.

The four UK Chief Nursing Officers are leading the modernisation agenda for Nurses, Allied Health Professionals and Midwives. Future proposals for midwifery need to be considered within the context of multidisciplinary team working and take into account any proposed changes in the careers of other professional groups.

The future vision of midwifery for England is expressed in the Prime Minister's Commission on the Future of Nursing and Midwifery (DH 2010) and is commensurate with our recommendations that relate to midwifery roles and career pathways. The Commission also refers to midwives maintaining their competence and becoming champions of care in the hospital and the community, as midwives continue to provide the majority of care to pregnant women.

1.4 Current contribution to the research base and the delivery of evidence based practice

Facilitating sustainable clinical academic career pathways between the NHS and HEIs is integral to the inextricable link between education provision, research and practice. Examples of these were found to be few and far between at present. Opportunities for midwives to combine practice and academic roles are emerging based on recommendations of the United Kingdom Clinical Research Collaboration (UKCRC) Subcommittee for Nurses in Clinical Research (Workforce). These recommendations have the potential to increase both the research capacity and capability of midwives and are set within the general context of modernisation within the NHS and the need to create flexible career opportunities.

The challenges facing midwives are not insignificant, particularly against the backdrop of the proposed Research Excellence Framework that suggests that priority will be given to the highest quality world class research. The subcommittee identified barriers that prevent midwives and other health care professionals from pursuing a career in research and made recommendations including the following three areas, which have now resulted in some action being taken. Firstly, education and training has been addressed, with training opportunities now being organised at four sequential levels from master's level through to Senior Clinical Academic Fellowships. Secondly, the need to facilitate careers was recognised to ensure greater flexibility with the introduction of *session* based employment contracts whereby midwives could combine practice with research or educational roles. Thirdly, better information in relation to research careers was suggested, with careers advisors promoting the full range of academic opportunities including research careers. The extent to which these recommendations are being achieved should be tested.

A single database capturing all midwives and other health care professionals engaging in training to be researchers or educators would also be a valuable resource.

Section 2: What is the future direction?

2.1 Contemporary image of midwifery

A need to reposition the profession, create an assertive innovative image and ensure that midwifery is perceived as a positive career choice was acknowledged by the workstream. This will require a shift in the public's indifferent perceptions of the profession of midwifery. Research reviewed by the workstream suggests that the best way to challenge this perception is to give midwives back their 'voice'. This would allow them to speak for themselves and present the positive side of the profession promoting midwives as fully empowered professionals with skills, ambition and a strong element of professional pride and fulfilment. Building a midwifery workforce that is dependably empathetic, compassionate, skilled and

knowledgeable, with the behaviours and techniques capable of dealing with the detrimental environments in which midwives sometime operate, would enable them to work more closely to the ideal and would automatically improve the professions' image. Positive images need to be retained and promoted and the profile of the midwives raised through positive campaigning.

In considering the evidence base for the positive image of midwifery, the group considered a range of resources. Evidence submitted to the Prime Minister's Commission (DH 2010) supported the benefits of midwife led care during pregnancy. Midwife led care demonstrated better maternal outcomes than doctor led care with respect to pregnancy on factors such as pregnancy induced hypertension, spontaneous vaginal birth and breastfeeding initiation. Less intervention in terms of instrumental deliveries, episiotomies, use of analgesia and anaesthesia were also noted to result from midwife led care. Women receiving midwife led care were less likely to experience antenatal hospitalisation and fetal monitoring in labour.

Other major benefits of midwife led care versus medical led or shared care from the Cochrane Review is a significant reduction in fetal loss before 24 weeks, lower costs, a shorter hospital stay for mothers and neonates and a better experience. All women, including those with complex needs, experienced these effects.

Research reviewed by the workstream suggested that highlighting the following had the potential to support the re-positioning of Midwives as empowered professionals by demonstrating that:

- They are absolutely vital within maternity services providing the majority of care to pregnant women;
- They have responsibilities in a variety of areas and they make a huge difference to women's lives because midwives are caring and compassionate professionals who enable and support women during a significant life changing point in their lives; and

- They directly challenge downtrodden and passive perceptions and overtly position the profession as one that is a positive and active career choice and gives midwives a voice and authority.

The Commission in England recommended a significant change in the approach to marketing activity. It suggests campaigning to a level in order to inspire the current workforce, attract high calibre candidates, highlight career opportunities, educate the public and update the public image of the midwife.

The variance in professional roles that the midwife plays needs to be better promoted to the public**.** Midwifery as a positive career choice with a range of rewarding career pathways will inspire potential midwives of the future. It will also encourage a fresh new perspective when seen through the eyes of existing midwives, those aspiring to be a midwife, and enhance the perception of women who use their services.

Although the profession now has all graduate status, this may not be appreciated by the general public. Indeed this in itself, although credible, is not enough to improve the image of midwifery. Negative interpretations of midwifery need to be challenged if the profession wants to recruit the most able students.

2.2 Future direction for education provision – pre registration education

'Truly compassionate care is skilled, competent, value-based…that respects individual dignity. Its delivery requires the highest levels of skills and professionalism' (DH 2010 p3). Underpinning education programmes will be an emphasis on development of emotional intelligence, skills and knowledge to sustain authentic, empathetic behaviours and compassionate caring.

Pre registration education programmes must continue to meet the requirements of the NMC to enable new midwives to practise safely, meet the needs of women and receive a degree level academic award. The workstream acknowledged that an increased number of women are presenting with complex health and social care needs. To meet future expectations and to reposition pre registration programmes

within a European context, they will need to enable new midwives to fulfil the revised core role of the midwife, to combine 'normality' with the 'reality' of the future. It places particular emphasis on the following:

- Confidence to undertake the lead role of the midwife, act as the first point of contact for women and make an effective contribution to the multidisciplinary team;
- Skills required for the promotion and maintenance of 'normality';
- Safe administration of medicines within contemporary prescribing frameworks at the point of registration;
- Examination of the newborn;
- Technological understanding and skills for information, communications and practice;
- Skills such as cannulation and suturing to augment emergency obstetric skills; and
- Delegation skills to ensure that Maternity Support Workers and others make an effective contribution.

In addition to the above the workstream suggest that the following will also need to be appropriately strengthened within pre registration programmes:

- Knowledge and skills regarding Public Health and well-being ;
- The midwifery contribution to the care of women with complex needs;
- Knowledge and skills to promote and support breastfeeding;
- Knowledge and skills to support women and their families during the postnatal period;
- Knowledge and skills to support women and their partners in the transition to parenthood;
- Cultural competence; and
- Knowledge and skills required to make a midwifery contribution when women have complex needs.

To facilitate the Accreditation of Prior (and Experiential) Learning (AP(E)L), including that permitted from adult nursing programmes, additional curriculum development should occur to facilitate greater flexibility of entry into a career as a midwife. Such initiatives should promote part-time routes on pre registration programmes and review AP(E)L arrangements to ensure the robust mapping of previous theoretical learning and clinical experience against established programmes of study to shorten the route to qualification as a midwife.

2.3 Future needs of newly qualified midwives including preceptorship

To avoid duplication and the waste of resources there is a need to acknowledge achievements resulting from pre registration programmes and from the experience gained with other employers when drawing up preceptorship and induction programmes for newly appointed midwives. The need to align clearly defined roles and responsibilities with relevant skills, knowledge and competence were confirmed by the workstream. The conclusion was that new roles, when being designed, need to be informed by the following to secure the desired service improvement and enhanced quality and productivity [see Appendix 3]:

- Agenda for Change and the Knowledge and Skills Framework;
- Skills for Health Competency Frameworks; and
- Frameworks for Higher Education Qualifications.

Post qualifying programmes of education need to be designed to further enable midwives to contribute to and promote ‘normality’ in complex care scenarios. The complexity of maternity care will, on occasion, and in certain circumstances, require some midwives to develop and maintain competence in specific aspects of care, according to local needs. The following are examples of the complexities and health care issues which are likely to continue to affect significant numbers of pregnant women across the UK:

- Long-term medical conditions such as hypertension, heart disease and diabetes;

- Obesity;
- Perinatal mental health;
- Public health and well-being issues such as smoking, alcohol and drug misuse;
- Older mothers;
- Assisted conception; and
- Health inequalities.

Post registration programmes of education will also need to address the leadership, management and cultural competencies required to support innovation and create positive practice environments. They are associated with the following demanding roles which have high levels of additional responsibility:

- Delivery Suite Lead/Coordinator Role;
- Birth Centre Lead Role;
- Primary Care/Team Lead Role;
- Governance Roles including Risk Management and Clinical Audit; and
- Education/Practice Development/Service Improvement/Quality Enhancement.

Clinical academic roles supported in practice to deliver service improvements will be an important feature of the future career structure for midwives.

2.3.1 Preceptorship

The transition from student midwife to practising midwife can be a challenging and daunting time for individuals. The need to ensure that midwives are able to provide effective care at the outset of their careers led to the workstream supporting the concept of preceptorship as a means of providing structured, focused support and guidance.

Many midwives currently benefit from locally designed preceptorship arrangements. The Flying Start programme in Scotland was seen as a good example of how this

can be achieved, and was used along with the framework in Wales to develop the recently published England Framework for Preceptorship for Nurses, Midwives and Allied Health Professionals (DH 2010).

However, preceptorship needs to be properly defined, constructed and monitored if it is to successfully address the needs of new midwives and assist them on the journey of lifelong learning. A clear differentiation between preceptorship and statutory supervision of midwives is required. Such an approach would be in keeping with the expectations of the Care Quality Commission in England, for example, in that Trusts are required to ensure that all health care staff are appropriately supported.

2.4 Future clinical, management, academic and clinical academic careers

The workstream agreed that future role development for midwives will need to have a direct impact on the experience of women using maternity services and seek to enhance the quality of those services. The drivers for role development are multi-factorial and emanate from the ever changing context of care design and delivery and as a result of public expectations. It is agreed however, that a major force for change is a greater emphasis on normality and an enhanced contribution to the care of the newborn including the first examination of the newborn.

To deliver the desired health care reforms, close working relationships between LME role holders and Heads/Directors of Midwifery need to be nurtured and a greater clarity regarding the midwifery contribution in all health care settings is needed. The development of meaningful relationships between clinical and educational staff has the capacity to more effectively integrate theory and practice.

Lecturing staff who are clinically credible are well positioned to support students, engage in staff development (particularly the provision of post-registration programmes of study) and in practice development. A career structure that enables midwives, functioning in all settings, to be adaptable and take on changed roles and responsibilities and to access education and training appropriately is essential. Career pathways need to be sufficiently flexible to afford midwives the opportunity to

pursue sabbatical and other forms of leave and career breaks, which have the potential to enrich their contribution upon return.

In addition to their core role, some midwives will progress to take roles which require specialist knowledge and skills and advanced practitioner roles where midwifery education, practice and research are integrated effectively. However, all midwives will need to be encouraged in the future to think innovatively and to contribute to system design and service delivery.

Those midwives who have a role with a ‘special interest’ in a particular area will reflect roles where a midwife needs additional skills in a maternity services team for those women and families needing complex obstetric, medical and/or social care. The complexity and local need will dictate whether the academic level should be at first or higher degree level. For some roles, stand alone modules of learning may be sufficient, whereas for others a full postgraduate degree pathway might be more appropriate. Where only a small number of midwives need to develop these additional specialist skills, a designated number of higher education providers should be approved to ensure the availability of expertise and viable programmes. These midwives would be a resource for team members but would not necessarily undertake all the care in their specialist field.

The advanced practitioner roles should include those where exceptional expertise is needed by the midwife, who would be autonomous in decision making when discharging the responsibilities of that role. Educational programmes supporting advanced practitioner roles would benefit from being regulated to militate against any potential for significant safety risks to the woman who was cared for by an advanced practice midwife.

Where advanced practitioners are required there should be sufficient midwives with these skills and knowledge to provide 24-hour cover. These roles should require education and skills at master’s degree level as a minimum. Midwives undertaking advanced practitioner roles should continue to maintain the core role of the midwife for part of the working week, undertaking the advanced practitioner aspect of the role on a sessional basis. This would encourage midwives to undertake these

programmes, as current reluctance is attributed to always being called upon for these skills and never having the opportunity to lead care for individual women.

For midwives pursuing a clinical academic career, training opportunities organised at four sequential levels has been recommended together with best use being made of UK Clinical Research Networks and clinical research facilities. These include master's level degrees, PhD/Professional doctorate, Postdoctoral Career Fellowships and Senior Clinical Academic Fellowships. Greater flexibility was also recommended with the introduction of session based contracts of employment whereby midwives could combine midwifery practice work with research or educational roles. An additional recommendation was that an appropriately resourced robust system of mentoring and peer support be developed. Some pilot schemes are emerging in nursing which may be transferable to midwifery. The promotion of clinical academic career opportunities for midwives with the associated employment flexibility is key to the way forward.

Midwives undertaking midwifery leadership and management roles, whether they be in practice, education or research, will need to be supported by appropriate programmes of preparation according to the role emphasis and employer requirements. There is also the potential for more midwife strategist roles. Working at strategic level would give midwives a 'voice' in determining the quality of care provided by organisations and in the area of workforce planning, including commissioning.

The Consultant Midwife role is a strategic one with the potential to provide entrepreneurial leadership and influence a range of areas including the promotion of normal childbirth, the midwifery contribution to research and evidence based practice through to audit. Whilst the detail of the role is determined locally, the consultant midwife works closely with obstetric colleagues, acting as a role model for midwives. In addition, the consultant midwife plays a significant part in facilitating change and developing a positive practice culture where the quality of care provided is of a high standard and is based on best evidence available to provide woman-centred care.

CPD opportunities, in addition to the provision of effective and more flexible access to mandatory training for midwives, should continue to be validated academically and professionally. Critically, it is essential to ensure resources are made available to allow midwives protected time and access to opportunities that are linked demonstrably to enhancing the quality of care, yet also serve to develop the personal development plan of the midwives concerned. A widely agreed professional system of 'passports' for qualified midwives is essential to provide valid and reliable evidence of the CPD they have successfully completed to obviate unnecessary duplication of effort. As well as the crucial role employers play, it is also important to recognise the responsibility individual practitioners have in relation to the pursuit of and commitment to their own CPD.

HEIs have a role to play to ensure there are opportunities to share good practices across a wider community and avoid duplication of effort and perpetuation of out of date practices. Effective planning and delivery of these programmes requires good partnership between users of the service, commissioners, HEIs and service providers so that appropriate and quality courses are provided and the desired outcomes are ensured.

The pursuit of collaborative research is highlighted by the workstream because this was seen as an effective means of ensuring that research had a relevant focus and consequently had a better chance of findings being implemented.

There also needs to be a culture that supports midwives who aspire to take on senior and strategic roles. Roles such as Director of Nursing & Midwifery or Public Health, or Dean of Health School/Faculty or the strategic role in commissioning referred to earlier, would provide some examples. These senior strategic roles can make it difficult for NMC registration to be maintained, and needs to be explored further by employers and the NMC.

Section 3: How are we going to get there?

3.1 Contemporary image of midwifery

Future midwives need to be recognised as the 'face of normality' where birth is concerned and where pregnancy remains normal. Midwives as the lead for normality needs to be promoted at national level and the message needs cascading from early years to young women and men. The promotion of positive midwifery stories shared at a national level as part of normal birth campaigning will challenge the existing image and raise the profile as well as promote the positive image of midwifery and midwives. The idea that 'every woman needs a midwife and some women need a doctor, too' (Maternity Matters, DH 2008) is useful in thinking through the relevance of midwives to all women using maternity services.

The fact that the title **midwife** is a protected one, should be highlighted and projected widely to positively promote the lead role that midwives can have.

The midwife as the first point of contact for women, whether this be pre-conception or at the point of pregnancy diagnosis, needs to be seen as the norm and facilitated in service design. Access to a midwife, wherever she is in the UK, should be easy and without challenge or worry for the woman or her family.

In order to be successful in giving this message to the public, marketing is an important tool for the profession. This requires embracing and using the many media tools and mediums to communicate the message to the public such as television, national printed press, radio, the Internet, online advertising, educational press, sponsored television advertising campaigns, and cinema.

A positive step towards midwives as 'ambassadors' for the profession is vital. Linking in to organisations such as STEMNET, (the Science, Technology, Engineering and Mathematics Network Ambassadors programme targeting 15-19 year olds in education) will support recruitment but positively excite and encourage the highest calibre of student to enter the midwifery profession. Other opportunities exist such as

‘Step into the NHS’ providing additional examples of outreach to young people and the raising of awareness about midwifery as a career.

3.2 Education Provision (How are we going to get there?)

The preliminary findings of a recent survey of LMEs (n=51) indicated that there are 55 providers of pre registration midwifery education programmes in the UK, with student numbers averaging 16 to 249 (mean 107 SD 55) with full time equivalent midwife lecturers ranging from 2.8 to 22 (mean 8.7,SD 4). Many HEIs lack a critical mass of midwife educationalists to be able to resource programmes to the required academic level, to be able to maintain practice credibility, engage in personal and professional development and in research. A review is therefore required to ensure sufficient critical mass of staff to resource the curricula and enable educationalists to be able to travel to support students in practice settings across large geographical areas.

Students, especially mature women with dependents, are concerned that they should not have to travel large distances to a university and therefore blended learning, especially the exploitation of e-learning, coupled with small group learning on practice sites, is an option to consider.

There is a need for flexibility in pre registration programmes, especially in relation to shortened routes. This will require robust Accreditation of Prior Learning (AP(E)L) systems and alignment with EU requirements.

Higher Education Providers will need to design curricula that are sufficiently comprehensive to meet the challenging agenda of Midwifery 2020, in particular the concept of the Lead Midwife role. Student recruitment policies and practices will also need to be reviewed to ensure that appropriate candidates are selected.

Practice placement providers need to ensure that senior student midwives, during the last six months of their programme of studies, are given the necessary learning opportunities to be able to take on the full scope of practice as a midwife at the point of registration.

3.3 Clinical, management, academic and clinical academic careers including preceptorship (How are we going to get there?)

The definition of preceptorship presented in the recently published Preceptorship Framework for England for newly registered nurses, midwives and allied health professionals is now available to midwives, building on the previously published work carried out by Scotland and Wales. This definition is predicated on the fact that newly registered midwives would be regarded as safe and competent and is aligned with the expectations of all four countries. It acknowledges midwives as autonomous practitioners and affords newly appointed midwives the opportunity to develop their confidence, refine their skills, values and behaviours and to continue to develop their skills in life-long learning.

The framework is not intended to be a substitute for any form of performance management including any regulatory body processes. It is also based on the concept that all parties concerned have responsibilities and must make a commitment to fulfil these. Within the framework, preceptorship may be complemented by a range of other processes and systems such as induction, coaching, mentorship, mandatory training and flexible distance or e-learning packages for newly qualified practitioners. The benefits associated with preceptorship are many and can be enjoyed by newly qualified midwives, preceptors, women who access maternity services and employers alike. There would be a need to agree the means by which the benefits could be made explicit and measured locally. Preceptorship will augment the more enduring benefits midwives enjoy from their interactions with supervisors of midwives under the existing statutory framework.

The workstream proposes that new and emerging midwifery roles are designed with 'midwives with a special interest in' for example, diabetes, bereavement, unplanned teenage pregnancies, sexual health, female genital mutilation, vulnerable groups, breastfeeding, risk, haemoglobinopathies, HIV, telecommunications and telemedicine, governance and screening acting as champions of care in these and other specific aspects of health care. This would replace the current title of 'Specialist Midwife'. In addition, other champions of care should include midwives

with advanced practice, for example, midwife ultrasonographers and midwives who undertake instrumental births, external cephalic versions and alternative therapies. Appropriate programmes of preparation, as previously identified and discussed, need to support the above roles. Leaders, managers, supervisors of midwives, consultant midwives, midwife commissioners and strategists will need to play a key role in supporting the growth and development of these proposed champions of care.

Community care provision where midwives can work alongside members of the multidisciplinary care team should be located in non-traditional areas that women find easy and convenient to access, such as shopping areas, where appropriate.

Midwives need to make best use of technological advances in the provision of care. This will be of particular importance when supporting women in geographically isolated areas. In the provision of remote care we will seek to meet the expectations of women who have grown up in a technologically advanced era. Midwifery leadership is vital to ensure the appropriate development and use of technologies and health informatics and more Consultant Midwives with advanced expertise in this field are needed.

New roles and career pathways should incorporate joint appointments between Hospital Trusts, Boards and HEIs. Posts whereby lecturers can rotate into practice and practice midwives into education and the further development of clinically based practice professorial roles is considered by the workstream to be essential. To prepare midwives for these new and emerging roles, and for the development of career pathways that include education and practice, career mapping is required to ensure the design of new and clear career pathways.

A draft career framework which encompasses practice, research, management, education and supervision is attached in Appendices 2 and 4. This, together with Appendix 3, begins to set the scene for a proposed career framework with associated educational levels and competencies. It seeks to provide opportunities for midwives both to advance their careers and make highly specialised contributions. A culture of career progression linked to normal birth needs to be explored together with reward systems for the ability to promote and ensure normal birth.

LMEs of the future will need to have transformational leadership skills. Their leadership and contribution to the development of innovations in evidence based education and practice will continue to be key aspects of the role. There will be a need to promote and facilitate inspirational teaching, learning and research and collaboration with practice based colleagues in the pursuit of practice development to ensure that services are fit for the twenty-first century. To facilitate this, LMEs and Directors/Heads of Midwifery will need to collaborate and work closely together to facilitate joint appointments and flexible working arrangements for colleagues occupying these key roles. Sabbatical opportunities also need to be considered as a means of developing individuals and ultimately informing service design and delivery.

Recommendations

Image of Midwifery

Recommendation:
A national campaign is needed to educate and inform the general public as to the nature and importance of midwives and midwifery practice, to inspire the current workforce, as well as attract high calibre candidates into the profession.

Recommendation:
Careers advisors need to be made aware of the full range of career opportunities available to midwives, including those in research, to be able to promote midwifery.

Education

Recommendation:
Strengthen student recruitment policies and practices, including promoting widening participation and encouraging the admission of high calibre candidates, including those from groups that are underrepresented in the profession is necessary to ensure innovative and vibrant midwives for the future.

Recommendation:
Closer partnership working between HEIs and service providers including joint appointments and secondments is required to facilitate and promote a culture where the integration of theory and practice across both pre and post registration educational programmes is strengthened.

Recommendation:
Pre registration curricula are needed that prepare the midwives of the future to be the first point of contact for women. These programmes of education and training should enable the graduate to fulfil the lead practitioner role, to promote and

enhance the management of normal births and to advance the midwifery contribution in complex scenarios.

Recommendation:
Additional curriculum development should occur to facilitate greater flexibility of entry into a career as a midwife. Such initiatives should promote part-time routes on pre registration programmes and review AP(E)L arrangements to ensure the robust mapping of previous theoretical learning and clinical experience against established programmes of study to shorten the route to qualification as a midwife.

Recommendation:
Innovative opportunities for HEI based lecturing staff to maintain their credibility in midwifery practice are urgently called for.

Recommendation:
The development of innovative methods of learning and teaching, including the use of technological advancements and better deployment of flexible modes of delivery are recommended.

Careers

Recommendation:
The development of a more flexible career framework is necessary to support midwives in practice, research and education. Such a framework should enable experienced midwives to combine both specialist and advanced contributions to practise with the core role of the midwife.

Recommendation:
Midwives with roles that include undertaking specialist or advanced midwifery responsibilities alongside the core role should be rewarded appropriately; additional remuneration should be removed once the relevant responsibility is no longer undertaken.

Recommendation:
Advanced practitioner roles which are regulated and supported by master's level programmes need to be developed.

Recommendation:
CPD opportunities should continue to be validated academically and professionally. Critically, it is essential to ensure resources are made available to allow midwives protected time and access to educational opportunities that are linked demonstrably to enhancing the quality of midwifery care, yet also serve to develop the personal development plan, of the midwives concerned.

Recommendation:
A widely agreed professional system of 'passports' for qualified midwives is essential to provide valid and reliable evidence of the CPD they have successfully completed, to obviate unnecessary duplication of effort.

Recommendation:
The number of consultant midwife roles must be expanded and promoted as these are an essential component to development and delivery of high quality maternity services.

Recommendation:
It is necessary that Heads of Midwifery have the capacity to provide an appropriate focus on maternity services within their role and to report directly to board level or via the Director of Nursing on matters concerning midwifery services.

Recommendation:
A culture needs to be nurtured in which midwives aspire to strategic roles in service delivery at the Board level, for example Director of Nursing & Midwifery, or Director of Public Health.

Recommendation:

Employers introduce formal support through preceptorship arrangements for newly registered and appointed midwives that are distinct from the current statutory supervision of midwives.

Contribution to the research base and evidence based practice

Recommendation:

Clinical Academic Careers for midwives should be promoted to enable the midwifery profession to better engage in the collaborative research agenda.

Recommendation:

Midwifery research agenda should be focused to better underpin evidence based policy, guidelines and optimal standards of midwifery practice.

Appendix 1

Education and Career Progression Membership

Name	Job title/Representing
Chair: Gwendolen Bradshaw	Dean of School of Health Studies, University of Bradford
Carmel Bagness	Stakeholder Engagement Lead (Midwifery 2020) England, Department of Health
Sally Ashton-May	Midwifery Project Lead, NHS Commissioners
Kalvinder Bhabra	Consultant Obstetrician Calderdale and Huddersfield NHS Foundation Trust
Ruth Clarke	Northern Ireland representative
Kirstie Coxon	Research Associate & NIHR Research Training Fellow, Florence Nightingale School of Nursing and Midwifery
Jacque Dunkely-Bent	Head of Midwifery Education, Rotherham NHS Foundation Trust
Diane Fraser	Professor of Midwifery and Head of Division, University of Nottingham
Jacque Gerrard	Director, Royal College of Midwives' Board for England
Fiona Giraud	Wales Representative
Noreen Kent	Midwifery 2020 UK Programme Director
Michelle Lyne	Professional Advisor, Nursing & Midwifery Council
Paul Moore	DH, Workforce Directorate
Tahira Munsh	User representative
Karen Ann Norton	Head of Midwifery, Rotherham NHS Foundation Trust
Rona McCandlish	Midwifery Advisor, Department of Health, England
Lisa Rich	Student Midwife
Monica Thompson	Scotland Representative
Caroline Waterfield	Deputy Head of Employment Services, NHS Employers
Gail Williams	Wales Representative
Vinetta Verma	GP Representative

Appendix 2 Midwifery Career Framework 1

PRACTICE

Maternity Care Assistant/
Maternity Support Worker

Midwife - Specialism
Preceptor / Mentor

Midwife with added responsibility

Strategic Midwife

Consultant
Midwife

Reader

LME

Professor

Advancing Practice

Advancing Practice

Advancing Practice

Advancing Practice

DH/DHSSPS/NMC/RCM NICE/SIGG/ SHA/Health Boards/CQC

MIDWIFERY
CAREERS

CLINICAL ACADEMIC CAREERS

Midwife / Researcher

Midwife / Researcher

Reader / Professor

Consultant Midwife

EDUCATION

Lecturer/Lecturer Practitioner

Senior Lecturer

HOM* Strategic
Consultant Midwife

Co-ordinator/Team Lead

Self Management

LEADERSHIP AND MANAGEMENT

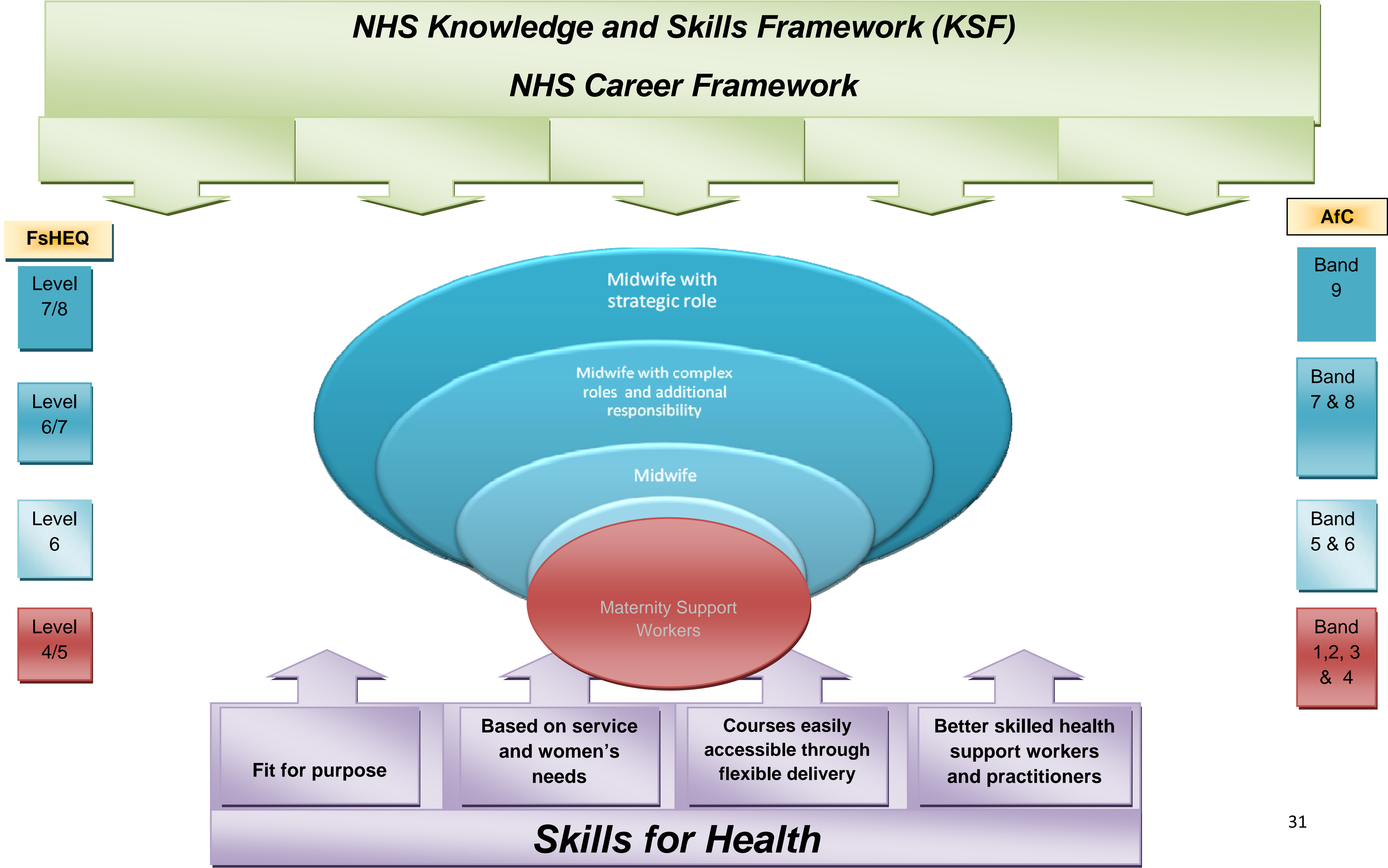
LSAMO

Supervisor of Midwives
Link Supervisors

Supervisor of Midwives

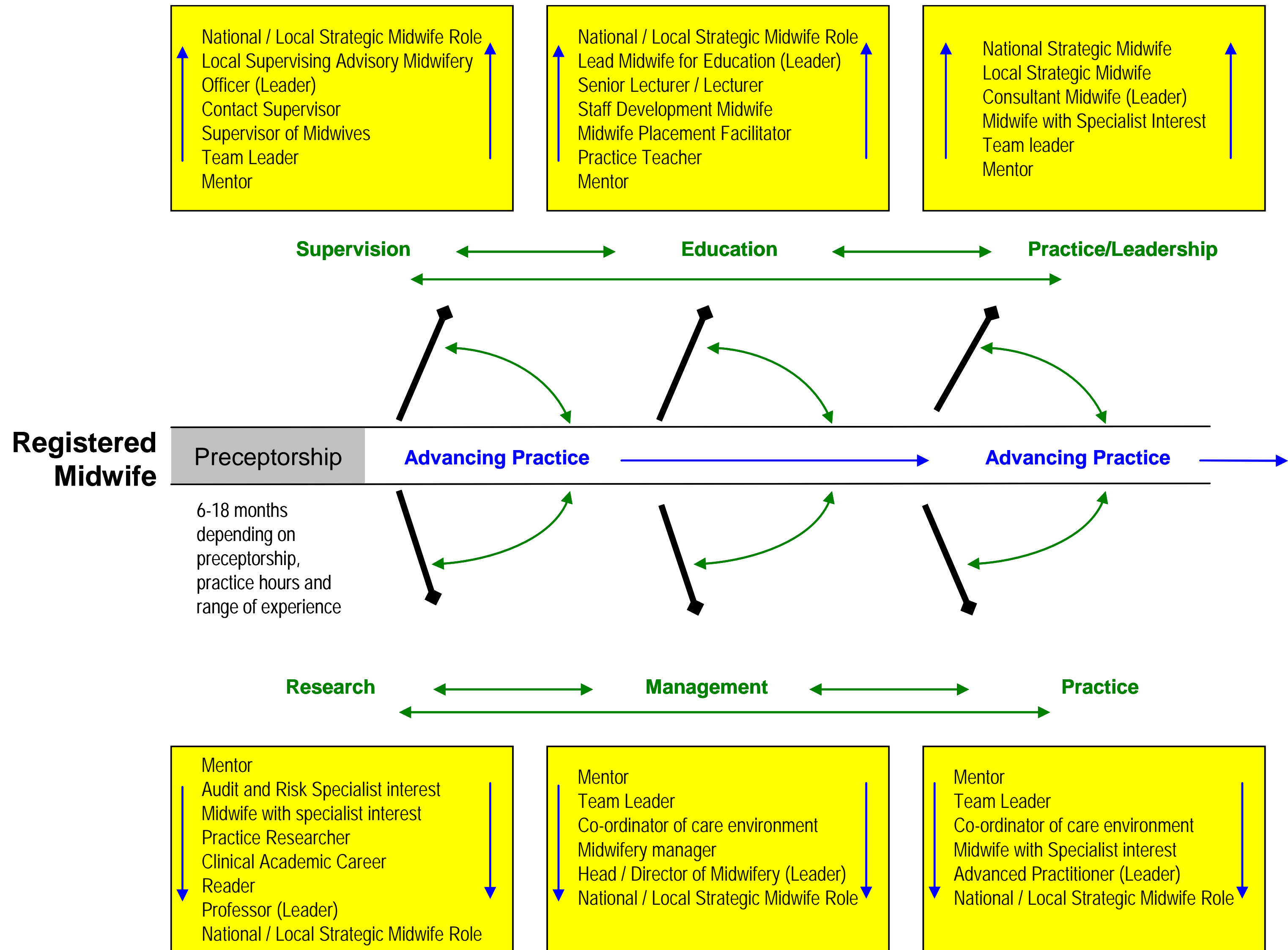
SUPERVISION

Appendix 3: EDUCATION & CAREER PROGRESSION FRAMEWORK



Appendix 4 Career Framework 3

Personal Development Plans designed to include
Core Role development, specialist interests
Skills profile and Passport
Post Qualifying Education Enhancements to include
Lead professional and Coordinator of midwifery,
use of technology, Mentorship,
Team working and building
Managing meetings,
Resource & workforce planning and capacity,
Governance & Risk Assessment
Leadership
Strategic negotiation skills



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Clinical Academic Careers / Contributing to research base			
Developing the best research professionals - Qualified graduate nurses: recommendations for preparing and supporting clinical academic nurses of the future (2008) (Report of the UKCRC Subcommittee for Nurses in Clinical Research (Workforce) UKCRC 2008			
Modernising Nursing Careers – Setting the Direction (Sep 2006) Department of Health - CNO's Directorate		Delivering the Future: A framework for realising the potential through research and development in Wales (2002) National Assembly for Wales	Northern Ireland Practice and Education Council (2005) Using and Doing Research, Guiding the Future. Belfast: NIPEC
Preceptorship			
Preceptorship framework for Nurses, Midwives and Allied Health Professionals (March 2010)	Flying Start programme	All Wales Preceptorship	
Image of Midwifery / Midwifery Careers			
Frontline care Report by the Prime Minister's Commission on the Future of Nursing and Midwifery in England 2010 (DH 2010)	The strategy for nursing and midwifery in Scotland (2001) Scottish Executive Health Department	Realising the Potential Briefing Paper 4: Delivering the Future: A framework for realising the potential of midwives in Wales (2002) NAfW	
NHS Next Stage Review: A High Quality Workforce (30 June 2008)			
Delivering High Quality Midwifery care: the priorities, opportunities and challenges for midwives			

England	Scotland	Wales	Northern Ireland
Moving Practice Forward			
Maternity Standard, National Service Framework for Children, Young People and Maternity Services (2004) Department of Education / Skills			
Towards better births, A review of maternity services in England (2007) Health Care Commission	Framework for Developing Nursing Roles (June 2005) Scottish Executive Health Department	Realising the Potential: A strategic framework for nursing, midwifery and health visiting in Wales into the 21st Century Cardiff: National Assembly for Wales (2000)	Northern Ireland Practice and Education Council (2005) An Exploration of Nursing and Midwifery Roles In Northern Ireland's Health and Personal Social Services. Belfast: NIPEC.
	Delivery through Leadership (2005) Edinburgh, Scottish Executive Health Department/Royal College of Nursing		
Maximising Employment Opportunities in a Changing NHS (2006) NHS Employers London	Nursing and Midwifery Workload and Workforce Planning Project (2005) Scottish Executive Health Department, Edinburgh:		
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Nursing and Midwifery Commission	The strategy for nursing and midwifery in Scotland (2001) Scottish Executive Health Department	Realising the Potential Briefing Paper 4: Delivering the Future: A framework for realising the potential of midwives in Wales (2002) NAfW	
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Every Child Matters: Change for Children (2004) Department of Schools Children & Families, London			
Future Workforce in Obstetrics and Gynaecology – England and Wales (May 2009) RCOG	Nursing for Health – A review of the contribution of nurses, midwives and health visitors to improving the public's health in Scotland. Edinburgh: (2003) Scottish Executive	Future Workforce in Obstetrics and Gynaecology – England and Wales (May 2009) RCOG	

England	Scotland	Wales	Northern Ireland
Bands 1-4/Maternity care assistants			
The development of the Maternity support Worker Competency Frame work – (May 2009) South Central SHA	Maternity Care Assistants in Scotland: A Competency Framework May 2006		Northern Ireland Practice and Education Council (2006) All Ireland Practice and Quality Development Database. Belfast: NIPEC. (2006)
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Appendix 6 Glossary

Acute Trust	An NHS body in England that provides secondary care or hospital based healthcare services from one or more hospitals
Agenda for Change	The NHS system of pay that is linked to the job content, and the skills and knowledge staff apply to perform jobs. http://www.dh.gov.uk/en/Managingyourorganisation/Humanresourcesandtraining/Modernisingpay/Agendaforchange/index.htm
Antenatal care	Professional care provided to a woman and her partner to support them and their baby through the pathway of pregnancy and to help achieve the best possible health, psychological and social outcomes for the mother, baby and family
Balanced scorecard	A system to assess an organisation's performance, to judge overall progress, achievement and goals for maternity services. Also referred to as DASHBOARD.
Care Quality Commission	The safety and quality regulator (or watchdog) of the healthcare and adult social care services from April 2009. Website is www.cqc.org.uk. Formally Health Care commission
Care pathway	A pre-determined plan of care for patients / women with a specific condition / specific situation

Chief Nursing Officer	Responsible for delivering the Government's strategy for nursing and midwifery and leading nurses, midwives, health visitors, and allied health professionals in its country. England, Scotland, Northern Ireland and Wales each have their own CNO.
Clinical governance	A system through which NHS organisations are accountable for continuously improving the quality of their services and safeguarding high standards of care by creating an environment in which excellence in clinical care will flourish England – Care Quality Commission Scotland – NHS Scotland Performance – HEAT Targets (See below) Welsh Office: Quality Care and Clinical Excellence
Clinical Negligence Scheme for Trusts	The scheme that manages all clinical negligence claims against member NHS bodies where the incident in question took place on or after 1 April 1995 all NHS Trusts (including Foundation Trusts) and Primary Care Trusts (PCTs) in England currently belong to the scheme. http://www.nhsla.com/Claims/Schemes/CNST In Scotland -- NHS Quality Improvement Scotland. Will be known as Health Improvement Scotland in 2011.
Commissioning	The process local authorities and PCTs undertake to make sure that services funded by them meet the needs of the clients and patients. England – Strategic Health Authorities / PCTs

	Scotland – Health Boards Wales - Healthcare Inspectorate Wales
DirectGov	Website that provides information on national and local government services, including education and learning, travel and transport, and health and well being. www.direct.gov.uk
Equality and diversity	The Department of Health and the NHS actively promote equality and diversity in their workforces.
Every child matters	Department for Education and Skills (DfES) led strategy that promotes the well being of children and young people from birth to age 19. Scotland: Getting It Right For Every Child: Implementation Plan, The Scottish Executive Health Directorate (2006)
Evidence based practice	An approach to supporting best practice and decision making, critically using the best available evidence and, in collaboration with the client/woman, enabling informed effective practice.
Framework for Higher Education Qualifications	Framework used to demonstrate the higher education qualifications awarded by universities and colleges in England, Wales and Northern Ireland and has 8 academic levels. http://www.qaa.ac.uk/academicinfrastructure/FHEQ The Framework in Scotland has 12 levels SCQF (Scottish Credit and Qualifications Framework) - The Framework in Scotland has 12 academic levels._www.SCQF.org.uk.

Flying Start Programme	The national development programme for all newly qualified nurses, midwives and allied health professionals in NHS Scotland. Designed to support the transition from student to newly qualified health professional, by supporting learning in practice through a range of learning activities http://www.flyingstart.scot.nhs.uk
Heads of Midwifery	The organisational and strategic leader for local maternity care provision and midwifery focused services. May also be known as Director of Midwifery Services.
Health Boards	NHS Boards in Scotland are responsible for health care services in 14 local areas, 3 Island Boards and 11 Territorial. The Special Health Boards are: NHS 24, NHS Quality Improvement Scotland, NHS Education for Scotland, NHS Health Scotland, NHS Golden Jubilee (National Waiting Times Centre Board), Scottish Ambulance Service, State Hospital and National Services Scotland.
Health Inspectorate	Healthcare Inspectorate Wales is the independent inspectorate and regulator of all health care in Wales http://www.hiw.org.uk
Health and Social Care	The board responsible for commissioning, resource management, performance Board management and improvement in Health and Social Care in Northern Ireland.

Health Efficiency Access and Treatment (HEAT)

The performance management system sets out the targets and measures against which NHS Scotland Health Boards are publicly monitored and evaluated.

Higher Institute of Education

A college, university [or polytechnic] providing education and training at certificate diploma, degree or post graduate level. Midwifery education programmes in the UK can only be run at Nursing and Midwifery Council approved educational institutions

Home birth — This is usually a planned event where the woman gives birth at home, with care provided by a midwife. Should complications arise, all NHS home birth services are provided within a functioning, swiftly responsive, and well understood local network of emergency services and transfer arrangements

Individual care plan — A woman's written record of her planned and actual maternity care, including her preferences for her care during pregnancy, labour and childbirth which is updated at regular intervals by midwives in partnership with the woman.

Integrated service — Coordinated service provision across professions and organisations according to people's needs

Known /lead midwife

A named, registered midwife who is responsible for providing all, or most, of a woman's antenatal labour and/or postnatal care

Lead Midwife for Education

The strategic leader of midwifery education based at and employed by the educational institutes providing pre-registration and post qualifying under and post graduate midwifery education. They are experienced practising midwifes leading on development, delivery and management of midwifery education programmes.

Local health communities A range of medical, mental health and social care services in a particular area that meets the needs of a local population.

Local Supervising (LSA) The body which provides a framework to ensure the statutory supervision of midwives, Authority required in the Nursing and Midwifery Order (2001) and the Nursing and Midwifery Council's Midwives rules and standards (2007) is exercised to a satisfactory standard within its geographical boundary.
In England, the LSAs are the Strategic Health Authorities;
in Northern Ireland, they are the Health Boards;
in Wales, the Health Inspectorate; and
in Scotland, they are in Consortiums North, West, and South East.

LSA Midwifery Officer (LSAMO)

The appointed officer who is responsible for carrying out the LSA function. They are experienced practising midwives with focus on issues relating to midwifery practice within their defined area. The

	LSAMO role is unique, in that it does not represent the interests of either the commissioners or providers of NHS maternity services. They have a strategic role in leading midwifery practice.
Maternity, neonatal and perinatal health	These networks support the effective planning and delivery of a full range of maternity health services thereby ensuring access to high quality, safe and appropriate services networks which meet the needs of women and their families.
Maternity team care	Although every woman has care by a midwife, for women with complex pregnancies, care is provided by a maternity team comprising midwives, obstetricians, anaesthetists, neonatologists and other specialists working in partnership.
Maternity Care Assistant	Someone who works as part of a team and assists the practicing midwife in (MCA) carrying out maternity care, both in community and hospital settings. The role varies locally and may include duties (under the direct supervision of a midwife) for which midwifery education and registration are not required. Also referred to as Health Care assistant or Maternity Support Worker
Mentor	A Nursing and Midwifery Council mentor is a registrant who has successfully completed an NMC approved programme, or accredited equivalent and is responsible and accountable for supporting student midwives and nurses learning and assessment in practice. Midwife mentors must be competent

	to make decisions about a student's achievement of competence at each progression point and at the end of the programme (a 'sign-off' mentor)
Mentorship	An experienced practitioner who facilitates skill and confidence in new practitioners and encourages enquiry and life long learning
Midwife	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 midwives own responsibility and to provide care for the newborn and infant.
Midwifery	The profession, which leads on normal pregnancy and labour, birth and provides expert care to mother and baby during pregnancy, childbirth and the postnatal period within a family centred environment.
Midwifery care	Care, usually where the midwife is the lead professional. Midwifery care is provided to the majority of women during pregnancy, labour, birth and post natal period, including women who have episodes of complexity requiring additional care from a wider team of professionals. Also referred to as Midwifery practice.
Maternity Dashboard	Supports maternity units to plan and improve their services. It serves as a clinical performance and governance scorecard to monitor the implementation of clinical care
Midwifery-led units and Birth Centres	

A facility (either free standing, alongside or within a maternity hospital) managed and run by midwives which provides a comfortable and safe home-like environment for women and partners who anticipate a straightforward birth. As with home births, all midwifery services must be provided within the safety net of a functioning local network providing prompt emergency transfer when required

National Childbirth Trust (NCT)

The National Childbirth Trust is a charity supporting parents through pregnancy, birth and early parenthood.

National Institute for Health and Clinical Excellence (NICE)

A special health authority producing guidance for the NHS and patients on medicines, medical equipment and clinical procedures.

National Service Framework (NSFs)

National Service Frameworks set national healthcare standards. They are designed to improve the quality of health services and ensure that everyone gets the same level of care. The two main roles of NSFs are to set clear quality requirements for care based on the best available evidence, and to offer strategies and support to help health organisations achieve these standards. Each NSF sets a target for improving the standard of care and the associated healthcare outcomes related to that care.

Next Stage Review — *NHS Next Stage Review: A High Quality Workforce*, published by DH June 2008 and sets out how the findings of Darzi: *A High Quality Workforce* (June 2008) the future of the NHS workforce will be taken forward.

Neonatal care — Medical care for newborn babies within high and low risk settings.

Nursing and Midwifery Council (NMC) — Organisation set up by Parliament to protect the public by ensuring that nurses and midwives provide high standards of care to their patients and clients. To work in the UK all midwives must register with the NMC.

Payment by Results — Remuneration of a service provider for the number of patients treated based on the (PbR) type of care and treatments received

Perinatal mental health — Refers to maternal mental health ill health that may have been present or develop during pregnancy and for up to one year after the birth of their baby

Postnatal care — Professional care provided to meet the needs of women and their babies up to 6-8 weeks after birth in the context of their families

Preceptor	A midwife who teaches, counsels, inspires, serves as a role model and supports the growth and development of a newly registered midwife in their preceptorship for a fixed time with the specific purpose of socializing the novice into their new role.
Preceptorship	A period of transition for the newly registered midwife during which time they will be supported by a preceptor to develop their confidence as an autonomous professional, refine skills, values and behaviours and to continue on their journey of life-long learning (DH 2010).
Practice Based Commissioning	Engaging GP practices and other primary care professionals in the commissioning of services through resources and support, to become more involved in commissioning decisions improving access and quality of care.
Public Health	The Department of Health is responsible for health protection, health improvement and health inequalities issues in England, including pandemic influenza, seasonal flu, patient safety, tobacco, obesity, drugs, sexual health, and international health NHS Health Scotland provides health improvement and health promotion leadership. It works with other NHS and voluntary partner agencies to reduce health inequalities. It provides a Public Health observatory service.
Public Service Agreement (PSA)	Sets out what organisations agree to deliver in return for funding. PSAs set out the

key improvements that the public can expect from Government expenditure. They are three year agreements, negotiated between the Department and HM Treasury during the Spending Review process. Each PSA sets out the department's high level aim, priority objectives and key outcome-based performance targets

Royal College of Midwives

The Royal College of Midwives is a trade union professional organisation led by midwives which represents the interests of midwives in all four UK countries. It promotes excellence, innovation and leadership in the care of childbearing women, the newborn and their families, nationally and internationally.

SIGN — Scottish Intercollegiate Guidelines Network; develops evidence based clinical practice guidelines for the NHS in Scotland

Skills for Care — Initiative that helps to strategically develop the social care workforce, by supporting employers to improve standards of care through training and development, and workforce planning. www.skillsforcare.org.uk

Skills for Health — Initiative that helps to create a skilled and flexible healthcare workforce. www.skillsforhealth.org.uk

Social care — The range of services that support the most vulnerable people in society to carry on in their daily lives.

Term	Definition
Strategic Health Authority (SHA)	The local headquarters of the NHS, responsible for ensuring that national priorities are integrated into local health and social care plans, and that healthcare provision is delivering on the quality, innovation productivity and prevention agenda in England.
Special health authorities	Independent health authorities that provide a service to the public. Examples include, NICE, NHS Direct and the National Patient Safety Agency Scottish Patient Services Agency and NHS 24.
Stakeholders	DH has a wide range of stakeholders that all share an interest in its work, including patients and the public, local and regional NHS organisations, local authorities and social care providers, charities, and the voluntary and community sector.
Sure Start	Cross government programme that helps children and parents, through increased availability to childcare, and improved health and emotional development for young people.
Sure Start Children's Centres	These are situated in easily accessible areas, often a pram's push away from home and bring together a range of integrated services for children and their families through pregnancy and then birth to five years of age. Services include; child and family health, education and support e.g. for parents of children with special needs (England only)

Supervisor of Midwives	This is an appointed role outside the employment contract and carries a statutory responsibility, which provides support and guidance to every practising midwife in the United Kingdom. Appointees are experienced midwives, who have had additional education to ensure the functions of the LSA are adhered to. Their primary purpose is to protect women and babies by actively promoting a safe standard of midwifery practice, within the promotion of excellence in midwifery care and to support midwives within the profession.
Tariff	As part of Payment by Results, the tariff is the mandatory national price that is paid to all NHS providers for providing services
Trust	An NHS body (in England) that provides secondary care or hospital based healthcare services from one or more hospitals, also referred to as an Acute Trust. In Northern Ireland, there are five Trusts providing health and social care services to the Northern Ireland public. Services are provided locally and on a regional basis. In Scotland health care is provided by integrated Health Boards which partner across acute and primary care settings.
Woman-focused, family-centred	The needs of the individual woman provide the main focus for the planning, organising and delivery of maternity services. The needs of her partner and her family in relation to caring for the baby and for supporting positive health outcomes for the mother are kept in focus at all times

Working Time Directive — Health and safety legislation that provides for minimum daily and weekly rest periods, annual paid holidays, and a limit on the working week of 48 hours and restrictions on night work.

UK Clinical Research Collaboration (UKCRC)

The UK Clinical Research Collaboration was established in 2004 and brings together the major stakeholders that influence clinical research in the UK. It includes the main research funding bodies; academia; the NHS; regulatory bodies; the bioscience, healthcare and pharmaceutical industries; and patients.