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Core principles to reduce current variations that exist in grading of midwifery practice in the United Kingdom

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ABSTRACT

Aim: To reduce variations in grading of midwifery practice and enhance reliability of assessment.
Background: The first phase of a national project showed there to be widely ranging interpretation and application of professional educational standards in relation to grading of practice in midwifery. This raised concerns about reliability and equity of professional assessment. The second phase therefore sought to achieve consensus on a set of core principles.
Methods: A participatory action research process in two stages, using a Mini-Delphi approach. Educational leads from all 55 institutions delivering midwifery programmes nationally were invited to participate. Stage one: Questionnaire comprising 12 statements drawn from the findings of the initial phase of the project. Stage two: Face-to-face discussion.
Findings: Statements were categorised based on questionnaire responses: 1) Consensus, 2) Staged consensus, 2) Minor modifications, 4) Controversial. Consensus was achieved on 11 core principles through group discussion; only one was omitted from the final set.
Recommendations: All midwifery programmes nationally to incorporate the agreed core principles. Findings should be disseminated to the regulatory body to help inform changes to midwifery and nursing educational standards. The core principles may also contribute to curriculum development in midwifery and other professions internationally.

1. Introduction

This paper presents the second phase of a national study investigating practice assessment in midwifery. The first phase comprised a scoping study which explored the interpretation and application of the United Kingdom (UK) regulatory body standards, particularly focusing on grading of practice (Fisher et al., 2016). A wide range of interpretation leading to a variety of approaches was evident in this earlier phase, raising concerns about reliability and equity of practice assessment in programmes leading to registration as a midwife. The second phase therefore sought to achieve consensus on a set of core principles with the aim of promoting greater consistency nationally in the application of the professional standards. A participatory action research process was taken which comprised two stages: a questionnaire followed by face-to-face discussion, using a Mini-Delphi approach.

Although this study focused on the 55 higher education institutions (HEIs) delivering pre-registration midwifery programmes in the UK, the core principles which were developed will also have resonance with practice assessment approaches internationally as well as across other professions.

2. Background

The World Health Organisation (WHO, 2009) set global standards for the initial education of professional nurses and midwives, including the requirement for a balance between theory and

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practice components of the curriculum to be demonstrated. The International Confederation of Midwives (ICM, 2013) stipulates that sufficient practical experience should be included in midwifery programmes to attain, at a minimum, the ICM essential competencies for basic midwifery practice. These principles are incorporated in curricula across the globe; for example, the Australian Nursing and Midwifery Accreditation Council (ANMAC, 2014) requires an equal theory-practice ratio and the Midwifery Council of New Zealand (accessed 2017) stipulates a 55% proportion of practice. The 28 member states of the European Union are similarly required to provide a balance of theory and practical preparation in midwifery programmes (European Parliament, Council of the European Union, 2005). The Nursing and Midwifery Council (NMC) in the UK – currently still part of the EU – more specifically stipulates that a minimum of 50% of the programme must be based in practice. Direct hands-on care must be graded and therefore contribute to the academic award (NMC, 2009). This process must be undertaken by midwives who have received specific preparation and regular updating – termed 'sign-off mentors' (NMC, 2008 and 2009). The proportion of graded practice in the overall academic credits is not specified.

Other professions nationally and internationally – for example osteopathy, psychiatry, physiotherapy, medicine, nursing, social work and pharmacy - have a similarly strong focus on practice and its assessment (Abbey, 2008; Briscoe et al., 2006; Clouder and Toms, 2008; Dalton et al., 2009; Davis et al., 2009; Fisher et al., 2011; Fothergill Bourbonnais et al., 2008; Hadfield et al., 2007; Hay and O'Donoghue, 2009; Manning et al., 2016; Seldomridge and Walsh, 2006).

Assessment of practice determines whether potential registrants have embraced the requisite core clinical and practical skills as well as concept-based components such as communication, attitudes, knowledge, team-work, reflection, problem-solving, critical thinking, decision-making and self-awareness which are essential to their professional practice (Cassidy, 2008; Oermann et al., 2009; Sharpless and Barber, 2009). A European study exploring graduate employability highlights the need for this combination of skills (Andrews and Higson, 2008).

The tools and approaches used are therefore fundamental to the process of practice assessment, but the complexity of developing ones which are consistent, reliable and valid is challenging (Briscoe et al., 2006; Fisher et al., 2011; Seldomridge and Walsh, 2006). Mallik and McGowan (2007) published a scoping exercise of nursing and found a range of discrepancies in approaches, as did a commissioned study in Scotland (Lauder et al., 2008). Johnson (2008) considered the desirability of grading practice in competence-based qualifications, and reliability of this process has also been questioned (Cleland et al., 2008; Gray and Donaldson, 2009). London (2008) and Hay and O'Donoghue (2009) debated whether standardisation in assessment could in fact be achieved.

3. Methods

3.1. Aim

This second phase of the study sought to identify a set of core principles for grading of practice in midwifery. The aim was to enhance reliability of assessment by reducing variations which had been identified in the first phase.

3.2. Participants and ethical considerations

The grading of practice study was unanimously initiated by the Lead Midwives for Education United Kingdom Executive Group (LME-UK) – representing all 55 HEIs delivering pre-registration midwifery programmes nationally (Way, 2016). A sub-group of five experienced midwifery academics with a shared interest in and track record of publication on practice assessment formed the research team, while all 55 LMEs were invited to participate throughout the study. Ethical considerations relating to informed participation and option to withdraw were addressed. The LME-UK group was kept fully appraised of the progress of the study, via JISCMail (a national academic mailing service which facilitates discussion, collaboration and communication within the UK academic community) or at the regular professional meetings. These forums also provided the opportunity for all the lead educationalists to contribute their views and responses to questionnaires and discussions, indicating their consent; they could similarly opt not to respond. Provision was made for those who had not been able to attend meetings to view draft outcomes and add their own comments. All data collected were anonymised on receipt by the lead researcher, prior to circulation to the study team for member-checking.

3.3. Design and data collection

The collaborative nature of the LME-UK group enabled participatory action research to be undertaken in two stages. Freire (1970) and Denscombe (2010) suggest this approach as an appropriate methodology to solve a particular problem in a progressive manner, enabling production of guidelines for best practice. A Mini-Delphi or Estimate-Talk-Estimate (ETE) approach (Green et al., 2007) enabled draft statements to be consulted on through use of a questionnaire in stage one and face-to-face discussion in stage two, until consensus on terminology was achieved.

3.3.1. Stage one

The findings from the first phase of the study (Fisher et al., 2016), in which a wide range of interpretation and application of the NMC standards had been demonstrated, were initially shared and discussed with LMEs at one of their meetings. This resulted in development of 12 draft statements (Tables 1–4) which were designed to capture what appeared to have been positive aspects and address variations. The statements were next circulated electronically as a questionnaire to the participants so that they could rate their views on these, using a Likert scale. Only four options were provided: strongly agree, agree, disagree and strongly disagree – a method adopted by Garland (1991) to encourage participant decisions. The questionnaire provided an opportunity for qualitative comments to expand on the quantitative data. Responses were received from 29 of the 55 institutions represented (52.73%).

3.3.2. Stage two

Following cross-checking by the study team, the collated data and suggested revised statements were shared at an LME-UK Executive Group meeting later in the year at which 32 members (58.21%) were present. Those statements which had not already achieved consensus were discussed further by the attendees. Adjustments were made until consensus was reached. The set of principles was subsequently circulated to the entire LME membership via JISCMail to enable those who had not been present to contribute their views. A few indicated approval and no objections were raised. A set of 11 core principles was therefore agreed as final (Table 5).

4. Findings

To facilitate presentation, the data from both the questionnaire (stage one) and the outcomes of the Mini-Delphi discussion (stage