

Scottish subject benchmark statement

Midwifery

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Preface

The subject benchmark statement for midwifery in Scotland was first undertaken in 2002. This revised statement, while drawing on the previous document, takes account of developments that have occurred since the first statement was published. These developments include not only policy, changes in service delivery and their implications for programmes of professional preparation, but also the establishment of a new statutory regulatory body, the Nursing and Midwifery Council (NMC). This saw the subsequent development of standards of proficiency for pre-registration programmes in midwifery, including the introduction of essential midwifery skills clusters¹. A further significant development has been the continuing work based on Appendix 1: Emerging health professions framework, which has been replaced in this new statement by Appendix 1: Statement of common purpose for subject benchmark statements for the health and social care professions.

This revised subject benchmark statement therefore provides a means of describing the contemporary nature and characteristics of programmes of study and education in midwifery in Scotland. It also represents general expectations about standards for the award of qualifications at a given level and articulates the attributes and capabilities that those possessing such qualifications should be able to demonstrate.

This subject benchmark statement has been informed by the *Recognition scheme for subject benchmark statements*, published by the Quality Assurance Agency for Higher Education (QAA) in 2004². It has also taken account of the fact that statements that are specific to the higher education sector in Scotland are handled by QAA Scotland and are subject to a separate process and consultation. For this reason, this statement has been prepared in collaboration with key stakeholders with a shared investment and future vision about both the innovative diversity and the quality of programmes of preparation that meet the needs of midwifery services in the National Health Service (NHS) Scotland.

Subject benchmark statements are used for a variety of purposes. Primarily, they are an important external source of reference when new programmes are being designed and developed. They provide general guidance for articulating the learning outcomes associated with the programme but are not a specification of a detailed curriculum. Subject benchmark statements provide for variety and flexibility in the design of programmes and encourage innovation within an agreed overall conceptual framework.

Subject benchmark statements also provide support to institutions in the pursuit of enhancement-led institutional review (ELIR). They enable the learning outcomes specified for a particular programme to be reviewed and evaluated against agreed general expectations about standards.

Subject benchmark statements may be one of a number of external reference points that are drawn upon for the purposes of ELIR. Reviewers do not use subject benchmark statements as a crude checklist for these purposes, rather they are used in conjunction with the relevant programme specifications, the associated documentation of the relevant professional, statutory and regulatory bodies, and the institution's own internal evaluation documentation, in order to enable reviewers to come to a rounded judgement based on a broad range of evidence.

¹ See NMC Circular 23/2007, available at www.nmc-uk.org

² Available at www.qaa.ac.uk/academicinfrastructure

The benchmarking of standards in healthcare subjects is undertaken by groups of appropriate specialists drawn from higher education institutions, service providers and the professional, statutory and regulatory bodies. In due course, the statements will be revised to reflect developments in the subjects, and the experiences of institutions and others that are working with them.

Foreword

This subject benchmark statement provides the academic and professional community in Scotland with a framework on which to build creative and forward-looking programmes of professional preparation. In addition, it provides programme planners with a clear guide to the threshold standards required of a programme of education that will enable students to be eligible for professional registration.

This is a revised statement building on the statement published in 2002. It takes account of the complexities of the ever-changing educational and healthcare policy environment. Furthermore, it includes the professional statutory changes that set, maintain and enhance standards of health care and its delivery for the profession.

I commend the diligence, motivation and commitment of the benchmarking group in ensuring that the statement is contemporary, fit for purpose and user-friendly for academics, practitioners and students.

It is therefore with confidence that I present you with this updated subject benchmark statement.

Jennie Parry

Convener

Nursing, midwifery and specialist community public health nursing Scottish benchmark groups

January 2009

1 Introduction

1.1 This subject benchmark statement describes the nature and standards of programmes of study in midwifery that lead to the subject awards made by education providers in Scotland. The statement has also taken account of the Statement of common purpose for the health and social care professions (see Appendix 1). This makes the Scottish benchmarking statement consistent with the United Kingdom (UK) context, both in specific relation to the midwifery profession and to other health and social care professions.

1.2 Within such a UK context, Scotland has a devolved education system. This is reflected in the fact that the Scottish Credit and Qualifications Framework (SCQF) is slightly different from that of its counterparts in the rest of the UK. In particular, Scotland has continued to embrace the development and award of the Scottish Ordinary degree for a range of vocational and professional programmes of preparation. This is further reflected in the fact that the Scottish Government Health Directorate has provided the opportunity for pre-registration students of midwifery to qualify at Ordinary degree level. Added to this, the Midwifery benchmark group has taken into account the NMC Circular 14/2007³ in which it is stated that from September 2008 all pre-registration programmes in midwifery must be at degree level. The Midwifery benchmark group has therefore taken into account that pre-registration midwifery students in Scotland may currently qualify at several academic levels on the SCQF, from Ordinary degree through to postgraduate certificate or diploma (where these latter two are available in programmes designed for graduates). It is for these reasons that the benchmark statement for midwifery has been designed and presented in a way that differs slightly from its counterparts in the rest of the UK, while, as noted above, still remaining consistent with the overall purpose and value of the work already undertaken, including that of the Statement of common purpose for the health and social care professions.

1.3 The design and presentation of the Scottish benchmark statement for midwifery has continued to be influenced by the benchmark information pertaining to the Standard for Initial Teacher Education in Scotland. In particular, the benchmark group placed a high value on the way in which a single set of benchmarks and expected features were presented as the threshold standard for professional preparation at different levels of academic award. The group took the view that such a manner of presentation was also appropriate for the midwifery context in Scotland with its different levels of award, and therefore made the decision to proceed down that route. This will enable the different providers of midwifery education in Scotland to meet the threshold standards in their programme design while also facilitating the academic levels of provision and completion as and where appropriate.

1.4 The benchmarks for midwifery in Scotland, along with the expected features of the threshold standard, are set out under the following three main headings:

- A Professional knowledge and understanding
- B Professional skills and abilities
- C Professional values, accountability and development

³ NMC Circulars are available at www.nmc-uk.org

1.5 It is important to note that these three headings signify a high degree of interdependence where the academic nature of the programme meets the professional requirements of a programme that is practice-based but education-led. In this respect, the benchmark group valued the opportunity to cross-reference the benchmarks and their expected features with the standards of proficiency for entry onto the NMC Register (see Appendix 2). This fact has also strongly influenced the template in which threshold standards are presented. A further significant fact is that the three headings stated above are consistent with the template developed in the Statement of common purpose for the health and social care professions.

1.6 The section on teaching, learning and assessment draws attention to the central role of practice in the design of learning opportunities for students and the importance of ensuring that professional standards of proficiency developed through practice are adequately assessed and rewarded. It also notes how essential it is that the integration of theory and practice is a planned process within the overall arrangements made for teaching and learning.

1.7 This statement acknowledges the need to put the prospective client and patient at the centre of the student's learning experience and to promote within that experience the importance of teamworking and cross-professional collaboration and communication. Implicit in the statement are the opportunities that exist for shared learning across professional boundaries, particularly in the latter stages of training when inter-professional matters can be addressed most productively.

1.8 This statement and the associated statements will therefore allow education providers, in partnership with service providers (where appropriate), to make informed curriculum choices about the construction of shared learning experiences. In this context, shared learning is seen as one of a number of means of promoting improved collaborative practice and addressing a range of issues which span professional accountability and professional relationships. The statement has also been written in the context of the modernisation agenda for the health service in Scotland, where the goal is that of an ever-improving service and a continuing focus on client and patient-centred needs in what remains a practice-based and education-led preparation. In this respect, benchmarking statements strive to make education fit for purpose in a manner that augments transparency and accountability to all stakeholders.

1.9 This statement does not set a national curriculum for programmes leading to awards in midwifery. It acknowledges that the requirements of the professional, statutory and regulatory bodies, as well as the Scottish Government healthcare imperatives, need to be incorporated into the design of programmes.

1.10 In this regard, programmes informed by the statement should prepare students appropriately to contribute safely and effectively to implementing core issues at the heart of healthcare policy in Scotland and meet the agenda set out in *Delivering for Health*⁴.

1.11 It seeks to encourage higher education institutions and service providers to work collaboratively in the design and delivery of their curricula. Its essential feature is the specification of threshold standards, incorporating academic and practitioner elements, against which higher education institutions are expected, as a minimum, to set their standards for the award.

⁴ Scottish Executive Health Department (SEHD) (2005) *Delivering for Health*, Edinburgh: SEHD

1.12 Finally, the benchmark statement for midwifery in Scotland has also been designed in a way that looks to the future in terms of internal quality enhancement, continuing professional development and the modernisation agenda. Therefore, the benchmark statement that follows is seen as the second phase in an ongoing evolution of quality systems, interprofessional collaboration and transparency of programme content and design, in a manner that is clear to all stakeholders. In this respect, it is presented as a sound platform for the future of the midwifery profession in Scotland.

2 Defining principles

2.1 Midwives work with women and their families to assess their needs and to determine and provide programmes of care and support prior to conception and throughout the antenatal, intranatal and postnatal periods. They focus on providing holistic care which respects individual needs, choices and cultures in a variety of contexts. Legislation enables midwives to carry out their role autonomously, while expecting them to work in partnership with others and across professional boundaries when this is in the best interests of women and their families. Midwives work in and across a wide range of settings, from women's homes, community maternity units to acute hospitals. They also make a significant contribution to the wider public health agenda.

2.2 The International Confederation of Midwives (ICM), the International Federation of Gynaecology and Obstetrics and the World Health Organization have adopted the following definition of a midwife since July 2005⁵. This supersedes the ICM Definition of the Midwife 1972 and its amendments of 1990.

'A midwife is a person who, having been regularly admitted to a midwifery educational programme, duly recognised in the country in which it is located, has successfully completed the prescribed course of studies in midwifery and has acquired the requisite qualifications to be registered and/or legally licensed to practise midwifery.

The midwife is recognised as 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 midwife's own responsibility and to provide care for the newborn and the infant. This care includes preventative measures, the promotion of normal birth, the detection of complications in mother and child, the accessing of medical care or other appropriate assistance and the carrying out of emergency measures.

The midwife has an important task in health counselling and education, not only for the woman, but also within the family and the community. This work should involve antenatal education and preparation for parenthood and may extend to women's health, sexual or reproductive health and child care.

A midwife may practise in any setting including the home, community, hospitals, clinics or health units.'

⁵ Available at www.internationalmidwives.org/Documentation/Coledocuments/tabid/322/language/en-GB/Default.aspx

3 Nature and extent of programmes in midwifery in Scotland

3.1 This section describes midwifery as an applied academic discipline recognising that programmes of preparation must be designed at degree level from September 2008. It also recognises that programmes that lead to registration as a midwife on the professional register must achieve the midwifery standards of proficiency.

3.2 Midwifery programmes involve integrated study of the following:

- the subject knowledge, understanding and associate skills that are required
- the essential learning and assessment arrangements for programmes in the subject
- the academic and practitioner standards that need to be demonstrated.

3.3 The responsibility and sphere of practice of a midwife are set out in Rule 6 of the NMC's *Midwives rules and standards*⁶. This benchmark statement reflects the Standard of proficiency for pre-registration midwifery education (see Appendix 2) that prepares midwifery students to meet the requirements for registration as a midwife. It also encompasses the requirements of European Directive 2005/36/EC⁷. Consequently, the standards described in this statement relate to both academic and practitioner attributes and capabilities as they currently stand, pending the implementation of decisions taken on completion of the consultation on the current review of pre-registration midwifery education by the NMC.

3.4 The ICM definition and EU Directive place a sharp focus not only on the relevance to midwifery of inter-professional education but on the nature of midwifery as an applied academic subject, underpinned by the human biological sciences and the social sciences, in particular psychology and sociology. However, it is not driven by such propositional knowledge alone because its mastery requires proficiency in a range of cognitive, affective and psychomotor skills. These skills have been further defined by the NMC as a set of essential midwifery skills clusters congruent with existing proficiencies, strengthening that which a student must adhere to in a pre-registration programme⁸. These include:

- communication
- initial consultation between the woman and midwife
- normal labour and birth
- initiation and continuance of breast-feeding
- medicines management.

These principles are assigned with the outcomes of NMC consultation on the review of pre-registration midwifery education.

3.5 It is the integration of these underpinning elements through the coherent planning of programmes which establishes the basis for midwives to provide care which is woman-centred and focused on the premise that childbirth is (normally) a natural, physiological and important event in women's lives.

⁶ NMC (2005) Rule 6 - Responsibility and sphere of practice, *Midwives rules and standards*, pp 16-19

⁷ Available at www.dh.gov/en/Consultations/index.htm

⁸ See NMC Circular 23/2007, Annex 2. See Annex 1 for guidance on implementation of the skills clusters.

3.6 The midwife's role also centres on the woman in the family context. The care of the family during childbearing is central to the definition of the discipline and, as such, the boundaries of the discipline/profession articulate with other health and social care professions.

3.7 The pre-registration midwifery programmes of education are built around university and practice-based learning. The sound organisation of these two elements enables students to develop autonomy and confidence and to emerge as proficient practitioners with the capacity to work effectively in women's homes, hospital, community units or other settings as part of a broadly-based health and social care team.

3.8 The following principles inform the design and delivery of the programme leading to registration on the midwives part of the NMC Register:

- a midwife is an independent, autonomous practitioner and provides holistic, woman-centred midwifery care prior to conception and throughout the antenatal, intranatal and postnatal periods
- programmes will have a strong focus on 'normality', where childbirth is a natural and dynamic experience
- a midwife is the first professional contact for pregnant women, promoting a caring enabling ethos
- a midwife plays a key role in health promotion, health improvement and self-care enhancement services within the public health context
- partnership and effective communication with women is central to a unique relationship
- a midwife works in collaboration with other healthcare professionals to provide seamless care and appropriate interventions that enhance outcomes
- a midwife achieves quality care through using best available evidence, research and audit of practice
- midwifery knowledge and practice are dynamic and responsive to the changing needs of society
- midwifery practice promotes a values-based model of care where the rights, beliefs and cultures of others are acknowledged and respected.

4 Threshold standard for pre-registration midwifery programmes in Scotland: elements of professional development

4.1 Programmes of pre-registration midwifery preparation are the first step in a lifelong career of continuing professional development. Programmes of initial preparation for registration are required to promote three main aspects of such development:

- A Professional knowledge and understanding
- B Professional skills and abilities
- C Professional values, accountability and development

4.2 This approach is illustrated in figure 1. The significance of placing these aspects of professional preparation within a triangle is to emphasise that they are not simply lists of proficiencies or outcomes. They are inherently linked in the professional development of the student and, subsequently, the registered midwife, and one aspect does not exist independently of the other two. It is the relationship between the three aspects that constitutes a meaningful education and preparation to practise. Benchmark statements have been produced for each of the three aspects and programmes will be designed to give attention to each of these and to their interaction. The benchmark statements, as well as meeting the requirements of academic study, also incorporate the standards of proficiency that are a statutory requirement for registration.

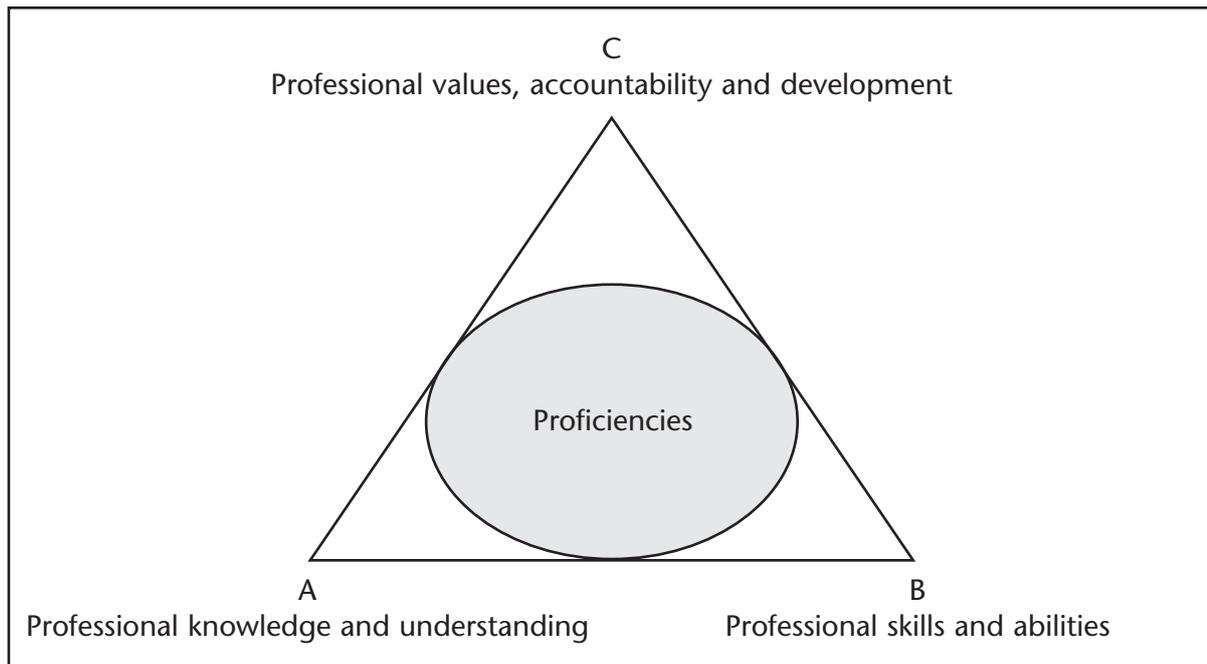


Figure 1: Aspects of professional preparation and development

4.3 The threshold standard for pre-registration midwifery programmes in Scotland contains the following three key elements. Firstly, there are the 'benchmarks' - statements specifying the design requirements for programmes of pre-registration midwifery in Scotland. Secondly, each benchmark contains a bulleted list of 'expected features' which designate aspects of student performance that the programme is designed to achieve in relation to a particular benchmark. These 'expected features' will be used in designing assessment strategies that facilitate the integration of academic work and practice-based learning. Thirdly, each benchmark has been cross-referenced to the appropriate proficiencies, the meeting of which is a statutory requirement for initial registration as a midwife in the UK. In this manner the benchmarking exercise has occurred within the context of an independent Scottish health and education system while still embracing the UK context of the midwifery profession and its statutory requirements.

Threshold standard for pre-registration midwifery programmes in Scotland

A: Professional knowledge and understanding

Benchmark The programme of preparation will enable students to:	Expected features By the end of the programme students will:	Cross-reference to NMC proficiency standards
A1 understand, interpret and reflect upon the nature of professional midwifery and forms of midwifery knowledge and practice.	<ul style="list-style-type: none"> ● understand and demonstrate in practice the concepts of advocacy, accountability, informed consent, autonomy, partnerships and collaborative working within the context of clinical governance ● understand and engage in interpretation and analysis of changing philosophical and historical perspectives in midwifery ● understand and make use of appropriate healthcare language and concepts relating to midwifery ● reflect critically on the importance of evidence in caring for women, babies and their families ● challenge the philosophies and beliefs about the nature of knowledge, which lead to particular approaches and priorities for research ● demonstrate application of knowledge and skills derived from the profession and practice of midwifery, both historical and contemporary. 	1.1, 1.2, 1.5, 2.2, 3.1, 4.1, 4.2
A2 understand the appropriate life and human sciences that underpin and contribute to midwifery and public health.	<ul style="list-style-type: none"> ● acquire appropriate levels of knowledge of anatomy, physiology, genetics, immunology, microbiology, pharmacology and nutrition, and demonstrate the relevance of these for safe and informed midwifery practice and public health strategies ● demonstrate the ability to relate elements of the life and human sciences to client assessment, investigative procedures, therapeutic interventions and clinical midwifery skills ● demonstrate knowledge of pathophysiology and its relation to midwifery for specific health issues ● contribute to initiatives and developments in public health to improve the health and well-being of women, babies and families 	1.2, 1.5, 1.6, 1.7, 1.8, 1.10, 1.11, 1.15

<p>A3 acquire knowledge of the appropriate social sciences that underpin and contribute to midwifery and public health.</p>	<ul style="list-style-type: none"> ● understand the issues of inequality in midwifery with regard to gender-based violence, social exclusion, poverty and vulnerable groups. ● informed by the social sciences, demonstrate knowledge of the cultural, social, psychological and educational factors, which influence pregnancy, childbirth, parenting and midwifery practice ● reflect on the social processes that lead to marginalisation, isolation and exclusion in society and the impact of this on maternity care, and promote strategies that seek to promote social inclusion ● demonstrate knowledge of the purpose and concepts of epidemiology and how these inform healthcare interventions and public health strategies ● understand and reflect, in clinical practice, on the contribution of the social sciences to caring for those who are experiencing loss, significant life change or bereavement ● demonstrate the ability to relate elements of the psychosocial sciences to client assessment, investigative procedures, therapeutic interventions and midwifery skills ● demonstrate an understanding of the protection of children and vulnerable adults policies and procedures, and the legal frameworks within which these operate ● demonstrate an understanding of theories of learning and teaching pertinent to individuals, groups and communities. 	<p>1.2, 1.3, 1.4, 1.5, 1.6, 1.7, 1.10, 1.11, 1.15, 2.2</p>
<p>A4 acquire knowledge of, and reflect upon, the centrality of ethics, law and the humanities for professional midwifery practice.</p>	<ul style="list-style-type: none"> ● demonstrate in practice an understanding of the ethical and legal responsibility of midwives with respect to confidentiality, data protection and the interests of women, babies and their families ● demonstrate a basic knowledge of human rights legislation relating to professional midwifery practice ● recognise moral and ethical dilemmas in midwifery practice and demonstrate an understanding of the principles of ethical and moral behaviour in clinical practice ● discuss the political and social context within which the provision of health and social care takes place ● understand and apply the values that underpin anti discriminatory working practices, including justice, social inclusion, race, gender, sexuality, ethnicity and culture. 	<p>1.3, 1.4, 1.7, 1.8, 1.10, 1.12, 2.2, 2.3, 2.4</p>

<p>A5 acquire sound knowledge of maternity healthcare, statutory supervision, midwifery clinical skills and psychosocial caring skills.</p>	<ul style="list-style-type: none"> ● justify and apply midwifery guidelines and protocols to appropriate client groups ● communicate effectively with clients and colleagues, using the principles of therapeutic communication and interpersonal skills ● demonstrate an understanding of the importance and principles of evidence-based practice for the assessment, planning, delivery and evaluation of continuing care ● demonstrate familiarity with a range of tools, instruments and procedures used in the gathering of information and the auditing of care ● seek out and demonstrate an understanding of evidence applicable to a range of client groups ● demonstrate an ability to assimilate new concepts and think critically to assess the value of evidence in care ● demonstrate knowledge and capability in a range of clinical and practical skills. These include the essential midwifery skills clusters: <ul style="list-style-type: none"> ● communication ● initial consultation between the woman and midwife ● normal labour and birth ● initiation and continuance of breast-feeding ● medicines management⁹. ● understand and reflect upon the role of the Supervisor of Midwives as enshrined in statute and enacted in legislation ● understand the principles of management and clinical governance within healthcare organisations ● demonstrate the ability to deliver safe and competent care to mothers and babies ● demonstrate the ability to ensure the safety of co-workers and self. 	<p>1.2, 1.3, 1.4, 1.5, 1.6, 1.7, 1.8, 1.9, 1.10, 1.11, 1.12, 1.14, 2.2, 3.1</p>
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⁹ See NMC Circular 23/2007, Annex 2

<p>A6 acquire knowledge and skills in handling information technology related to client care, health promotion and continuing professional development.</p>	<ul style="list-style-type: none"> ● access maternity care research and literature databases to augment quality of midwifery care and professional learning ● show proficiency in the use of word-processing, email, spreadsheets and databases as appropriate to woman and baby-centred care, and their own professional learning ● exercise critical judgement when using the internet as an information and learning resource ● use relevant electronic patient information systems ● comply with the requirements of freedom of information and data protection legislation. 	<p>1.1, 1.11, 1.12, 1.13, 1.15, 2.4, 4.3</p>
<p>A7 acquire knowledge of skills in numeracy and literacy for safe care of the mother and baby.</p>	<ul style="list-style-type: none"> ● demonstrate the ability to manage numerical data ● demonstrate competence in the process of drug calculation ● demonstrate knowledge of how to record and use data appropriate to maternity care ● demonstrate the ability to interpret record and report changes in client information and data appropriately. 	<p>1.1, 1.12, 1.13, 4.1, 4.4</p>

B: Professional skills and abilities

<p>Benchmark The programme of preparation will enable students to:</p>	<p>Expected features By the end of the programme students will:</p>	<p>Cross-reference to NMC proficiency standards</p>
<p>B1 utilise the principles involved in developing and maintaining therapeutic relationships through the use of appropriate communication and interpersonal skills.</p>	<ul style="list-style-type: none"> ● work in partnership with women and their families ● utilise effective communication and interpersonal skills to interact with women and their families ● provide support to women, their partners and families in changing and stressful situations ● demonstrate their professional responsibilities in relationships with women and their families ● engage in, and disengage from, therapeutic relationships through the use of effective interpersonal and counselling skills. 	<p>1.1, 1.2, 1.3, 1.4, 1.5, 1.6, 1.7, 1.8, 1.9, 1.10, 1.11, 1.15</p>

<p>B2 utilise appropriate knowledge, skills, tools and instruments to identify and assess the healthcare needs of women and babies.</p>	<ul style="list-style-type: none"> ● undertake a comprehensive systematic assessment of women and babies using the tools/frameworks appropriate to midwifery care, taking into account relevant physical, psychological, social, cultural and spiritual dimensions ● discern relevant information from women, babies and their families to determine and prioritise care, including risk assessment ● identify health needs and use appropriate health promotion strategies to meet those needs ● maintain accurate records of the assessment process ● where appropriate, and with respect to confidentiality, human rights and data protection, communicate assessment findings to other relevant agencies involved in the care of women and babies. 	<p>1.1, 1.2, 1.3, 1.4, 1.5, 1.6, 1.7, 1.8, 1.9, 1.10, 1.11, 1.12, 1.13, 1.14, 1.15, 2.2, 2.5, 2.7</p>
<p>B3 use all the information gained from assessment to formulate plans and strategies to meet the healthcare needs of women and babies working, as appropriate, with families and members of the multiprofessional team.</p>	<ul style="list-style-type: none"> ● formulate and document the plan of care in partnership with the woman and, where appropriate, her partner and family ● provide and document a rationale and plan for midwifery care that takes into account all the information gained from the assessment ● use the best available evidence to underpin midwifery decisions ● incorporate public health and health promotion strategies into the plan of care ● where appropriate and with respect to confidentiality, human rights and data protection, communicate plan of midwifery care to other relevant agencies involved in the care of clients. 	<p>1.1, 1.2, 1.3, 1.4, 1.5, 1.6, 1.7, 1.8, 1.9, 1.10, 1.11, 1.12, 1.13, 1.14, 1.15, 2.2, 2.5, 2.8, 4.2</p>
<p>B4 deliver safe, appropriate care based on the best available evidence to women, babies and their families across a range of midwifery situations.</p>	<ul style="list-style-type: none"> ● apply theories, concepts and principles of midwifery to deliver woman-centred care ● provide safe and sensitive care to women and babies through the use of clinical skills and knowledge of best practice ● prioritise care on an ongoing basis ● recognise potential risk and intervene to prevent, where possible, complications from occurring ● practise in a manner that maintains human dignity, informed consent, human rights and professional responsibilities 	<p>1.2, 1.3, 1.4, 1.5, 1.6, 1.7, 1.8, 1.9, 1.10, 1.11, 1.12, 1.14, 2.2, 3.1, 4.3</p>

	<ul style="list-style-type: none"> ● analyse and interpret relevant public health information and use this knowledge to promote the health and well-being of women, babies and their families ● create and use opportunities to promote health and well-being of women, babies, and their families ● recognise the role of the Supervisor of Midwives in protecting the public and in monitoring the integrity of maternity services ● identify and manage challenging situations ● interpret and present information in a clear and concise manner and in a variety of formats ● understand and interpret numerical data appropriately ● maintain accurate records of all care delivered and communicate with other members of the multidisciplinary team. 	
<p>B5 continuously evaluate the effect of care delivered and alter care according to changing needs and circumstances.</p>	<ul style="list-style-type: none"> ● document accurately and evaluate the outcomes of midwifery care and other interventions and communicate to others, as appropriate ● reflect critically on practice to appraise and evaluate the effectiveness of midwifery care ● interpret and respond to significant changes in health, medical, psychological or social circumstances in women and babies in their care ● recognise and respond to situations in which the quality of care may be compromised. 	<p>1.2, 1.3, 1.4, 1.5, 1.6, 1.7, 1.8, 1.9, 1.10, 1.11, 1.12, 1.13, 1.14, 2.2, 2.8, 4.1, 4.4</p>
<p>B6 engage in effective teamwork, inter-agency and collaborative working.</p>	<ul style="list-style-type: none"> ● demonstrate an ability to work effectively as a team member ● communicate effectively to promote partnerships in the planning and delivery of care ● delegate appropriately, recognising legal and professional responsibilities of midwives ● demonstrate recognition of the worth, roles and value systems of different groups working in healthcare ● maintain effective interactions with relevant external agencies ● act as a source of information on midwifery issues within multidisciplinary and multi-agency settings. 	<p>1.2, 1.3, 1.4, 1.5, 1.6, 1.7, 1.8, 1.9, 1.10, 1.11, 1.12, 1.13, 1.14, 2.2, 2.4, 2.5, 2.6, 3.1, 3.2, 4.4</p>

C: Professional values, accountability and development

Benchmark The programme of preparation will enable students to:	Expected features By the end of the programme students will be able to:	Cross-reference to NMC proficiency standards
C1 value and demonstrate a commitment to promoting health and maternity care for women, babies and their families regardless of age, gender, sexuality, race, disability, creed or culture.	<ul style="list-style-type: none"> ● treat women and their babies as individuals with specific needs, desires and abilities ● demonstrate commitment to practising in a sensitive and non-discriminatory manner that promotes the primacy, dignity, welfare and human rights of women and their families ● demonstrate a commitment to social inclusiveness and anti-discriminatory practice in access to health and social care across different maternity care environments and community settings ● practise in accordance with the professional, ethical and legal framework ● adhere to the professional code of conduct for nurses, midwives and specialist community public health nurses ● practise in accordance with the Midwives Rules and Standards and Code of Practice ● practise in a manner that respects client confidentiality and adheres to the relevant data protection and freedom of information legislation with regard to access to medical records. 	1.2, 1.3, 1.4, 1.6, 1.7, 1.8, 1.9, 1.10, 1.11, 2.1, 2.2, 2.4, 2.7
C2 understand the importance and requirements of professional practice and accountability in different healthcare settings and employer contexts.	<ul style="list-style-type: none"> ● demonstrate accountability for midwifery care delivered, taking into account social, spiritual, cultural, legal, political and economic factors ● manage oneself, one's practice and that of others, as appropriate, recognising own abilities and limitations and referring to other professionals, where necessary ● demonstrate sound clinical judgement in the delivery of midwifery care including referral to other professionals, where appropriate ● articulate and justify decision-making processes associated with managing practice ● delegate care to others as appropriate, ensuring effective supervision and monitoring, and safe practice 	1.3, 1.4, 1.5, 1.6, 1.7, 1.8, 1.9, 1.10, 1.11, 1.12, 1.13, 1.14, 1.15, 2.1, 2.2, 2.3, 2.4, 2.5, 2.6, 2.7, 3.1, 3.2, 4.1, 4.2, 4.3, 4.4

	<ul style="list-style-type: none"> ● transfer knowledge and skills to a variety of midwifery care settings and unexpected situations ● contribute to public protection by creating and maintaining a safe environment of care for clients, self and co-workers ● contribute to the development of protocols to enhance quality provision of midwifery care ● initiate appropriate action in emergency situations in accordance with employers' guidelines, policies and protocols ● take appropriate action to address the use of inappropriate guidelines and policies. 	
<p>C3 value themselves as growing professionals by taking responsibility for their lifelong learning, reflective practice and professional development.</p>	<ul style="list-style-type: none"> ● demonstrate a commitment to continuing professional development ● engage in reflection on own professional learning needs and take steps to meet these ● apply a knowledge-base to support and teach others ● engage in statutory supervision, and clinical supervision and the developmental aspects of clinical governance ● recognise and reflect on the need for changes in practice from best available evidence ● engage in reflective thinking that contributes to advancing practice. 	<p>2.1, 2.2, 2.8, 3.1, 4.2, 4.3, 4.4</p>

5 Teaching, learning and assessment

5.1 The pre-registration midwifery programmes are structured to reflect the complexity of independent midwifery practice alongside the midwife's multi-faceted role as a member of different health and social care teams. The integration of university and practice-based learning is explicit across a wide variety of learning environments. Students' prior learning and experiences will be capitalised upon and developed alongside the acquisition of essential new knowledge and skills which will be adapted according to maternity care contexts. The overall aims and final outcomes of the award together with the available learning environments and specific topic requirements should inform the progression staging points and the learning and teaching strategies and assessment methods.

5.2 Effective learning requires appropriate and supportive learning environments. From the outset of the programme, students need to be assisted in the effective use of theory in practice and the use of practice to inform theory, as well as the development of essential observational, communication and psychomotor skills. Placements in appropriate non-midwifery settings and with other health professionals will provide opportunities to develop broader clinical skills and multiprofessional teamwork. Consideration needs to be given to the length, continuity and variety of practice settings, midwife mentors and practice educators that will enable students to experience the full scope of midwifery practice. This includes the 'sign off' period throughout the final year of the midwifery programme.

5.3 The learning is facilitated by appropriately qualified and experienced lecturers in the university, and mentors in practice who are academically and clinically credible. Attention will also be given to the NMC Standards of proficiency for pre-registration midwifery education. The learning process can be expressed in terms of three interrelated themes.

- **Multiple ways of knowing** - the woman's perspective, research and other relevant evidence from a broad subject field, the multiprofessional reflexivity perspective, and awareness and motivation to engage in new ways of thinking and acting.
- **Student-centred learning** - to include approaches which are manipulated by wide-ranging prior knowledge and experiences, the various contexts and environments experienced by women with very different needs together with peer, teacher/lecturer and practice-based mentor/assessor feedback on performance. These approaches will enable students to be self-critical and make adjustments to their attitudes and goals. They will also be facilitated to understand the need for self-directed and lifelong learning.
- **Holistic and specific skills learning** - encompassing key midwifery skills and the ability to integrate skills and knowledge with relevant contextual understanding to target midwifery care according to individualised holistic needs and health priorities.

5.4 The pre-registration midwifery programme acknowledges the wide entry gate for students and the expectation that they will learn at different rates and in diverse ways. Students need, therefore, to develop their preferred learning style and also to adopt new learning styles to equip them for the breadth, depth and differing speed of responses needed to cope with complexity and change in midwifery practice. A variety of learning and teaching strategies is required to enable this process.

5.5 Learning approaches may include:

- enquiry-based learning/problem-based learning which enables students to participate actively in setting the learning agenda, to frame/reframe and solve problems and to learn from each other
- small group inter-professional learning (in the learning about each other context when objectives are shared, rather than learning about subjects together) to enhance multiprofessional/multi-agency teamwork
- use of real life scenarios, lectures, role play, simulation of practice situations that are infrequently encountered, individual and group experiences and reflection on the practice of others, seminars, skills learning in laboratory and practice environments, computer-assisted learning, learning journals/diaries and reflection on the development of learning, individual and group tutorials
- use of a variety of communication strategies and information technology systems and understanding of different research methodologies to enhance informed choice and relationships with women and their families as well as providing evidence for improving practice.

5.6 Assessment strategies should recognise the interdependent nature of theory and practice and incorporate a tripartite partnership between student, university midwife teacher/lecturer and practice-based mentors/assessors. Assessors must be both academically and clinically credible and assessment should take place in the contexts which are most appropriate for making valid assessment judgements. This can only be achieved if practice-based mentors are given appropriate preparation and time to undertake this role. Midwife lecturers need to support the mentors on a regular basis by various means. It is to be noted that students of midwifery must demonstrate the previously stated NMC essential skills clusters for midwifery prior to registration. In relation to assessment, it is also important that the essential skills clusters for midwifery are read in conjunction with the NMC Standards of proficiency for pre-registration midwifery education, standard 15 (see Appendix 2), and also NMC Circular 24/2007 with regard to progression points through the pre-registration midwifery programme.

5.7 Pre-registration midwifery programmes assess proficiency in practice on a continuous basis so that a repertoire of skills is assessed, as well as the capability to integrate knowledge and skills with relevant contextual understanding and empathy to provide holistic midwifery care. Methods of assessment could include: students' portfolio of learning which draws upon evidence from practice, research and scholarship; essays, examinations, case studies, seminar papers, poster presentations, critical incidents, health promotion packages etc. Academic assessment is designed to be diagnostic, developmental and to test cognitive skills, drawing on the contexts of midwifery practice and reflecting the learning and teaching methods employed. It is also designed to be summative to ensure that students are fit for practice.

Appendix 1: Statement of common purpose for subject benchmark statements for the health and social care professions

General introduction to the development of the Statement of common purpose

Subject benchmark statements are relatively new in health care. During their initial development, it became apparent that there were features common to each subject area and potential areas of overlapping among the statements. The opportunity was taken, therefore, to develop a framework to be associated with each of the subject-specific benchmark statements. The framework was, accordingly, included in each statement in order to illustrate, on one hand, the shared context upon which the education and training of healthcare staff rests and, on the other, the unique professional context within which programmes are organised. At the time, it was also recognised explicitly that experience and developments in health and social care practice would demand revisiting the statements periodically. For this reason and because there was potential for the framework to embrace other health-related areas as well as social care, the original framework was always referred to as 'emerging' and never published separately from discipline-specific benchmark statements.

Many changes have occurred in the five years since the development and adoption of the emerging framework associated with a number of subject benchmark statements in health care. These include considerable development of interprofessional education, the emergence of new professions and additional roles and technologies in health and social care, the appearance of new regulatory bodies, significant changes in the way in which services are delivered, and a much enhanced requirement for clients and patients to be enabled to participate in making decisions about their care and care needs. These factors, and others, suggest that the emerging framework associated with the first set of benchmark statements for health-related subjects is now in need of significant revision and needs re-casting to place clients' and patients' expectations of health and social care staff at the centre of its focus.

The development of a statement crossing health and social care is ambitious, given that the relationship between social care and social work is contested. Social work can be seen as part of social care or as distinct from it. Even a definition of the social care workforce is complicated. It can be seen as comprising staff who perform roles normally associated with social services or, alternatively, extended to incorporate staff engaged in activities associated with housing, personal advisers for young people, and nursery workers.

The education and training of social workers in England is governed by a subject benchmark, by national occupational standards and by central government requirements. Those training in Wales, Scotland and Northern Ireland will have to qualify and practise within similar regulatory requirements. Education and training for the social care workforce is now receiving greater policy attention, with targets being set to raise the number of qualified staff. A 'statement of common purpose' needs to recognise the complex interrelationship between social work and social care, to embrace the varied roles and tasks that might fall within a definition of social care, and to recognise the distinguishing features of the four-nation context. Such a statement also needs to take

account of the different academic levels from NVQ to post-qualifying education for health and social care/work staff that have been and are being developed. Social work and social care staff, once registered with their governing councils in the four nations, will be required to uphold defined professional values, knowledge and skills that offer a distinctive contribution to people's health and welfare. This needs to be acknowledged in a statement of common purpose designed to span health and social care.

Cross-professional benchmarks and statements of common purpose underpin trends towards increasingly integrated service delivery as well as interprofessional education and training. The challenge is not to subsume one discipline or professional activity into another but to integrate perspectives in a manner that maximises the synergies and distinctive contributions of each. This avoids an approach where health, education, or justice versions of what health care, social care and social work staff should learn and do become dominant. Any statement of common purpose should recognise that the onus to become more integrated in terms of values, knowledge-base and skills, applies to all disciplines and professions.

The Statement of common purpose

Preface

Subject benchmark statements for health-related subjects describe the nature and characteristics of programmes of study and training in health and social care. They also represent general expectations about standards for the award of qualifications at a given level and articulate the attributes and capabilities that those possessing such qualifications should be able to demonstrate.

Subject benchmark statements are used for a variety of purposes. Primarily, they are an important external source of reference when new programmes are being designed and developed. They provide general guidance for articulating the learning outcomes associated with programmes but they are not a specification of a detailed curriculum. Subject benchmark statements provide for variety and flexibility in the design of programmes and encourage innovation within an agreed overall conceptual framework. In health and social care, they offer the opportunity to focus the development of programmes from clients' and patients' perspectives, being creative in relation to interprofessional learning in both academic and practice settings.

Subject benchmark statements also provide support in the pursuit of internal quality assurance. They enable the learning outcomes specified for a particular programme to be reviewed and evaluated against agreed general expectations about standards.

Subject benchmark statements are one of a number of sources of information that are drawn upon for the purposes of external quality assurance, especially where judgements are made regarding whether threshold standards are met, as well as evidence of good practice. Benchmark statements are not used in isolation for these purposes and a broad range of other evidence and reference points support judgements of quality.

Subject benchmark statements may also be of interest to prospective students and employers seeking information about the nature and standards of awards in a given subject area.

Subject benchmark statements make explicit, in published form, the general academic characteristics and standards of awards across the United Kingdom. Benchmarked standards in health and social care subjects derive their legitimacy and authority from a process of drafting and extensive consultation involving appropriate specialists drawn from higher education institutions, subject associations, service commissioners and providers, and the professional and statutory regulatory bodies. Subject benchmark statements are reviewed periodically and, where appropriate, are revised to reflect changes in the subject area.

Introduction

This new statement of common purpose builds on and replaces the emerging framework and, like the emerging framework, is designed to be associated with subject-specific benchmark statements in health and social care. It is set out under three main headings:

- 1 Values in health and social care practice
- 2 The practice of health and social care
- 3 Knowledge and understanding for health and social care practice

The statement places the focus of students' learning on meeting the needs of clients and patients within an environment that requires effective team, interprofessional and inter-agency working and communication, as well as expert care. It aims to encourage shared learning by students from a range of health and social care disciplines, both in practice and in classroom-based activities. Higher education institutions, in partnership with service providers, will make informed curriculum choices about the construction of shared learning experiences which promote improved collaborative practice and this statement is an important consideration in making those choices. It should not, however, be regarded as a national curriculum for shared learning in health and social care.

The currency of the statement will be influenced by contextual developments affecting the disciplines to which the statement relates, including such factors as new regulatory arrangements.

The practice of health and social care professionals will continue to develop as a result of new knowledge and society's changing expectations of health and social care. As a consequence, this statement of common purpose will need to continue to develop and will be subject to periodic review. Comments that could improve it are welcome at any time and should be directed to QAA.

1 Values in health and social care practice

Health and social care professionals are personally accountable for their actions and must be able to explain and justify their decisions. They work in many different settings and practices and have to make difficult decisions about complex human situations which require the application of ethical principles. They seek to improve the quality of life for their patients and clients. All hold a duty to protect and promote the needs of their clients and patients and, in so doing, take into account any associated risks for the public.

1.1 Respect for clients' and patients' rights, individuality, dignity and privacy¹⁰

Health and social care staff should:

- be open and honest with their clients and patients
- listen to clients and patients
- keep information about clients and patients confidential within the limits of duty of care
- ensure that their own beliefs do not prejudice the care of their clients and patients
- recognise and value cultural and social diversity
- ensure individualised care and treatment to combat discrimination and social exclusion.

1.2 Clients' and patients' right to be involved in decisions about their health and social care

Health and social care staff should:

- provide information about clients' and patients' health and social care options in a manner in which the clients and patients can understand

¹⁰ 'Clients and patients' is used throughout this document to mean individuals, groups or whole populations.

- gain appropriate consent before giving care and treatment
- enable clients and patients to make informed choices about care, including cases where those choices may result in adverse outcomes for the individual
- provide clients and patients with proper access to their health and social care records.

1.3 Justify public trust and confidence

Health and social care staff should:

- be honest and trustworthy at all times
- act with integrity and never abuse their professional standing
- never ask for or accept any inducement, gift, hospitality or referral which may affect, or be considered to affect, their professional judgement
- always declare any personal interests to those who may be affected.

1.4 High standards of practice

Health and social care staff should:

- recognise and work within the limits of their knowledge, skills and experience
- maintain and improve their professional knowledge, skills and performance
- be committed to enhancing standards of practice in health and social care
- make prompt, relevant, clear, legible and proper records
- must deliver the highest standards of integrity and competence.

1.5 Protection from risk of harm

Health and social care staff should:

- act properly to protect clients, patients, the public and colleagues from the risk of harm
- ensure that their own or their colleagues' health, conduct or performance does not place clients and patients at risk
- protect clients and patients from risks of infection or other dangers in the environment.

1.6 Cooperation and collaboration with colleagues

Health and social care staff should:

- respect and encourage the skills and contributions which colleagues, in both their own profession and other professions, bring to the care of clients and patients
- within their work environment, support colleagues to develop their professional knowledge, skills and performance
- not require colleagues to take on responsibilities that are beyond their level of knowledge, skills and experience.

1.7 Education

Health and social care staff should, where appropriate:

- contribute to the education of students, colleagues, clients and patients, and the wider public
- develop skills of responsible and proper supervision.

2 The practice of health and social care

Health and social care are applied academic subjects, where practice is underpinned by theoretical learning. In their practice, health and social care professionals draw from the values, knowledge and skills of their own discipline. This knowledge and understanding form the basis for making decisions and judgements in a variety of contexts, often against a backdrop of uncertainty. Partnership working is essential to promote the well-being of individuals, groups and communities. Professional practice is essentially a process of problem solving. It can be characterised by four major phases:

- the identification and assessment of health and social care needs in the context of individual interaction with their environment
- the development of focused intervention to meet these needs
- implementation of these plans
- critical evaluation of the impact of professional and service interventions on patients and clients.

2.1 Identification and assessment of health and social care needs

Health and social care staff should be able to:

- obtain relevant information from a wide range of sources, using a variety of appropriate assessment methods
- adopt systematic approaches to evaluating information collected
- communicate their evaluations effectively to their clients, patients and other members of the health and social care team.

2.2 The development of plans to meet health and social care needs

Health and social care staff should be able to use knowledge, understanding and experience to:

- work with clients and patients to consider the range of activities that are appropriate
- plan care, and do so holistically
- record judgements and decisions clearly.

2.3 Implementation of health and social care plans

Health and social care staff should be able to:

- conduct appropriate activities skilfully and in accordance with good practice
- assign priorities to the work to be done effectively

- maintain accurate records
- use opportunities provided by practice to educate others.

2.4 Evaluation of the health and social care plans implemented

Health and social care staff should be able to:

- assess and document the outcomes of their practice
- involve clients and patients in assessing the effectiveness of the care given
- learn from their practice to improve the care given in the particular case
- learn from the experience to improve their future practice
- participate in audit and other quality assurance procedures to contribute to effective risk management and good clinical governance
- use the outcomes of evaluation to develop health and social care policy and practice.

2.5 Communication

Health and social care staff should be able to:

- make active, effective and purposeful contact with individuals and organisations utilising appropriate means such as verbal, paper-based and electronic communication
- build and sustain relationships with individuals, groups and organisations
- work with others to effect positive change and deliver professional and service accountability.

3 Knowledge and understanding for health and social care practice

The education and training of health and social care professionals draws from a range of academic disciplines which provide the underpinning knowledge and understanding for sound practice. Each profession has an identifiable body of knowledge and will draw from this as appropriate. However, there are areas of knowledge and understanding that are common to all health and social care professionals, which include:

- ethical principles, values and moral concepts inherent in health and social care practice
- legislation and professional and statutory codes of conduct relevant to their practice, and understanding of health and social care delivery configurations
- research and evidence-based concepts and explanations from law, psychology, social policy and sociology
- physical and psychological human growth and development.

In addition, and to an extent determined by the nature of their practice, health and social professionals will be familiar with:

- the structure, function and dysfunction of the human body
- public health principles
- health education in their practice.

Appendix 2: Standards of proficiency for pre-registration midwifery education

Domain	Standards of education to achieve the NMC standards of proficiency
Effective midwifery practice	<p>1.1 Communicate effectively with women and their families throughout the pre-conception, antenatal, intrapartum and postnatal periods. Communication will include:</p> <ul style="list-style-type: none"> ● listening to women, jointly identifying their feelings and anxieties about their pregnancies, the birth and the related changes to themselves and their lives ● enabling women to think through their feelings ● enabling women to make informed choices about their health and health care ● actively encouraging women to think about their own health and the health of their babies and families, and how this can be improved ● communicating with women throughout their pregnancy, labour and the period following birth.
Effective midwifery practice	<p>1.2 Diagnose pregnancy, assess and monitor women holistically throughout the pre-conception, antenatal, intrapartum and postnatal period through the use of a range of assessment methods and reach valid, reliable and comprehensive conclusions. The different assessment methods will include:</p> <ul style="list-style-type: none"> ● history taking ● observation ● physical examination ● biophysical tests ● social, cultural and emotional assessments.
Effective midwifery practice	<p>1.3 Determine and provide programmes of care and support for women which:</p> <ul style="list-style-type: none"> ● are appropriate to the needs, contexts, culture and choices of the women, babies and their families ● are made in partnership with women ● are ethical ● are based on best evidence and clinical judgement ● involve other practitioners when this will improve health outcomes. <p>This will include consideration of:</p> <ul style="list-style-type: none"> ● plans for birth ● place of birth ● plans for feeding their babies ● needs for postnatal support ● preparation for parenthood needs.

<p>Effective midwifery practice</p>	<p>1.4 Provide seamless care, and where appropriate interventions, in partnership with women and other care providers during the antenatal period which:</p> <ul style="list-style-type: none"> ● are appropriate for women's assessed needs, context and culture ● promote their continuing health and wellbeing ● are evidence-based ● are consistent with the management of risk ● draw upon the skills of others to optimise health outcomes and resource use. <p>These will include:</p> <ul style="list-style-type: none"> ● acting as lead carer in normal pregnancies ● contributing to providing support to women when their pregnancies are in difficulty (such as women who will need operative or assisted delivery) ● providing care for women who have suffered pregnancy loss ● discussion/negotiation with other professionals about further interventions which are appropriate for individual women, considering their wishes, context and culture ● ensuring that current research findings and other evidence are incorporated into practice ● team-working in the best interests of individual women.
<p>Effective midwifery practice</p>	<p>1.5 Refer women who would benefit from the skills and knowledge of other individuals:</p> <ul style="list-style-type: none"> ● to an individual who is likely to have the requisite skills and experience to assist ● at the earliest possible time ● supported by accurate, legible and complete information which contains the reasoning behind making the referral and describes the woman's needs and preferences. <p>Referrals might relate to:</p> <ul style="list-style-type: none"> ● women's choices ● health issues ● social issues ● financial issues ● psychological issues ● child protection matters ● the law.

<p>Effective midwifery practice</p>	<p>1.6 Care for, monitor and support women during labour and monitor the condition of the fetus and support spontaneous births. This will include:</p> <ul style="list-style-type: none"> ● communicating with women throughout and supporting them through the experience ● ensuring that the care is sensitive to individual women's culture and preferences ● using appropriate clinical and technical means to monitor the condition of mother and fetus, providing appropriate pain management ● providing appropriate care to women once they have given birth.
<p>Effective midwifery practice</p>	<p>1.7 Undertake appropriate emergency procedures to meet the health needs of women and babies. Emergency procedures will include:</p> <ul style="list-style-type: none"> ● manual removal of the placenta ● manual examination of the uterus ● managing post-partum haemorrhage ● resuscitation of mother and/or baby.
<p>Effective midwifery practice</p>	<p>1.8 Examine and care for babies immediately following birth. This will include:</p> <ul style="list-style-type: none"> ● confirming their vital signs and taking the appropriate action ● full assessment and physical examination.
<p>Effective midwifery practice</p>	<p>1.9 Work in partnership with women and other care providers during the postnatal period to provide seamless care and interventions which:</p> <ul style="list-style-type: none"> ● are appropriate to the woman's assessed needs, context and culture ● promote their continuing health and well-being ● are evidence-based ● are consistent with the management of risk ● are undertaken by the midwife because she is the person best placed to do them and is competent to act ● draw on the skills of others to optimise health outcomes and resource use. <p>These will include:</p> <ul style="list-style-type: none"> ● providing support and advice to women as they start to feed and care for the baby ● providing any particular support which is needed to women who have disabilities ● post-operative care for women who have had caesarean and operative deliveries providing pain relief to women ● team working in the best interests of women and their babies ● facilitating discussion about future reproductive choices ● providing care for women who have suffered pregnancy loss, stillbirth or neonatal death.

Effective midwifery practice	<p>1.10 Examine and care for babies with specific health or social needs and refer to other professionals or agencies as appropriate. This will include:</p> <ul style="list-style-type: none"> ● child protection ● congenital disorders ● birth defects ● low birth weight ● pathological conditions (such as babies with vertical transmission of HIV, drug-affected babies).
Effective midwifery practice	<p>1.11 Care for and monitor women during the puerperium, offering necessary evidence-based advice and support regarding the baby and self-care. This will include:</p> <ul style="list-style-type: none"> ● providing advice and support on feeding babies and teaching women about the importance of nutrition in child development ● providing advice and support on hygiene, safety, protection, security and child development ● enabling women to address issues about their own, their babies' and their families' health and social well-being ● monitoring and supporting women who have postnatal depression or other mental illnesses ● advice on bladder control ● advising women on recuperation ● supporting women to care for ill/pre-term babies or those with disabilities.
Effective midwifery practice	<p>1.12 Select, acquire and administer safely, a range of permitted drugs consistent with legislation, applying knowledge and skills to the situation which pertains at the time. Methods of administration will include:</p> <ul style="list-style-type: none"> ● oral ● intravenous ● intramuscular ● topical ● inhalation.

Effective midwifery practice	<p>1.13 Complete, store and retain records of practice which:</p> <ul style="list-style-type: none"> ● are accurate, legible and continuous ● detail the reasoning behind any actions taken ● contain the information necessary for the record's purpose. <p>Records will include:</p> <ul style="list-style-type: none"> ● biographical details of women and babies ● assessments made, outcomes of assessments and the action taken as a result ● the outcomes of discussions with women and the advice offered ● any drugs administered ● action plans and commentary on their evaluation.
Effective midwifery practice	<p>1.14 Monitor and evaluate the effectiveness of programmes of care and modify them to improve the outcomes for women, babies and their families. This will include:</p> <ul style="list-style-type: none"> ● consideration of the effectiveness of the above and making the necessary modifications to improve outcomes for women and their families.
Effective midwifery practice	<p>1.15 Contribute to enhancing the health and social wellbeing of individuals and their communities. This will include:</p> <ul style="list-style-type: none"> ● planning and offering midwifery care within the context of public health policies ● contributing midwifery expertise and information to local health strategies ● identifying and targeting care for groups with particular health and maternity needs and maintaining communication with appropriate agencies ● involving users and local communities in service development and improvement ● informing practice with the best evidence shown to prevent and reduce maternal and perinatal morbidity and mortality ● utilising a range of effective, appropriate and sensitive programmes to improve sexual and reproductive health.

Professional and ethical practice	<p>2.1 Practise in accordance with NMC's <i>The Code Standards of conduct, performance and ethics for nurses and midwives</i> (NMC 2008), within the limitations of the individual's own competence, knowledge and sphere of professional practice, consistent with the legislation relating to midwifery practice. This will include:</p> <ul style="list-style-type: none"> ● using professional standards of practice to self-assess performance ● consulting with the most appropriate professional colleagues when care requires expertise beyond the midwife's current competence ● consulting other health care professionals when the woman's and baby's needs fall outside the scope of midwifery practice ● identifying unsafe practice and responding appropriately.
Professional and ethical practice	<p>2.2 Practise in a way which respects, promotes and supports individuals' rights, interests, preferences, beliefs and cultures. This will include:</p> <ul style="list-style-type: none"> ● offering culturally-sensitive family planning advice ● ensuring that women's labour is consistent with their religious and cultural beliefs and preferences ● acknowledgement of the roles and relationships in families, dependent upon religious and cultural beliefs, preferences and experiences.
Professional and ethical practice	<p>2.3 Practise in accordance with relevant legislation. This will include:</p> <ul style="list-style-type: none"> ● practising within the contemporary legal framework of midwifery ● demonstrating knowledge of legislation relating to human rights, equal opportunities and access to patient records ● demonstrating knowledge of legislation relating to health and social policy relevant to midwifery practice ● demonstrating knowledge of contemporary ethical issues and their impact upon midwifery practice ● managing the complexities arising from ethical and legal dilemmas.
Professional and ethical practice	<p>2.4 Maintain confidentiality of information. This will include:</p> <ul style="list-style-type: none"> ● ensuring the confidentiality and security of written and verbal information acquired in a professional capacity ● disclosing information about individuals and organisations only to those who have a right and need to know it once proof of and right to disclosure has been obtained.

Professional and ethical practice	<p>2.5 Work collaboratively with other practitioners and agencies in ways which:</p> <ul style="list-style-type: none"> ● value their contribution to health and care ● enable them to participate effectively in the care of women, babies and their families ● acknowledge the nature of their work and the context in which it is placed. <p>Practitioners and agencies will include those who work in:</p> <ul style="list-style-type: none"> ● health care ● social care ● social security, benefits and housing ● advice, guidance and counselling ● child protection ● the law.
Professional and ethical practice	<p>2.6 Manage and prioritise competing demands. This will include:</p> <ul style="list-style-type: none"> ● deciding who is best placed and able to provide particular interventions to women, babies and their families ● alerting managers to difficulties and issues in service delivery.
Professional and ethical practice	<p>2.7 Support the creation and maintenance of environments that promote the health, safety and wellbeing of women, babies and others. This will include:</p> <ul style="list-style-type: none"> ● preventing and controlling infection ● promoting health, safety and security in the environment in which the practitioner is working, whether it be at a woman's home, in the community, a clinic, or in a hospital.
Professional and ethical practice	<p>2.8 Contribute to the development and evaluation of guidelines and policies and make recommendations for change in the interests of women, babies and their families. Evaluating policies will include:</p> <ul style="list-style-type: none"> ● consideration of best available evidence ● providing feedback to managers on service policies ● representing the midwife's own considered views and experiences within the context of broader health and social care policies in the interests of women, babies and their families.

Developing the individual midwife and others	<p>3.1 Review, develop and enhance the midwife's own knowledge, skills and fitness to practise. This will include:</p> <ul style="list-style-type: none"> ● making effective use of the framework for the statutory supervision of midwives ● meeting the NMC's continuing professional development and practice standards ● reflecting on the midwife's own practice and making the necessary changes as a result ● attending conferences, presentations and other learning events.
Developing the individual midwife and others	<p>3.2 Demonstrate effective working across professional boundaries and develop professional networks. This will include:</p> <ul style="list-style-type: none"> ● effective collaboration and communication ● sharing skills ● multi-professional standard-setting and audit.
Achieving quality care through evaluation and research	<p>4.1 Apply relevant knowledge to the midwife's own practice in structured ways which are capable of evaluation. This will include:</p> <ul style="list-style-type: none"> ● critical appraisal of knowledge and research evidence ● critical appraisal of the midwife's own practice ● gaining feedback from women and their families and appropriately applying this to practice ● disseminating critically-appraised good practice.
Achieving quality care through evaluation and research	<p>4.2 Inform and develop the midwife's own practice and the practice of others through using the best available evidence and reflecting on practice. This will include:</p> <ul style="list-style-type: none"> ● keeping up-to-date with evidence ● applying evidence to practice ● alerting others to new evidence for them to apply to their own practice.
Achieving quality care through evaluation and research	<p>4.3 Manage and develop care utilising the most appropriate information technology (IT) systems. This will include:</p> <ul style="list-style-type: none"> ● recording practice in consistent formats on IT systems for wider-scale analysis ● using analysis of data from IT systems to apply to practice ● evaluating practice from data analysis.
Achieving quality care through evaluation and research	<p>4.4 Contribute to the audit of practice to review and optimise the care of women, babies and their families. This will include:</p> <ul style="list-style-type: none"> ● auditing the individual's own practice ● contributing to the audit of team practice.

Appendix 3: Membership of the benchmarking group for midwifery

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Joan Cameron	University of Dundee
Dr John S Drummond (Academic writer)	University of Dundee
Heather Gibson (QAA officer)	QAA Scotland
Denise Gray	University of Paisley
Christine Kilgour	Glasgow Caledonian University
Jennie Parry (Convener)	The Robert Gordon University
Diane Patterson	Yorkhill Maternity Hospital
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