

Response to learning disability and autism training for health and care staff consultation

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The Royal College of Midwives' response to the DHSC consultation learning disability and autism training for health and care staff.

The Royal College of Midwives (RCM) is the trade union and professional organisation that represents the vast majority of practising midwives in the UK. It is the only such organisation run by midwives for midwives. The RCM is the voice of midwifery, providing excellence in representation, professional leadership, education and influence for and on behalf of midwives. We actively support and campaign for improvements to maternity services and provide professional leadership for one of the most established clinical disciplines.

The RCM welcomes the opportunity to respond to this consultation and set out our general comments below.

The RCM supports proposals for mandatory learning disability and autism training for both midwives and MSWs, but is mindful that in the current climate access to funded training and development for staff during working hours is an issue that needs to be addressed.

The RCM has raised concerns through the NHS Pay Review Body about access to both mandatory training and continuing professional development for midwives and maternity support workers (MSWs). Our annual UK wide heads of midwifery (HOMs) survey in 2018 showed 81% of HOMs reporting that only some Continuing Professional Development (CPD) is provided during working hours, 7% said that no CPD is provided during working hours. 31% of HOMs have had to reduce training in the last twelve months. 96% of HOMs reported that all mandatory training is provided during working hours but it is of concern that this figure is not 100%. Indeed the most recent NHS Staff Survey found that 70.9% of all staff had non-mandatory training, learning or development in the last year. This is the worst score in the past 4 years, continuing a year-on-year decline since 2016. The RCM supports the Care Certificate as part of the induction process as a minimum requirement but our research commissioned by Health Education England (HEE) in 2017 found that whilst over 30% of MSWs had completed or were completing the Care Certificate, 23% had not heard of the Care Certificate¹.

The RCM supports proposals for a training passport that is portable across employers. We support this concept more widely for all mandatory training as an efficient system that would benefit both staff and employers. The development of either a national passport or locally

¹ RCM. Valuing MSWs. (2018) <https://www.rcm.org.uk/media/2346/valuing-msws.pdf>

agreed systems should be developed in partnership with trade unions. An example of where a passport approach has worked well is in midwifery education where there are limited numbers of clinical learning placements with multiple NMC approved education institutions (AEIs) providing pre-registration midwifery education vying for those placements. In order to support sign off mentors, minimise confusion and reduce anxiety for those learners, the AEIs collaboratively developed a clinical placement assessment document that supports all learners in those learning environments. The RCM welcomed and supported this strategy.

From 1 April 2019 pay progression for new starters and promoted staff employed under Agenda for Change terms and conditions is to be based on the appraisal process being completed within the last 12 months. Outcomes should in line with the organisation's standards, no formal capability preceding being in place, no formal disciplinary action live on the staff member's record, statutory and/or mandatory training having been completed. This necessitates the formal recording of completion of mandatory training through ESR this should be taken into account when exploring how best to record levels of mandatory learning disability and autism training uptake.

A MENCAP report in 2011² included a survey of midwives, it found that 91.9% had not received learning disability training but 96.5% would find this type of training useful or very useful. Since this report there has been little research into the experience of people with learning disabilities in maternity services or the training needs of midwives. The RCM asked our Learning Representatives (workplace representatives who assist and advise other RCM members on their training and development needs and promote opportunities to access learning) informally at a training course in April 2019 whether they would find learning disability and autism training useful and they confirmed that they would, particularly around communication. Though there is a lack of specific evidence around maternity services there is evidence from users of healthcare services that this training is necessary, an Autistic Society survey found that 70% of respondents chose training for healthcare professionals as the priority which would most improve access to healthcare for autistic people³. Research has highlighted the challenges in identifying autism in women and girls who may demonstrate the less traditionally obvious traits of autism, which can mean that women may be diagnosed late or not at all⁴. Midwives may well be caring for these women who have not been diagnosed, training should address this possibility to ensure staff are equipped to care and communicate effectively.

As registered healthcare professionals midwives are governed by the Nursing and Midwifery Code which requires midwives to 'prioritise people'. It provides a good foundation for all midwives to care for women appropriately. The Code includes the statements:

- Treat people as individuals and uphold their dignity
- Listen to people and respond to their preferences and concerns
- Make sure that people's physical, social and psychological needs are assessed and responded to
- Act in the best interests of people at all times
- Respect people's right to privacy and confidentiality

²Mencap. Inclusive support for parents with a learning disability. (2010) <https://www.bestbeginnings.org.uk/Handlers/Download.ashx?IDMF=7c0dbca0-da87-4e00-a573-a8de3f8d719e>

³ National Autistic Society. Westminster Autism Commission (2018)

⁴ National Autistic Society. (2019) <https://www.autism.org.uk/womensday>

Subsections of these statements include requiring midwives to be advocates for vulnerable people, act in partnership and encourage and empower people to share decisions about their treatment and care.⁵

Further, the Standards for Competence for Registered Midwives from the NMC include various standards which make clear the importance of personalised care and reducing health inequalities. The Standards for the basis for midwifery education in the UK and they specify the knowledge, understanding and skills that midwives must demonstrate when caring for women, newborn infants, partners and families across all care settings. They reflect what the public can expect midwives to know and be able to do in order to deliver safe, effective, respectful, kind, and compassionate midwifery care. Standards include:

- enabling women to make informed choices about their health and health care,
- make care plans in partnership with women which are appropriate to the needs, contexts, culture and choices of women, babies and their families;
- identifying and targeting care for groups with particular health and maternity needs and maintaining communication with appropriate agencies;
- demonstrating knowledge of legislation relating to human rights, equal opportunities, equality and diversity;
- gaining feedback from women and their families and appropriately applying this to practice⁶

The NMC are currently consulting on new Standards for Midwifery, and the proposals includes standards that emphasise the different ways women can show their care preferences and enabling them to do this through making adjustments and having an open mind:

- actively listen, recognise and respond to verbal and non-verbal cues, in order to optimise the understanding of women's needs, views, preferences and circumstances, and how these may change over time
- use clear language and appropriate written materials, making reasonable adjustments where appropriate, optimising women's, and their partners' and families', understanding of their own and their newborn infant's health and well-being; this should include: -recognise the need for, and facilitate access to, translation and interpretation services and material.
- recognise and accommodate sensory impairments during all communications- support and manage the use of personal communication aids-identify the need for alternative communication techniques, and access services to support these
- continue to use effective communication techniques with women, partners and families and with colleagues in challenging and emergency situations, maintaining respect and sensitivity

These draft standards⁷ will likely become approved in 2020, following the consultation outcome. As registrants, all midwives are expected to have a good foundation on which to

⁵ NMC. The Code. (2015) <https://www.nmc.org.uk/globalassets/sitedocuments/nmc-publications/nmc-code.pdf>

⁶ NMC. Standards for competence for registered midwives (2009).
<https://www.nmc.org.uk/globalassets/sitedocuments/standards/nmc-standards-for-competence-for-registered-midwives.pdf>

⁷ NMC. Future midwife: Draft Standards of proficiency for midwives.(2019)
<https://www.nmc.org.uk/globalassets/sitedocuments/midwifery/future-midwife-consultation/draft-standards-of-proficiency-for-midwives.pdf>

build more specialist knowledge in caring for people with particular vulnerabilities or care needs.

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