CONTENTS

Foreword 5

1. Introduction 7

2. Policy and service context 11

3. Education and development opportunities 14
   The learning and development process 15
   Planning maternity support worker learning and development 16
   Knowledge and Skills Framework 17
   What are competencies? 18
   Healthcare National Occupational Standards 19
   Types of learning 20
   The learning environment 21
   Recording learning and reflecting on it 22
   National Frameworks and learning credits 23
   Qualification and Credit Framework (QCF) 24
   Formal qualifications 26
   Accreditation of Prior and Experiential Learning 28

4. Choosing a learning programme 29
   Before learning starts: in the workplace 29
   Selecting a learning programme 30
   Recruitment and selection 30
   Equality and diversity 31
   The learning programme 31
   After the learning 32

5. Case Studies 33

Annex 1: National Occupational Standards 36

Annex 2: Glossary 38

References 39

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FOREWORD

Maternity support workers are long standing and highly valued members of the maternity team. They contribute to high quality care for infants, mothers and their partners, by supporting midwives and other colleagues. Effective and well-designed education and training, which builds skills, attitudes and knowledge, is vital in helping them fulfil this role. In recent years good progress has been made across the United Kingdom developing programmes that specifically meet the needs of maternity support staff but there is still more that needs to be done. Education and training programmes can too often be of variable quality and quantity. The infrastructure to support learning in the workplace is not always in place and few programmes comprehensively address career development opportunities.

This document sets out a clear framework to allow Royal College of Midwives members and officers, trust training and Human Resource Departments, Heads of Midwifery, Directors of Nursing, supervisors of midwives, education providers, commissioners of education and others to assess the effectiveness of local education and training provision, structures and systems.

The publication also provides maternity support workers with information to help them through the various developmental opportunities available. This is particularly important now when the role of support workers is broadening, maternity units across England face increasing demands for their services and the role of qualified midwives is being enhanced.

The RCM has long been at the forefront of responding to the learning and development needs of maternity support workers. In 2004 we produced Prepared to Care – a flexible education programme designed to build support worker’s core competencies through a formal curriculum. Education providers and others have used this to help them create learning programmes. More recently we have been directly involved in developing learning programmes in partnership with others. This includes working with the Department of Health, Strategic Health Authorities and Skills for Health to develop apprenticeship roles in maternity units.

The RCM passionately believes that maternity support workers should have access to high quality life long learning opportunities so they can maximise their contribution to the maternity team and develop their careers. Maternity support workers have a rich range of experiences and possess knowledge and skills that can enrich the support provided to women and their families.

As the only organisation run for and by the maternity team we are concerned that all members of that team have access to learning that allows them to have the confidence, skills and attitudes to support women through pregnancy and beyond.

I welcome the timely publication of this document, which will provide an invaluable resource for all those involved in the development of the maternity support workforce.

Professor Cathy Warwick CBE, RCM General Secretary

This Guide is supported by the Royal College of Midwives, Royal College of Obstetrics and Gynaecology and the Department of Health.
What this document aims to do

This document provides information designed to assist maternity support staff, their managers, midwives, RCM officers, midwifery educationalists and others assess the appropriateness of current learning processes, environments and education opportunities for maternity support workers.

- It describes the policy context behind the development of the maternity workforce in England.
- It describes the education credit and qualification framework in England and key vocational qualifications.
- It describes the workplace learning frameworks that should be in place to allow maternity support staff identify their learning needs and develop.
- It provides guidance on how to assess the effectiveness and appropriateness of formal education programmes.
- It provides case study examples of good practice.
Maternity support worker (MSW) roles are developing across England in response to a range of service and workforce demands, including the need to address workload pressures for midwives, recruitment and retention issues, increasing birth rates and the need to ensure effective allocation of resources to improve the quality and productivity of services for infants, mothers and their families across the whole maternity continuum. The development of support posts, particularly higher-level ones, however, has been ad hoc. While this has allowed posts to meet specific local needs it has also created a range of issues and challenges. These include variations in roles, responsibilities and titles alongside a plethora of learning and development opportunities too often of variable duration and quality.

Research has identified a number of significant issues in respect of the training and development of MSWs (Fryer, 2006; CSIP, 2006; Kings College, 2007; RCM Wales et al., 2008). These include:

- A disparate range of learning programmes resulting in a lack of standardisation.
- Unaccredited learning.
- Problems experienced by MSWs accessing learning.
- Learning programmes, such as general health and social care National Vocational Qualifications (NVQs), which do not meet the specific learning needs of maternity support staff.
- Learning outcomes that are not transferable.
- Variable quality of provision.
- Variable duration of programmes.
- Learning that often does not support clear MSW career pathways and life long learning.

In 2006 a Care Services Improvement Programme (CSIP) report concluded, that maternity support worker “training does not always reflect the type or level of competence required, hence it is not always fit for purpose” (page 61).

Maternity Support Workers: Definitions

Historically wide ranges of titles have been used to describe employees who support midwives. Initially described as Auxiliary Nurses, current titles include Maternity Support Workers, Health Care Assistants, Support Workers, Ward Attendant, Maternity Assistants, Maternity Care Workers and Nursery Nurses. A number of studies have identified the need for clear and consistent titles and role definitions for maternity support workers. These currently do not exist throughout the UK.

Broadly there are three levels of maternity support worker role. The first includes the undertaking of general household or clerical/administrative duties to support care such as making appointments, hotel services (including cleaning, making beds and distributing food), assisting with stock taking, acting as a ‘runner’ during theatre procedure or assisting with infant feeding or making up booking packs.
The second, more often described as a Maternity Support Worker in England, Wales and Northern Ireland and Maternity Care Assistant in Scotland, provides support at a higher level more directly assisting midwives and obstetricians, for example through demonstrating infant bathing techniques and breast and infant feeding.

At the highest-level MSW roles have been developed to assist in Obstetric theatres.

In reality roles may combine elements of both administrative and higher level support duties. Support workers undertake duties across the whole maternity pathway: on antenatal wards, in clinics, intrapartum and post-partum and community settings.

In this document the term ‘maternity support worker’ is used as a generic term to describe all employees in Agenda for Change bands 2-4 who support midwives and obstetricians.

Progress is being made to develop clearly defined core competencies and associated learning programmes through the work of Skills for Health and others. This represents a welcome step forward in ensuring maternity teams have the right capacity and capabilities to meet the demands they face. As Maternity Matters (Department of Health, 2007) noted – “it is important to ensure that services have staff at appropriate levels, with appropriate skills, undertaking appropriate tasks” (page 25). This is also essential if the NHS is to meet the vision set out in NHS 2010-2015: from good to great along with the challenges set out in the NHS Operating Framework (Department of Health, 2009).

It is essential that the effectiveness of the learning provided to maternity support workers, whether large-scale formal programmes designed to develop the skills, attitudes and knowledge to undertake a whole role or more limited specific training aimed at maintaining skills and knowledge or extending existing roles, is assessed to ensure that it meets the needs of staff, the service and mothers, infants and their families.

This document provides a framework to allow Heads and Directors of Midwifery (HOM/DOM), RCM officers, Directors of Nursing, commissioners of education, educationalists, maternity support workers and others to evaluate education programmes and the workplace learning infrastructure to support them – whether run in-house or externally. It builds on the substantial work the RCM has already undertaken in this area particularly its 2004 Prepared to Care: Fit for Purpose programme.

**Delegation of duties and governance**

Guidance published by the RCM in 2006, (Position Paper 26 Refocusing the Role of the Midwife), outlines examples of tasks that can be delegated by midwives including:

1. Advice and information on nutrition, exercise, smoking and other lifestyle factors associated with a healthy pregnancy
2. Facilitating fathers’ and partners’ involvement
3. Providing information and advice on self care and infant care
4. Information, advice and support with initiating and maintaining breastfeeding
5. Information, advice and support with infant feeding
The RCM does not support the expansion of support roles into areas of practice that do not demonstrably improve the quality of, or access to, midwifery expertise. MSWs must carry out delegated tasks that are appropriately within their specified role.

In all cases MSWs must be responsible to a midwife. The midwife is accountable for any duties delegated to MSWs.

A number of learning programmes make clear the duties not to be undertaken by support workers. The Maternity Care Assistants in Scotland, A Skills Passport (NHS Education for Scotland, 2008) document, used by support workers to record their acquisition of competencies, for example, provides comprehensive lists of tasks that must not be undertaken by support workers including assisted delivery, fetal blood sampling, antenatal assessment of women, assessment of uterine activity and removal of skin staples/sutures. Well-designed learning programmes underpin the delivery of safe care.

The document also provides more general information about educational opportunities and developmental processes to assist staff plan their career progression and understand how formal vocational education is organised in England. Case studies are provided to further assist understanding.

Effective training and development is essential to ensure staff have the right skills, behaviours and knowledge to carry out their roles and responsibilities safely and are able to deliver quality care for women.

Reasons for introducing maternity support roles
“The introduction and development of maternity care assistants has been identified as one way of developing and modernising maternity services in order to be responsive to current and future needs” (NHS Education for Scotland, 2006, page 2).

CSIP (2006) identified the following reasons why NHS trusts in England had introduced maternity support workers:
- To address workload pressures particularly arising out of Birthrate Plus audits
- To respond to skill mix changes resulting from implementation of the European Working Time Directive for medical staff
- Financial considerations
- The need to respond to the recruitment and retention of midwives
- To meet local service needs

Research by London South Bank University (Griffin R, Dunkley-Bent J and Malhotra G, 2009) identified the following drivers for the introduction of the role in London:
- Reduce the workload of midwives
- Improve the quality of services
- Improve patient experience
- Respond to skill mix changes
- Improve administration and housekeeping support
- Assisting with clinical safety
- Improve productivity
A project to develop the role in Wales found the following rationale for developing higher-level support workers (RCM Wales, Skills for Health and NLIAH, 2008):

- Improve retention amongst midwives
- Improve deployment of available resources
- Secure long-term commitment of maternity support staff through enhanced career opportunities

NHS Education for Scotland (2006) identified the following benefits resulting from the introduction of maternity support roles:

- Provide midwives with additional support and assistance as their role expands
- Support continuity of care
- Assist effective care planning and delegation

In Northern Ireland in 2008 the Northern Ireland Executive supported the development of MSW roles in order to increase capacity in maternity units in response to rising birth rates and to allow midwives to concentrate on caring for mothers and infants¹.

“Potentially the MCA can assist by providing increased face to face time and support, thus enabling the midwife to direct her skills towards those who will benefit most” (NHS Education for Scotland, 2006, page 5).

While support posts have long been present in maternity units the role has been developing in recent years in response to changing policy and service requirements. These include:

- Increasing demands on maternity services arising from social and technical changes (see box below)
- The need to maximise midwives direct contact with mothers and babies
- Changing expectations of women and families of care
- Increased technology
- Increase in screening and other tests and choices, requiring more discussion and explanation from midwives
- The introduction of the European Working Time Directive for medical staff
- The need to develop effective team working
- Opportunities to enhance the role and function of midwives
- Persistent shortages of qualified midwives coupled with an ageing workforce

These pressures have resulted in the need to build the capacity, flexibility and capability of the whole maternity workforce.

### Birth Rates

The number of live births in England and Wales increased for the seventh successive year in 2008. There were 708,711 live births in 2008 compared with 690,013 in 2007. Throughout the UK the average age of women giving birth has risen, as has the proportion of complex cases.

A survey in 2000 sponsored by the RCM found most MSWs had difficulties accessing NVQs (RCM and DH, 2000). Six years later CSIP found “training does not always reflect the type or level of competence required, hence it is not always fit for purpose” (2006, page 61). This has implications for the quality of service provided (McKenna et al., 2003). CSIP found that general NVQ qualifications were not appropriate for the specific skills

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2 In 1991 the Audit Commission reported that midwives spent significant time –© up to 32% – undertaking clerical and housekeeping duties which detracted from direct midwifery care.


4 A third of midwives in London, for example, are aged 50 or over (NHS London, 2007)
required by maternity support workers. Research undertaken by London South Bank University in fourteen London trusts, employing 470 maternity support workers, found that most trusts used either NVQ level 2 or 3 vocational qualifications to train support workers. However maternity units also used Foundation Degrees, BTEC diplomas and National Nursery Examination Board diploma qualifications to support their staff’s development. A number of maternity support workers had no qualifications. There were also mixed levels of satisfaction amongst HOMs with current training provision. Only a third were satisfied with the training their MSWs received (Griffin et al 2009).

These findings have been repeated in other parts of the United Kingdom. Research in nine trusts in Wales, for example, found that half were using adapted NVQ level 2 qualifications and the remainder modified NVQ level 3 units. Many NVQs were not accredited. A systematic education programme for developing support workers was present in only two NHS trusts. This research noted that:

“throughout England and now in Wales individual NHS trusts have by and large developed their own programmes for training and developing their maternity support workforce” (RCM Wales, Skills for Health, NLIAH, 2008, page 23).

In England the Department of Health’s (DH) 2004 National Service Framework (NSF) for Children, Young People and Maternity Services encouraged the development of support staff, describing the need for “appropriate training” so that maternity support workers could:

“…work under midwife or health visitor supervision in hospital (or community post-natal care teams) – providing basic care and support for women and their babies. This could include infant feeding advice and general information about the hospital environment including catering, washing and visiting arrangements” (page 31).

Maternity Matters – Choice, Access and Continuity of Care in a Safe Service (DH, 2007) called for an increase in the employment of MSWs to undertake, for instance, clerical work and assistance for infant feeding and parenting classes. Maternity Matters noted that using and maximising the skills of staff at all levels and investing in training and development had the “potential to release clinical time and improve outcomes of babies particularly through maternity support workers”. The document echoed the NSF’s call for support workers to be “appropriately trained” (page 43).

Neither document, though, set out what should constitute ‘appropriate training’ for maternity support workers. While specific support worker learning programmes are being developed in different parts of England (see case studies, below) there remains a lack of an overall standardised programme of learning linked to clear career pathways. Kings College’s (2007) review of the development of support workers in maternity services called for a managed and consistent approach to maternity support worker learning and development in England.

Maternity remains a high priority for the Department of Health. The NHS’ Operating Framework 2010-2011 (Department of Health, 2009) highlights the importance of ensuring women’s access to care from the twelfth completed week of pregnancy and optimising the health of newborn babies. The Framework also points to the need for maternity units to have the appropriate workforce to meet local demand.

Until recently learning for maternity support workers has by and large been developed by individual employers and often based on generic qualifications. Recently a number of maternity support worker specific qualifications have been developed that, linked to National Occupational Standards and KSF domains, address the specific skill, knowledge and work-related behaviours of the role. These are in their early stages and not available for all levels of maternity support work.
The next section of this document describes the education, training and development pathways that should be in place in maternity units to support MSWs.

**Introducing or developing maternity support roles**

Whilst it is not the aim of this document to provide information and advice for those considering introducing or developing maternity support roles there is now an extensive body of literature, toolkits and case studies about the successful development of the role. A selection of these is outlined below which can be consulted alongside the RCM’s guidance on the delegation of duties to support workers.


This publication draws lessons from the Large Scale Workforce Change Programme undertaken in England by NHS Employers to assist the development of maternity support workers. It covers the rationale for introducing the post, case studies and discussion of possible impact measures.


This report evaluates the rollout of maternity support roles in English trusts participating in NHS Employers’ Large Scale Workforce Change Programme. While reporting that the introduction of the role had been successful the report did highlight a number of issues such as inconsistent role specification, job specifications and variable levels of training. This publication also includes a summary of the background to the development of the role.


This report identified a range of issues in respect of maternity support roles including the need for consistency in the use of titles and tasks.


This document provides a toolkit for maternity services considering introducing or developing support roles aimed at providing clinical support to midwives. It covers the rationale for introducing the post, how to define its role and responsibilities and approaches to measuring impact.


This publication provides an account of a pilot to establish Agenda for Change band 3 maternity support workers with more direct clinical focus (including parent education, infant feeding initiation and sustainability and supporting efficiency in antenatal care) in Bro Morgannwg NHS Trust in Wales, the approach taken and the lessons learned.

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5 CSIP has now ceased operating as an organisation although this report remains available.
Lifelong learning and professional development

Maternity care must be provided by health care professionals in an appropriately skilled team supporting women, partners and infants through pregnancy and beyond. The RCM is committed to lifelong learning and continuing professional development for all its members to allow them to maintain, enhance and broaden their knowledge and competencies. Lifelong learning allows individual employees to become responsible for their on-going development, supporting them to maximise their contribution to service delivery and the provision of high quality and safe maternity care. The diagram below shows the overarching process that should underpin the development of maternity support roles.

Diagram 1: Developing and Supporting MSW Roles

The rationale for creating maternity support posts should be clearly established. This might include the need to reduce the non-clinical workload of midwives, improve administrative or housekeeping and improve the quality of care. The post’s responsibilities and relationships with other members of the maternity team should be agreed and clearly set out in job description. It should be ensured that delegation of tasks by midwives to the support
worker is appropriate. Posts should be linked to appropriate National Occupational Standard and KSF competencies through a KSF Outline. Learning programmes need to support the acquisition and maintenance of these competencies and relevant knowledge and work-related attitudes. Annual appraisals are the mechanism by which knowledge and skills gaps are identified and appropriate future learning opportunities identified. Learning should be reviewed to establish whether it has met the need identified in the previous appraisal. An appropriate learning infrastructure must also be established, for example, ensuring that support workers have access to local library resources, study time or learning sets.

The Learning and Development Process

Diagram 2, below, describes the steps to be taken to support the principles of lifelong learning. This process allows staff, supported by their Union Learning Representatives and managers to identify necessary learning and development needs relevant to maternity support workers' role.

Union Learning Representatives (ULRs)

ULRs have statutory recognition under the Employment Act 2002. ULRs are union representatives who promote learning in their workplace. They have four main roles:

- Giving support and encouragement to members who want to review and broaden their current range of skills
- Raising the profile of training and development in the workplace by providing advice, encouragement and information to members about a range of learning initiatives
- Helping to identify learning needs and provision by acting as a link between members and the union
- Working with local union committees on learning issues that need to be raised with management

The RCM is developing a network of ULRs within the maternity services across the United Kingdom.

Diagram 2: The Development Cycle
In order for a support worker to be an effective learner they need to be able to clearly identify their learning needs based on their role and appropriate KSF Outline⁷. A jointly agreed Personal Development Plan should be produced. Plans should address:

- The expected outcomes of learning.
- Identification of the appropriate learning activity to meet these aims.
- Identification of the support required to deliver the learning.
- Recording and reflection on what has been learned to allow assessment of whether the learning has addressed the skills or knowledge gap.
- Application of learning to role, which may involve support and encouragement from colleagues.
- Evaluation of the impact of the learning.
- Consideration of future learning needs.

Planning maternity support worker learning and development

Training and development for maternity support workers may serve four, often, linked purposes. At varying points of their career different factors can motivate support worker’s development requirements.

A newly employed worker, for example, is likely to concentrate on induction and in-house training. In contrast the focus for a maternity support worker, who has worked in health care for a number of years and is satisfied with his or her current position, may either be to consolidate their experience through a vocational qualification and/or keep up to date through in-service training, reading or reflection. A support worker who already has, for example, a NVQ level 3 may wish to undertake an education programme to become a qualified midwife and decide that a Foundation Degree may be the most appropriate way to acquire the academic and practical skills necessary to apply for an undergraduate course.

Outlined below is an example of a framework that sets out the principle rationales underpinning decisions to develop employees. Each is important in ensuring services have the right blend of skills to deliver appropriate, high quality and safe care. Each may require different approaches to learning. All require the maintenance of existing skills and knowledge.

Maternity support workers need to be encouraged to consider how they wish their careers to develop using the framework below. Essential to each of these approaches is the need for a coherent career structure and appropriate progression pathways supported by learning programmes, within the context of whole maternity workforce planning and development.

⁷ At present the only specific maternity support worker Job Outline is at band 4. Support workers at other levels are mapped against general Health Care Assistant Outlines. There are examples of locally developed Outlines based on Skills for Health’s competencies such as the Obstetric Theatre MSW role in the West Midlands.
Learning should, as indicated in Diagram 2, be linked, through the appraisal process, to organisational objectives. Learning experiences and evidence of its impact of practice should always be recorded (see below).

1: Maintaining current skills, knowledge and work-related behaviours
Provide the necessary skills, knowledge and work related behaviours to undertake current roles and responsibilities. This approach to staff development is likely to include participating in in-service training, mandatory training and short courses, as well as informal learning.

2: Formal recognition of job-related skills, knowledge and behaviours
Provide a formal recognition of the skills, knowledge and work related behaviours that the maternity support worker has acquired. This is achieved through the completion of a recognised education qualification, usually a NVQ. This approach is also likely to encompass some developmental learning.

3: Developing new skills, knowledge and work-related behaviours
This approach assists the maternity support worker develop her or his self within the maternity team for example by developing appropriate additional skills to undertake new tasks appropriate to their current grade. Examples might be learning to allow the support worker assist midwives deliver parent craft classes or carrying out and accurately recording clinical measurements (such as TPR and urinalysis).

4: Career progression
Help the maternity support worker progress from her current role into a higher-level one developing her role accordingly. Such progression may be supported through, for example, a NVQ or Foundation Degree. While vocational qualifications such as NVQs can assist support workers develop the necessary knowledge, skills and educational ability they cannot provide a ‘short cut’ into pre-registration programmes. They do, however, provide a ‘non-traditional’ route to facilitate support workers apply to undergraduate programmes.

Knowledge and Skills Framework (KSF)

The KSF defines, for healthcare posts, the necessary knowledge, skills and competencies required to undertake a role. It has six Core dimensions common to all posts and further Specific dimensions which vary depending on responsibilities. Post outlines, held electronically on the e-KSF, set out dimensions at the Foundation and Second Gateways for individual posts, levels within each dimension and appropriate indicators. Presently there is just a single specific Outline, at band 4, for Maternity Support Workers. Most support staff roles in maternity units are mapped against general Health Care Assistant Outlines.

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8 Midwifery students have to adhere to Standard 7 of the Standards of proficiency for pre-registration midwifery education (NMC 2004), which details the length of time a student is required to study.

KSF Dimensions

Learning needs to address the core dimensions of the framework, which are: Communications, Personal and People Development, Health and Safety and Security, Service Development, Quality and Equality and Diversity. A range of specific KSF dimensions will also be relevant to maternity support workers depending on their development needs and specific role.

Post holders, within the development review process, are assessed against the appropriate post outline for their role. A Personal Development Plan is jointly agreed setting out any training and learning needs that should be planned, delivered and reviewed at the next appraisal. Skills for Health’s National Occupational Standards provide more detailed descriptions of competencies required for specific areas of work. Support workers should be able to use the KSF to identify their current and future development needs. While many NHS staff have annual appraisals and Knowledge and Skills Framework linked Development Reviews many still do not. This may contribute to the uneven access to learning for support workers (Fryer, 2006).

What are competencies?

The RCM defines competencies as the ability and means to undertake duties. They bring together knowledge, skills and attitudes to allow safe and effective practice. Being a competent maternity support worker means knowing what to do, and how to do it as well as what not to do. Skills for Health describe a competency as “the performance criteria, knowledge and understanding required to carry out work effectively”.

In 2004 the RCM developed a programme to assist employers develop maternity support workers, entitled Prepared to Care: Fit for Purpose Programme. This identified the following competency domains that formal learning programmes should address in order to develop higher-level MSW roles:

1. Responsible attitude to work
2. Maintaining a safe environment in all settings
3. Communications
4. Assisting midwives and other professionals
5. Assisting women and families and users
6. Awareness of physiological, psychological and social impact of childbirth
7. Awareness of the organisation and provision of care

The latest NHS Staff Survey (2008) shows that in England 39% of Assistants in Nursing and Midwifery did not have any form of appraisal (separate data for maternity support workers is not published). 31% of qualified midwives did not have an appraisal.
The purpose of learning

Learning can mean different things to different people at different times. A hierarchy of learning has been developed that sets out the main purposes of learning (Entwistle et al, 1992):

- Increasing knowledge
- Memorising and reproducing
- Utilising facts and procedures
- Developing an initial understanding
- Transforming one’s understanding
- Changing as a person

To take just one competency from the list above: for a MSW to become competent in *Assisting Midwives and Other Professionals* a learning programme would need to address a number of requirements so that the support worker could demonstrate they have the full knowledge and ability to:

- Prepare the workplace setting for clinical procedures
- Prepare and support the woman during clinical procedures
- Take specimens efficiently and deliver them to the relevant departments
- Assist the midwife with parenting education
- Undertake some clinical and housekeeping duties
- Check and maintain regular stocks of surgical dressings and equipment

The above can also be linked to relevant KSF dimensions such as *Addressing Individual’s Health and Well-being Needs* as well as appropriate National Occupational Standards. Most formal learning programmes broadly follow a similar set of competencies (see Section 5: Case Studies).

Healthcare National Occupational Standards

Skills for Health has developed a series of National Occupational Standards (NOS) and National Workplace Competencies (NWC). NOS/NWC describe the competencies that health workers require to undertake their roles. The framework developed for maternity support workers is shown in Annex 1. The competencies allow employees to be assessed and to assess themselves. Evidence to demonstrate that a standard is being met can also be used to show that a KSF Dimension is being achieved. NOS/NWCs are being used as units in National Vocational Qualifications. Learning programmes should incorporate relevant NOS/NWC.
Is learning worth it?

Research has shown that workplace learning, if organised and delivered effectively, delivers a number of significant individual, team and organisational performance improvements. These include:

- Higher productivity
- Lower staff turnover
- Improved safety
- Quality
- Innovation
- Improved employee relations
- Reduced waste and errors
- Increased throughput
- Improved capacity
- Greater employee commitment
- Improved self esteem
- Enhanced team working
- Greater discretionary effort
- Improved motivation
- Reduced sickness absence

Types of learning

There are two principle types of learning: formal and informal. Formal learning is structured. For example it has recognised learning outcomes and dedicated learning time associated with its programme and is frequently delivered by education providers such as colleges. Formal learning may lead to a recognised qualification but this is not always the case.

Informal learning sometimes, called tacit, incidental or non-deliberate learning, is part of every workday activity such as learning by doing, shadowing, observation or reading.

Both formal and informal learning are valuable and should be considered when identifying the training needs of support workers. A wide range of learning techniques will potentially be available to maternity support staff. Different methods of learning may be appropriate for different needs, at different times and for different individual learners. The Handbook of Work Based Learning (Cunningham et al., 2004) lists thirty-seven different methods that can be used to support employee learning and development in the workplace. These include:

- 360° Feedback
- Briefings/Demonstrations/Presentations
- Critical Friend
- Discussion
- Distance Learning
- Induction
- Learning Logs
- Meetings

NOC and NWC are essentially the same: the only differences lie in the way that they are funded and the fact that NOS are approved by accrediting bodies to be used in SVQs and NVQs.
The RCM believes that a blend of learning approaches should be adopted on formal learning programmes designed to develop the maternity support worker role. Particularly important are: self-study, guided study through work sheets, interactive lectures, experiential learning, role playing, use of videos and other media such as interactive CDs, group discussion, reflections on an activity, seminar presentations, project work and health promotion activity.

Skills laboratories that simulate clinical environments allow the learner to practice and become familiar with new skills in a controlled and safe environment while receiving close supervision, assessment and feedback.

The learning environment

It is estimated that around 80% of learning takes place in the workplace (Cunningham et al, 2004). Ensuring staff have the right environment to support their learning is critically important for effective personal and professional development. It is important, for example, if maternity support workers are undertaking programmes that require mentors or assessors that their workplace has capacity to ensure access to sufficient numbers for all students. It has been shown that lack of access to mentors is a significant reason why NHS support workers do not complete NVQs. All mentors and assessors need to be appropriately trained, supported and experienced to carry out their role (see box below).

The Role of Mentors

The Nursing and Midwifery Council (2004) sets out the following responsibilities of mentors:

1. Organise and coordinate student learning activities in practice
2. Supervise students in learning situations and provide them with constructive feedback
3. Setting and monitoring achievement of realistic learning objectives
4. Assess total performance (skills, attitudes and behaviours)
5. Provide evidence required by programmes
6. Provide feedback identifying any concerns about student progress and agree appropriate action
7. Provide evidence for achievement of competence at the end of programme

Mentors should be identified by their midwifery manager, have a minimum one-year’s work experience as a qualified midwife, attend relevant mentor training and demonstrate motivation for the role. Qualified higher-level maternity support workers can also act as mentors for other support staff.
These guidelines apply primarily to student nurses and midwives, but the principles can apply to any other learners within the service. Maternity units should undertake education audits to assess the extent to which they are able to support learning programmes and employee development. Thorough reviews of workplace learning environments will include an assessment of:

- The degree to which development opportunities are available to all staff by for instance, taking account of the needs of staff that work part time
- The functioning of the appraisal and Development Review system
- Capacity issues including back-fill
- Available learning resources such as access to libraries, the Internet, study time or learning sets 12
- Evaluations of the impact of learning programmes and lessons learned (including the identification of any barriers to learning)
- Whether staff have dedicated time to reflect on practice and learning
- The extent to which equality and diversity issues are addressed

**Trainability**

Research suggests that from an individual’s point of view the extent to which an employee is an effective learner is related to: ability, confidence, the motivation to learn and environment (Sadler Smith and Smith, 2006). An effective workplace-learning environment will provide employees with enthusiasm to learn, guide and direct their learning and promote the application of learning. It will also take account of the individual needs of learners.

**Recording learning and reflecting on it**

Wherever and however learning takes place maternity support workers should record, ideally in a diary, the skills, understanding, reaction, knowledge and attitudes they acquire, how they apply learning along with objective and critical reflections on their learning. As well as providing an evidence log, which for example could be used in annual Development Reviews, recording learning also:

- Assists the building of confidence and competence
- Provides a link between the workplace and classroom in formal learning programmes
- Helps develop study skills
- Allows information to be recorded in a systematic way about experiential learning, for example, in response to a particular event or incident.

The RCM recommends that the following approach be taken to reflection 13, based on the ‘what? So What? Now what?’ model described by Driscoll. When considering a learning event, incident or observation maternity support workers should ask themselves:

- What happened?
- What was the significance of the event?
- What happens next?

---

12 Learning sets are small groups of individuals who come together perhaps every 6-8 weeks to support each other’s learning and development. This may take the form of facilitated discussions or the informal sharing of experience.

To put this in a different way, support workers should record “what I did … what I learnt … and what now happens”. Practical experience recorded in a diary can be shared with others in the classroom or workplace. This provides an opportunity to discuss and explore issues with peers, sharing problems and successes with them.

**Using Diaries to record learning**

Diaries (loose leaf folders are ideal for this) can be used to record problems encountered in the workplace, likes and dislikes of working in maternity units, reactions to a particularly event or incident, team briefings, reading an article, recording interventions that make a real difference to a woman, new things that have been learned (through teaching, demonstrations or reading for instance), career plans and objectives, mandatory training, skill gaps and observations of how people behave and talk to each other. Positive and negative incidents need to be recorded as well as reflections arising from a typical day. The RCM recommends that support workers spend a few minutes every day updating their diary. Specific questions to consider when reflecting include the reason why an event (such as an in-house training day) or a situation (for example a critical incident) is being recorded, what exactly occurred, what the reaction to the event was, what the key aspects of the situation were, what the support workers feelings were at the time and subsequently were, what emerged out of the situation, what, if anything, troubled the support worker about the event/situation, what the implications of the event are and, if appropriate, what might the support worker would do differently next time?

In formal learning programmes diaries provide a record of the application of knowledge and achievement of competencies. The NHS Education for Scotland (2008) *Skills Passport*, which is linked to the *Maternity Care Assistants in Scotland* competency framework recommends that support workers during their training consider whether:

- They had the necessary equipment when applying their classroom learning to the workplace?
- They performed the skill as previously instructed?
- Whether they could have done anything better?
- Whether they would do differently next time?

**National Frameworks and learning credits**

Credits are the means of formally recognising learning achievement. They represent an amount (hours) of learning and describe how much learning was involved and how hard it was. Achievement is judged through some form of assessment (such as practical demonstration, written tests, essays or oral questions and answers). Learning outcomes are set by accrediting bodies and set out in the appropriate quality assured frameworks. To achieve credits learners normally need to have completed a block of learning such as a module or unit.

Credits are set at specific levels depending on the demands of the learning programme.

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14 RCM Prepared to care: Fit for Purpose Programme Learner Record of Practice Experience (2004) RCM London
The National Qualifications Framework (NQF) developed by the Qualifications and Curriculum Authority (QCA) in England, Wales and Northern Ireland and the Scottish Credit and Qualifications Framework provide an overall framework for education qualifications and helps support career progression. The frameworks are set out in the tables below, along with the Higher Education Framework. The new framework for England, Wales and Northern Ireland – the Quality Credit Framework is described in a separate section below.

Table 1: National Qualifications Framework for England, Wales and Northern Ireland

<table>
<thead>
<tr>
<th>NQF level</th>
<th>Examples of qualifications</th>
<th>What they give you</th>
</tr>
</thead>
<tbody>
<tr>
<td>ENTRY</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Entry level certificates • English for Speakers of Other Languages (ESOL) • Skills for Life • Functional Skills at entry level (English, maths and ICT)</td>
<td>• basic knowledge and skills • ability to apply learning in everyday situations • not geared towards specific occupations</td>
</tr>
<tr>
<td>1</td>
<td>• BTEC Introductory Diplomas and Certificates • OCR Nationals • Key Skills level 1 • NVQs at level 1 • Skills for Life</td>
<td>• ability to apply learning with guidance or supervision • may be linked to job competence</td>
</tr>
<tr>
<td>2</td>
<td>• GCSEs grades A*-C • BTEC First Diplomas and Certificates • OCR Nationals • Key Skills level 2 • NVQs at level 2 • Skills for Life</td>
<td>• good knowledge and understanding of a subject • ability to perform variety of tasks with some guidance or supervision • appropriate for many job roles</td>
</tr>
<tr>
<td>3</td>
<td>• A levels • Advanced Extension Awards • GCE in applied subjects • International Baccalaureate • Key Skills level 3 • NVQs at level 3 • BTEC Diplomas, Certificates and Awards • BTEC Nationals • OCR Nationals</td>
<td>• ability to gain or apply a range of knowledge, skills and understanding, at a detailed level • appropriate if you plan to go to university, work independently, or (in some cases) supervise and train others in their field of work</td>
</tr>
<tr>
<td>4</td>
<td>• NVQs at level 4 • BTEC Professional Diplomas, Certificates and Awards</td>
<td>• specialist learning, involving detailed analysis of a high level of information and knowledge in an area of work or study • appropriate for people working in technical and professional jobs, and/or managing and developing others</td>
</tr>
</tbody>
</table>
### Table 2: Higher Education Framework

<table>
<thead>
<tr>
<th>FHEQ level</th>
<th>Examples of qualifications</th>
</tr>
</thead>
<tbody>
<tr>
<td>Certificate</td>
<td>certificates of higher education</td>
</tr>
<tr>
<td>Intermediate</td>
<td>foundation degrees, ordinary (bachelors) degrees, diplomas of higher education and further education, higher national diplomas, other higher diplomas</td>
</tr>
<tr>
<td>Honours</td>
<td>bachelors degrees with honours, graduate certificates and graduate diplomas</td>
</tr>
<tr>
<td>Masters</td>
<td>masters degrees, postgraduate certificates, postgraduate diplomas</td>
</tr>
<tr>
<td>Doctoral</td>
<td>doctorates</td>
</tr>
</tbody>
</table>

Qualification and Credit Framework (QCF)

By the end of 2010 all vocational qualifications in England, Wales and Northern Ireland will comply with the regulatory requirements set out in a new framework - the Qualification and Credit Framework. The regulatory body responsible for regulating vocational qualifications is Ofqual. The new system will embrace a unitised approach to learning, where learners may achieve units and build towards a qualification.

Each unit and qualification within the framework will have a credit value with one credit equating to 10 hours learning. Credits will be ranged from entry level up to level 8. There are three sizes of qualifications:

- **Award** = 1-12 credits;
- **Certificate** = 13 – 36 credits;
- **Diploma** = 37 credits+.

Qualifications are listed in the QCF with ‘rules of combination’, which allow for flexibility (for example by combining different qualifications) but also guarantee a level of knowledge and skills development. The new QCF system also enables the recognition and accreditation of in-house training within a national qualification framework. Provision has been made in the QCF for qualifications that use the term ‘NVQ’ in their title. The requirements will ensure that qualifications using this terminology are titled consistently and appropriately.

Formal Qualifications

Currently those maternity support workers able to access formal learning, study for a disparate range of general and specific qualifications. This section describes the various general formal qualifications available to maternity support workers.

The Business Technology and Education Council (BTEC) National Diploma

BTEC qualifications are designed to provide specialist work related qualifications for students and employees in a range of sectors including health and social care. Health care BTECs are mapped against National Occupational Standards and the KSF. The All Wales Maternity Support Worker Curriculum, for example, includes the potential for support workers to complete the BTEC Level 3 Certificate in Maternity Support Work. BTECs are available from several awarding bodies including City and Guilds and Edexcel.

Technical Certificates

Technical Certificates cover specialised occupational knowledge and its application in the relevant industry. They contribute to the underpinning knowledge for NVQs, are delivered through a taught programme of ‘off-the-job learning’ that may be externally assessed. Technical Certificates, which are a form of Vocationally Related Qualifications, have been specifically designed to complement a range of NVQs, and are ‘mapped’ against them, but they can also be used as stand-alone qualifications.

15 http://www.ofqual.gov.uk/default.aspx
National Vocational Qualifications

The majority of maternity support workers with formal qualifications in England possess NVQ level 2 or 3 vocational qualifications.

First introduced in the late 1980s, NVQs are work-related, competence based qualifications, which reflect the skills and knowledge required to undertake a job. Completing a NVQ demonstrates that an employee is competent to carry out the duties and responsibilities necessary for their work. NVQs are based on National Occupational Standards. Assessment is through a combination of training and on-the-job observation and questioning by NVQ qualified assessors. NVQs are delivered through approved centres (these can be in-house hospital based). They can also support other education routes such as apprenticeships (see below).

NVQs work on a unit accreditation system. Selection of units depends on the specific work activities. Once learners have completed a unit they receive a Certificate of Unit Credit. Learners can collect a number of these during the completion of their NVQ.

There are five levels of NVQ. The competencies required at each level are:

Level 1: The application of knowledge in the performance of a range of varied work activities, most of which are routine and predictable.

Level 2: The application of knowledge in a significant range of varied work activities performed in a variety of contexts. Some of these activities are complex or non-routine and there is some individual responsibility or autonomy. Collaboration with others perhaps through membership of a work group or team is often a requirement.

Level 3: The application of knowledge in a broad range of varied work activities performed in a wide variety of contexts most of which are complex and non-routine. There is considerable responsibility and autonomy and control or guidance of others is often required.

Level 4: The application of knowledge in a broad range of complex technical or professional work activities performed in a variety of contexts and with a substantial degree of personal responsibility and autonomy. Responsibility for the work of others and the allocation of resources is often required.

Level 5: The application of a range of fundamental principles across a wide and often unpredictable variety of contexts. Very substantial personal autonomy and often significant responsibility for the work of others and for the allocation of substantial resources features strongly as do personal accountabilities for analysis, diagnosis, planning and execution and evaluation.

NVQ Assessors

NVQ assessors assess and give support to individuals training to gain a NVQ. Their role includes examining portfolios of evidence, observing candidates in the workplace and maintaining records of candidates’ progress. Assessors can be internal or external to the organisation but must have relevant assessor qualifications. Assessors are quality assured through both internal and external verifiers who ensure, for example, that standards are evenly and appropriately applied.
The majority of assessments for levels 2 and 3 (which are most commonly used to develop maternity support staff) are based on continuous work place assessment with limited classroom theoretical learning.

**Foundation Degrees**

Foundation Degrees integrate academic and work-based learning through close collaboration between employers and programme providers. Foundation Degree programmes lead to a stand-alone qualification at level 5 of the National Qualifications Framework.

Foundation Degrees are intended to make a contribution to lifelong learning by providing access to higher education for learners from different starting points and with different entry qualifications, e.g., apprenticeships, access programmes and NVQs than traditional students. They can provide opportunities for progression to entry to other higher education including Bachelors degrees with honours, professional qualifications, and/or higher NVQs.

**Apprenticeships**

Currently rare in maternity units an apprenticeship model could be applied to maternity support roles. Apprentices are employees who combine work experience with structured on the job and classroom based learning and progress within specific career pathways. NHS Apprentices follow an agreed national framework, which, for example, sets out qualification requirements and minimum teaching hours.

**Health and Social Care Apprenticeships**

4. Learning and Skills Council www.lsc.gov.uk

As NHS employees apprentices have the status of ‘trainee’ under Annex U of *Agenda for Change Terms and Conditions Handbook*. Funding for training is available to employers through the Learning and Skills Council’s *Train to Gain* Brokerage network. Young Apprenticeships are aimed at 16-24 year olds, while Adult Apprenticeships are aimed at employees over 25 years of age. Further information can be obtained from the publications listed above.

**Accreditation of Prior and Experiential Learning (APEL)**

APEL allows formal recognition of the skills, understanding and knowledge employees may have previously acquired including through unstructured learning and courses. APEL allows progression into a formal learning programme and/or exemption from particular elements of the programme. Guidelines are available that set out the principles education providers locally should follow to ensure that APEL is rigorously, fairly and transparently applied\(^\text{16}\).

\(^{16}\) For example Guidelines on the Accreditation of Prior Learning (September 2004), Qualifications Assurance Agency for Higher Education: Mansfield.
FOUR

CHOOSING A LEARNING PROGRAMME

This section describes the issues that need to be considered when assessing a learning programme’s appropriateness. Not every issue will apply to every programme. For example, not all learning will require mentors to support it. Some principles (see the box below) should, however, apply to the majority of learning programmes.

Across the NHS the importance of widening participation in vocational education is recognised. It is important that the needs of non-traditional learners are taken account of throughout the programme. It should not, for example, be assumed that all students are familiar with the use of emails or the Internet. Programmes should be flexible, wherever possible, allowing employees to step on and off and fit study around other work/life pressures.

Learning and development: key principles

The following principles should guide learning programmes offered to maternity support workers:

1. Appropriately credited
2. Quality assured
3. Supports career development
4. Supports equal rights to career development
5. Accessible through, for example, flexible learning approaches
6. Linked to the Knowledge and Skills Framework and National Occupational Standards
7. Contribute to the delivery of maternity services through addressing core areas of support staff practice
8. Supported by appropriate learning infrastructure
9. Essential skill needs including ICT are addressed
10. Addresses professional values and attitudes

Before learning starts: in the workplace.

- Is the MSW role clearly defined: including its roles and responsibilities linked to appropriate competencies?
- Have midwives and midwifery educators been involved in the development of the role?
- Are support workers appropriately prepared for learning including addressing essential skill needs?
- Do employees have a KSF Outline and regular Development Reviews/appraisals that clearly identify learning needs?
- Do Development Reviews take account of any equal opportunity or diversity needs the employee may have raised?

Is the clinical environment ready and appropriate for learning? Has it been assessed, for example, to see whether sufficient, properly trained and experienced mentors are available and that there are suitable opportunities for employees to carry out newly learned tasks?

Are the aims of the learning clear and appropriate?

Has consideration been given to the appropriate learning style (for example classroom teaching, informal learning such as shadowing or portfolio keeping, work-based learning or e-learning)?

Has the organisation achieved Investors in People and signed The Skills Pledge18?

Does the workplace support Union Learning Representatives?

Selecting a learning programme

Does the learning programme provide credits on completion?

Is the programme mapped against the appropriate maternity support worker National Occupational Standards and KSF dimensions?

Does the learning programme take account of relevant prior education and experience (APEL)?

Is information about programmes available in an accessible form?

Are open days or interviews accessible to all?

For those who have not had access to formal education programmes for some time, are ‘return to learn’ study skills programmes available?

Is the programme clear about what duties can and cannot be delegated to MSWs?

Does it provide a programme of preparation for mentors/assessors and support staff?

What support is there to help the student decide whether the programme is appropriate to them academically and also in terms of their professional development needs?

Recruitment and selection to learning programmes

What are the processes for recruiting and selecting students to a programme?

Is the process transparent and flexible, for example, to allow access for non-traditional students who may not have formal qualifications such as A Levels or GCSEs?

Does the selection process ensure that applicants have the appropriate skills and knowledge (particularly essential skills) and considers previous employment, qualifications, and checks for criminal records, residency status and gathers two references?

Are interviewers appropriately trained, including in equal opportunities and diversity issues?

Are at least two people involved in the interview (is at least one a qualified midwife)?

18 The Skills Pledge is a voluntary commitment by employers to ensure that their entire workforce is trained at least to level 2. Please see: http://inourhands.lsc.gov.uk/employers-pledge.html
Interview Schedule

The RCM has produced advice for those selecting candidates to formal maternity support worker learning programmes\(^1\). This includes asking candidates to write a brief essay\(^2\) on the day to assess writing skills (topics could include: *What do you believe is important for women and their families during the childbirth experience?*) The RCM recommends that interviews should last for a minimum of 20 minutes and be used as a means to identify the applicant’s personal attributes and the degree to which she/he has considered adaptations they will need to make during the programme. Interview questions might include, for example, – Why do you want to become a Maternity Support (Care) Assistant? How will you plan your study over the programme? What are the best ways of learning? Do you see yourself as having any difficulties with any parts of the programme? You are assisting a woman feed her baby. She asks a question about the different constituents of milk and you do not know the answer. What do you do?

Equality and diversity

- How effective is the education providers’ policies on *Equal Opportunities and Managing Diversity*? For example the extent and effectiveness of its policies and processes to provide students with the opportunity to disclose a disability.\(^3\)
- How does the institution demonstrate equality of treatment regardless of age, creed, ethnic origin, nationality, gender, marital status or sexual orientation?
- What processes does the institution have to address any issues raised by students in respect of equality and diversity?

The learning programme

- Does the programme allow sufficient access to necessary learning resources? Does it, for example, take account of students’ hours of work, travel requirements, caring responsibilities, and in the case of e-learning resources ICT needs?
- Does the programme have clearly defined learning outcomes?
- Is student feedback gathered?
- Is sufficient support provided for work placements?
- Does the programme use a blend of learning approaches?
- Are personal tutors available to support students, for example, with assignments?
- What policies and procedures does the institution have in place to protect students from unreasonable and offensive behaviour?
- Is there a clear contact point for students if they feel that they have been subject to unfair or unacceptable behaviour?
- Does the programme provide learners with access to peer support?
- How is the progress of students assessed?
- What procedures are in place to communicate with stakeholders including maternity units?

\(^2\) An alternative approach which might more appropriate for non traditional students or the sight impaired would be to ask them to speak on a topic which could be recorded.
\(^3\) Individuals have the right not to declare a disability.
Key learning outcomes

Does the outcome of the learning programme allow MSWs to be:

1. Familiar with the structure and organisation of the NHS and health services at national and local level?
2. Aware of the different roles of the whole maternity team and relevant agencies?
3. Understand the changes that occur to women during normal pregnancy/labour and the puerperium?
4. Understand the physical, social, psychological and emotional needs of women and their families during childbirth and the early parenting stage?
5. Aware of the principles of care through the antenatal, intranatal and postnatal periods?
6. Able to provide, under appropriate supervision, a good standard of care to women, babies and families?
7. Competent in essential skills (literacy and numeracy to at least level 2) including verbal communications (for example to teach parenting skills) and information technology?
8. Foster a commitment to lifelong learning and development.
9. Able to consider and plan future career choices.

After the learning

- Is it possible to assess what has changed as a result of the learning for (1) the maternity support worker, (2) midwives and the maternity team and (3) service users? Examples of outcomes may include: the freeing up of midwives’ time, greater continuity of care across the maternity pathway, improved postnatal discharge processes, increased job satisfaction, greater service user satisfaction and improved infant feeding rates.
- Are post-learning outcomes documented?
- Have the role, pay and grading implications of the application of the new skills and knowledge of the support worker been taken on board?
- Are processes put in place to ensure on-going application of learning such as goal settings?
Throughout the United Kingdom there are a growing number of examples of innovative approaches to maternity support worker education and development. The following case studies provide examples of different programmes and approaches that seek to support the development of roles to improve the capability and capacity of the maternity workforce.

**Case Study One**

**London South Bank University – Foundation Degree Science, Maternity Support Worker**

Maternity services and the maternity workforce in London face a range of pressures. These include:

- Higher than average vacancy rates
- An ageing workforce
- An upward trend in birth rates
- Increases in the number of home births
- A high proportion of young women and women over forty years of age giving birth
- Longer than average postnatal duration of stay
- The need to meet policy objectives including choice, access, continuity of care and 1:1 ratio of midwives to women in labour.

Against this backdrop London’s Strategic Health Authority, NHS London, commissioned a study of the current extent and provision of learning for maternity support workers in London (Griffin et al/ 2009). The study discovered that while support workers were an increasingly established part of the maternity workforce – typically one maternity support worker is employed for every four qualified midwives, learning provision was ad hoc and there was limited satisfaction with existing programmes. Heads of Midwifery indicated that they would like to see a single London-wide education programme to allow transfer of knowledge and skills, the development of maternity support workers within multidisciplinary and multiagency teams and ensure learning addresses core competencies and service needs. On the basis of the evaluation and accompanying learning needs analysis in, 2009 NHS London commissioned a London-wide Foundation Degree (FD) programme from London South Bank University (LSBU).
The programme comprises twelve units that employees are able to step on and off (see below).

**Table 4: LSBU Foundation Degree Units**

<table>
<thead>
<tr>
<th>Unit</th>
</tr>
</thead>
<tbody>
<tr>
<td>Developing skills to work and study within a health and social care environment</td>
</tr>
<tr>
<td>Applied anatomy and physiology across the childbirth continuum</td>
</tr>
<tr>
<td>Care of the woman and baby across the childbirth continuum</td>
</tr>
<tr>
<td>Reflection in practice</td>
</tr>
<tr>
<td>Enhancing health and well being through health promotion</td>
</tr>
<tr>
<td>Supporting and facilitating breast feeding</td>
</tr>
<tr>
<td>Applied biological sciences the childbearing woman and the neonate</td>
</tr>
<tr>
<td>Caring for vulnerable women</td>
</tr>
<tr>
<td>Managing information</td>
</tr>
<tr>
<td>Antenatal and postnatal classes</td>
</tr>
<tr>
<td>Transition from hospital to the community</td>
</tr>
<tr>
<td>Supporting the development of self and others</td>
</tr>
</tbody>
</table>

The programme is based on the following competencies:

- Respect for the need for woman centred care
- Effective communications
- Assisting in the provision of care for women and babies
- Assisting the midwife to support parents transition to parenthood
- Maintenance of a working environment that supports health, safety and well being of women and babies
- Documentation and record keeping
- Effective contribution to multidisciplinary team working
- Respond appropriately to clinical emergencies in order to maintain safety
- Recognise the value and importance of ethical, legal and political issues
- Supporting self and the development of others in midwifery

Completion of the two-year part time programme will provide the student with 240 credits, at least 90 at credit level 5. Students who step off the programme after one year are awarded a Certificate Higher Education MSW. Completion of each unit means students will acquire the relevant credits. Students are given a Skills Passport, which allows them to record their progress through the programme.

For further information please contact: Professor Jacqueline Dunkley-Bent, email: dunkleyj@lsbu.ac.uk
Lynn Maycroft Lecturer/Practitioner (Course Director), email: maycroftl@lsbu.ac.uk

Maternity Support Workers: Learning and Development Guide
**Case Study 2**

**Guys and St Thomas Hospital**

This NHS trust has been running a bespoke educational and employment programme to develop MSWs. The programme comprises 30 weeks training (one day a week) and results in a NVQ level 3 (Maternity Paediatric Support). Topics covered in the training programme include:

- Effective communications
- Baseline Observation
- Infection Control
- Child Protection
- Role of Midwife
- Preparation for parenthood
- Maternity nutrition
- Breastfeeding
- Diverse needs of women

**Case Study 3**

**Salisbury Foundation NHS Trust**

The trust has developed MSW roles at band 3 in an Obstetric Theatre scrub role. The rationale for developing the role was to free up the time of qualified midwives. Learning to support the role has been provided through a 12-week in-house programme based on Skills for Health National Occupation Standards. It has been estimated that the role has resulted in annual savings of £18,000 per annum and the free up of 1.1 wte of midwifery time, which has been redirected to the labour ward increasing one to one care for women.

**Case Study 4**

**NHS West Midlands and Skills for Health MSW Project**

The project commenced in 2005 and has developed a MSW Obstetric Theatre scrub role. The MSW role has also been up skilled in the delivery suite and postnatal ward. Training comprises a total of 123 hours with a mixture of formal teaching, a clinical rotation and work as part of the team. Skills for Health competencies including Basic Observation, Scrub and Diathermy have been used to develop the role profile. MSWs who complete the programme receive a NVQ level 3. A number of benefits have been identified flowing from the introduction of the role. These include:

- Release of midwives’ time
- Increased quality of care in the Delivery Suite and Obstetric Theatre
- An improved career pathway for the MSW

**Case Study 5**

**MSW Apprentices**

Maternity Units in the East of England has begun to implement MSW Apprenticeships. A role and job description has been developed linked to appropriate competencies, which are flexible so that can be adapted to individual organisations needs. The role will be piloted in four sites in the region.
Skills for Health (SfH) was established in 2004 (www.skillsforhealth.org.uk) and is the Sector Skills Council (SSC) for the UK healthcare sector, encompassing the National Health Services, independent healthcare providers and voluntary organisations. Its purpose is to help deliver a skilled and flexible workforce to improve health and healthcare.

As part of its remit SfH develops qualifications with and for the sector and has been proactive in the field of maternity services for a number of years. As such it has a number of NVQs which fit the remit and functions of Maternity Support staff at career framework /NQF/QCF levels 2 and 3, namely:

- Health (Clinical Support) Level 2
- Health (General Healthcare Support) Level 3
- Health (Maternity / Paediatric Support) Level 3

All of these NVQs are available as stand alone qualifications and also sit within the Health specific apprenticeship frameworks at levels 2 and 3 (www.skillsforhealth.org.uk/apprenticeships).

Table 7 sets out core and optional MSW Skills for Health National Occupational Standards (NOS). These can be built into training programmes. However in order to achieve NVQs core and optional units would need to be selected as set out with awarding bodies requirements.

<table>
<thead>
<tr>
<th>Ref</th>
<th>Title/Summary</th>
</tr>
</thead>
<tbody>
<tr>
<td>HSC21</td>
<td>Communicate with, and complete records for individuals</td>
</tr>
<tr>
<td>GEN12</td>
<td>Reflect on &amp; evaluate your own values, priorities, interests and effectiveness</td>
</tr>
<tr>
<td></td>
<td>In practice as it is only through knowing yourself that you can reflect on the effectiveness of your interaction with others. Applies to all workers in the health and social care sector who are accountable for their own actions and responsible for their own development. This includes registered and unregistered staff.</td>
</tr>
<tr>
<td>HSC22</td>
<td>Support the health &amp; safety of yourself and individuals</td>
</tr>
<tr>
<td></td>
<td>This workforce competence is about keeping yourself, individuals and others that you are responsible for, safe and secure within the working environment. This involves carrying out health and safety checks before you begin work activities, ensuring your own actions support health and safety in the place you work, and taking action to deal with emergencies.</td>
</tr>
<tr>
<td>Code</td>
<td>Description</td>
</tr>
<tr>
<td>----------</td>
<td>-------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>HSC241</td>
<td><strong>Contribute to the effectiveness of teams</strong></td>
</tr>
<tr>
<td></td>
<td>This workforce competence covers contributing to the effectiveness of teams. This involves</td>
</tr>
<tr>
<td></td>
<td>agreeing and carrying out your roles and responsibilities within the team, and participating</td>
</tr>
<tr>
<td></td>
<td>effectively as a team member</td>
</tr>
<tr>
<td>EUSC91</td>
<td><strong>Act within the limits of your competence and authority (Not yet on the website)</strong></td>
</tr>
<tr>
<td></td>
<td>This workforce competence is about recognising your limits and working safely and within your</td>
</tr>
<tr>
<td></td>
<td>scope of practice. It involves working at all times in accordance with relevant legislation,</td>
</tr>
<tr>
<td></td>
<td>protocols, guidelines and organisational systems and requirements.</td>
</tr>
<tr>
<td>HSC35</td>
<td><strong>Promote choice, well-being and the protection of all individuals</strong></td>
</tr>
<tr>
<td></td>
<td>This competence covers the protection of individuals whilst respecting their diversity, difference,</td>
</tr>
<tr>
<td></td>
<td>preferences and choice.</td>
</tr>
<tr>
<td>GEN8</td>
<td><strong>Assist the practitioner to implement clinical/therapeutic interventions</strong></td>
</tr>
<tr>
<td></td>
<td>Applies to anyone whose role requires them to work, under the direction of a registered</td>
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<td></td>
<td>practitioner to offer assistance during clinical or therapeutic interventions. The term clinical/</td>
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<td></td>
<td>therapeutic interventions refers to any clinical/therapeutic intervention where there is a</td>
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<td></td>
<td>registered practitioner carrying out the work role and covers the assistant's role in supporting</td>
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<td></td>
<td>the practitioner within the context of surgery a recovery suite, ward round activity therapeutic</td>
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<tr>
<td></td>
<td>interventions, or clinical procedures. The focus of the workforce competence is on being</td>
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<tr>
<td></td>
<td>effective in an assisting role rather than the clinical/therapeutic skills involved in the</td>
</tr>
<tr>
<td></td>
<td>intervention, which are covered by other units.</td>
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<tr>
<td>HSC216</td>
<td><strong>Help address the physical comfort needs of individuals</strong></td>
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<tr>
<td></td>
<td>This workforce competence covers the provision of help to address the individuals’ needs for</td>
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<tr>
<td></td>
<td>physical comfort. This includes assisting in minimising individuals’ discomfort and providing</td>
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<td></td>
<td>conditions to meet individuals’ need for rest.</td>
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<tr>
<td>HSC320</td>
<td>**Support professional advice to help parents to interact with and take care of their newly born</td>
</tr>
<tr>
<td></td>
<td>baby(ies)**</td>
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<tr>
<td></td>
<td>This competence covers supporting professional advice to help parents to interact with and</td>
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<tr>
<td></td>
<td>take care of their newly born baby(ies). This includes supporting parents and reinforcing actions</td>
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<tr>
<td></td>
<td>and advice that keep babies safe, secure and free from danger, harm and abuse. It also covers</td>
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<td></td>
<td>supporting parents and reinforcing actions and advice for feeding and keeping babies clean and</td>
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<td></td>
<td>to parents to bond with, relate to and understand the needs of their babies.</td>
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<tr>
<td>CHS7</td>
<td><strong>Obtain &amp; test specimens from individuals</strong></td>
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<td></td>
<td>Obtaining specimens, testing some specimens in the work area, and forwarding some specimens for</td>
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<tr>
<td></td>
<td>laboratory investigation. Specimens include: urine, including via catheter and mid-stream</td>
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<td></td>
<td>specimens, faeces, sputum, exudates, saliva, breath, aspirates, semen and skin scraping.</td>
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<tr>
<td></td>
<td>Collection of blood specimens is not included. This is covered in competencies BDS11 Obtain</td>
</tr>
<tr>
<td></td>
<td>venous blood samples and BDS2 Obtain and test capillary blood samples.</td>
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<tr>
<td>CHS19</td>
<td><strong>Undertake physiological measurements</strong></td>
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<td></td>
<td>Measurements include: blood pressure by manual and electronic; pulse rates and confirming</td>
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<td></td>
<td>pulses at a variety of sites e.g. Radial pulses; pulse oximetry; temperature, respiratory rates,</td>
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<td></td>
<td>peak flow rates; height; weight; body mass index (BMI); girth. These activities could be done in</td>
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<td>a variety of care settings, including hospitals wards and other departments including out patients,</td>
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<td></td>
<td>nursing homes, the individuals own home, GP surgeries etc. The recording of such measurements</td>
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<td></td>
<td>must take into account the individuals overall condition, and the delegation of these</td>
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<td></td>
<td>measurements to you may change as the individual’s condition changes. Sometimes this skill will</td>
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<td></td>
<td>fall outside of your role and responsibility. Any adverse conditions may result in other</td>
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<td></td>
<td>members of the care team undertaking these measurements.</td>
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</tbody>
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### Optional competences

<table>
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<th>Ref</th>
<th>Title/Summary</th>
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| HSC31 | Promote effective communication for and about individuals  
This competence covers promoting effective communication for and about individuals. This involves identifying ways of communicating effectively on difficult, complex and sensitive issues, supporting others to communicate and updating and maintaining records and reports. |
| GEN3 | Maintain health & safety in a clinical/therapeutic environment  
This includes control of cross-infection by ensuring effective cleaning rooms, work areas, equipment and surfaces when required and following agreed cleaning schedules, where appropriate. It also covers monitoring and maintaining the cleanliness of the environment and reporting shortfalls to the person in charge of the care area. Monitoring and adjusting environmental factors, assessing risk and managing and handling emergencies related to the clinical/therapeutic environment are also included. |
| GEN4 | Prepare individuals for clinical/therapeutic activities  
Preparing the individual in accordance with the requirements of the clinical/therapeutic activity to be performed, the practitioner & the assessed needs of the individual. |
| GEN5 | Support individuals during and following clinical/therapeutic activities  
This workforce competence covers supporting individuals during and after some form of clinical or therapeutic activity, other than within an operating department. |
| HSC218 | Support individuals with their personal care needs  
This workforce competence covers supporting individuals with their personal care needs. This involves working directly with individuals to support them in washing, dressing and going to the toilet. |
| BDS11 | Obtain venous blood samples  
This workforce competence covers the use of venepuncture/phlebotomy techniques and procedures to obtain venous blood samples from individuals for investigations as part of their care plan, or from potential donors in blood and blood component donor sessions. This workforce competence is not intended to cover the actual collection of blood or blood components within donor sessions. |

### ANNEX TWO

**GLOSSARY**

- **Accreditation of Prior and Experiential Learning (APEL):** APEL allows formal recognition of skills and knowledge employees have previously acquired including unstructured courses to allow entry onto formal learning programmes or exemptions from elements of learning programmes.

- **Assessors:** Assessors assess and provide support for individuals undertaking National/Scottish Vocational Qualifications.

- **Continuing Professional Development:** A range of learning activities designed to maintain and update knowledge and skills to undertake practice safely and effectively.

- **Credits:** Credits are the means by which achievement in formal education programmes are recorded. They represent hours of learning in quality assured and recognised programmes. Credits can be transferred and accumulated.

- **Essential Skills:** Essential skills have traditionally referred to competency in literacy and numeracy (at least to the equivalent of five good GCSEs). Increasing competence in Information and Communication Technology (ICT) is now also regarded as an essential skill.
Foundation Degrees: Foundation Degrees integrate academic and work-based learning. They lead to sand-alone qualifications at level 5 of the National Qualifications Framework.

Grow Your Own: Grow Your Own workforce strategies have two elements. Firstly employers look to their local labour market as a source of workforce supply and secondly they develop their existing staff’s skills and knowledge.

Higher National Certificate (HNC): An award gained through work-related subjects.

Higher National Diploma (HND): A two-year education programme equivalent to the first two years of an undergraduate degree course.

Lifelong learning: ongoing learning designed to maintain and/or broaden the skills, knowledge and work-related behaviours of employees to allow them to provide safe and high quality care. See also ‘CPD’.

Mentor: Mentors advise, encourage and counsel other employees in respect of their long-term career development.

National Occupational Standards (NOS): NOS describe the competencies that employees require to undertake their role. In health care the sector skills council (Skills for Health) has developed NOS. NOS are incorporated into a number of learning programmes including NVQs.

National Qualifications Framework (NQF): Established in 1988, the NQF sets out levels at which qualifications can be recognised. An individual level in the NQF highlights the learning and achievement needed to gain a particular qualification recognised at that level. The NQF has nine levels (‘entry’ to ‘level 8’).

National Vocational Qualifications (NVQs): NVQs are work-related competency based qualifications that reflect the skills and knowledge employees need to undertake their work. Assessment is usually through a combination of training, on-the-job observation and questioning by NVQ qualified assessors.

Scottish Credit and Qualifications Framework (SCQF): The SCQF provides a framework for integrating learning in Scotland across all education and training sectors.

Skills for Life: Skills for Life Certificates are available in: adult literacy, adult numeracy, information and communications technology (ICT). There is also a Skills for Life qualification in English for Speakers of Other Languages (ESOL).

Technical Certificate: Technical Certificates are vocational qualifications. Technical Certificates deliver the underpinning knowledge and understanding relevant to NVQs and are included in the Apprenticeship Framework.

Qualifications Credit Framework (QCF): By 2010 all vocational qualifications in England, Wales and Northern Ireland will comply with the regulatory requirements of the QCF. It will provide a new way of recognising learning achievement through the award of credit units and qualifications.
For further information please contact:
Denise Linay
Maternity Support Worker Advisor
The Royal College of Midwives
15 Mansfield Street
London
W1G 9NH

020 7312 3422
denise.linay@rcm.org.uk
www.rcm.org.uk