

## Introduction

In the United Kingdom (UK) the structure of midwifery education has changed dramatically over the last two decades, moving away from a predominately practical based apprenticeship model in a clinical setting, to being firmly established within academia and the higher education domain (Thomas, 2007). The minimum academic level required to be registered as a midwife has also been raised from a higher diploma to undergraduate degree level (Nursing and Midwifery Council (NMC), 2009). Successful students are awarded a Bachelor of Science (BSc) (Hons) in Midwifery and a professional qualification of Registered Midwife (RM), having been judged by the Lead Midwife for Education (LME) to be fit to practice safely and effectively whilst also demonstrating sound theoretical knowledge of midwifery.

Post-registration, continuing professional development post registration is a process by which midwives take control of their own learning and development by engaging in an ongoing process of reflection and action. The requirement for continued learning post-registration is supported by revalidation, a process that all midwives in the UK must engage with to maintain their registration with the NMC. Part of this process is the need to undertake 35 hours of continuing professional development (CPD) relevant to their scope of practice, therefore the level of academic study for post-registration postgraduate education has been subsequently raised to Master's level. As a form of continuing professional development, a Master's degree is described as a second cycle taught course, commonly taken by individuals who have an Honors degree or equivalent (Judge et al., 2005). Master's level education enables individuals to apply knowledge, develop an understanding of how

boundaries are advanced through research, and how to manage complex issues systematically with self-direction, creativity and originality (Ruston and Lindsay 2009). This article will explore the concept of postgraduate education for post-registration midwives' from an individual perspective as well as the collective profession of midwifery.

### **Professional-Individual perceptions of the post-registration educational journey**

Embo and Valke (2017) studied the perceptions of third year student midwives regarding professional development and found that they were acutely aware of the importance of continuing professional development, in particular the development of their academic knowledge over didactic clinical skills training. However, in reality the majority of student midwives once they have completed their first degree tend to consolidate their knowledge by practicing as a midwife. Their aspirations focus around clinical skill acquisition and progression through a preceptorship programme (Hughes and Fraser, 2011). Once a newly qualified midwife has settled into the routine of the clinical environment there is a consideration of continuing professional development, however this tends to be mostly focused on the practicalities of their role and on training courses that will help with their promotion to a band 6 such as mentor preparation and NIPE training rather than an academic MSc programme. Training and education are terms often used interchangeably within midwifery, however they do represent different goals: training is required to develop skills to utilise a specific tool whereas education is required to develop

cognitive and intellectual skills to analyse situations and inform decision making (Megginson and Whitaker, 2017).

There is a limited debate within the literature around postgraduate Master's level education in midwifery and why midwives do not view this option as part of their career development pathway. It is difficult to ascertain if midwives make a personal decision to not embark on a Master's degree programme or whether this attitude towards personal academic development is about conforming with the norm within the working environment, a way of 'being part of the club' (Reynolds et al 2014). Hobbs (2012) suggests that newly qualified midwives want to believe in the academic philosophy promoted at University but commented that this often conflicts with the day to day tensions of midwifery practice. Hunter (2009) found that newly qualified midwives felt that they had to conform to what is expected of them by becoming familiar with the cultural rules. In midwifery there appears to be a different philosophy of what constitutes knowledge and where this knowledge has originated, with an overwhelming steer towards clinical experience over academic expertise. This is in contrast to a number of other professions where progression from a first degree to Master's degree, through to Doctoral studies, is a natural career pathway with many taking this option before they enter the workplace. Lucas and Tan (2013) found that a person's beliefs about the nature of knowledge and knowing clearly frame how they interpret their educational experience and their approaches to, and perspectives on, learning.

According to Donley (1986) the foundation of midwifery knowledge is positively constructed and developed by drawing on many different ways of knowing. This is further explored by Hunter (2008) who described three authoritative ways of

knowing that guided the midwife: self-knowledge developed from the belief system of the individual, grounded knowledge from personal lived experience, and informed knowledge from objective and scholarly sources. One of the key characteristics of midwifery knowledge is that is distinguished by a clear relationship between theory and practice; midwifery cannot be learned solely through theory or practice alone (Papastravrou et al 2010). The emphasis of a Master's programme is to enable a student to manage the complexity of issues in a systematic and creative way (Quality Assurance Agency for Higher Education, 2001), this provides midwives with the expertise to manage more complex problems within the clinical environment and gives them the confidence to be an active contributor in the re-creation of midwifery (Hobbs 2012). Master's level of education promotes evaluation of midwifery practice by demonstrating advanced levels of problem-solving and clinical expertise in midwifery, ultimately raising the standards of midwifery care for women and their families. Whilst Master's level education has the potential to provide both personal and professional benefits, engaging in post-registration postgraduate education can be challenging. The success/failure of undertaking a Master's programme is often influenced by the availability of funding and employer support with study time rather than academic failure.

When considering postgraduate education such as a Master's Degree or Doctoral studies, the purpose and benefits of such educational programme are usually centred on personal and professional development of the individual graduate midwife. On an individual basis, postgraduate education in midwifery can provide a strong basis for a future career in research, education, management or consultancy, as well as fulfilling the periodic NMC requirements of continual

professional development. Many Higher Education Institutions and National Health Service organisations now require prospective applicants to be studying towards, or have completed, a Master's educational programme when applying for specialist midwifery roles. These roles are, but not limited to, senior clinical and management roles - including consultant and research midwives, and Higher Education midwifery educators. Postgraduate education is therefore essential for certain career pathways. Notwithstanding the personal importance of postgraduate education for career progression, it is enlightening to also reflect and consider the ways in which graduate midwives, individually and collectively, could contribute to the profession of midwifery by engaging in postgraduate education.

### **The benefits of postgraduate education for individual midwives and the collective profession of Midwifery**

In the UK, midwives are appropriately trained and legally recognised care providers for women experiencing normal pregnancy and childbirth. The evidence is clear that normal, physiological birth is the optimal and most cost effective mode of birth for mother and baby (Royal College of Midwives, 2010), and yet there has been a steady decrease in the incidence of normal physiological birth since 2005, accompanied by a steady increase in operative birth over the same time period (NHS Digital, 2016). Whilst the reasons for such changing birth statistics are arguably multifactorial, it is widely documented that the transition to a risk-based medicalised approach to health and illness has impacted upon the provision of

health care in general (Burgess, Alemanno & Zinn, 2016), and maternity care in particular (Scamell & Alaszewski, 2012).

Within contemporary maternity service provision, it is evident that the professional scope of practice of the midwife is challenged by many social and political factors, however arguably the biggest current threat to midwifery is the impact of the 'risk culture' on the professional role boundaries in maternity services (Scamell, 2016, 2014, 2011; Spendlove, 2017). Scamell (2016) reported that due to fear of risk, midwives' commitment to preserving the normal physiological process of birth 'lacked the necessary vitality to curtail the social amplification of risk' (p. 19). The profession of midwifery, now more than ever, therefore requires members of the profession to have the necessary knowledge, skills and vitality to understand and critique the challenges they face. **Midwives require skills to critique** risk in contemporary maternity care, to clearly define the boundaries of midwifery practice and to preserve midwifery as an autonomous profession. Acquisition of change management, leadership and critical thinking skills through postgraduate **education** could equip midwives with the necessary skills to preserve their autonomous professional role and be advocates for women in their care.

### **Critical thinking skills**

Critical thinking is the foundation of postgraduate education. Postgraduate students, in order to successfully complete the educational programme, are required to acquire and demonstrate effective use of critical thinking skills within all summative assessments. The Open University (2013) outline a useful 'stairway' to help students understand the skills in thinking critically, where the lower steps are

the basic **steps** that support moving to the higher-level thinking skills that can underpin taking a critical approach.

Table1: Critical Thinking Stairway (The Open University, 2013).

- 1.Process - Take in the information (i.e. in what you have read, heard, seen or done).
- 2.Understand - Comprehend the key points, assumptions, arguments and evidence presented.
- 3.Analyse - Examine how these key components fit together and relate to each other.
- 4.Compare - Explore the similarities, differences between the ideas you are reading about.
- 5.Synthesise - Bring together different sources of information to serve an argument or idea you are constructing. Make logical connections between the different sources that help you shape and support your ideas.
- 6.Evaluate - Assess the worth of an idea in terms of its relevance to your needs, the evidence on which it is based and how it relates to other pertinent ideas.
- 7.Apply - Transfer the understanding you have gained from your critical evaluation and use in response to questions, assignments and projects.
- 8.Justify - Use critical thinking to develop arguments, draw conclusions, make inferences and identify implications.

All midwives require such critical thinking skills to critique available evidence **in the planning and delivery of** high quality evidence-based care to women. In being true advocates for women, midwives require the necessary critical thinking and analytical skills to also critically question the wider evidence base of care models. **This includes** the impact of contemporary challenges, such as the contemporary risk culture, on maternity service provision and identify opportunities for progressive evidence based change. Alongside critical thinking skills, postgraduate **education**

also offers students the opportunity to develop research skills. Research skills, such as methodically searching for information in order to explore and answer questions about a particular issue, are valuable skills in ensuring the provision of high quality evidence based care. Master's programmes also usually offer and promote the completion of empirical research within the dissertation module in order for postgraduate students to develop research competence. Empirical research however is not always an essential aspect of some Master's programmes, especially for international students who are not registered and practising in the United Kingdom. Engaging in empirical research activity as part of a postgraduate educational programme could provide midwives with the opportunity to research an area of interest and contribute to the existing body of research-based knowledge in midwifery.

### **Change management and leadership skills**

Postgraduate education provides the opportunity for students to critique the theory and practice of change management and leadership and explore the process and practicalities of leading change through classwork and summative assessment. Leadership and change management skills are essential for all qualified healthcare professionals from novice to expert. Leadership and change management skills have relevance to current practice in managing and delivering everyday care. Leadership and change management skills assist with identifying, leading and managing necessary changes in practice and identifying new ways of working for the care requirements of the future (Gopee and Galloway, 2017). Knowledge of



change management and leadership theory, as well as the critique and understanding of application to practice, would equip midwives and future leaders with the toolkit to manage and empower midwives through change in practice. This process can be empowering and exciting, and can stimulate individuals to also achieve their own aspirations (Megginson and Whitaker 2017). Changing healthcare strategies, modes and models of care provision are integral to a constantly changing NHS landscape. If midwives are to be true advocates for women and reaffirm their unique professional role, midwives must be adequately educated and equipped to respond to such challenges **by** managing and implementing change accordingly.

### **Preserving future professionalisation of midwifery**

In order to understand how the acquisition of change management, leadership and critical thinking skills can assist midwives with preserving the future professionalisation of midwifery, the concept of professionalism must first be explored. Over the decades, scholars and academics have debated the nature of professionalism and what constitutes professional status, **subsequently** autonomy has been theorised as a central attribute of professionalisation (Freidson, 1970). **As a hallmark of professionalism, autonomy** has been classified as 'control over the content and terms of work' and being 'self-directing' (Freidson, 1970 p.134). Analysing the history of professionalisation of both midwifery and obstetrics, tensions are evident between midwives and doctors for 'control over the content and terms of their professional work' and for being 'self-directing' (Freidson, 1970). These tensions have been described as gendered, discursive occupational closure

strategies, used by both midwives and doctors in the pursuit and maintenance of their professional projects (Larson, 1977; Witz, 1992). Within an era of increasing medico-legal pressures and medicalisation of childbirth (Johanson, Newburn & Macfarlane, 2002), contemporary childbirth arguably remains subject to the continued control of power and occupational jurisdiction between these two professional groups. If midwifery is to maintain professionalisation, midwives need to engage with post-registration postgraduate education and develop skills to reassess the midwifery knowledge base, reaffirm their evidence based professional values and lead positive and progressive research and change in practice.

The benefit of graduate education for the professional status of midwives, and the professionalisation of midwifery, has been debated in the past (Bower, 2002). **It seems apparent however** that the skills acquired through graduate and postgraduate **education** are required, more than ever, if the profession of midwifery is to challenge the risk-based medical approach to care, maintain autonomous professional status **and regain** control over the content and terms of their professional work. Many UK Higher Education Institutions are already promoting graduate entry pre-registration midwifery training at **Master's** level. Postgraduate studies will assist midwives and future leaders of the profession in developing the necessary change management, leadership and critical thinking skills to respond to contemporary challenges such as risk, define and police the professional role boundary of midwives and preserve the future professionalisation of midwifery. In order to promote the professional recognition of midwifery, the profession of midwifery needs to reaffirm its unique and distinct knowledge base and champion the relationship midwives have with women in their care.

## Conclusion

Midwifery has been firmly established as a graduate profession at the point of registration since 2009 and it would seem logical that all post-registration education and professional development **should** be delivered at **Master's** level or above.

Promoting professionalisation of midwifery through **postgraduate** education is not merely an issue of maintaining professional status or gaining academic credibility, it is essential for reclaiming midwifery education for midwives, and midwives taking the lead in progressive, evidence-based care for the sake of the future healthcare needs of women and their newborn infants.

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