

MIDWIFERY ONGOING RECORD OF ACHIEVEMENT

Frequently asked questions

January 2020

**Midwifery
Practice
Assessment
Collaboration**

Frequently asked questions

The following questions have been raised during the consultation process and may answer some of the queries you have when reviewing the MORA.

If you have any additional questions please email them to l.gillman@sgul.kingston.ac.uk

Q: What is the MORA?

A: The MORA is the Midwifery Ongoing Record of Achievement, created in collaboration with members of the Midwifery Practice Assessment Collaboration (MPAC). The MPAC includes all NMC approved education institutions that deliver pre-registration midwifery education in England and Northern Ireland.

Q: Why is the practice assessment document now called a MORA? We suggested different names, why haven't these been used?

A: There were some great names suggested for the document, but as the NMC standards of proficiency for midwives require students to record achievement of proficiency in an ongoing record of achievement, it made sense to call the document this so that it was clear where proficiencies were recorded and universities didn't need to develop a separate document.

Q: Why have we got one document for the whole of a programme? What if the student loses it, surely this is a high-risk strategy?

A: At the beginning of the project we worked on a separate document for each year, however as the NMC standards of proficiency for midwives (2019) no longer have specific skills for progression points as in the previous standards, this became problematic. In order to allow for local flexibility, we decided to present the standards of proficiency as outcome statements that must be met by the end of the student's programme.

We would suggest that students using printed copies of the MORA use free scanning apps or their camera on their mobile devices to scan pages as they are completed to keep an electronic record. Academic Assessors could also scan the assessment pages and end of year summary page to create electronic copies.

Q: Is there any way we can change the document to suit our programme requirements?

A: The MORA has been designed in partnership with representatives from the universities across the regions therefore it should meet the requirements of NMC approved midwifery programmes. There can be some variation for example, the number of Practice Assessor reviews, academic level criteria and rubrics and the inclusion of practice hour records. A set of documents will be produced to cover the variety of programmes once the requirements have been established. So far, we know that we will need to consider 4-year programmes, Masters or other postgraduate qualifications, shortened programmes for Registered Nurses, Return to Practice and apprenticeships. Once the document has been validated, we would need to go through a major modification process if elements were to be changed.

Q: How are students assessed using the MORA? There seem to be lots of different sections in it.

A: The MORA is designed using the NMC (2018) standards for student supervision and assessment to enable students to collate evidence in support of achieving the required standards of proficiency and the EU directive requirements. It is also mapped to the Unicef BFI UK standards for universities (2019).

Students record practice episodes to demonstrate that they meet the EU requirements for the number of activities they undertake whilst they are in practice. These records are also mapped to the NMC proficiencies to provide evidence of the clinical activities and skills that they complete. Students work with Practice Supervisors who verify their practice episode records and also confirm when a proficiency is met. Practice Supervisors are required to provide regular structured feedback to students, using defined criteria and to seek feedback from women and their families; this is designed to be an ongoing and continuous process.

Students are allocated a Practice Assessor for either the whole academic year (which is ideal, if possible) or for a placement or series of placements. Students meet with their Practice Assessor at the beginning of the year and at regular points throughout it to assess progress and review feedback from other practitioners (formative assessment). The summative assessment takes place at the end of the year or part of the programme and takes the form of a structured discussion against defined criteria appropriate for the academic level, and a review of the evidence presented within the MORA. If concerns are raised at any point, the Academic Assessor should be contacted. There is an assessment planner that students should complete with the practice nominated person to plan for the Practice Assessor meetings.

Students are allocated a different Academic Assessor for each year or part of their programme who will have an understanding of their achievements in theory and practice and will confirm, in partnership with the Practice Assessor, student progression. The MORA is designed to be the communication tool between Practice Supervisors, Practice Assessors and the Academic Assessor. There is no requirement for tripartite meetings, however this may be appropriate in certain situations.

Q: There is reference to the practice nominated person? This isn't a term I am familiar with, who is this?

A: The practice nominated person is the individual who co-ordinates placements and supports students during practice learning. The NMC (2018) standards require there to be a nominated person for each practice setting to actively support students and address student concerns (1.4). As the titles of people in these roles is so variable, we have decided to use the term practice nominated person throughout the document. Job titles of the practice nominated person might include: Clinical Placement Facilitator, Practice Education Facilitator, Placement Manager, Practice Development Midwife or the role might be undertaken by other members of a practice education team.

Q: There are suggested practice episode record numbers that students should aim for each year. Do students have to meet this number? What if they don't?

A: This is guidance only and is aimed to help students think about the purpose of what they are recording and how it is evidence of their clinical skills and knowledge development. A similar table is used in the current pan London document and students have said that they find it a helpful guide.

Q: There is no guidance for the systematic examination of the newborn numbers. Why is this?

A: There is no agreement on how many systematic examinations should be undertaken to ensure proficiency and therefore a particular number has not been suggested. Although 20 records have been included, the individual AEI can make a judgement about this and prepare students and practice staff accordingly. Additional record pages can be included if required.

Q: The NMC standards of proficiency don't refer to the full systematic newborn examination (NIPE), why is this included in the MORA?

A: There have been queries about whether the standards of proficiency include systematic examination of the newborn, so we sought clarification from the NMC and received this response:

In the standards we describe the immediate assessment of the newborn infant at birth, which, include for example the apgar scoring; the initial examination shortly after birth to check the newborn infant and the ongoing assessments during the neonatal period; and the full systematic examination of the newborn which includes the checking of the body systems, which all babies currently receive within the first 72 hours of birth.

Q: The documentation in the MORA for the full systematic examination of the newborn doesn't include space for students to record the full details of the examination, why is this?

A: The student will be required to undertake the systematic newborn examination according to local and national policy, which will be included in their theoretical and clinical instruction. The MORA enables students to evidence that they have had the relevant experience and practised under the supervision of a practitioner qualified to undertake the examination. The full details of the examination will be entered into the newborn infant's medical record according to local policy.

Q: Breastfeeding assessment records have been added, with a suggestion of 10 per year. Where has this come from?

A: The MORA has been reviewed by the Unicef BFI UK team who have suggested that these are incorporated to enable students to demonstrate some of the requirements for the BFI standards for universities. Even if your university does not have or is not working towards accreditation these records are helpful for students to structure breastfeeding assessments and add to the evidence for meeting some of the infant feeding proficiencies.

Q: Why have you included 'care of pregnant women' within the 'births personally facilitated' section? What does this mean?

A: The amended version of the EU requirements (Annex V) in the Directive 2005/36/EC now states 'Supervision and care of at least 40 pregnant women' rather than 'care in labour'. The NMC have issued the following guidance:

In these newly published standards the precise extract from EU legislation is provided. Within Annex 5 B of the Directive (Practical and clinical training - page 16 in our standards), the term 'pregnant women' is stated rather than the term 'woman in labour' as previously interpreted across the UK.

The EU Directive provides the minimum threshold standards expected for midwives as part of mutual recognition of professional qualifications and as the professional regulator we will comply with this EU legislation. Assurance of this is via our Quality Assurance framework.

AEIs have the opportunity to be ambitious and exceed these European requirements and can also be creative and innovative in how their midwifery curricula and associated assessment criteria meet the EU legislation and our standards.

We have therefore included the requirement for 'care of the pregnant women' within the 'births personally facilitated' section to reflect the intrapartum care students midwives provide for pregnant women in addition to facilitating their birth.

We have also included some records for students to evidence the care they may have provided in labour but not facilitated the birth, although this is not an EU requirement.

Q: Where do students record the required care provided for the 40 women at risk in pregnancy, or labour or post-natal period? I can't see space for this in the MORA.

A: Students are required to highlight where women have required additional care within the recording of antenatal, intrapartum and postnatal practice episode records. When completing the end of year summary, Academic Assessors will be able to identify how many cases have been highlighted. In an e-version of the MORA this is likely to be identified by a tick box.

Q: In previous drafts of the document there was shading to suggest that students did not need to achieve certain proficiencies in years 1 and 2. Why has this gone?

A: The MPAC steering group had lots of discussion about this element of the MORA and we decided that in order to maintain as much flexibility as possible, we should remove the shading. This does not mean that students have to achieve all of the proficiencies every year, but that they can achieve the required level of engagement when they have the opportunity to participate (year 1) or contribute (year 2).

Part of the Practice Assessor reviews require a consideration of the proficiencies that have been completed. This will be variable depending on the student's practice experience and opportunities but can serve as a discussion point to ensure students are engaging at the expected level. In year 3 students are expected to be able to demonstrate achievement of all proficiencies.

Q: Can a student be signed off as proficient in year 1 or 2 and then not have to demonstrate proficiency again during the programme?

A: No, Practice Supervisors should only confirm proficiency in the column that relates to the student's current part of the programme. This is to ensure that students maintain proficiency and that at the point of progression to the NMC register they have demonstrated the required proficiencies within the final part of their programme underpinned by the relevant theory and application to practice.

Q: There are some proficiencies which seem difficult for students to achieve, such as those for palliative care. How can we ensure all students are able to meet the proficiencies?

A: There are some proficiencies which students may not have the experience and opportunities in clinical practice to achieve. In these situations, students may be able to evidence their knowledge and understanding through discussion and/or simulation.

Q: The proficiencies in relation to medicines administration also include the intravenous and intradermal routes for all years. Our practice placement partners don't allow any students to administer IV medication, how can students demonstrate proficiency?

A: Many practice partners are reviewing their policies in line with the new standards of proficiency so this may change in the future, however students will always need to make sure that they are practising according to local policy. The expectations of student achievement are 'participation' in year 1 and 'contribution' in year 2. It is only the year 3 expectation that states, 'demonstrates proficiency' which should be under appropriate supervision. If students are unable to achieve these proficiencies in practice in year 3, simulation could be used, and proficiency confirmed in the university environment.

Q: The document refers to the role of the Practice Supervisor and states that this can be any health and social care registrant. You haven't referred to preparation programmes though, so it isn't clear who can actually supervise students.

A: The NMC standards for student supervision and assessment do not stipulate specific preparation for Practice Supervisors and state that all students on an NMC approved programme can be supervised in practice by NMC registered nurses, midwives, nursing associates, and other registered health and social care professionals, who have the required knowledge and experience in the area in which they are providing support.

The requirements for preparation of supervisors is that they receive ongoing support to prepare, reflect and develop for effective supervision and contribution to, student learning and assessment, and have understanding of the proficiencies and programme outcomes they are supporting students to achieve. There is a table in the MORA which identifies who is able to undertake each of the roles and complete various sections of the document.

Q: In the table in the MORA it states that the Practice Assessor cannot sign off the proficiencies. If I work with the student and am happy to confirm achievement, why can't I do this?

A: The roles of the Practice Supervisor and Practice Assessor are clearly defined in the NMC (2018) standards and these roles must not be undertaken by the same person for the same student. In order to prevent these roles blurring, the activities within the MORA have been kept separate. If you work with the student (there is no expectation that you will), you can record this, and your observations and comments in the section at the end of the document. You can also sign practice episode records.

Q: As a Practice Supervisor, how much am I expected to write and how often? We are used to using the 'wordles' and 'lexicons' in the Practice Assessment Toolkit and find this useful to help write comments that provide meaningful feedback and are appropriate to the student's academic level. Will these be included in the MORA?

A: There are templates for Practice Supervisors to complete, and it is recommended that these are completed approximately every 2 weeks to ensure timely feedback to students. You may also wish to document something after a particular incident. The sections to write in are quite small and there are prompts for what should be documented. You are also asked to indicate whether the student has met the expected professional behaviour standards and indicate the level of performance using the holistic descriptors.

In each of the assessment sections there are tables presenting the expected standards of professional behaviour and academic expectations at each level. These may help you consider what to write in your feedback. The Practice Assessment Toolkit is available online and will be utilised in preparation materials and events.

https://www.plymouth.ac.uk/uploads/production/document/path/13/13353/PRACTICE_ASSESSMENT_TOOLKIT.pdf