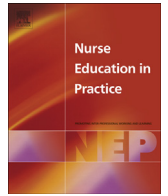




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## A scoping study to explore the application and impact of grading practice in pre-registration midwifery programmes across the United Kingdom

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### ABSTRACT

Grading of practice is a mandatory element of programmes leading to registration as a midwife in the United Kingdom, required by the Nursing and Midwifery Council. This validates the importance of practice by placing it on an equal level with academic work, contributing to degree classification. This paper discusses a scoping project undertaken by the Lead Midwives for Education group across the 55 Higher Education Institutions in the United Kingdom which deliver pre-registration midwifery programmes. A questionnaire was circulated and practice tools shared, enabling exploration of the application of the standards and collation of the views of the Lead Midwives. Timing and individuals involved in practice assessment varied as did the components and the credit weighting applied to practice modules. Sign-off mentor confidence in awarding a range of grades had increased over time, and mentors seemed positive about the value given to practice and their role as professional gatekeepers. Grading was generally felt to be more robust and meaningful than pass/refer. It also appeared that practice grading may contribute to an enhanced student academic profile. A set of guiding principles is being developed with the purpose of enhancing consistency of the application of the professional standards across the United Kingdom.

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### Introduction

Since September 2008, the United Kingdom Nursing and Midwifery Council (NMC) has required all programmes leading to registration as a midwife to grade practice (NMC, 2009). The NMC sets the standards to be achieved, but the operationalising of these is the responsibility of the individual programme team in collaboration with clinical colleagues and subject to their Higher Education Institution (HEI) regulations.

In March 2013, the Lead Midwives for Education United Kingdom Executive Group (LME-UK) agreed that a sub-group of experienced colleagues with a shared interest in practice assessment would undertake a national scoping activity across the HEIs where pre-registration midwifery programmes are delivered. The LME role is a requirement of the NMC, having accountability and oversight for all matters pertaining to midwifery education in their institution. The LME-UK peer support group membership comprises senior educationalists from all 55 universities across the four countries who lead on development, delivery and management of midwifery education programmes, meeting separately from the NMC. This enables collaborative opportunities and integration of differing health policies across the UK (LME-UK Executive Terms of Reference (2014)).

The purpose of the project was to explore the range of methods of application of the NMC (2009) standards in relation to grading of

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practice across the UK. A survey evaluating assessment processes and views on the impact of grading of practice was undertaken through circulation of a questionnaire to the LME-UK group. No other study exploring midwifery practice assessment has been conducted on such a broad scale.

## Background

The 'Standards for pre registration midwifery education' (NMC, 2009) require all universities in the UK to implement grading as a key aspect of practice based assessment in midwifery. The rationale is to place equal emphasis on practice and theory. Standard 15 (NMC, 2009, p. 21) identifies that:

- "Assessment of practice, which is direct hands-on care, must be graded.
- The grades achieved must contribute to the outcome of the final academic award.
- If the assessment of clinical practice involves a variety of components and the student fails to achieve competence in one of the components, then the student must fail."

The midwifery sign-off mentor is an experienced clinician who has undertaken additional academic preparation as well as been involved in the assessment process of a midwifery student on at least three occasions (NMC, 2008). In contrast to nursing, a sign-off mentor is required for all progression points. The Nursing and Midwifery Council (2009, p. 21) defines a progression point as: "a point (or points) established for the purpose of making summative judgments about safe and effective practice in a programme". The responsibility of this role is therefore very evident as sign-off mentors are essentially the gatekeepers to the profession from a practice perspective. Practice assessment brings with it challenges and rewards, and the lived experience of fulfilling a role which is paramount in ascertaining a student's competence is described in both midwifery and nursing literature (Duffy, 2004; Fisher and Webb, 2008; Fisher, 2009; Fisher et al., 2011; Jervis and Tilki, 2011; Marsh et al., 2005; Rutkowski, 2007; Skingley et al., 2007). Grading adds a further dimension in that not only is competence itself determined, but a scale measuring the level of performance in practice is also required (Chenery-Morris, 2010). Maxted et al. (2004) suggests that practitioners can find separating these concepts challenging. The process of grading practice is influenced by multiple assessors in the form of individual sign-off mentors. Interpretation of the grading tools used can challenge inter and intra-assessor reliability (Donaldson and Gray, 2012; Smith, 2007). Mentors have, however, found grading tools helpful for students who were not performing well (Heaslip and Scammell, 2012).

National Health Service (NHS) Education for Scotland (NES, 2008) noted that the range and breadth of practice assessments are diverse in contrast to greater similarity in theoretical modules. Gray and Donaldson (2009) recommended that ongoing evaluation and monitoring of grading processes should be undertaken, which is further supported by Heaslip and Scammell (2012) and Bennett and McGowan (2014).

The LME-UK group recognised from earlier discussions that a range of approaches was likely to be identified. It was therefore anticipated that a set of guiding principles to mitigate these factors in grading of practice may be a potential outcome of the project.

## Project design

This descriptive evaluative survey sought to ascertain the varying practice assessment methods, tools and views across the full range of pre-registration midwifery programmes in the UK.

This particular approach was used in order to elicit in-depth details of the range of methods HEIs currently use when applying the NMC standards (2009) within the constraints of the individual institutional regulations across the four countries. The intention was to identify any perceived impact on degree classification and consider the experience of those involved in grading practice. This may help realise the contributory factors and impact of any inconsistencies in grading practice. As the LME-UK group had itself initiated this scoping activity as an internal evaluation and no other participants were involved, no ethical approval was required.

In order to elicit the information, three key areas were explored through circulation of a questionnaire: 1) the process of grading practice; 2) the impact of grading of practice on mark profiles; 3) clinicians' views on grading of practice (see Table 1).

This was circulated electronically via the professional network following an initial introduction at an LME-UK meeting. Colleagues were also invited to share the practice assessment tools used in their institutions. Subsequent rounds of requests for feedback were undertaken in person at LME meetings or electronically. A 73% response rate was achieved, totalling 40 of 55 universities and reflecting the whole geographic spread of HEIs providing pre-registration midwifery education across the UK (see Table 2).

The data was compiled onto a spreadsheet, categorised according to the questions and relevant institutions which were subsequently anonymised. The project team divided the questions for initial thematic analysis which was then cross-checked by the rest of the team.

## Findings

The findings were categorised into: 1) The process of grading practice; 2) The impact of grading of practice on mark profiles; 3) Clinicians' views on grading of practice. A brief summary follows presentation of each section.

### The process of grading practice

Practice placements where grading took place included community, labour suite, antenatal, postnatal and caseload holding. A combination of both formative and summative grading was used in most HEIs. Findings from the specific questions are identified below:

**Table 1**  
Grading of practice scoping questionnaire.

1. For each year of the course/programme for both the long and the short courses/programmes:
  - a. When do you 'Grade practice'?
  - b. How do you 'Grade practice'?
  - c. What weighting is given to 'Grading of practice'?
2. Has there been any observable alteration to students' mark profiles since 'Grading of practice' was mandatory? (e.g., higher, lower, no difference)
3. From Annual Monitoring of the course/programme, how do clinicians view 'Grading of practice'?

**Table 2**  
Profile of respondents.

Country	Number of HEIs	Number of respondents
England	47	34
Scotland	3	3
Wales	4	2
Northern Ireland	1	1
<b>TOTAL</b>	<b>55</b>	<b>40 = 73%</b>

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