Maternity Care Assistants in Scotland: A Competency Framework
May 2006
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The provision of maternity care in Scotland is undergoing significant review and change. A number of factors have come together to drive these changes including policy, population demographics, changes to service provision and greater choice. Current service provision is unsustainable thus maintaining services within the status quo is not an option (SEHD, 2002). Services must adapt to ensure future needs can be met. Change can be viewed either as a barrier to service provision or as an opportunity. The ultimate aim of any changes to maternity service provision is to provide a high quality, responsive and sustainable service centred on the woman, her baby and her family.

The introduction and development of maternity care assistants (MCA) has been identified as one way of developing and modernising the maternity services in order to be responsive to current and future needs. Healthcare support workers have been in existence in maternity health care settings for a great number of years and several different titles are used including healthcare assistant, nursing auxiliary and ward attendant. In November 2004 questionnaires to scope the existing role and potential of maternity care assistants were distributed to all the maternity units in Scotland via the Scottish Executive. The findings highlighted the variety in numbers, titles and roles, with the most common activities being hotel type services (such as cleaning, making beds, and distributing food); administrative support; escort duties; cleaning and checking equipment and stock control. A second scoping exercise performed in December 2005 explored the MCA’s current role, place of work and training opportunities (Appendix 1). Both pieces of work confirmed that there was scope to influence the role and maximise the potential of MCAs in Scotland to support the midwife and the multi-disciplinary team. At the same time, a review of the published evidence base identified several studies that explored the development of healthcare assistants in a range of locations. These studies have been incorporated in the following document where appropriate. However as none were conducted in Scotland they have limited relevance to the clinical and demographic changes taking place here.

Commitment to this role development resulted in a project led by NHS Education for Scotland to develop a competency framework for maternity care assistants working in Scotland. A steering group (Appendix 2) of individuals interested in the development of the MCA was established comprising colleagues from both practice and education and a service user representative. A multi-disciplinary reference group was also identified. The focus of the project was to:

• Identify and develop a defined role for the MCA
• Scope existing educational opportunities for MCAs
• Design a core competency framework for MCAs
• Commission a flexible innovative national programme

This framework represents the culmination of the work by the steering group from September 2005 to April 2006. It comprises three sections, the first of which sets out the context within which the role development of the MCA must be considered. Contained within the second section is a discussion on the developing role of the MCA across the UK. The third section outlines the competency framework. Included are an indicative job description, Knowledge and Skills Framework outline for an MCA, examples of current role development within Scotland and the World Health Organisation (WHO)/International Confederation of Midwives (ICM) definition of a midwife.

Throughout the document the MCA is identified as being responsible to the midwife with the midwife accountable for the care given by MCAs. This reflects that, on the majority of occasions, the MCA will be working under the direction of the midwife. However, as the MCAs will work with the multi-professional maternity team in some instances other professionals may be influencing, and directing the work of MCAs. They must therefore be assured that any delegated task is within their sphere of practice.
POLICY CONTEXT AND INFLUENCING KEY FACTORS

Policy Drivers
Over the past 5 years a series of policy documents and reports have recorded dissatisfaction with current service provision and have recommended change to improve the quality and accessibility of services.

A Framework for Maternity Services in Scotland (SEHD, 2001) stated that maternity care should be women and family-centred, locally accessible and managed by midwives. It emphasised the importance of high quality evidence based care, which incorporated choice and was provided by a mutually supportive multi-disciplinary team with clear communication and referral pathways.

The Expert Group on Acute Maternity Services (EGAMS) (SEHD, 2002), which looked specifically at intrapartum care, identified the midwife as the lead professional for low risk women with appropriate referral pathways and management structures. It recommended core competencies and skills for all maternity care professionals and that education should be multi-professional, multi disciplinary and integrated. The report also highlighted the importance of good planning, communication and consumer involvement. EGAMS concluded that current maternity care provision was unsustainable and required to change.

Learning Together (SEHD, 1999) and Caring for Scotland – A Strategy for Nursing and Midwifery in Scotland (SEHD, 2001) both pledged a commitment to facilitating the development of support workers within NHS Scotland.

Economics
Any reconfiguration of maternity services must continue to provide a high quality service, minimise risk and provide value for money. Building a Health Service Fit for the Future: National Framework for Service Change in the NHS in Scotland (2005) identified workforce pressures as one of the main factors that will determine the shape of health care in Scotland over the next 20 years. The composition and skills of the workforce will determine how services are able to respond to changes in demand.

The National Maternity Services Workforce planning group was set up in 2004 to review the current workforce and service profile and to identify further action taking into account the various drivers for change and emerging models of service delivery. The new roles needed to deliver these models including the MCA were to be considered. The National Workforce Planning Framework Report (SEHD, 2005) identified three principles regarding the future workforce, these were affordability (including value for money); availability i.e. taking into account the labour market, inward recruitment and posts attractive to the skilled people required; and adaptability i.e. ensuring the workforce is trained and supported.

A range of initiatives has been developed to attract people to the NHS or retain them in the NHS. Care delivery is also being re-designed through the development of new and extended roles for clinical staff, which offer opportunities for all staff to develop their skills and enhance their careers.

Pay modernisation (SEHD, 2006) including Agenda for Change where staff are rewarded fairly for the contribution they make is an integral part of recruiting and retaining a larger NHS workforce and has led service providers to think about new ways of working. These changes will ensure that high quality care is delivered in an effective and timely manner, that staff are better organised to ensure skills are used effectively and will provide an increase in choice and availability of services according to the needs of women and their families. Both Modernising Medical Careers and The European Working Time Directive, which reduces junior doctors’ working hours, will potentially impact directly on the midwife. Ultimately the demands of the role may exceed the time available and thus the effective deployment of an appropriately trained MCA, will ensure that the midwife continues to be able to deliver high quality care to women, their babies and families.
Sociological
Population demographics and the competitive global labour market both affect the recruitment and retention of qualified staff. The competition for a workforce from a smaller population coupled with the departure of senior or skilled midwifery staff from the profession (Curtis et al, 2006) has contributed to increasing staff pressures and the potential for a serious shortage of staff in the future.

Feedback from women and their families indicates that services often fall short of their needs and expectations, with mothers speaking of a lack of good information and support, busy wards, overworked health professionals and conflicting advice. Greater expectations about service provision and the desire for more choice indicate a need to work more closely with people and communities and to take their views into consideration. The recommendation to provide locally accessible services produces its own challenges particularly for remote and rural communities, which need to provide services that are viable in terms of staffing and cost. There is also a greater need to promote public health and to work towards reducing inequalities (SEHD, 2005).

As with any service redesign and role development, public protection and confidence must be considered. This can be assured by the provision of a robust preparation programme for MCAs which addresses the issues of professional accountability, personal responsibility and sphere of authority.

Professional
Care will continue to be provided by health care professionals in an appropriately skilled multi-disciplinary team working in a mutually supportive environment, and any changes to maternity care provision will affect all members of this team. Future provision must use the talents and abilities of the workforce to maximise the quality of care.

The Role of the Midwife
Midwives are recognised as the key health care professional throughout pregnancy and beyond, providing high quality, individualised and informed care. The midwife will continue to be the lead professional for low risk women by being the first point of contact, taking a history, developing a care plan and maximising the opportunities for a normal birth. During childbirth skilled one-to-one midwifery care increases the opportunities for normal birth and a healthy postnatal period and reduces the need for unnecessary medical interventions. The internationally accepted definition of a midwife is given in Appendix 3 and the MCA role must support and compliment this rather than conflict or duplicate it.

Changes that are impacting on the provision of maternity services, including an increase in the number of Community Maternity Units across Scotland, offer significant opportunities to develop and enhance midwifery practice. These developments enable a review of the function and activity of the midwife as well as the multi-disciplinary team. This can potentially lead to a refined remit that aims to improve the midwife’s ability to provide holistic care that meets women’s needs and promotes normality in pregnancy, birth and the postnatal period. However, there are also considerable pressures to provide a flexible response to NHS needs and so a risk exists of the midwifery model of care being drawn into the dominant medical one. The Royal College of Midwives (RCM) in reviewing the role of the midwife recognised the need to be flexible within the multi-disciplinary team. It welcomed expansion of the midwife’s role where it enhances skills and expertise, and makes midwifery care more accessible and responsive to women’s needs. However, it cautioned against the extension of the midwife’s role into other spheres of practice which do not demonstrably improve the quality of, or access to, midwifery expertise (RCM, 2006).

The Audit Commission (1991) reported that midwives spent a significant amount of time in non-midwifery tasks with tasks such as clerical and housekeeping duties detracting from direct women centred care. To enable midwives to deliver direct care the RCM gave recommendations about the deployment of health care assistants in 1995, 1999 and 2005.
In order to continue to maximise midwifery contact with the mother and her baby and to provide high quality continuity of care the role of an assistant requires to be developed. An assistant may benefit the midwife by taking on clerical and other non-midwifery tasks and may benefit women, their babies and their families by providing additional assistance and support.

Health care support workers have been deployed in the USA and the UK mainly in response to staff shortages. Midwifery and Nursing in the UK have long been dependent on nursing assistants, however, the lack of training for these assistants has implications for the quality of services provided (McKenna et al, 2003). This may have led to under-utilisation or inappropriate delegation of duties for health care assistants already in post (Lindsay, 2004).

Support workers have been used in a range of maternity care settings. One study (Wiggins, 2000) based in London used community midwifery support workers to provide practical and emotional support to postnatal women in their home. In the Netherlands home care assistants assist the midwife or GP during childbirth and help and advise the mother in the postnatal period. Team work between qualified and unqualified staff ensures continuity of care (Van Teijlingen and McCafferty, 1987).

It appears in some instances that the role of maternity assistants in England has been developed in response to the staffing crisis and changing roles (Charlton, 2001; Sandall, 2001; Woodward et al, 2004). This has tended to result in an ad-hoc approach to training and deployment in the field. In one area of England the role of MCA was developed to undertake postnatal support visits, clerical duties, help women with baby-care and feeding, provide emotional support, and attend home births to assist with post-delivery care. The MCAs worked in the community and under midwifery supervision. Women welcomed the extra support and midwives found it of great practical benefit (RCM, RCOG, NCT, 2001). An observational study of midwifery support workers in Ireland identified most of their activity as indirect care such as stocktaking, cleaning, clerical and non-productive tasks (Hasson et al, 2005). Direct care was generally related to comfort, mobility and hygiene. They also performed a range of nursing procedures such as urinalysis and collection of specimens. Most activities were carried out by the maternity support worker alone with little evidence of direct care under the supervision of a midwife.

In all areas where maternity support workers have been deployed there required to be some identification of what duties could be delegated and which must remain as the direct responsibility of the midwife. From work carried out in Ireland it was clear that midwives were able to identify a large number of duties which were an inefficient and ineffective use of their time and might be delegated usefully to a support worker (McKenna et al, 2002). The provision of trained and skilled MCAs may offer significant advantage in terms of care planning and delegation. Studies indicate that the majority of midwifery staff embrace the idea of maternity care assistants as a potentially positive contribution to the workforce (Van Teijlingen and McCaffery, 1987).

Continuity of care is a key principle of care provision and recognised to be important for women. As the role of the midwife expands to meet growing demands this may result in less contact time with individual mothers. 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. The key to successful working and continuity of care will be good communication between midwives and MCAs and appropriate training and deployment of MCAs.

Concerns that the employment of an MCA will result in dividing care into a number of tasks bringing about a fragmentation and reduction in quality of care can be addressed by team working under the direction of midwives and by appropriate training of the MCA. It is acknowledged that midwives should spend most of their
time providing individualised direct care to mothers and their babies and less on administrative and routine duties. Midwives in practice today may recognise that their time is spent carrying out a number of non-midwifery tasks and completing a growing amount of paperwork. Indeed this was reflected in research conducted in both the UK and USA (McKenna and Hasson, 2002).

Currently support workers mainly carry out unskilled tasks within the maternity services and receive little recognition for the enormous contribution they make to the care and well-being of mothers. There is little or no career path available at this, the most neglected, end of the career spectrum. Training and skilling to become a MCA offers a recognised role within the service and may, for some, also offer the opportunity to enter further education to become a qualified health professional. The role would be congruent with the proposed NHS Career Framework for Scotland (SEHD 2006; Skills for Health).

In England, as a response to helping the NHS trusts implement the National Service Framework for children, young people and maternity services, the NHS Employers’ large scale workforce change team developed the maternity support workers programme.

They recognised that many maternity teams already used the support worker role and aimed to build on the strengths of models already in operation. A competence-based framework will be developed to ensure that implementation of the role meets local needs (NHS Employers, 2006). Although Scotland is taking a similar approach, this is being led by the drivers outlined above rather than a staffing crisis within the midwifery services. The pro-active approach of the NHS in Scotland will enable staff to be appropriately skilled for their developing role and integrated into the multidisciplinary team.

Maternity Care Assistants in Scotland
In Scotland healthcare support workers have been defined as ‘one who performs as an assistant to the professional care team’ (Cowie, 2002). The development of the role of MCAs in Scotland has generated focused and challenging debate and a degree of opposition from some health professionals. Health professionals, especially midwives who will be directly affected by these changes, may fear that this will erode their role and ultimately affect their jobs and the future of their profession. Others may see it as an opportunity to develop new posts, increase opportunities for staff already in employment and provide better care for women.

Midwives in Scotland have on the whole welcomed MCAs to the health care teams and recognise the advantages of being supported by a trained assistant but highlight the difficulty of identifying appropriate non-midwifery tasks for delegation. Some of these issues have been shown to lessen as the MCA becomes more familiar in the multi-disciplinary team. Midwifery involvement in the development and delivery of training, the development of the role of the MCA and the deployment of the MCA in the workplace may also provide the opportunity to ensure good working relations. MCAs are currently not subject to professional regulation and are therefore not professionally accountable. As the role of the MCA is developed and expanded it is likely that it will be accompanied by increased opportunities for direct contact with women and babies and for working without direct supervision, particularly in the community. Therefore, to preserve quality of care and protect the public, regulation is recommended. Scotland’s response to the outcome of the work on the review and regulation of non-medical NHS Staff is awaited.

The RCM (2005) stated that: “the provision of high quality maternity care relies on all those involved in the provision of care having a clear understanding of their roles and responsibilities. This avoids unnecessary duplication, which is inefficient and undermines continuity and quality of maternity care.” The maternity care assistant will therefore predominately work under the supervision of the midwife and, while working and liaising within the multidisciplinary team, the key relationship will be between the MCA and the midwife as illustrated in the conceptual diagram on the following page.
The MCA should be viewed as part of the maternity team that supports and enhances the quality of care a woman, her baby and family receive. Within this team approach, the MCA will work under the direction and supervision of a midwife to undertake a range of clinical duties for which midwifery education and registration are not required either by statute or professional guidelines. The midwife will decide whether delegating a task is appropriate in the care of a woman, her baby and her family (NMC, 2004). This delegation may alter in response to need and depending on the midwife’s assessment of a changing scenario.

The issues of accountability and responsibility are often misunderstood within the context of practice. All individuals are accountable for their acts of commission and omission and this cannot be assumed by another individual. The responsibility for appropriate delegation rests with the qualified staff; however, the responsibility for agreeing to the delegated task lies with the MCA. This means that qualified staff delegating must be sure of the competence of those to whom they are giving the task and if the MCA has any doubts as to whether she can do it, then she must not do it.

While there is considerable potential for developing the role of the MCA, in order to enhance the quality of care, it is important that the role does not undermine, conflict with, obstruct nor substitute the role of the midwife as identified in appendix 3. Therefore any training provided will aim to address knowledge and skills and will support and complement those of the midwife without compromising care. To this end the role of the MCA includes:

- Participating in the process of assessment of women, however the interpretation, decision making and planning of care remains the responsibility of the midwife.
- Participating in the provision of care for women and their babies.
- Giving advice to women and their family on ‘routine’ personal hygiene, health promotion, baby care or feeding only.
Training of Maternity Care Assistants in Scotland

The EGAMS report (SEHD 2002) recommended core competencies and skills for all maternity care staff and a multi-disciplinary and integrated approach to education. This would also apply to MCAs to ensure that they are appropriately trained and skilled for their role. Current auxiliary or MCA training in Scotland, like the rest of the UK, is lacking in standardisation with some, but not all, maternity hospitals providing access to further training for auxiliaries on an ad-hoc basis. MCAs were identified as being most likely to attend courses in first aid, basic life support (adult), basic neonatal resuscitation or breastfeeding. Further training, either Scottish Vocational Qualifications (SVQ) or National incremental Competencies in Healthcare Education (NiCHE) courses are available locally according to need however their uptake can be sporadic. Some units working to expand the role of the MCA accessed the Breastfeeding Management Course (UNICEF) or provided training to do specific tasks such as phlebotomy, observations and hearing screening.

A range of core competencies and training needs were identified by the 2004 survey (Appendix 4) as desirable and it was suggested that a general maternity course could be developed to include these skills and competencies. To support mobility and transferability both across the workforce and within the country, this training programme requires to be standardised and accessible for all MCAs in Scotland, regardless of location or type of employment. Rather than the training being solely about how to perform certain tasks it is envisioned that it will be developed to inform MCAs about their role and the boundaries, thus promoting an understanding of the individual roles and skills of other members of the multi-disciplinary team and avoiding role conflict. Clinical skills such as learning how to record blood pressure will be taught in the clinical environment. The training programme will then complement rather than duplicate any training already undertaken.

NHS Education for Scotland will commission a suitable education provider to develop a national training programme. It will also incorporate the outputs from the consultation, on the proposed National Standards Relating to Health Care Support Workers in Scotland (HCSWS) (SEHD 2006). These standards will include those required for induction of HCSWs, will focus on public protection requirements and will ultimately be part of a wider framework of employer-led regulation. The programme will be developed with in-put from all professions involved in the provision of maternity services.
‘Having the knowledge and skills to do the job’

Purpose of a Competency Framework
The purpose of the competency framework (CF) is to help develop and to articulate clearly the role of the MCA. Core competencies are those that all MCAs should know or be able to perform and which have been developed to meet the emotional and physical needs of women and their families. In practice, a CF can be used by midwives to identify the potential for those currently working as health care assistants, auxiliaries or support workers, to enhance their role to that of the MCA. The CF also provides a development framework for newly employed MCAs. MCAs have a valuable role in assisting healthcare professionals to support women and their families in all settings where maternity care is provided. However it can be problematic to define one role description for the MCA as the components of their role will be developed to suit local needs. An indicative job description and KSF outline (Appendix 5) and examples of current role development of support qualified staff in maternity settings (Appendix 6) are included to give an indication of the skills an MCA may undertake.

Definitions
Competence: a bringing together of general attributes – knowledge, skills and attitudes. Skill without knowledge, understanding and the appropriate attitude does not equate with competent practice. Thus, competence is ‘the skills and ability to practise safely and effectively without the need for direct supervision’ (UKCC, 1999; Watson, 2002).

Competency: to facilitate the development of competence a number of component parts are identified, known as competencies.

Indicator: a pointer giving detailed information regarding the contents within a competency.

KSF: knowledge and skills framework (DoH 2004) is part of the Agenda for Change package which is the NHS UK pay modernisation Initiative. The KSF is designed to support personal development and career progression. Its aim is to help staff develop their skills to the full in their post and therefore clear articulation with the competency framework has been vital.
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<th>INDICATORS</th>
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| 1 Respect the principle of woman-centred care | 1.1 Value all women as individuals  
1.2 Acknowledge and recognise women’s expressed beliefs, preferences and choices  
1.3 Support the midwife to meet the woman’s expressed needs and expectations | Core Dimension 6  
Level 2 |
| 2 Communicate effectively with team members, women and families to facilitate care | 2.1 Verbal - direct  
• Demonstrate effective communication with women, families and the multidisciplinary team  
• Recognise situations / information which require referral on to the responsible midwife  
• Recognise the woman as a partner in all communication  
• Listen and give clear, accurate and appropriate information without the use of jargon  
• Recognise the significance of effective communication within the provision of care  
• Demonstrate sensitivity and empathy to women and their families  
• Demonstrate awareness of the importance of sensitivity in communicating with women who are vulnerable and/or have special needs  
• Understand the importance of appropriate / inappropriate self disclosure | Core Dimension 1  
Level 2 |
| 2.2 Verbal - indirect  
• Maintain organisational standards / local practices which relate to telephone call responses / ongoing messages  
• Maintain confidentiality  
• Demonstrate an ability to refer calls to the appropriate area or professional, prioritising appropriately | |
| 2.3 Non-verbal  
• Be aware of the importance of non-verbal communication  
• Demonstrate effective non-verbal communication at all times | |
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<th>COMPETENCY</th>
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| 3          | 3.1 Comply with employers standards for record keeping  
3.2 Be aware of relevant legislation relating to information and documentation  
• Confidentiality  
• Data Protection  
• Freedom of Information  
3.3 Record Keeping  
• Demonstrate an ability to access appropriate documentation  
• Demonstrate the ability to write and complete documentation that is appropriate to the role of the MCA  
• Understand and respect confidentiality regarding record keeping  
3.4 Electronic  
• Adhere to local protocols / policies relating to the use of information technology  
• Adhere to legislation and policies relating to the retrieval and input of information from electronic data bases | Core Dimension 1  
Level 2 |
| 4          | 4.1 Self  
• Identify the role relationship with the midwife and the multidisciplinary team  
• Identify the role of the MCA and its boundaries  
• Ability to identify limitations of own knowledge and skills  
• Recognise when care is out with own role and refer to the supervising midwife  
4.2 Team Working  
• Identify role and responsibilities within the multidisciplinary team  
• Demonstrate the ability to work as a team member  
• Communicate effectively and appropriately with other team members | Core Dimension 5  
Level 1 |
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<th>INDICATORS</th>
<th>KSF</th>
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| 5 Support the creation and maintenance of environments that promotes the health, safety and wellbeing of women, babies and others. | 5.1 Minimise risk to self, others and the work environment in accordance with health and safety legislation  
5.2 Take all measures to prevent infection in accordance with national and local infection control policy  
5.3 Promote health, safety and security in the environment in which the MCA is working  
   - Ability to prepare and maintain a safe and secure environment for the woman, her baby and family  
   - Ability to prepare the care environment that is appropriate to the setting for a range of procedures  
   - Correctly and safely prepare, use, clean and store equipment within the MCA’s sphere of responsibility  
   - Identify any faults in equipment used within the work environment and follow correct procedure to remedy them  
   - Restock clinical areas as necessary  
   - Maintain the security of persons and property, applying policies and protocols appropriately  
   - Be aware of lone working within the community setting and adhere to local policies | Core Dimension 3  
Level 1  
Specific Dimension  
G3  
Level 1 |
| 6 Participate in the provision of care, monitoring and support for women and their babies | 6.1 Demonstrate an understanding of and compliance with local policies and procedures  
6.2 Assist in maintaining a woman’s privacy and dignity  
6.3 Participate in the care of women throughout pregnancy, childbirth and the postnatal period  
   - Undertake specific designated activities that the MCA has been trained to do, under the direction of the midwife  
   - Report any changes or concerns regarding a woman’s condition to the responsible midwife  
   - Assist the midwife with preparation for procedures demonstrating knowledge and application of aseptic technique  
   - Apply knowledge and skills to a variety of care settings | Core Dimension 4  
Level 1  
Core Dimension 3  
Level 1  
Specific Dimension  
HBW2  
Level 2  
Specific Dimension  
HBW5  
Level 2 |
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| Recognise and respond to emergencies in order to meet the needs of women, babies and the team | 7.1 Participate in initial training and regular skills updates relevant to emergency procedures  
7.2 Alert the appropriate staff to an emergency situation using the range of available methods  
7.3 Initiate fundamental care during an emergency situation to ensure safety in the context of a first responder  
7.4 Demonstrate ability to locate and transport emergency equipment  
7.5 Use emergency equipment as appropriate                                 | Core Dimension 3  
Level 1                                                              |
| Assist the midwife to support parents transition to parenthood          | 8.1 Assist in providing physical, social and psychological support for parents  
8.2 Support the midwife in the provision of parenting education  
8.3 Demonstrate the skills necessary to support women in their chosen method of infant feeding  
8.4 Promote mental well-being, reporting any concerns to the responsible midwife  
8.5 Demonstrate a knowledge of child protection issues, reporting any concerns to the responsible midwife  
8.6 Demonstrate a knowledge of domestic abuse issues, reporting any concerns to the responsible midwife | Specific Dimension  
HBW2  
Level 2                                                              |
| Recognise the importance of ethical and legal issues within maternity care | 9.1 Provide care which is congruent with the legislation relevant to the practice of midwifery  
9.2 Respect a woman’s dignity, wishes and beliefs, involving her in shared decision.  
9.3 Obtain woman’s co-operation and agreement prior to undertaking any care intervention  
9.4 Demonstrate knowledge and understanding of the process which supports the principle of advocacy | Core Dimension 6  
Level 2                                                              |
| Review, develop and enhance own knowledge and skills                     | 10.1 Recognise the need for continuing development  
10.2 Use local resources to facilitate development  
10.3 Demonstrate the application of new knowledge and skills appropriately  
10.4 Identify areas requiring personal development  
10.5 Participate fully in development reviews and Personal Development Planning | Core Dimension 2  
Level 2                                                              
Core Dimension 4  
Level 1                                                              |
## APPENDIX 1 SCOPING EXERCISE

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<td>Argyll &amp; Clyde</td>
<td>Hospital based auxiliaries only with traditional support roles.</td>
<td>Induction programme&lt;br&gt;Local training&lt;br&gt;SVQ</td>
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<tr>
<td></td>
<td>• Housekeeping duties</td>
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<td></td>
<td>• Cleaning and hygiene.</td>
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</tr>
<tr>
<td></td>
<td>Extended role</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Theatre duties</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Phlebotomy</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Audit</td>
<td></td>
</tr>
<tr>
<td>Ayrshire &amp; Arran</td>
<td>Hospital based auxiliaries only with traditional support roles.</td>
<td>Induction programme&lt;br&gt;Local training&lt;br&gt;SVQ2</td>
</tr>
<tr>
<td></td>
<td>• Basic care mother and baby</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Breastfeeding support</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Parent education</td>
<td></td>
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<tr>
<td></td>
<td>• Housekeeping duties</td>
<td></td>
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<tr>
<td></td>
<td>Extended role</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Newborn hearing / BF support / assist with parenthood education</td>
<td></td>
</tr>
<tr>
<td>Borders</td>
<td>Hospital based auxiliaries only with traditional support roles.</td>
<td>Induction programme&lt;br&gt;Local training&lt;br&gt;SVQ</td>
</tr>
<tr>
<td></td>
<td>• Basic care mother and baby</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Breastfeeding support</td>
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<td></td>
<td>• Parent education</td>
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<td></td>
<td>• Housekeeping duties</td>
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<tr>
<td></td>
<td>Extended role</td>
<td></td>
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<tr>
<td></td>
<td>• Basic observations</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Catheter care</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Removing venflons</td>
<td></td>
</tr>
<tr>
<td>Dumfries &amp; Galloway</td>
<td>Hospital based auxiliaries only with traditional support roles.</td>
<td>Induction programme&lt;br&gt;Mandatory training&lt;br&gt;SVQ foundation level 1 &amp; 2</td>
</tr>
<tr>
<td></td>
<td>• Housekeeping duties</td>
<td></td>
</tr>
<tr>
<td>Hospital/Health Board</td>
<td>Scope of Role</td>
<td>Training Available</td>
</tr>
<tr>
<td>-----------------------</td>
<td>---------------</td>
<td>--------------------</td>
</tr>
<tr>
<td><strong>Fife</strong></td>
<td>Hospital based auxiliaries only with traditional support roles. • Basic care mother and baby • Breastfeeding support • Parent education • Housekeeping duties • Extended role • Record basic observations in low risk women antenatally, • Phlebotomy</td>
<td>Induction programme Local training • Basic Life Support • Moving &amp; Handling • Violence &amp; aggression • Breastfeeding Opportunities to attend leadership course and SVQ2 &amp; 3; none taken up</td>
</tr>
<tr>
<td><strong>Forth Valley</strong></td>
<td>Hospital based auxiliaries only with traditional support roles. • Basic care mother and baby • Breastfeeding support • Parent education • Housekeeping duties Extended role • Basic observations</td>
<td>Induction programme Local training • Basic Life Support • Moving &amp; Handling • Breastfeeding • Communication skills</td>
</tr>
<tr>
<td><strong>Glasgow</strong></td>
<td>Hospital based auxiliaries only with traditional support roles. • Basic care mother and baby • Breastfeeding support • Parent education • Housekeeping duties Some are extending the role</td>
<td>Induction programme NICHE Programme – all new starts NICHE Programme (enhanced) – experienced auxiliaries. Includes: • performing and recording vital signs • IV fluids • TED Stockings • basic life support • admission/discharge • record keeping.</td>
</tr>
<tr>
<td><strong>Princess Royal</strong></td>
<td>Hospital based auxiliaries only with traditional support roles. • Basic care mother and baby • Breastfeeding support • Parent education • Housekeeping duties</td>
<td>Induction programme Local training desired • Basic resuscitation skills • Domestic abuse &amp; child protection awareness • Computer skills</td>
</tr>
<tr>
<td><strong>Queen Mother’s</strong></td>
<td>Hospital based auxiliaries only with traditional support roles. • Basic care mother and baby • Breastfeeding support • Parent education • Housekeeping duties 2 community auxiliaries who support midwives at outreach clinics office work (discharges &amp; recording basic information).</td>
<td>Community auxiliaries • Carbon monoxide monitoring 2 staff undertaking SVQ3 (Neonatal &amp; community)</td>
</tr>
<tr>
<td><strong>Southern General</strong></td>
<td>Hospital based auxiliaries only with traditional support roles. • Basic care mother and baby • Breastfeeding support • Parent education • Housekeeping duties</td>
<td>Induction programme Local training • Basic Life Support • Moving &amp; Handling • Violence &amp; aggression • Breastfeeding SVQ2</td>
</tr>
<tr>
<td>Hospital/Health Board</td>
<td>Scope of Role</td>
<td>Training Available</td>
</tr>
<tr>
<td>-----------------------</td>
<td>---------------</td>
<td>--------------------</td>
</tr>
</tbody>
</table>
| Grampian              | Hospital based auxiliaries only with traditional support roles.  
  • Basic care mother and baby  
  • Breastfeeding support  
  • Parent education  
  • Housekeeping duties  
  Extended role  
  • Phlebotomy  
  • Basic recordings  
  • Theatre duties  
  | Auxiliary induction programme  
  Local training  
  • Local induction pack  
  • Breastfeeding training  
  Mandatory training  
  • Basic Life Support  
  • Neonatal resuscitation  
  • Moving and handling  
  • awareness sessions – domestic abuse, child abuse  
  SVQ level 2 & 3  
| Highland              | Hospital based auxiliaries only with traditional support roles.  
  • Basic care mother and baby  
  • Breastfeeding support  
  • Parent education  
  • Housekeeping duties  
  Community  
  See Belford Maternity Unit – Appendix 6  
  | Induction programme  
  Local training  
  • Basic Life Support  
  • Moving & Handling  
  • Breastfeeding  
  • NiCHE Programme  
| Lanarkshire           | Hospital based auxiliaries only with traditional support roles.  
  • Basic care mother and baby  
  • Breastfeeding support  
  • Parent education  
  • Housekeeping duties  
  | Induction programme  
  Local training  
  • Basic Life Support  
  • Breastfeeding  
  • Domestic abuse and child protection awareness sessions  
  SVQ 2  
| Lothian               | Hospital based Clinical Support Workers Their role is a traditional one,  
  supporting midwives, mothers and babies. The role includes  
  • Care of the newborn babies  
  • Breastfeeding support  
  • Recording temperature and pulse  
  • Care of women with catheters and there removal  
  • Some clerical duties  
  | Division Induction  
  Breastfeeding education  
  Local training  
  SVQ level 2  
| Tayside               | Hospital based auxiliaries only with traditional support roles.  
  • Basic care mother and baby  
  • Breastfeeding support  
  • Parent education  
  • Housekeeping duties  
  Extended role  
  • Phlebotomy  
  • Basic recordings  
  2 community auxiliaries who mainly fulfil a clerical role  
  | Induction programme  
  Local induction pack  
  Breastfeeding training  
  Mandatory training  
  • Basic Life Support  
  • Neonatal resuscitation  
  • Moving and handling  
  • awareness sessions – domestic abuse, child abuse  
  • NiCHE Programme  

APPENDIX 1 SCOPING EXERCISE
Review of the literature
Concurrent with the above scoping exercise a search of the major electronic databases was undertaken. Publications which explored the development of the role of the health care assistant (HCA), the training of the HCA, the impact of the HCA on health care provision or conducted a task analysis were reviewed. Most papers identified were surveys, or outlined service overviews which reported on specific experiences and were therefore not amenable to formal critical appraisal. Where appropriate they have been included in the main body of the report to highlight or elucidate a particular issue.
APPENDIX 2 - STEERING GROUP MEMBERSHIP

- Yvonne Bronsky, Service Manager (Midwifery), NHS Lanarkshire (Representing the RCM as Chair of the Lead Midwives Scotland Group)
- Yvonne Clarke, Service Manager (Midwifery), NHS Lothian
- Susanne Darcy, Project Officer, NHS Education for Scotland
- Carol Dobson, Programme Director, NHS Education for Scotland
- Susan Gibb, Senior Lecturer (Health and Midwifery Studies), Robert Gordon University
- Fiona Greig, Consultant Midwife, NHS Tayside
- Kirstin Hoggins, User Representative. Chair of Angus Maternity Services Liaison Committee
- Elaine Lee, Midwifery Pre-registration Programme Manager, University of Dundee
- Elizabeth Mansion, Director, Scottish Multi-professional Maternity Development Programme. NHS Education for Scotland.
- Jenny McNicol, Practice Educator, NHS Grampian (Project Midwife)
- Gill Smith, Practice Education Facilitator, NHS Tayside
- Monica Thompson, Programme Director (Midwifery and Women’s Health), NHS Education for Scotland (Chair)
- Katrina Whittingham, Professional Development Facilitator, NHS Grampian
The formal definition of a midwife was first adopted by the International Confederation of Midwives (ICM) and the International Federation of Gynaecology and Obstetrics (FIGO) in 1972 and 1973 respectively. It was later adopted by the World Health Organization (WHO). The definition was amended by the ICM in 2005. It now reads as follows:

‘A midwife is a person who, having been regularly admitted to a midwifery educational programme, duly recognised in the country in which it is located, has successfully completed the prescribed course of studies in midwifery and has acquired the requisite qualifications to be registered and/or legally licensed to practise midwifery.

The midwife is recognised as a responsible and accountable professional who works in partnership with women to give the necessary support, care and advice during pregnancy, labour and the postpartum period, to conduct births on the midwife’s own responsibility and to provide care for the newborn and the infant. This care includes preventative measures, the promotion of normal birth, the detection complications in mother and child, the accessing of medical care or other appropriate assistance and the carrying out of emergency measures.

The midwife has an important task in health counselling and education, not only for the women, but also within the family and the community. This work should involve antenatal education and preparation for parenthood and may extend to women’s health, sexual or reproductive health and childcare.

A midwife may practise in any setting including the home, community, hospitals, clinics or health units’

(ICM 2005)

The activities of a midwife are defined in the European Union Midwives’ Directive (January 1980) 80/155/EEC Article 4 as follows:

‘Member states shall ensure that midwives are at least entitled to take up and pursue the following activities:

- To provide sound family planning information and advice
- To diagnose pregnancies and monitor normal pregnancies; to carry out examinations necessary for the monitoring of the development of normal pregnancies
- To prescribe or advise on the examinations necessary for the earliest possible diagnosis of pregnancies at risk
- To provide a programme of parenthood preparation and a complete preparation for childbirth including advice on hygiene and nutrition
- To care for and assist the mother during labour and to monitor the condition of the foetus in utero by the appropriate clinical and technical means
- To conduct spontaneous deliveries including where required an episiotomy and in urgent cases a breech delivery
- To recognise the warning signs of abnormality in the mother or infant which necessitate referral to a doctor and to assist the latter where appropriate; to take the necessary emergency measures in the doctor’s absence, in particular the manual removal of the placenta, possibly followed by a manual examination of the uterus
- To examine and care for the newborn infant; to take all initiatives which are necessary in case of need and to carry out where necessary immediate resuscitation
- To care for and monitor the progress of the mother in the postnatal period and to give all necessary advice to the mother on infant care to enable her to ensure the optimum progress of the newborn infant
- To carry out the treatment prescribed by a doctor
- To maintain all necessary records.’

APPENDIX 3 - THE DEFINITION OF A MIDWIFE
A general maternity course might be developed to include the following skills and competencies:

- **Pregnancy, childbirth and the postnatal period:** normal pregnancy and beyond; patterns of care and routine care; introduction to obstetric emergencies; supporting women in pregnancy, birth and beyond including the transition to motherhood

- **Education:** health education, preparation for childbirth and parenthood, parenting skills

- **Clinical skills:** core caring skills, venepuncture, observations, assisting during birth, theatre skills, first aid, resuscitation, admission and discharge of mother and baby

- **Baby Care:** normal baby, core baby skills, child protection, infant feeding and support

- **Personal skills and competencies:** decision making, documentation, communication and confidentiality
APPENDIX 5 - INDICATIVE JOB DESCRIPTION AND KSF OUTLINE

1. JOB IDENTIFICATION

Job Title: Maternity Care Assistant  
Responsible to: Midwife / Neonatal Nurse  
Department(s):  
Directorate:  
Operating Division:  
Job Reference:  
No of Job Holders:  
Last Update (insert date):

2. JOB PURPOSE

Maternity Care Assistants (MCA) act as members of the care team working under the supervision and guidance of midwives/neonatal nurses and other professional staff. MCA’s assist in the planning, implementation, evaluation and delivery of care, by providing support to the multidisciplinary team, women and their families. This will be achieved through the performance of specific care activities, carried out after completing a programme of formal training and assessment.

3. DIMENSIONS

To be completed by employing organisation

4. ORGANISATIONAL POSITION

To be completed by employing organisation

5. ROLE OF DEPARTMENT

To be completed by employing organisation

6. KEY RESULT AREAS

1. Following appropriate training and assessment assist in the delivery of care to women and their babies under the direction of a midwife/neonatal nurse.

2. Document clinical care in patient records maintaining an accurate and legible record in accordance with organisational policies and guidelines, under the responsibility of a midwife/neonatal nurse.

3. Co-operate with and maintain good relationships with other disciplines that are attending and treating women and babies to maximise quality of care thereby enhancing the woman’s experience.

4. Maintain good relationships and an empathic approach to the woman and her relatives and refer them to a midwife for any questions they may have or for any suggestions or complaints that they wish to raise.

5. Work within organisational policies and procedures to ensure maintenance of safe working practices for women, babies and colleagues.

6. Adhere to ward and unit procedures for the use of supplies and equipment in order to promote the effective and efficient use of resources.

7. Maintain stock levels of all supplies and carry out housekeeping duties, to support the smooth running of the area.

8. Participate in personal career development plan to maintain skills and develop personal growth through training and education.

9. Maintain confidentiality at all times.
### APPENDIX 5 - INDICATIVE JOB DESCRIPTION AND KSF OUTLINE

<table>
<thead>
<tr>
<th>7a. EQUIPMENT AND MACHINERY</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>To be completed by employing organisation</td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>7b. SYSTEMS</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>To be completed by employing organisation</td>
<td>Maintenance of records</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>8. ASSIGNMENT AND REVIEW OF WORK</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>On the majority of occasions the assignment of work will be by midwifery or neonatal staff.</td>
<td></td>
</tr>
</tbody>
</table>

Following assessment of competence the post holder will be expected to work unsupervised and exercise initiative when providing care, however, a midwife/neonatal nurse will be available for advice and guidance.

Work review and formal appraisal of performance will be carried out by the midwife/neonatal nurse.

<table>
<thead>
<tr>
<th>9. DECISIONS AND JUDGEMENTS</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Work under the direction of a midwife/neonatal nurse</td>
<td></td>
</tr>
</tbody>
</table>

Plan order of work

Able to recognise changes in women or babies condition and knows when to refer on to a midwife.

<table>
<thead>
<tr>
<th>10. MOST CHALLENGING/DIFFICULT PARTS OF THE JOB</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Managing competing demands on time.</td>
<td></td>
</tr>
</tbody>
</table>

Reporting and, if necessary, challenging behaviour that infringes the rights of others

Ensuring safety of women, babies and their families at all time

<table>
<thead>
<tr>
<th>11. COMMUNICATIONS AND RELATIONSHIPS</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Communicate with the women, their partners and visitors in a professional manner.</td>
<td></td>
</tr>
</tbody>
</table>

Communicate with ward manager, midwives and members of the multidisciplinary team, in a professional manner.

Demonstrate the ability to effectively listen to other points of view.

Assist in the provision of non-judgemental care.

Maintain and complete accurate, legible records

<table>
<thead>
<tr>
<th>12. PHYSICAL, MENTAL, EMOTIONAL AND ENVIRONMENTAL DEMANDS OF THE JOB</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Examples may include: Physical Skills: Skills to safely manoeuvre trolleys and other equipment.</td>
<td></td>
</tr>
</tbody>
</table>

Physical Skills: Moving and handling skills appropriate to clinical setting e.g. moving women to and from theatre, assisting with breast feeding

Stand/walking for the majority of shift.

Mental Demands: Ability to work in a sustained and focused manner

Emotional Demands: Communicating with distressed/anxious/worried women/relatives.

Dealing with women and relatives demonstrating challenging behaviour

Working Conditions: Exposure to body fluids, faeces, emptying bed pans, catheter bags

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13. KNOWLEDGE, TRAINING AND EXPERIENCE REQUIRED TO DO THE JOB

Previous experience in a caring environment/role
Ability to work with people and as part of a multidisciplinary team.
Ability to work unsupervised.
Effective written and verbal communication skills
Ability to carry out assigned tasks effectively in a busy environment.

14. JOB DESCRIPTION AGREEMENT

A separate job description will need to be signed off by each jobholder to whom the job description applies.

<table>
<thead>
<tr>
<th>Job Holder’s Signature:</th>
<th>Date:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Head of Department Signature:</td>
<td>Date:</td>
</tr>
</tbody>
</table>
### NHS KSF DIMENSIONS

<table>
<thead>
<tr>
<th>Core Dimension</th>
<th>Needed for post?</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Communications</td>
<td>Y ✓</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Reduce from level 2</td>
</tr>
<tr>
<td>2. Personal and people development</td>
<td>Y ✓</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Reduce from level 2</td>
</tr>
<tr>
<td>3. Health, safety and security</td>
<td>Y ✓</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Service improvement</td>
<td>Y ✓</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Quality</td>
<td>Y ✓</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Equality and diversity</td>
<td>Y ✓</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Reduce from level 2</td>
</tr>
</tbody>
</table>

### SPECIFIC DIMENSIONS

<table>
<thead>
<tr>
<th>HEALTH AND WELLBEING</th>
</tr>
</thead>
<tbody>
<tr>
<td>HWB1 Promotion of health and wellbeing and prevention of adverse effects to health and wellbeing</td>
</tr>
<tr>
<td>HWB2 Assessment and care planning to meet people’s health and wellbeing needs</td>
</tr>
<tr>
<td>HWB3 Protection of health and wellbeing</td>
</tr>
<tr>
<td>HWB4 Enable people to address their own health and wellbeing needs</td>
</tr>
<tr>
<td>HWB5 Provide care to meet individuals’ health and wellbeing needs</td>
</tr>
<tr>
<td>HWB6 Assessment and treatment planning</td>
</tr>
<tr>
<td>HWB7 Interventions and treatments</td>
</tr>
<tr>
<td>HWB8 Biomedical investigation and intervention</td>
</tr>
<tr>
<td>HWB9 Equipment and devices to meet health and wellbeing needs</td>
</tr>
<tr>
<td>HWB10 Products to meet health and wellbeing needs</td>
</tr>
</tbody>
</table>

### GENERAL

| G1 Learning and development |
| G2 Development and innovation |
| G3 Procurement and commissioning | Y ✓ | Remove indicator C |
| G4 Financial Management |
| G5 Services and project management |
| G6 People management |
| G7 Capacity and capability |
| G8 Public relations and marketing |
## APPENDIX 5 - INDICATIVE JOB DESCRIPTION AND KSF OUTLINE

### Title of Post: Maternity Care Assistant

<table>
<thead>
<tr>
<th>NHS KSF DIMENSIONS</th>
<th>Needed for post?</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Core Dimension</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1. Communications</td>
<td>Y</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Personal and people development</td>
<td>Y</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Health, safety and security</td>
<td>Y</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Service improvement</td>
<td>Y</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Quality</td>
<td>Y</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Equality and diversity</td>
<td>Y</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### SPECIFIC DIMENSIONS

#### HEALTH AND WELLBEING

| HWB1 Promotion of health and wellbeing and prevention of adverse effects to health and wellbeing | | | | | |
| HWB2 Assessment and care planning to meet people’s health and wellbeing needs | Y | ✓ |    |    |    |
| HWB3 Protection of health and wellbeing | | | | | |
| HWB4 Enable people to address their own health and wellbeing needs | | | | | |
| HWB5 Provide care to meet individuals’ health and wellbeing needs | Y | ✓ |    |    |    |
| HWB6 Assessment and treatment planning | | | | | |
| HWB7 Interventions and treatments | | | | | |
| HWB8 Biomedical investigation and intervention | | | | | |
| HWB9 Equipment and devices to meet health and wellbeing needs | | | | | |
| HWB10 Products to meet health and wellbeing needs | | | | | |

#### ESTATES AND FACILITIES

| EF1 Systems, vehicles and equipment | | | | | |
| EF2 Environments and buildings | | | | | |
| EF3 Transport and logistics | | | | | |

#### INFORMATION AND KNOWLEDGE

| IK1 Information processing | | | | | |
| IK2 Information collection and analysis | | | | | |
| IK3 Knowledge and information resources | | | | | |

#### GENERAL

| G1 Learning and development | | | | | |
| G2 Development and innovation | | | | | |
| G3 Procurement and commissioning | Y | ✓ |    |    |    |
| G5 Services and project management | | | | | |
| G6 People management | | | | | |
| G7 Capacity and capability | | | | | |
| G8 Public relations and marketing | | | | | |

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### APPENDIX 5 - INDICATIVE JOB DESCRIPTION AND KSF OUTLINE

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## APPENDIX 5 - INDICATIVE JOB DESCRIPTION AND KSF OUTLINE

**Title of Post: Maternity Care Assistant**

<table>
<thead>
<tr>
<th>Core Dimension</th>
<th>Level</th>
<th>Indicators</th>
<th>Areas of application for this post</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Communication</td>
<td>2</td>
<td>a) Communicates with a range of <strong>people</strong> on a range of <strong>matters</strong> in a <strong>form</strong> that is appropriate to them and the situation</td>
<td>• Communicate with women, their partner and visitors in a professional manner.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>b) Improves the effectiveness of communication through the use of <strong>communication skills</strong></td>
<td>• Communicate with manager, midwives and members of the multidisciplinary team in a professional manner.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>c) Constructively manages barriers to <strong>effective communication</strong></td>
<td>• Demonstrate ability to effectively listen to other points of view.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>d) Keeps accurate and complete records of activities consistent with <strong>legislation, policies and procedures</strong></td>
<td>• Ensure policies and procedures regarding communication and documentation are adhered to.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>e) Communicates in a manner that is consistent with relevant legislation, policies and procedures</td>
<td>• Modify the style and form of communication in an attempt to overcome any barriers to communication</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Communicate with women, their partner and visitors in a professional manner.</td>
<td>• Demonstrate ability to complete documentation relevant to role</td>
</tr>
<tr>
<td>2. Personal and People Development</td>
<td>2</td>
<td>a) assesses and identifies:</td>
<td>• Maintain a personal development plan that provides evidence of completion of objectives and competencies.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>– feedback from others on own work</td>
<td>• Aim to fulfil objectives and competencies set and use reflective practice as part of the development process.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>– how he/she is applying knowledge and skills in relation to the KSF outline for the post</td>
<td>• Attend and participate in training sessions including, for example:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>– own development needs and interests in the current post</td>
<td>- moving and handling</td>
</tr>
<tr>
<td></td>
<td></td>
<td>– what has been helpful in his/her learning and development to date</td>
<td>- fire lectures</td>
</tr>
<tr>
<td></td>
<td></td>
<td>b) takes an active part in the development review of own work against the KSF outline for the post with their reviewer and suggests areas for learning and development in the coming year</td>
<td>- infant feeding</td>
</tr>
<tr>
<td></td>
<td></td>
<td>c) takes responsibility for own <strong>personal development</strong> and takes an active part in learning opportunities</td>
<td>• Provide information to others</td>
</tr>
<tr>
<td></td>
<td></td>
<td>d) evaluates the effectiveness of learning opportunities and alerts others to benefits and problems</td>
<td>- help with the induction and on-going support of new MCAs</td>
</tr>
<tr>
<td></td>
<td></td>
<td>e) keeps up-to-date records of own development review process</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>f) <strong>offers information to others when it will help their development and/or help them to meet work demands</strong></td>
<td></td>
</tr>
<tr>
<td>Core Dimension</td>
<td>Level</td>
<td>Indicators</td>
<td>Areas of application for this post</td>
</tr>
<tr>
<td>----------------------------------------------------</td>
<td>-------</td>
<td>-----------------------------------------------------------------------------</td>
<td>-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
</tbody>
</table>
| 3. Health, Safety, Security                        | 1     | a) acts in ways that are consistent with legislation, policies and procedures for maintaining own and others’ health, safety and security | • Work consistently within health and safety legislation.  
• Recognise own role in health, safety and security, offering suggestions for improvement.  
• Act as a role model in promoting health, safety and security, for example:  
- good hand washing technique.  
• Able to respond to an emergency situation and to take the appropriate action.  
- Summoning immediate help for any emergency  
- Initiate fundamental care during an emergency situation to ensure safety  
• Identify and report any risks  
• Report faulty equipment  
• Report incidents |
| Assist in maintaining own and others’ health,       |       | b) assists in maintaining a healthy, safe and secure working environment for everyone who is in contact with the organisation |                                                                                                                                                                                                               |
| safety and security                                 |       | c) works in a way that minimises risks to health, safety and security        |                                                                                                                                                                                                               |
|                                                    |       | d) summons immediate help for any emergency and takes the appropriate action to contain it |                                                                                                                                                                                                               |
|                                                    |       | e) reports any issues at work that may put health, safety and security at risk |                                                                                                                                                                                                               |
| 4. Service Improvement                              | 1     | a) discusses with line manager/ work team the changes that need to be made in own practice and the reasons for them | • Work towards participating in the implementation of change by acting as a role model and providing support for others.  
• Report to the appropriate person, suggestions and complaints from women and their families and the public. |
| Make changes in own practice and offer suggestions for improving services |       | b) adapts own practice as agreed and to time seeking support if necessary |                                                                                                                                                                                                               |
|                                                    |       | c) effectively carries out tasks related to evaluating services when asked |                                                                                                                                                                                                               |
|                                                    |       | d) passes on to the appropriate person constructive views and ideas on improving services for users and the public |                                                                                                                                                                                                               |
|                                                    |       | e) alerts line manager/ work team when direction, polices and strategies are adversely affecting users of services or the public |                                                                                                                                                                                                               |
# APPENDIX 5 - INDICATIVE JOB DESCRIPTION AND KSF OUTLINE

Title of Post: Maternity Care Assistant

<table>
<thead>
<tr>
<th>Core Dimension</th>
<th>Level</th>
<th>Indicators</th>
<th>Areas of application for this post</th>
</tr>
</thead>
<tbody>
<tr>
<td>5. Quality</td>
<td>1</td>
<td>a) Complies with legislation, policies, procedures and other quality approaches relevant to the work being undertaken</td>
<td>• Carry out care as per guidelines, working under the direction of midwifery/neonatal nursing staff.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>b) works within the limits of own competence and responsibility and refers issues beyond these limits to relevant people</td>
<td>• Act as a member of the multidisciplinary team, ensuring effective communication.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>c) acts responsibly as a team member and seeks help if necessary</td>
<td>• Aim to prioritise work effectively, providing the optimum standard of care.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>d) uses and maintains resources efficiently and effectively</td>
<td>• Monitor and review stock to ensure as little waste as possible.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>e) reports problems as they arise, solving them if possible</td>
<td>• Encourage new members of staff to use aprons and gloves correctly and pass on good practice in infection control</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• Take part in team meetings</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• Report any concerns, issues back to the responsible midwife/neonatal nurse</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• Report any errors.</td>
</tr>
</tbody>
</table>

6. Equality and Diversity Support equality and value diversity

<table>
<thead>
<tr>
<th>Core Dimension</th>
<th>Level</th>
<th>Indicators</th>
<th>Areas of application for this post</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1</td>
<td>a) recognises the importance of people’s rights and acts in accordance with legislation, policies and procedures</td>
<td>• Know where to obtain information about the legislation, policies and procedures relating to equality and diversity</td>
</tr>
<tr>
<td></td>
<td></td>
<td>b) acts in ways that:</td>
<td>• Respect the privacy and dignity of the woman and her family at all times.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- acknowledge and recognise people’s expressed beliefs, preferences and choices</td>
<td>• Assist in the provision of non-judgemental care.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- respect diversity</td>
<td>• Be able to recognise anti-discriminatory practice and report to the appropriate person.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- value people as individuals</td>
<td>• Recognise different beliefs</td>
</tr>
<tr>
<td></td>
<td></td>
<td>c) takes account of own behaviour and its effect on others</td>
<td>• Demonstrate self awareness with regard to the effect own behaviour can have on others</td>
</tr>
<tr>
<td></td>
<td></td>
<td>d) identifies and takes action when own or others’ behaviour undermines equality and diversity</td>
<td>• Value people as individuals while recognising their differences, beliefs and preferences, for example:</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>- Infant feeding choices</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>- Dietary needs</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• Tackle behaviour that undermines equality and diversity on a one-to-one basis and / or reporting it</td>
</tr>
</tbody>
</table>

Note: KSF stands for Knowledge, Skills and Abilities.
### Core Dimension Level Indicators Areas of application for this post

#### 7. HWB2
Assessment and care planning to meet health and wellbeing needs

- **Contribute to assessing health and wellbeing needs and planning how to meet those needs**

  a) explains the purpose of assessing health and wellbeing needs to the people concerned
  
  b) respects people’s dignity, wishes and beliefs; involves them in shared decision making and obtains their consent
  
  c) assists in the assessment of people’s health and wellbeing and related needs and risks as agreed with the care team and consistent with legislation, policies and procedures
  
  d) records and reports back accurately and fully on the assessments undertaken and risks identified
  
  e) offers to the team his/her own insights into the health and wellbeing needs and wishes of the people concerned
  
  f) makes suggestions on the care, protection and support that will be needed and how this might relate to his/her own work

- **Contribute to the process of assessment including,**
  - take and record observations e.g. blood pressure, temperature, pulse, respiration
  - collect specimens and samples
  - complete individual charts
  - perform urinalysis
  - monitoring blood glucose estimation
  - Perform venepuncture
  - Obtain a woman’s co-operation and agreement prior to undertaking any care intervention
  - Report any changes or concerns regarding a woman or baby’s condition to the responsible midwife/neonatal nurse
  - Demonstrate ability to input into team discussions regarding the care being offered based on own insights

#### 8. HWB5
Provision of care to meet health and wellbeing needs

- **Undertake care activities to meet the health and wellbeing needs of individuals with a greater degree of dependency**

  a) discusses individuals’ care plans and their health and wellbeing needs with the care team and understands his/her own role in delivering care to meet those needs
  
  b) offers information to the team on how to meet people’s needs and effective ways of doing this based on observations and own experience
  
  c) respects people’s dignity, wishes and beliefs; involves them in shared decision making and obtains their consent for the care to be undertaken
  
  d) prepares for, undertakes and records care activities as delegated and consistent with legislation, policies and procedures and the management of risk
  
  e) supports and monitors people throughout enabling them to address their own health and wellbeing as far as it is possible for them to do so
  
  f) promptly alerts the relevant person when there are unexpected changes in individuals’ health and wellbeing or risks
  
  g) provides information to the team on how individuals’ needs are changing and feedback on the appropriateness of the care plan for the people concerned

- **Assist with the provision of women centred evidence based care, adhering to guidelines,**
  - Consistently work within boundaries of own role
  - Obtain a woman’s co-operation and agreement prior to undertaking any care intervention
  - Support the midwife by undertaking and recording as appropriate designated activities in relation to:
    - Personal hygiene
    - Observations
    - Health promotion
    - Infant feeding
    - Supporting parenting skills
    - Assisting with clinical procedures demonstrating aseptic technique
  - Report any changes or concerns regarding a woman or baby’s condition to the responsible midwife/neonatal nurse
  - Recognise the changing needs of the woman and/or her baby and report this to the midwife
  - Demonstrate ability to discuss own observations about the effectiveness of the care being offered with the midwife
  - Be aware of and report any concerns with regard to
    - Mental wellbeing
    - Domestic abuse
    - Child protection

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**APPENDIX 5 - INDICATIVE JOB DESCRIPTION AND KSF OUTLINE**

**Title of Post: Maternity Care Assistant**
### Core Dimension

<table>
<thead>
<tr>
<th>Core Dimension</th>
<th>Level</th>
<th>Indicators</th>
<th>Areas of application for this post</th>
</tr>
</thead>
</table>
| 9. G3 Procurement and commissioning | 1     | a) monitors resource use and arranges for more:  
when this is necessary  
within limits of own responsibility and authority  
consistent with legislation, policies and procedures for commissioning and procurement  
b) checks the delivery of goods and/or services and identifies any issues  
c) takes the appropriate action in relation to issues with goods and/or services communicating effectively with those involved to address the issues  
d) supports effective use of goods and/or services consistent with requirements and specifications  
e) reports on the delivery of goods and/or services and any issues in line with requirements | • Monitor stock on an on-going basis  
• Order stock using appropriate documentation  
• Rotate stock to ensure efficient use  
• Dispose of any stock that is out of date  
• Receive stock and check correct delivery against the delivery note  
• Contact the suppliers if delivery is incorrect  
• Sign invoice only when certain that goods and delivery note tally or problems have been dealt with by the supplier  
• Report any problems to the responsible midwife |
**APPENDIX 6 - EXAMPLES OF MCA DEVELOPMENT IN SCOTLAND**

**Ayrshire and Arran – Newborn Maternity Assistants**
The post of newborn maternity assistant (NMA) evolved from multi-disciplinary discussions resulting in seven experienced nursing auxiliaries being trained to implement the national hearing screening programme. The NMAs were employed at a higher grade to work without direct supervision most of the time within the hospital setting. Nursing auxiliaries had already received some training on breastfeeding initiation thus, with further training; the NMA could also provide breastfeeding support in the ward. When not engaged in hearing screening or breastfeeding activity the NMA is able to help with practical parenthood education. A training programme that included supervised clinical practice was put in place and covered hearing screening and follow-up; breastfeeding problem solving workshops and other infant feeding issues such positioning and attachment, and hand expressing; record keeping; confidentiality and communication.

**Tayside – Breastfeeding Support**
Tayside recognise the key role that support workers have working with the midwife to support mothers who choose to breastfeed within the community setting. A three-day breastfeeding training programme has been developed specifically for Health Care Assistants based on the UNICEF Breastfeeding Training Package. This has been enthusiastically received.

The future may be influenced by a Tayside Public Health project ‘Unmet Needs Project’ where trained support workers are providing additional support to women from targeted areas of Dundee. This support is initiated in the antenatal period and preliminary results are extremely positive.

**Belford Midwifery Unit - Midwifery Care Assistants**
Midwifery Care assistants (MCAs) were introduced to the Belford Midwifery Unit in 1998 to support the midwifery team (especially to cover night duty). To reflect the greater responsibility associated with being lone workers on night duty the post attracts a higher grade. Initially training was in-house with topics being jointly identified by the midwives and the MCAs to include:
- Breast feeding as per Highland Health Board Strategy.
- Control of infection.
- Emergency Situations (infant resuscitation)
- Moving & Handling.
- Violence and Aggression.
- Record keeping.
- Communication (telephone, interpersonal).
- Confidentiality.

Further training evolved including:
- Breast Feeding Management (UNICEF)
- Hearing screening (1 MCA)
- SVQ Level 3 (All MCAs)

Since August 2005, there has not been inpatients within the unit, however, the Midwifery Care Assistants continue to play a vital role in the function of the Midwifery Led Service in Belford, supporting the Midwives. The care they provide in the community setting is essential to the well being of mothers and babies both in the antenatal and postnatal period. The major change in role was the shift of activity from hospital environment to the home. Visits were initially carried out under supervision of the midwife. Risk Assessment Training, when lone working in the community was provided, along with a guideline for Home Visiting. MCAs also provide support for the midwife at the following:
- Pilates
- Aquanatal
- Baby Cafe
- Teenage Pregnancy Group
The role is being further developed to include the performance of venepuncture and blood pressure skills. It is accepted that the Midwifery care assistant does not under any circumstances, replace the statutory role of the midwife.

**Grampian – Maternity Theatre**
Aberdeen Maternity hospital is a tertiary referral unit that stands alone from the main hospital complex. Both elective and unplanned procedures are performed within the two theatres located in Labour Suite. A health care assistant has been working within the theatres as part of the multi-disciplinary team for the past two years. Primarily her role is to support the midwifery and nursing staff. As part of her own professional development for this extended role she has completed an in-house education programme and SVQ level 3 training. Her role includes:

- Supporting the woman and her partner along with the midwife or nurse
- Communicating effectively with the multiprofessional team
- Undertaking all duties of a circulating nurse
  - Assists in the positioning of a woman for a procedure
  - Assists the setting up of instruments using aseptic technique
  - Checks of swabs, needles and instrument during and post procedure
  - Appropriate application and connection of equipment
  - Handles, packages and sends specimens
  - Limited documentation
- Performing catheterisation of the bladder
- Monitoring and ordering surgical, general and sterile service stores
- Cleaning, preparing and setting up the theatre environment for the next case

This role is viewed as extremely valuable within the team and the health care assistants in the Labour Suite are rotating into theatre to extend their skills, again utilising an appropriate training programme and clinical supervision.

**Lothian - Clinical Support Workers in Labour Suite**
The Labour Suite employs 18 Clinical Support Workers (CSW) educated to SVQ level 2. The role of the CSW is a supportive one for midwives, mothers and babies. As part of their SVQ training they complete extra units, which are:

1) Care of the newborn babies
2) Training on breastfeeding support
3) Recording temperature and pulse
4) Care of women with catheters and their removal
5) Removal of IV canulae

In the Labour Suite CSW work in all areas including Triage, main labour ward, High Dependency Unit and LDRP (Labour, Delivery, Recovery and Postnatal) which is mainly used for low risk women. In each of the areas there are trained and untrained CSW working together and supporting the Midwives to deliver a high standard of care.

Development of the role may further enhance the delivery of quality care to women and their babies. The CSW would be allocated to work with a small group of midwives, undertaking a range of devolved activities that would increase the opportunities for the midwife to provide 1:1 care. These may include:

- Being the second person present at a delivery
- Assisting the midwife to support the woman and her family. E.g. When adopting different positions for delivery or preparing for clinical procedures
- Assisting with the set up of trolleys using aseptic technique
- Recording limited documentation when the midwife is either prepared for delivery or other aseptic techniques
North Glasgow – NiCHE Development Programme
All new auxiliaries employed are enrolled onto the generic programme for NiCHE supported by Glasgow Caledonian University. The aim of this programme is to equip auxiliaries for the changing health needs and workforce issues in the NHS. Undertaking this course would allow them to develop appropriate skills to support trained staff and to improve their job satisfaction and recruitment and retention issues. This programme has a practical and theoretical component and is assessed and quality assured by Glasgow Caledonian University. Within the Princess Royal Maternity it was agreed that the generic programme did not cover the competencies that would be easily transferable to maternity settings, therefore further competencies were adapted, revised or developed.

Agreed topics for basic competencies are:
1. Preparation for practice (professional and organisational issues)
2. Infant feeding (breastfeeding and formula feeding)
3. Taking and recording maternal vital signs (blood pressure, pulse, temperature, wound and blood loss per vaginum)
4. Fitting “TED” Stockings
5. Admission and discharge of mother and baby (escorting patients)
6. Management of patient with IV fluids and removing IV canulae
7. Basic Life support
8. Record Keeping

These competencies are assessed both practically and theoretically. Once the auxiliaries have achieved the competencies they will incorporate these new skills into their work. Auxiliaries work under the direction of the midwife, and in the exercise of these enhanced skills, report any changes or deviations observed, directly to the midwife.

Other suitable competencies have been identified and these will be incorporated as appropriate into the programme. For example, there is now a venepuncture course for auxiliaries in North Glasgow and those who would use this skill on a regular basis are encouraged to access this course and develop skills.
REFERENCES


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INTERNATIONAL CONFEDERATION OF MIDWIVES COUNCIL (2005), Definition of the midwife adopted by the ICM meeting held on 19th July in Brisbane, Australia.


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