Towards 2020-
Exploring the Future for Midwifery in Scotland-The start of the journey

Record of a shared workshop event

Held at: Dynamic Earth, Edinburgh

On: 17/18 February 2010

What was the highlight of the day?

‘The sense of positivity about the future of our profession’
‘Open and free discussion’
‘Achieved so much without draining energy—was actually very energising’

Compiled by Lesley Wilson & Julia Parker
March 2010
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Executive Summary

Introduction

In December 2009, NHS Education for Scotland (NES) commissioned Julia Parker, In Thyme Consultancy and Lesley Wilson, Dreamcatchers to design and facilitate an event (App 1) involving and engaging the extended leadership team from Midwifery across Scotland to ‘Explore the Future of Midwifery in Scotland’ and write a summary report. This is separate to Midwifery 2020 which is due to report in September 2010.

The event ran on 17/18 February 2010 in Edinburgh and was informed by 3 short ‘trigger’ papers (App2) providing policy, research and education perspectives. The various elements of the event were captured on flipcharts, images or are written up as stories.

There are 2 quite distinct styles of writing in this report. The Executive Summary and the Appendices are in standard report format. The core body of the report is captured in a very different style. This part of the report is as much for the right brain (creative and imaginative) as the left brain (analytical and focused). It is filled with colour, images and stories as a way of reflecting the commitment, energy and difference in the nature of the one to one, small group and whole group conversations that lay at the heart of the workshop.

When asked at the end of the workshop who this report was for the group responded that they required it as their record and reminder of the event to use in different ways to brief colleagues and staff. The group was clear that they saw the actions agreed as being the start of a journey of change and not the end of a process.

This report provides an overview of the objectives, the process, the participants and the outcomes of the event. It will be shared with others working across the profession and beyond.

The views expressed in this report are those of the event participants, and not necessarily those of the Commissioner - NHS Education for Scotland.
Objectives of the Event

✓ Explore leading edge thinking related to practice, service, research and education
✓ Identify critical issues and key questions related to future practice, service, research and education
✓ Explore possibilities and emerging ideas for addressing these
✓ Outline future work required
✓ Produce a report and action plan which begins to drive the future of midwifery across Scotland

Participants

This workshop event involved a range of stakeholders from across Midwifery in Scotland, Scottish Government, representatives of maternity services, HEI institutions, RCM and academic researchers. (App 3)

Process

A whole systems approach was used to facilitate strategic stakeholders in exploring the challenges and opportunities around the future sustainability of current models for midwifery practice, service research and education. This event was seen to be the beginning of a journey of change.

The 3 whole systems change processes applied in the design and facilitation of this workshop were Appreciative Inquiry(AI) as the core process underlying the whole event with Metasaga being used for the first time as the Dream/Imagine phase of the AI model and Open Space as the design stage of the AI model. (App 4)

Each of these processes was carefully selected by Lesley Wilson and Julia Parker to encourage:

♦ Strengths based working i.e. discovering the best of what already works within Midwifery and related systems like education, policy and research.
♦ Engagement of every participant through sharing personal experiences one to one, in small groups and whole group.
♦ Creation of space and time for people to think about and explore different possibilities and listen to the thinking behind these.
♦ New thinking –through right brain stimulation
♦ Freedom to go where each participant’s interest and energy lies.

The programme design for the event took the participants on a journey through each stage of the AI model from Discovery (stories shared on the first evening) to identification of what already works well in midwifery and the research and education relationships to imagining a future where each part of the system performed even better or indeed was transformed based on participants aspirations for the future. (App5) They then moved focus to what is their preferred future and what would need to happen as a priority to achieve that future. (App6 App7)

The final session was a sharing of the progress the many groups were committed to acting on. Based on feedback on the day and subsequent feedback, the facilitators believe that the seeds of future transformation were sown. The process culminated in the generation of three key priorities for action.
Key Priorities for Action

1 A Midwifery Strategy for Scotland

Needs to be developed including an implementation plan
Inclusive process with LMSG, CNOD and other key stakeholders
Conversations need to happen at CNOD around best way to take forward
Ask for support for developing the strategy with external facilitation.

Ann Holmes committed to making these conversations happen

2 Lead Midwives Scotland Group

Need to review and develop its role, function and reporting lines to work differently and effectively.
Need to firm up communications routes-one voice

Several individuals committed to making this happen as soon as possible

3 Scottish School of Midwifery

The Lead Midwives for Education committed to working alongside key midwifery research stakeholders
to produce a submission for the Chief Nursing Officer Directorate by July.
Billy Lauder committed to having discussions with other Heads of School.

Evaluation

Evaluation sheets completed by participants on the day included the following examples of responses.
(App9)

What were the main highlights of the event for you?
‘The conversations that flowed from the open space’
‘Sense of positivity about the future of the profession’

Other comments included
‘Thank you-achieved so much without draining energy-was actually very energising’
Inspired, enthused, feel great-keen to take issues forward’
Storyboard - Exploring the future of Midwifery in Scotland

Place: Dynamic Earth  Title: A Vision for Midwifery

Shot 1: Can we wake the sleeping lion in Midwifery and do we want to?

Shot 2: A passion for Midwifery - you bet we have

Shot 3: Making sense of the present and creating the future

Shot 4: How do we feed innovation in Midwifery?

Shot 5: Deep in conversation

Shot 6: The past is the key to the future
Objectives of this workshop

- Explore leading edge thinking related to practice, service, research and education
- Identify critical issues and key questions related to future practice, service, research and education
- Explore possibilities and emerging ideas for addressing these
- Outline future work required
- Produce a report and action plan which begins to drive the future of midwifery across Scotland

This workshop event involved a range of stakeholders from across Midwifery in Scotland, Scottish Government, representatives of HEI institutions, RCM and academic researchers. The event was informed by 3 short ‘trigger’ papers providing policy, research and education perspectives. The various elements of the event were captured on flipcharts, images or are written up as stories. This document will be shared with others working across the profession and beyond.

This workshop focused on:
- Sharing personal experiences of occasions when individuals had a clear understanding of the vision of the organisation and aligned behind it to deliver great work
- Exploring possibilities, ideas and hopes for the future.
- Generating options and actions to create a vision for Midwifery for 2020 and beyond
- Agreeing next steps

Stage 1-Stories of Discovery
Appreciative Inquiry (AI) is a strengths based change process which has 4 stages beginning with Discovery of participants best experiences of working with vision and clarity of purpose as the start point for considering the future of Midwifery in Scotland. The other stages include Imagine (the future that is possible), Design (the future that is desired) and Delivery of that future (moving to action by delivering that preferred future).

Participants shared stories of their best experiences of working with clarity of vision and purpose at their tables.

Names have been changed to protect confidentiality

Felicity’s Story

Felicity worked as a lead midwife in another part of the UK in practice leadership. Midwives would talk with one united voice to the Chief Nurse and the public. They worked on a 15 year agenda. This gave them the space to be imaginative and broaden their thinking. It was a positive, supportive experience. There were many different professions within Allied Health and they had internal discussions and arguments but always spoke externally with 1 clear voice.

Jackie’s story

Jackie worked in a high tech, consultant led unit. There was a leader who had the vision to establish a community maternity unit and selected the staff to move into the unit. They turned out to be the wrong staff. The leader then invited people to move voluntarily. Jackie volunteered to move and emerged as a natural leader. She felt empowered and the women left the unit speaking of their very positive experience.

Additionally, Jackie had recognised the value of her experience, working as a steward for the RCM as this gave her advocacy and negotiation skills and the strength to take things forward.
Margaret’s story
Margaret was given the opportunity to bring 2 midwifery teams together and she wanted to use the opportunity wisely. The teams were mixed and so the transition had to be done gently, making the most of everyone’ attributes. The transition was successful.

Themes for change emerging from the many personal stories

- Cohesive national leadership-strength in unity
- Personal challenge
- Cross sectoral teamwork
- Long term vision enabling creativity and innovation
- Leadership/advocacy and professionalism blending
- Midwives fit for practice/purpose
- Positive, multi-disciplinary working
- Leading change through influence, impact and partnership
- Seeing the big picture
- Engaging with staff and stakeholders and women.
- Taking control of self and the situation
- Learning from past mistakes
- Culture of value, respect, enthusiasm and commitment
- Being collegiate

Wishes for the Future of Midwifery

- Right service, right time and well equipped midwives.
- Positive leadership that breaks down barriers.
- Jobs for newly qualified midwives and career progression-workforce planning linked to education provision
- Research career framework valued
- Passion for midwifery and respect for women
- Scottish School of Midwifery
- Midwives allowed to be midwives and working better together
- Midwifery research respected and leaders understand and value midwifery research.
- Positive outcome for Midwifery 2020, the big picture is shared and staff and stakeholders are truly engaged in the process.
- Real meaningful partnership working between HEI’s and service
Stage 2-Imagine the Future through Metasaga

Ideas, questions and issues to consider
To help the group imagine what the future of midwifery could be like, we used a Metasaga process to uncover important questions or issues, or to use our imagination to create an image that might guide action to create the future. More information on Metasaga is outlined in Appendix 4 and 5 A flavour for what started to emerge is provided below.

Big Questions
What is our emergent story and what are the important parts of the landscape?
How can the old and the new blend?
How can innovation be fed and nurtured? Are we stifling new ideas if they don’t fit?
How do we maintain curiosity to recognise things that didn’t work and do something about it?
How do we develop a strategic voice/power?

Metaphors to aid our thinking

Gambions

Every stone is important—midwives roles and support network. Problems if you remove support. Remove enough stones and the wall will collapse.

“Everyone is necessary for the collective strength”

Countryside and City—side by side like midwives and obstetrics. Comfortable relationships, no competition and enhance each other in a supportive and complementary way.
Or
The Folly—lovely to look at, interesting but no purpose and excluded from entering.
Is this the midwifery profession from the outside?
Holyrood Parliament

Strong sound foundation and plan needed. Need to listen to users of service and respect their voice. Our foundation is to prepare confident, skilled practitioners and ensure the old and the new can work in harmony.

Tree in full bloom?

Imagine midwifery as a tree without leaves after winter damage. It is fragmented with leaves dropping off. Does the tree survive after a really bad frost? It does if we take control and assume power. Do ‘it’ together before it is done for us.

The tree in summer is in full bloom and safe and that is what a midwifery strategy for Scotland will offer. Written with implementation plan, effective leaders, unity in service, research and education with one, clear, consistent voice. Clear role of midwife, clear education direction supported by research and an overarching governance. Also, no passengers!

Capturing Metasaga Insights
Stage 3 - Designing the Future we want to create

An Open Space process was used for this critical part of the programme. Appendix.... Explains the process.
Topics for the design phase were chosen and selected by the group themselves without constraint. The group were encouraged to reflect on the various conversations they had participated in and had put in their bid for topics, location and timing of topic conversations. Individuals signed up for those issues they had the passion for and the knowledge and ideas to contribute to. Topics were wide ranging including

- Midwifery strategy (morning and afternoon topic)
- How do we increase research activity and capacity in midwifery?
- Faculty of Midwifery/Dept/School of Midwifery
- Remote and rural career pathways-advanced pathway
- Sustainability of remote and rural services.
- Selling the Vision
- Creating and nurturing passionate midwives
- Where does this work and output feed into and influence Midwifery 2020?

A full summary of the discussions and outputs is captured in Appendix 8
Stage 4-Key Actions inspiring next steps

“If you want to build a ship, don’t drum up men to gather wood, give orders, and divide the work.”
Rather, teach them to yearn for the far and endless sea.’ Antoine de Saint-Exupery

In the final session of the day, participants identified the important things they most want to see happen next:

1  **A Midwifery Strategy for Scotland**
   - Needs to be developed including an implementation plan
   - Inclusive process with LMSG, CNOD and other key stakeholders
   - Conversations need to happen at CNOD around best way to take forward
   - Ask for support for developing the strategy with external facilitation.

Ann Holmes committed to making these conversations happen

2  **Lead Midwives Scotland Group**
   - Need to review and develop its role, function and reporting lines to work differently and effectively.
   - Need to firm up communications routes-one voice

Several individuals committed to making this happen as soon as possible

4  **Scottish School of Midwifery**
   The Lead Midwives for Education committed to working alongside key midwifery research stakeholders to produce a submission for the Chief Nursing Officer Directorate by July.
   Billy Lauder committed to having discussions with other Heads of School.

Finally, each person committed themselves to taking one action forward. They each know what these actions are and these are outlined in the appendices as a reminder only.

The workshop closed with a real sense of energy and breakthrough and progress to be maintained by acting on the decisions made to create the desired future. The storyboard of images at the beginning of this report provides further evidence of the power of conversation to enable connections with what is important and make progress on a collective agenda.
APPENDIX 1

Towards 2020 –
Exploring the Future for Midwifery in Scotland

PROGRAMME

Objectives
- Explore current leading edge thinking related to practice, service, research and education
- Identify critical issues and key questions related to future practice, service, research and education
- Explore the possibilities and emerging ideas for addressing these issues
- Outline any future work required
- Produce a report and action plan which begins to drive the future of midwifery across Scotland

Day 1
17th February 2010
MacDonald Holyrood Hotel
81 Holyrood Road, Edinburgh, EH8 8AU

5.00 pm Pre workshop refreshments

5.30 pm Welcome and introduction to the event

Group conversations – an appreciative enquiry approach to start exploring the challenges and opportunities for sustaining midwifery practice, service, research and education across Scotland

8.00 pm Dinner

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Towards 2020 –
Exploring the Future for Midwifery in Scotland

Day 2
Our Dynamic Earth
112-116 Holyrood Road, Edinburgh, EH8 8AS

<table>
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<tr>
<th>Time</th>
<th>Session</th>
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<tbody>
<tr>
<td>08.30 am</td>
<td><strong>Building on the vision</strong> - highlights of last night’s conversations</td>
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<tr>
<td>09.30 am</td>
<td><strong>Metasaga experience to explore new thinking</strong> relevant to shaping the future</td>
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<tr>
<td>10.45 am</td>
<td><strong>Refreshments</strong></td>
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<tr>
<td>11.00 am</td>
<td><strong>Creating Open Space</strong> - a session to highlight the questions and issues we want to explore more deeply and issues in the design of future models or working practices etc</td>
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<tr>
<td>1.00 pm</td>
<td><strong>Lunch</strong></td>
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<tr>
<td>1.45 pm</td>
<td><strong>Open Space Session 2</strong></td>
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<td></td>
<td>Sharing key outcomes of open space sessions</td>
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<tr>
<td>3.15 pm</td>
<td><strong>Refreshments</strong></td>
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<tr>
<td>3.30 pm</td>
<td><strong>Next steps</strong> – what are these; how do we move this thinking forward; what further questions do we need to address; what more do we need to know?</td>
</tr>
<tr>
<td>4.30 pm</td>
<td><strong>Closing circle</strong> - what have we learned and what actions are required? How do we ensure commitment to these?</td>
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<tr>
<td>5.00 pm</td>
<td><strong>Finish</strong></td>
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Firstly, I would like to suggest some trigger points in relation to Higher Education (HE) in general, and secondly, I will apply these to the midwifery profession.

1. **HE sector**
   Within HE sector there are a number of political issues which will affect our funding and recruitment into the sector (both students and staff). For brevity, I have listed these below:
   - Across the sector there is a push to control costs and identify cost savings (most institutions, for example, have had voluntary severance schemes in the last academic year or so);
   - As with any other business, we need to obtain income, control costs, and make profit (this profit can be invested in areas such as estates);
   - Efficiency, value for money and effectiveness are key drivers in future ways of working within the sector;
   - Cuts in public sector expenditure are likely after the next General Election, including HE, although the whole extent of this is unknown at present;
   - Most HEIs heavily depend on public sector funding, and the majority of its spend is on staff costs;
   - The unpredictability of overseas markets makes our revenue from this area difficult to predict with certainty (however is essential for growth).

2. **Midwifery pre-registration education and HE sector**

   **Recruitment and retention**
   Midwifery has consistently been an attractive profession, and Scottish HEIs easily meet recruitment targets from the number of applicants each year. However, like nursing, midwifery attrition can be an issue.

   **Employability**
   In my opinion, and based on workforce planning data, employability for the newly qualified midwife in the next 5 years in Scotland may be an issue. Data seems to suggest that this may not be a long-term problem. However for HEIs delivering midwifery programmes, this would impact on our university-wide employability rates. Our positions within league tables are likely to be affected by a drop in employability of newly-qualified midwives (and nurses).

   **Student numbers/year**
   HEIs are issued pre-registration student numbers around January of each year for commencement in September of the same year. Any fluctuations in student numbers make it difficult for Academic Heads to recruit and retain staff to maintain an adequate staff:student ratio. It is my opinion that future planning of student numbers could be done on a 3-5 year basis to help HEIs with this issue.

   **NMC Requirements and costs**
   A per requirements each HEI needs to employ a LME (normally paid at Senior Lecturer rate), and NMC state a 10:1 staff:student ratio. These costs are much higher than nursing programmes, and are reflected within the unit price for midwifery students in England (see Table 1). However, in Scotland the unit price for each pre-registration midwifery student per year is £6985 (the same as nursing) (see Table 1). This means that in order to make midwifery programmes viable, we need to work in a very cost-effective manner.
Current levels of funding

The levels of English BMP and Scottish UTR are shown in Table 1.

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<td><strong>BMP (England)</strong></td>
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<tr>
<td>Nursing</td>
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<td>£8363</td>
<td>£8863</td>
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<td>Physio/OT</td>
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<td>£7007</td>
<td>£7196</td>
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<td>Podiatry</td>
<td>£7866</td>
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<td>£8499</td>
<td>£8830</td>
<td>£9358</td>
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<tr>
<td>SLT/Dietetics</td>
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<td>£8275</td>
<td>£8499</td>
<td>£8830</td>
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<tr>
<td>Radiography</td>
<td>£8196</td>
<td>£8396</td>
<td>£8623</td>
<td>£8855</td>
<td>£9201</td>
<td>£9751</td>
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<tr>
<td><strong>UTR (Scotland)</strong></td>
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<tr>
<td>NMAHPs (Other health &amp; welfare)</td>
<td>£6210 (est)</td>
<td>£6430</td>
<td>£6640</td>
<td>£6830</td>
<td>£6830</td>
<td>£6985</td>
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<tr>
<td>Science</td>
<td></td>
<td></td>
<td></td>
<td>£8050</td>
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Sustainability

Midwifery education at pre-registration level is currently provided by 6 HEIs in Scotland. If student numbers were predicted to decline, would all 6 programmes be viable? If not, what would the options of delivery be for midwifery in Scotland?

3. Midwifery post-registration education and HE sector

As with pre-registration midwifery, the development and ongoing viability and sustainability of post-registration midwifery education will be dependent upon the student numbers that each programme attracts. Where numbers are likely to be small across Scotland, it is my opinion that modules/programmes should be tendered out (i.e. HEIs competitively apply to provide education within these areas).

NHS Boards – how would post-registration students be selected and supported? Could each Scottish Board agree to ‘buy’ a number of student places each intake? HEIs cannot run modules/programmes with few students. This would make the module/programme viable and sustainable for the successful tendered HEI(s).

In conclusion, there are a number of political and professional areas that I think you should consider at your event in preparing for 2020. I have focussed on education and given an overview of what I feel are the trigger points for HEIs. In preparing midwifery towards 2020, and based on what I have stated above, I have posed the following questions:

Questions

1. How can pre-registration midwifery programmes become cost-effective, while maintaining standards of education? Does the unit price for midwifery need to be different to nursing? Why?
2. Can pre-registration midwifery student numbers be calculated on a long-term basis? If numbers are set to decline, how many providers
3. Are required to maintain viability and sustainability of the programme?

If post-registration midwifery programmes are required, what will those look like? What number of students needs to complete? How will this be?
Challenges for Midwifery and Maternity Services in the coming years.

Policy Perspective
Dr Margaret McGuire. Deputy Chief Nursing Officer, Scottish Government

Political
Devolution has brought with it opportunities and challenges for the four countries, but with this comes a changing and complex health service and policy landscape, and what happens in the other 3 three countries (but especially England) does still effect Scotland...the degree to which this is an issue varies.

Economic Landscape
For a variety of reasons, well known to you, the economic situation is very tight. Our core aim always remains the same, but for all of us this means considering what we are doing and why, working smarter- not harder.

Landscape at present
There are rafts of policy initiatives and issues which directly or indirectly affect midwifery and maternity services. I will just include what I see as the key triggers, this list is by no means exhaustive and is in no particular order.

- Safe care
- Patient experience
- KCND and all this means to the women, the service and midwives
- Midwifery 2020
- Workforce and workload and productivity– not only for midwives
- Professional and clinical leadership
- Vulnerable Families and early Years
- Parenting
- Birth trends – maternal health etc
- Demographics of population, the profession and other maternity care professionals
- Skill Mix - who does what and why
- Quality of Care and outcomes
- Care Governance
- Effective practitioner
- Education
- Career progress
- Clinical academic and research careers
- Service design and deliver
- Communication pathways and strategies
- E–health
- Public health
- Professional regulation but also consider assistant practitioners
- Importance of good data and evidence
Preparing for 2020 – Research

Scotland is an excellent place to do Midwifery research. Midwifery practice is clearly defined, tangible, and recognisable to the public, policy makers and health care practitioners. Midwifery practice has many measurable outcomes and there are lots of nationally collected data.

Midwifery makes a strong contribution to what’s referred to as ‘patient benefit’, and that benefit yields ‘two for the price of one’ in that it is conferred on both mothers and babies. Equally midwifery practice makes a significant contribution to ‘population benefit’; contributing to disease prevention in mothers and babies and the babies’ babies.

We have:

- Lots of bright able candidates for midwifery
- All midwifery education in the HEI sector since 1996
- Degree midwives
- Midwifery research prominent in RAE returns in Scotland
- A strong programme of midwifery research supported by CSO Unit funding
- A midwifery research interest group being established with NES support
- Midwifery leads in all health board in Scotland including QIS, NES
- Midwifery leadership in CNO, with the KCND initiative in place across Scotland
- Midwifery consultation re CSO project funding
- Leading clinical midwives engaged in doctoral studies and post doctoral research – thanks to investment from RCM, NMAHP Training scheme, NMAHP Research Initiative, HEIs, NHS and midwives themselves.

Key drivers for maternity research over the next few years will include:

MIRAS - Mothers in Research Agenda Setting a project funded by the NMAHP Research Unit and led by Helen Cheyne is engaging a wide range of mothers across Scotland in setting the agenda for maternity research. It will report their priorities for research later in 2010.

- The ambition is to place Scotland at the international forefront of clinical translational research.
- To fill the gap between clinical research findings, improved practice and patient and population benefit.
- CSO funding will be directed towards research that will make a measurable difference.

The UK Research Excellence Framework (REF) which replaces the Research Assessment Exercise will measure and reward excellent research and the impact of excellent research.

The development of a Scottish Clinical Academic Career Framework which will provide a sustainable structure for all levels of clinical research academics to work across the HEI NHS boundaries.

**Challenges**

- Enabling translation – working together across the research-practice divide.
- Measuring impact, and the effects of practice on patient and population benefit.
- Raising the profile of Midwifery research, so all in Scotland’s clinical, educational and policy sectors are aware of, can communicate about, and can celebrate the strength of Scotland’s midwifery research.
- Ensuring that midwifery research continues to thrive in the challenging fiscal climate of the next few years.
- Growing our research capacity and capability to increase and sustain excellent translational research.
- Ensuring that our academic research strengths are complemented by an NHS ‘capable and willing to support the full range of NHS research activities’ (CSO strategy).

**Some key questions to ponder!**

1. *Are we doing as well as we should be? Compared with.....?*
2. *Are we valuing what we have? In particular how are we going to raise the profile of midwifery research in the NHS, with the public, with funders?*
3. *How are we going to get buy in to support and develop Midwifery research and the translation of research into practice for patient and population benefit.*
# Towards 2020 –

**Exploring the future for midwifery in Scotland**

17-18 February 2010

**Delegate List**

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<thead>
<tr>
<th>Name</th>
<th>Title</th>
<th>Organisation</th>
</tr>
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<tbody>
<tr>
<td>Yvonne Bronsky</td>
<td>Local Supervising Authority Midwifery Officer</td>
<td>South East Scotland</td>
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<tr>
<td>Helen Bryers</td>
<td>Head of Midwifery</td>
<td>NHS Highland</td>
</tr>
<tr>
<td>Joan Cameron</td>
<td>Lead Midwife for Education</td>
<td>University of Dundee</td>
</tr>
<tr>
<td>Helen Cheyne</td>
<td>Programme Leader - NMAHP Research</td>
<td>University of Stirling</td>
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<tr>
<td>Elaine Cockburn</td>
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<td>Dreamcatchers</td>
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Design of the Event

The 3 whole systems processes applied in the design and facilitation of this workshop were **Appreciative Inquiry** as the core process underlying the whole event with **Metasaga** being used for the first time as the Dream/Imagine phase and **Open Space** as the design stage of the appreciative inquiry.

Each of these processes was carefully selected by Lesley Wilson and Julia Parker to encourage:

- Strengths based working i.e. discovering the best of what already works within Midwifery and related systems like education, policy and research.
- Engaging every participant through sharing personal experiences one to one, in small groups and whole group.
- Creating space and time for people to think about and explore different possibilities and listen to the thinking behind these.
- Encouraging new thinking –through right brain stimulation
- Freedom to go where each participant’s interest and energy lay.
Appreciative Inquiry

Appreciative Inquiry (AI) is a process which encourages us to ask questions and listen to examples and stories to explore what works in a community or organisation, with a view to helping us understand what we do well and what is most effective. The approach can help us do more of what works and do things even better. It is significantly different from the normal approach to the management of change where the focus is on what is wrong with organisation or system and seeking ways to fix the problems.

AI is a continuing process used in many situations. For example, AI can be used to develop a long term vision for a community or organisation. It can also be used to explore more operational issues such as improving customer service, enhancing team working or changing work patterns.

The AI approach was developed by Professor David Cooperrider and colleagues at Case Western University in the US. It is extensivley used by public, voluntary and private sector organisations to energise the change process.

The core of the AI process is the 4D cycle:

**Discover** (appreciating the best of what already exists)

**Dream** (about what might be)

**Design** (what should be-the ideal)

**Deliver** (how to empower and adjust/improvise)

At the heart of the appreciative inquiry process is the **identification of the issue to be addressed and the framing of positive questions** which can begin to energise and connect people to the change process.

Assumptions of AI

- In every society, organisation or group, something works
- What we focus on becomes our reality
- Reality is created in the moment, and there are multiple realities
- The act of asking questions of an organisation or group influences the group in some way
- People have more confidence and comfort moving to the future when they carry forward parts of the past—especially the best of the past
- It is important to value differences
- The language we use creates our world

References

- The Thin Book of Appreciative Inquiry
- The Power of Appreciative Inquiry
- Appreciative Inquiry-Change at the Speed of Imagination

Sue Annis Hammond
Diana Whitney & Amanda Trosten-Bloom
Jane Magruder Watkins, Bernard Mohr

Further information on AI can be found through research on the internet. A website-www.imaginechicago.com—provides a real example of how this approach has been used to transform a community. Another website providing a significant research base is www.aicommons.org

For further information:
Contact Lesley Wilson, DREAMCATCHERS 07980 449135 or
E mail dreamcatcherglasgow@hotmail.com
Metasaga (extract from paper by Kate Coutts, Leadership Development Consultant, Shetland)

Metasaga is a journey through the culture, heritage and physical landscape. It allows leaders at all levels to engage in deep self-reflection by exploring their environment. It utilises a strengths-based, whole system approach to evaluate how they operate as leaders and the performance of the organisation they lead. It makes leaders at all levels reframe their thinking using metaphor, narrative, tradition and artefacts found in their own physical environment. It combines the business techniques of non-directive coaching, dialogue and appreciative inquiry with the traditional storytelling teaching of our culture, the Norse saga.

Background
Metasaga emerged from the work of Leif Jossefson (Metafari) in Tanzania. A response to a post on an Appreciative Inquiry website equated the site to a watering hole, a powerful metaphor. This inspired Jossefson to investigate the creation of a metaphor safari connected to thought models of whole systems thinking, Strength-based change and narrative approaches. The idea was to use the physical environment of the Massai in Tanzania to explore values, identify existing patterns, investigate new ways of communicating and recognize underlying strengths.

To deepen the experience, Metasaga expanded the idea beyond the physical environment to include the culture, heritage and the music of the locality Metasaga recognizes the strength of working within the environment of the participants drawing from their own culture, their own story.

Links are now being forged between Shetland, Orkney, Western Isles Norway, Sweden and the Massai to explore the differences and similarities of the experience. We are beginning to share the stories, both ancient and new, that are emerging from these journeys via the Internet.

In Scotland, metasagas have been used by groups in further education, health and other areas of public services. It is flexible and can be applied by experienced coaches.

The more rooted I am in my location, the more I extend myself to other places, so as to become a citizen of the world.

Paulo Freire

Extract from Wikipedia
Open Space Technology (OST) is an approach for hosting meetings, conferences, corporate-style retreats and community summit events, focused on a specific and important purpose or task -- but beginning without any formal agenda, beyond the overall purpose or theme.

Highly scalable and adaptable, OST has been used in meetings of 5 to 2,100 people. The approach is characterized by five basic mechanisms: (1) a broad, open invitation that articulates the purpose of the meeting; (2) participant chairs arranged in a circle; (3) a "bulletin board" of issues and opportunities posted by participants; (4) a "marketplace" with many breakout spaces that participants move freely between, learning and contributing as they "shop" for information and ideas; and (5) a "breathing" or "pulsation" pattern of flow, between plenary and small-group breakout sessions.

The approach is most distinctive for its initial lack of an agenda, which sets the stage for the meeting’s participants to create the agenda for themselves, in the first 30-90 minutes of the meeting or event. Typically, an Open Space meeting will begin with short introductions by the sponsor (the official or acknowledged leader of the group) and usually a single facilitator. The sponsor introduces the purpose; the facilitator explains the "self-organizing" process called "Open Space." Then the group creates the working agenda, as individuals post their issues in bulletin board style. Each individual "convener" of a breakout session takes responsibility for naming the issue, posting it on the bulletin board, assigning it a space and time to meet, and then later, showing up at that space and time, kicking off the conversation, and taking notes. These notes are usually compiled into a proceedings document that is distributed physically or electronically to all participants. Sometimes one or more additional approaches are used to sort through the notes, assign priorities and identify what actions should be taken next. Throughout the process, the ideal facilitator is described as being "fully present and totally invisible" (see Owen, User's Guide), "holding a space" for participants to self-organize, rather than managing or directing the conversations.
METASAGA Conversations- Transcript of Flipcharts

Gabions
  - every stone is important
  - Midwives roles – support networks
  - Problems if you remove support
  - Everyone is necessary for the collective strength
  - Remove enough stones and the wall will collapse

City and countryside side by side
  - midwives and obstetrics
  - comfortable relationships
  - no competition/not out of place
  - enhance each other
  - supportive/complementary

When we get to the top of the hill we don’t want to:
  - lose sight of the ground (we need to stay connected)
  - jump off (we don’t want to commit professional suicide)

We have a sound foundation (framework)
  - we want to build on this – need to have a long-term vision and plan

Have tenacity and stick with vision – especially when we’re faced with ill-formed criticism

We need to develop a strategic voice and have the opportunities to have it heard

How do we develop a strategic voice/power?
How do we protect the profession of midwifery for the future?

What is fractured
  - ?sticking together
  - ?cohesive voice from service/education/research

How do we maintain curiosity to recognize things that didn’t work and do something about it?
Can policies be linked?

What is our emergent story and what are the important parts of the landscape we need to take account of?
Too many small academic departments
Do we know our purpose?
Are we really seeing?

How do midwives keep a connectedness through sustainability that stands the test of times

Push from the back
Turn it on its head
Get out and speak to the audience or hide in the bunker?

Grass on the roof
  - innovative
  - dead
  - not maintained
  - innovation must be fed and nurtured

Coat of arms on gate
  - What is the purpose?
  - Insiders will know but will the wider population know?
  - Is midwifery insular?
Volcano
- eroding over time
- what have we lost?
- What has fallen away?

Folly
- lovely to look at
- interesting
- no purpose
- excluded from entering
- is this the midwifery profession from the outside?

Artificial wall
- organised, structured or is it supportive – holding back the soil?
- Overly complex/loss of simplicity
- Not the natural environment but using natural material was mad made
- Organizational structure

What is failing, falling, fracturing in the current model and what is standing the test of time?
Low research base
Few early clinical academic careers
Grassroots on top?
Why not question God?
Evolving not revolving
Why not look back before moving forward
Are we stifling ‘new ideas’ if they don’t “fit”?

Are midwives serious about developing world class clinical academic departments within the NHS?
How do we market ourselves as a profession?
Politicians often have fractions within the party but stand together on the things that matter
Where is midwifery’s centre of power?
Need machinery to keep things growing while the big exciting things take place
If suggest radical ideas need to do it in a safe way within existing machinery
How can the old and new blend?
How can we share new ideas so that everyone is involved?

Not losing roots as move forward – ancient accompanying and engaging on dangerous journey and giving time/
and having capacity to give time.
Need for bravery and courage – midwifery as an independent profession not afraid.
Can we wake the sleeping lion in midwifery and do we want to?
Charge – right time for things to happen and need to recognize the opportunity.
Don’t throw the baby out with the bath water!
Journey matters, not just the destination and there are different ways.
Need to listen “takes all kinds”
Need for transparency
360 vision – astronomy – beauty and vastness of sky takes us away from the petty.
Holyrood Parliament
- Foundation – strong, sound, plan
Parliament – Midwifery
- Public service
- Listening to consumers
- Respect
- Education
- Foundation to prepare confident, skilled practitioners
- New and old – can work in harmony

Tree without leaves - winter damage
- fragmented
- things dropping off
- really bad frost – does the tree survive?
- Take control and assume power e.g. medics
- Do “it” together before it’s done for us

Tree in full bloom – summer – safe
- future midwifery strategy for Scotland
- written with implementation plans
- no passengers
- effective leaders
- whole
- unity – practice, research, education
- one voice – consistent
- clear role of midwife
- clear education direction
- research supports
- Overarching governance
Remote and Rural career pathway-advanced pathway

- What are the different pathways? Definition of advanced practitioner
  - not necessarily consultant midwife
  - skills based clinical decisions critical
  - task is not what makes the it advanced but holistic thinking is.
  Is it enhanced skills or advanced practitioner? Should we challenge the decision of NMC re advanced practice?
- Getting remote and rural issues on the agenda when do not affect tertiary units.
- NMC-impact on midwifery practice. How can midwifery organize itself to ensure they lead the discussions re how NMC impact service delivery?
- Giving midwives confidence that they are ‘fit for purpose’ at point of registration. 1 year guarantee. Very flat structure. Time for clinical professional development-learn from medics who have time built into the contracts.
- Ensure educational framework supports career framework
- Articulation of various roles within career framework and CPD expectation within their role.
- Articulate roles clearly HoM’s, consultant midwives,
- CPD not add on but integral to role
- Clearly define framework which identifies pathways-service, clinical, educational and research careers.
- Independent advice re career progression-careers advice centre?
- Open, fair and equitable processes for progression.
- Core principles to develop roles which met local needs
- Career framework and other things go a long way towards this but needs pulled together in a cohesive way for use within midwifery profession
- Clarity about where educational programmes are going to lead eg clinical academic careers etc before implement. Seems to be training and then leaving participants in limbo.
- Recognise the tension between roles and engage to resolve nationally eg HoM, consultant midwife, early clinical career fellowships and clinical staff.
- Understanding the big picture will ensure overlap is understood leading to acknowledgement and mutual respect.
- Glass ceiling in midwifery in management and education before having to cross into nursing etc
- Not just about career for individual but about ensuring the midwifery voice is heard at Board and university level
- Ensure profile of midwifery is high on organizational structure-service and academic.
- Ensure national consistency of pay structure for the job they do.
- Structure in service and education that ensures career development within band and opportunities for self development.
- Should midwives be registered at end of 3 years or should they leave with an academic qualification and be supported for further clinical year before full registration granted
- Very few professions where walk out from newly qualified to full privileges eg teachers, lawyers etc
**Topic**  
**Issue Holder**  
**How do we increase research activity and capacity in midwifery?**  
Jean Rankin

- Midwifery is evidence based. Therefore there should be more emphasis on research on research in clinical practice. Increased value, increased support.
- Research should be respected career choice in practice.
- Getting funding is a problem.
- Mainstream researchers- p/t research/ t clinician.

**4 possible plans**

1. Centralised school of midwifery-pool of expertise-decreased competition for funding-strong clinical career pathways for research.
2. RCM Research Interest Group-interested clinicians and researchers-publicise topics for investigation/support conference.
3. RCM Learning and Development Plan-incorporate what the organization needs to deliver-identify what individuals need to do to get there.
4. HEI’s-develop clinical faculty type arrangements to encourage clinicians in education/research degrees/research activities.

**Topic**  
**Issue Holder**  
**Selling the Vision**  
Kay Forsyth

As Head Midwives Group, who do we engage with after we discuss issues there?  
We get ‘diluted’-should we be separate from DNS’s group?  
We are having our issues ‘filtered’.

Does having many midwifery leads dilute leadership?  
Could we strengthen debate at head midwives and strengthen communications with other groups.

Needs to be more pro active in terms of taking agendas to national forum.  
Needs to reflect all aspects eg remote and rural. Need to sell all aspects of our own profession so that we strengthen our position.

Need to pro-actively engage with other people’s agendas-not necessarily lead all developments eg changing medical workforce.

Are we able to sufficiently influence/persuade-must strengthen own voice and the professional voice

- Should we revisit TOR for Lead Midwives?
- Need to formalize links with Mags etc-fully debate and agree a way forward
- Where do we take our decisions for actioning eg MSAG to be included in refreshing framework
- Midwifery 20:20 group activities-can we ensure timely communication plus full consultation-strengthen negotiating power.
- Orkney/Shetland join HOM group.
- Need cohesive approach both as sub groups-LME’s, HOM’s, LSAMO’s, Consultant Midwives plus as a profession.
- Need to engage formally with Minister in collaboration with RCM.

Cannot wait until the next meeting but gain strength from the collective view.

Find new ways of communication eg conference calls (pow wow) or online availability of chat room.

We need to create opportunities to gain experience of Board level working.

Articulate our vision.

Take opportunities to represent head MWS-make sure if you are the rep you prepare in advance and ensure attendance.
Economies of scale-1 dept/faculty/school. (not possible with current model).
Embedded in 1 university-need to consider risks to lecturers (TUPE). Use current academic resource to develop school.
Research in midwifery in Scotland is dire-need to have academics together to create intellectual mass.
Academic contracts should include clinical practice/research.
Succession planning for academia-clinical academic careers
Consider Open University model to decrease overheads.
Disseminated model-use technology and local academic support
One school-one voice, more powerful.
National curriculum-for pre reg midwifery
Postgraduate degrees-one programme but would be viable.
60:40 split for clinical/theory.

Risks-universities don’t want to do it and staff might see it as a threat/some lecturers won’t have the skills.
Doing nothing is a bigger risk.

Joint appointments with NHS
Recruitment would be local-flexibility-urban, remote and rural.
Position midwifery in Scotland as world leading
Flexibility to increase numbers of pre reg students when needed.
Need to be more effective in providing information to students about the role of the midwife to decrease attrition.
Training for other countries
Kudos for Scotland-identify/quality of midwifery
Clinical faculty
Include SMMDP in the faculty/school
‘pre nuptual agreement’ with prospective bidders and negotiate with Scottish Government.
Improved quality assurance
Identity for Midwives-glass ceiling where midwives fit in with nursing model
DON’T WANT TO BE PART OF ‘NURSING AND MIDWIFERY’ DEPT.-need to have own governance.
Don’t want to be separatist and will work with others

Perspectives
Users-no difference
Clinical staff-alignment ?advantage/national docs
Students-placements/travel (supply for Scotland)
Lecturers-profiling/jobs/career structure
HEI’s-5 could lose out but 1 lucky one
Govt- ‘happy’. 
**Topic:** Sustainability of remote and rural services  
**Issue Holder:** Kate Kenmure

- Core role of midwife will be different depending on setting and has to be defined locally and fed in nationally. ?R&R midwifery group
- Advanced practitioner roles essential/MCA roles develop
- Remote and rural voice-what is important is different than large tertiary units and must not be swept away. They must be as important.
- Not crisis management but planned development
- Career structure identified for R&R setting
- Sustainable community development posts for remote areas for specific communities eg family practitioner role.
- Role of SMMDP to equip multi disciplinary team to gain skills and competence for future.
- Pool resources? But not centralization.

**Topic:** Creating and nurturing passionate midwives  
**Issue holder:** Annette Lobo

Value awesome women (power and strength)  
Value (by self and others) midwives role in supporting women.  
Recognise crucial value of midwives role.  
Encourage the challenging of entrenched and inflexible practice/views safely in a supportive environment  
Enable autonomous practitioners to provide truly evidence based women centred care,

**Organisational Culture**  
Transformational leadership to foster self belief and self worth)-enable autonomy to reduce fear to act and speak with confidence-true partnership-growth and development-values through mutual trust and respect-avoid being risk averse.

**Topic:** Where does this work and output feed into and influence mid 2020?  
**Issue Holder:** Eleanor Stenhouse

- Need to ensure role of midwife is clearly defined-also what can midwives do to contribute to the wider picture of care-re look at post natal care?  
- Ensure output from this event is fed into MSAG to influence and inform the ‘refreshed’ maternity framework.  
- Midwifery 2020 report-when published, this event needs to feed into the implementation/adaptation within Scotland. If within timescale, feed in prior to the final report.  
- HEI and service need to link/agree future and research fill the gaps.
Why do we need a midwifery strategy?
- Women at the centre—what does a midwife contribute?
- Need a vision for midwives
- Need to develop a strategy that addresses policy documents
- Identify the ‘midwifery profession’
- Influence the ‘whole agenda’
- Identify cohesiveness/consistent voice
- Identify how midwives will change the health of the nation.

How does midwifery influence the future?
Identify the added value of midwifery role
Unity brings power.
Strengthening the strategic approach through lead midwives
Board level—career pathway for midwives
Identify how midwives contribute to maternity services

TAKE CONTROL AND ASSUME THE POWER
??Threat to the profession?? Removing midwife role and replacing with MCA’s and affordability-changing role of midwife.

Take control within public health agenda
Defining career pathway from registration to influencing strategic direction.

Barriers to Strategy
1. No political appetite
Solution within the strategy—how to influence agendas at strategic level.
2. Re-invention of the wheel
Solution within strategy—approaching midwifery development in new ways.

Addressing the issue of Midwives being defensive
- Ensuring midwives acquire skills set to inform instead of defend. Use of language. Is this a play to maintain compliance.

Consensus that strategy is required.
- Lead midwife group should write strategy and implementation plan
- Consideration has to be given on how this is taken forward
- Must include practice, education and research.
- Strategy reflect ‘one voice’
- Identifying routes for directing midwifery eg strategy going to MSAG for noting and accepting
- Recognising that there are other ways of delivering the strategy ie could be called implementation pathway for 2020
- Development of strategy ‘no passenger’ approach.
- Reflective of Practice, Education and Research.
Output of Open Space Session-Whole Group Conversation

1. **Midwifery strategy for Scotland**
   - Includes way forward and implementation plan for practice, service, research and education
   - Work effectively together so that education and research meet service needs and vice versa
   - Lead Midwives Scotland should have key role in developing this and for making it happen
   - Needs to take account of political and other drivers – eg output from Midwifery 2020, refreshed maternity services framework, early years, vulnerable families & public health agendas
   - Doesn’t need to be called a strategy – whatever fits political arena
   - Need to use language differently - not defensive, but look at what is appropriate for midwifery and what/how midwives can contribute
   - Should feed into MSAG as midwifery contribution

2. **How does this work link with wider “bigger picture”**
   - Strategy needs to take account of political and other drivers as above
   - Use existing levers and structures – like MSAG and refreshed maternity services framework
   - Strategy clearly outlines midwifery contribution to these, how midwifery will deliver on priorities;
   - Some work needed first – conversations at SGHD Chief Nursing Officer Directorate around how to make this happen

3. **Selling the vision**
   - Revisit Lead Midwife Scotland Group and use effectively
   - Develop a united / one midwifery voice
   - Strengthen the debate at different forums eg Lead Midwives, Heads of Midwifery Consultant Midwives
   - Re-focus terms of reference – how to combine all, how to be effective, how to link with other groups
   - Need to be proactive not reactive
   - No passengers!
   - Need to have a link to CNO and to the Minister
   - Need to find new ways of communicating including use of technology, conference and video calls; chat rooms
   - Make or take the opportunity to be involved at board level
   - Address anomalies and include Orkney and Shetland whether or not people there have lead / consultant in their title

4. **Remote and rural sustainability**
   a. Remote and rural issues should be accounted for and threaded through strategy
   b. Core role of the midwife should be agreed nationally but taking account of what required in different settings
   c. Debate and agree nationally what is appropriate for enhanced or advanced roles
   d. Advanced practice roles are essential for sustaining services as is Maternity Care Assistant role
   e. Need career structure similar to medical for remote and rural areas
   f. SMMDP has a key role to play
   g. Remember “pooling” expertise as opposed to “centralisation” – thinking about education for example

5. **Careers and succession planning**
   a. Need to look at how to develop roles and opportunities within flattened structure & agenda for change
   b. Need to define different roles – some tension between HOM and Consultant role for example
   c. Need pathways describing careers in service, management, research, education
   d. Should be national agreement for local role developments
   e. How to break glass ceiling in midwifery
   f. 3 year vs 4 year midwifery programme – look at 1 year “probation”? 
6. **How to protect role of the midwife**  
- Need to embrace shift in emphasis – family health, vulnerable families  
- Maternity Care Assistant role  
  - urgent need to evaluate the role  
  - need to revisit where required on career structure  
  - 2 year course / level not required in service – should be 1 year

7. **How to create and nurture passionate midwives**  
- Value the power and strength of women, midwives and each other  
- Recognise value of and gain recognition for midwifery role  
- Challenge entrenched views  
- Change organisational cultures – move to transformational midwifery leadership  
- Why is this not happening anyway – what is under the table preventing this – focussed short work needed to explore

8. **School / faculty / department of midwifery for Scotland**  
- Recommend one required for Scotland – encompassing education and research – one school, one voice, national curriculum  
- Embedded in 1 university – mimic open university model – central focus with local outreach and clinical placement support  
- Centre of excellence for undergraduate, postgraduate education and research  
- SMMDP should be within the School  
- Enables national curriculum - economies of scale – no competition eg related to research  
- School should have separate governance structure, but work with others in university  
- Key midwifery stakeholders should have a say in how this would work – not just SGHD and Deans etc

9. **Increasing research capacity and capability**  
- Don’t underestimate the value of clinical research  
- Increase emphasis on research in Scotland  
- Value research as a respected career choice – look at how to combine with clinical careers  
- 4 possible plans:  
  - Link to school of midwifery – ideal  
  - RCM research interest group about to be established – could support clinical input and interest and generate topics for research  
  - RCM learning and development plan – could help identify gaps in research  
- If no School – look at further developing midwifery through HEIs

Have local conversation (Lead & HOM) re communicating this to DNS and being heard strategically in our organisation  
Keep meeting with lead midwives for education and influence the vision of a single school  
Continue to work with the service in clinical skills training, remote and rural areas and with lead midwives  
Committed not to being a passenger!  
Look at MCA (2 years) and school of midwifery  
Stir up group of lead midwives  
Support midwifery strategy for Scotland  
Keep a focus on strategic direction of education and research  
Commit to Stirling University and communicate with other heads of school  
Take information back locally
Summary of individual commitments

Personal Commitments from all in the room

On an individual basis those present committed to do the following (some duplications*):

Knock on doors and keep sustaining remote and rural services in all topics*
Keep challenging on public health
Work on re-draft of terms of reference for Lead midwives Scotland group (LMSG)*
Work on clear lines of communication for LMSG
Feedback outcomes to Consultant Midwives*
Use metasaga with others
Share outcomes with colleagues*
Help Julia & Lesley make sense of all the outputs for the report
Be fully engaged in the 3 things we committed to as a group
EVALUATION FORM

Event Title: Towards 2020 – Exploring the future for Midwifery in Scotland
Date: 17th-18th February 2010
Venue: MacDonald Holyrood Hotel & Dynamic Earth

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What were the main highlights of the Conference for you? Comments include:
Metasaga
Open and free discussion.
Open space.
The conversations that flowed from the open space
Sense of positivity about the future of our profession
Networking
Out of the box thinking
Everything
The vision
The discussion
As ever, the chance to network with peers from across Scotland
The future of midwifery
Experiencing how open and supportive all the participants are of each other
Talking/Networking opportunity to influence strategy
Unity of outcomes

Did the structure of the day meet your expectations?
15 participants said ‘Yes’, 1 said that it had exceeded their expectations and 1 said that it was a bit scary but they enjoyed the experience.

Additional comments:
“Thank you – achieved so much without draining energy – was actually very energising!”

“Thanks for this opportunity”

“Hope we go forward”

“Well done”

“Also enjoyed the networking”

“Must be maintained and delivered”

“There was a genuine open sharing of views”

“Wonderful day(s), thank you!”

“Inspired, enthused, feel great – keen to take issues forward”

“Wow!”
Towards 2020

Compiled by Lesley Wilson & Julia Parker
March 2010