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Beyond Brexit: Cross-border collaborations in midwifery education with the Florence Network

Abstract

In June 2016 the United Kingdom's (UK) European Union (EU) referendum resulted in 51.9% of the electorate voting to leave. Leaving the EU will have wide ranging social, legal and constitutional implications including, but not limited to, trade, business and financial services, employment, transport, immigration, police and justice, health, higher education (Miller, 2016). In relation to health, the EU has a significant role in supplementing national policies and whilst the International Confederation of Midwives (ICM) has established the international standards for midwifery education; education and practice are regulated in the EU through the European Directive 2005/36/EC which includes the recognition of professional qualifications allowing free movement to practise anywhere within the EU.

In relation to higher education, the UK is a full member of The Bologna Process/European Higher Education Area (EHEA) (1999), where members aim to increase compatibility between education and training systems across the EU to promote high quality learning and teaching and facilitate free movement of students, researchers and teachers across Europe.

At an institutional level, The Florence Network is one of Europe's oldest nursing and midwifery networks with a membership of 40 Higher Education Institutions (HEIs) in 17 European countries with the shared vision of identifying and developing educational, scientific, practice and pedagogical commonalities to promote mobility between countries and institutions. The University of Northampton was invited to join the Network in 2017, with its inaugural meeting taking place in Bern, Switzerland being attended by Julie Quilter (Senior Lecturer/Programme Lead) and Hollie Townley (second year student midwife) (The University of Northampton, 2017).

Whilst there is uncertainty around the future political landscape post Brexit, it is important that pre-existing professional links, providing a platform for international collaboration for professional discourse, dissemination of research findings and sharing of best practice are protected and strengthened.

Keywords: Brexit; pre-registration midwifery education; The Florence Network; EU Directives

Introduction

Established in 1995, The Florence Network is one of Europe's oldest nursing and midwifery networks with a membership of 40 Higher Education Institutions (HEIs) in 17 European countries. It is a European Higher Education co-operation of nursing and midwifery departments with the aim of identifying and developing educational, scientific, practice and pedagogical commonalities to promote mobility between countries and institutions as required by European educational treaties (The Florence Network, 2017).

The Network hopes to enhance the professional standing of nursing and midwifery and to improve the quality of European health care. Its main goals are:

- To raise the profile of European nursing and midwifery
- To stimulate and organise the exchange of students between Florence Network members
- To stimulate and organise the exchange of lecturers between Florence Network members
- To contribute to the quality development of curricula in European nursing and midwifery education
- To identify common nursing and midwifery research interests and develop research collaboration
- To develop and organise common projects, and intensive nursing and midwifery programmes and/ or activities within ERASMUS+ (the European Union programme for education, training, youth and sport) and other programmes

Becoming a member of the Network is by invitation only and this year was the inaugural meeting for The University of Northampton which resulted in a double celebration as second year student Hollie Townley was elected to the Student Board as its only student midwife representative. Hollie will be involved in developing communication channels and organising activities and workshops for next year's Annual Meeting to be held in Odisee, Belgium.

Mental Health: Global Challenge – Local Actions

The theme of this year's network was Mental Health: Global Challenge – Local Actions, with several interesting keynote lectures delivered by researchers and clinicians from institutions around Bern and Winterthur. Whilst there does not appear to be a clear pathway for the care of mothers who are suffering with postnatal depression there are some initiatives in place to provide a more holistic approach to caring for mothers and babies but these places are limited. An example of this was given in a talk by Katharina Guldemann who is a founder of a mother-child house in a rural location in the canton who offer respite for 'women who need relief, care and loving care with postpartum mental illness or severe exhaustion' (Foundation ITA Wegman Mother-Child House, 2017)

Education: a common destination

Midwifery education in Switzerland differs from the UK in that there are two routes to choose from: a direct entry four year Bachelor degree programme or a two and a half year Bachelor degree programme following nurse training. The

four year programme is similar to that offered in the UK with a 50:50 theory/practice split. The main difference is within the first three years there is minimal practice placements but the fourth year consists of 40 weeks' practice with 30 weeks on labour ward and 10 – 20 weeks' postnatal experience. It is at the end of this period of consolidated practice that the students receive their degree.

Members had the privilege of a small group visit to Engeried Hospital in the suburbs of Bern, which is a private hospital with a maternity unit facilitating around 3000 deliveries per year. During this visit members were able to share experiences from their own countries in light of the information shared from the two midwives who hosted the visit. From an educational viewpoint monies are given to a hospital if they host students however if a hospital does not host students it has to pay a fee to the government!

Unlike the UK where the HEI and placement provider work in partnership to support students in practice, the students' learning in the clinical area is the responsibility of the clinicians and only if a real concern is identified are academics contacted. Within the maternity unit there were three key individuals responsible for supporting students rather than academic lecturers visiting students on placement. To that end the students receive 'coaching' by a person who is allocated to provide support in practical training and assessment. A 'Bernsbildner', an individual from within the hospital, who has an educational background, provides one to one teaching twice a month. Lastly there is a person responsible for the more administrative support of students on placement including coaching, classes, case study reviews.

The Benefits of Network membership

This was an insightful visit for lecturers and students alike. It was clearly a privilege to be invited to join the Florence Network and attending the Annual Meeting appeared to have a significant impact on Hollie from showing resilience and confidence through the travel, engaging with other students from a variety of institutions and countries, to being so motivated as to stand for election on the Student Board. In her own words:

I feel this opportunity has allowed me to see my own potential which I hope others can also experience. It was brilliant meeting other like-minded students and sharing our experiences. I found meeting people from different nationalities so refreshing, it made me reflect on language and people's perception of language. Also how no matter what country you are from, healthcare is deep rooted by a foundation of love and passion that all individuals share. This emphasised how unity can be so powerful and conferences such as this should continue in order to encourage and implement positive changes globally. I came home feeling proud of my personal achievements (becoming a board member), thankful for the opportunity, passionate about international interactions and midwifery as a whole.

Beyond Brexit: what next?

The post Brexit political landscape is unknown; what is known is that there will be a period of development and reorganisation of the regulation of midwifery pre-registration education which is currently under Directive 2005/36/EC of the European Parliament (see tables 1 and 2). Amidst political uncertainty it is even more important to maintain strong professional relationships through collaborations such as the Florence Network as the safety and wellbeing of women and their newborns transcend political and geographical borders.

From the Directive 2005/36/EC of the European Parliament and of the Council (2005) on the recognition of professional qualifications:

Annexe V, Point 5.5.1

The European Union and Article 40 (training of midwives) of Directive 2005/36/EU

- advising of pregnant women, involving at least 100 prenatal examinations
- supervision and care of at least 40 women in labour
- the student should personally carry out at least 40 deliveries; where this number cannot be reached owing to the lack of available women in labour, it may be reduced to a minimum of 30, provided that the student participates actively in 20 further deliveries
- active participation with breech deliveries. Where this is not possible because of lack of breech deliveries practice may be in a simulated situation
- performance of episiotomy and initiation into suturing. Initiation shall include theoretical instruction and clinical practice. The practice of suturing includes suturing of the wound following an episiotomy and a simple perineal laceration. This may be in a simulated situation if absolutely necessary
- supervision and care of 40 women at risk in pregnancy, or labour or postnatal period supervision and care (including examination) of at least 100 postnatal women and healthy newborn infants
- observation and care of the newborn requiring special care including those born pre-term, post-term, underweight or ill
- care of women with pathological conditions in the fields of gynaecology and obstetrics
- initiation into care in the field of medicine and surgery. Initiation shall include theoretical instruction and clinical practice.

Table 1

The standards for pre-registration midwifery education have been set at the point of registration, so that the student will be able to fulfil the requirements of a midwife as laid down in the definition of a midwife and will comply with Article 42 of Directive 2005/36/EU which states:

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 fetus 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 treatment prescribed by a doctor
- to maintain all necessary records

Table 2

Acknowledgements

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