

Contents

| | |
|---|----|
| Executive Summary | 3 |
| Introduction..... | 8 |
| Background..... | 8 |
| The Midwifery Education Workforce..... | 9 |
| Data relating to the education workforce..... | 10 |
| The preparation of the educational workforce of the future..... | 11 |
| The educational process..... | 11 |
| Funding of the programme..... | 12 |
| Access to the programme..... | 12 |
| Recruitment and selection processes..... | 13 |
| Structure and level of the educational programme..... | 13 |
| Focus of the programme..... | 14 |
| Clinical support for students during the programme..... | 15 |
| Preparation for the reality of midwifery practice..... | 16 |
| Assessment and completion..... | 17 |
| Preceptorship..... | 17 |
| Conclusions of the Education and Development Group..... | 17 |
| Main recommendations..... | 17 |
| Specific recommendations..... | 18 |
| References..... | 19 |
| Bibliography..... | 19 |
| Appendix 1: Education and Development Workgroup membership list..... | 21 |
| Appendix 2: Terms of Reference – Education and Training Group..... | 22 |
| Appendix 3: HEI Workforce Profile data..... | 23 |
| Appendix 4: Teacher Development Support from SHA/WDDs..... | 28 |
| Appendix 5: Standing Orders for the NMC and UK Lead Midwife for Education Strategic Reference Group..... | 29 |

Executive Summary and Recommendations of the Education and Development Group

The Education and Development Group was established in 2004 as part of the Chief Nursing Officer's six point action plan to address the recruitment, retention and return of midwives to practice. The membership included midwife teachers, clinicians, managers and officers of the Royal College of Midwives (RCM), the Nursing and Midwifery Council (NMC) and representatives from workforce commissioning (see Appendix 1).

The work of the group focussed on the providers, the process and the product of midwifery education: the midwife teachers; the educational process; and the student, newly qualified midwives and those returning to practice. The Education and Development Group gathered information both formally and informally through midwifery education and practice networks while data on midwife teacher numbers, demographics and development support was obtained through questionnaires. Further information with respect to student commissions for long and short course programmes as well as Return to Practice (RTP) and Adaptation courses for overseas trained midwives was also obtained. Through conference presentations as well as informal and formal discussions the Education and Development Group engaged with and elicited the views of a wide range of student midwives, managers, teachers and clinicians. One of the factors faced by the group was the lack of research and evidence in this area.

Conclusions of the Education and Development Group:

- The sustainability of the midwifery educational workforce is in question which has major implication for the future of midwifery educational programmes and will adversely impact on workforce planning and delivery of the maternity agenda.
- The age profile of the midwifery educational workforce is older than the midwifery clinical workforce
- Education is not perceived as an attractive career opportunity, exacerbated by the separation of the education workforce from the clinical environment.
- The separation of the educational workforce from clinical provision has resulted in a lack of educational representation at a strategic level in decisions regarding the wider maternity workforce and lack of input into its educational provision.
- There are a variety of recruitment and selection processes to and variable attrition rates from pre-registration midwifery programmes.
- There are different funding streams for different routes to qualification resulting in inequity.
- A significant reason for student attrition is financial hardship.
- There is no common currency between midwifery education programmes.
- A significant number of midwives are lost to the profession within their first post-qualifying year, with reasons cited as lack of support, and unmet expectations of practice.

Main recommendation:

In relation to the midwifery workforce we need to consider those factors that will recruit retain and reward midwife teachers and students to ensure that the profession is able to make the best use of its talents, skills and resources to provide an educated and able midwifery workforce suitable to meet the needs of student midwives, women and the maternity services in the 21st Century.

Therefore we recommend the development of a modern career framework for midwifery as part of a UK-wide umbrella project, Modernising Healthcare Careers (MHC). A modern career framework for midwifery will reflect the tremendous changes which have taken place in midwifery and healthcare over the last ten years and the diverse opportunities open to midwives at all stages in their career.

Summary of findings in relation to the Education Workforce:

The demographics of midwife teachers is such that the future education workforce will be considerably reduced over the next five to ten years if there is not sufficient recruitment to maintain existing levels. A range of factors were identified that discouraged recruitment and gave rise to increasing dissatisfaction in relation to the role of the midwife teacher. Many regretted the separation from practice that had resulted from the move into higher education. Efforts to resolve this were often frustrated by the bureaucracy of different employers, different expectations and personnel systems that view the midwife teacher as alien and unnecessary in the practice environment. Support for students, mentors and practice facilitators was reported as being fragmented and erratic in some areas and showed inconsistencies in the support provided.

The following recommendations are proposed in order to strengthen the role of the midwife teacher, to make education key to the everyday work of the midwife and midwifery student and above all, to promote scholarship in practice that contributes and enhances the care of women and families.

Recommendations - The Education Workforce (*requires*):

- . A system to be in place that provides a national overview of the education and training of midwife teachers
- . A marketing programme that identifies the benefits of becoming a midwife teacher and the personal rewards of helping prepare the future midwifery workforce
- . A salary scale that is in keeping with the experience and expertise required of midwife teachers and which provides suitable and sustainable recruitment for the future
- . A process that facilitates midwife teachers to work in both practice and education settings, maintaining their clinical skills, credibility and providing support for work based education.
- . A mechanism to ensure that midwife educationalists are involved at a senior strategic level in any decisions and workstreams concerning the maternity workforce.
- . An explicit understanding of where responsibility for vicarious liability rests and a

process that supports new and innovative ways of working

- . Identified funding and resources to support the professional development of midwife teachers and in addition, promote research and scholarship that will enhance practice and education.
- . A system of research and audit centred on the education workforce.

Summary of findings in relation to the Education Process:

A wide range of views were elicited about the processes and programmes associated with the provision of midwifery education. While differences of opinion were to be expected, a consensus on many of the key issues was evident and these have formed the basis for the following recommendations. Midwifery education is currently in a state of considerable flux. It was evident that while many teachers felt the move into higher education had been positive in respect of the academic and practice standards of students, clinicians were less certain about the overall competence of students at the point of registration. There was a view given by some clinical midwives that the practice focus and required competencies for student midwives was less robust than when they trained. There was, however, little evidence to support this view and overall student midwives felt well prepared to deliver low risk midwifery care and fulfil the requirements of the NMC competencies.

Nevertheless, the changing nature of health and social care, the increasing complexity of the curriculum, as well as the need to understand and articulate the evidence that underpins practice, demands much of the midwife student, the midwife teacher and the educational process. The importance of the academic level of midwifery education, the long term value of the short course programme, the need to focus on normality and to strengthen the support of students in practice were key issues amongst a wealth of suggestions put forward by those the Education and Development Group consulted.

The following recommendations are proposed in order to improve the education process and programmes and to enhance the recruitment and retention of the future midwifery workforce.

Recommendations - The Education Process (*requires*):

- . A programme of three years duration with a shortened course of no less than two years as the minimum time required to ensure the suitability of the future midwifery workforce.
- . The academic level of pre-registration midwifery education to be set at a minimum of degree level in order to maximise recruitment and ensure the required competency for safe, effective and independent, autonomous practice.
- . An agreed education content which focuses on and promotes normality as a priority in pre-registration education.
- . All midwifery programmes to demonstrate a commitment to independent learning and

the development of professional accountability

- . Structured mentorship with designated time set aside to deliver support, effective learning and appropriate assessment that will confirm the student's competence to practise safely and effectively.
- . Innovative teaching methods that make best use of appropriate technology, prepare the student to be part of a modern workforce and enhance life long learning.
- . The use of contemporary learning and teaching approaches, such as simulation and interprofessional learning so that students are enabled to recognise and respond when pregnancy, labour or the post partum period deviates from normal.
- . Exposure to different models of care, such as student caseload holding, as an integral part of the midwifery curriculum in order that students develop the skills, knowledge and accountability of working with a known client group.
- . That leading the management of high risk midwifery care is addressed through education beyond initial registration, but that students are well versed in recognition of deviations from normal, and able to refer, continue care and enhance the woman's experience of childbirth.
- . Greater use of interprofessional education and practice to develop and improve the working relationship of qualified midwives and other healthcare professionals as part of the maternity care team to enhance the quality of care.
- . That return to midwifery practice programmes are flexible and can be delivered on an individual basis through learning contracts in education and structured practice in service.
- . That consideration is given to a minimum consolidation period of six months for newly qualified midwives.
- . That investment in educational research is supported in order to effectively evaluate teaching, learning and assessment in programme provision.

Summary of findings in relation to the Product of Midwifery Education:

Midwifery remains a popular career option and places on programmes are much in demand. The routes to qualification are through three-year direct entry and an eighteen-month shortened course programme for level 1 nurses (adult) on the nurses part of the NMC register. The direct entry route accounts for over 60% of the recruitment and evidence given to the Education and Development Group suggests this will increase. Controversy surrounds the shortened course programme as to its current relevance in sustaining the future midwifery workforce. The length of the shortened course programme is seen as insufficient in enabling students to meet the competencies required and the financial implications and retention of such students in the midwifery workforce has led to several Workforce Development Directorates (WDD's) reducing the commissions for this programme. The Education and Development Group heard evidence that student attrition was primarily the result of financial hardship, lack of support and the dissonance that is created by theory-practice gaps and its impact on the

student's expectations and morale.

The newly qualified midwife needs to be prepared to work in the complex and challenging environment of clinical practice. The primary focus is that of normality, but with the skills and ability to recognise deviations from the normal and act accordingly to safeguard the wellbeing of the mother and baby. Education for high risk maternity care should be provided beyond initial registration and focus on obstetric, medical and psychosocial conditions and complications of pregnancy and birth. Continuing professional development is essential to sustain the midwives of the future and their relevance to the changing demands of, and advances in, health and social care.

The following recommendations focus on both the student and newly qualified midwife and are proposed in order to enhance the effectiveness and retention of the future midwifery workforce.

Recommendations - The Student Midwife:

- . Appropriate methods of student selection based on a sound rationale to ensure retention
- . The NHS Skills Escalator, cadet schemes and the role of the maternity support worker (MSW)/ Maternity Care Assistant (MCA) may provide a valuable resource for future recruitment to the midwifery profession.
- . Midwife Educationalists should be involved in the programme development of MSW/MCA's to ensure 'best fit' with the education of student midwives and the work of the midwifery profession
- . A non-means tested bursary for all student midwives on both long and short programmes set at degree level
- . That mentorship is effective to ensure that student midwives are prepared for the reality and demands of practice in a modern workforce.

Recommendations - The Qualified Midwife:

- . That newly qualified and RTP midwives are required to be competent at the point of registration. However a structured Preceptorship programme should be available to orientate and support them in their new role within a modern workforce
- . That a range of continuing professional development opportunities is appropriately supported and funded.
- . Develop a modern career framework for midwifery as part of a UK-wide umbrella project, Modernising Healthcare Careers (MHC). A modern career framework for midwifery will reflect the tremendous changes which have taken place in midwifery and healthcare over the last ten years and the diverse opportunities open to midwives at all stages in their career

Report of the Education and Development Group of the National Midwifery Recruitment and Retention Six Point Action Plan

1. Introduction:

- 1.1 This report from the Education and Development Group provides a summary of the process, finding and recommendations and is to be submitted to the Chief Nursing Officer (CNO) for her consideration.
- 1.2 In November 2003, a top-level summit was held with 40 stakeholders from maternity services to inform the then CNO of the challenges and potential solutions to issues in midwifery recruitment, retention and return to practice. A six-point action plan was developed and launched in March 2004. Education and development was identified as one of the six work streams.
- 1.3 The Education and Development Group was constituted to explore, consider and address the issues of education and training in midwifery. The terms of reference membership, aims and objectives were identified (Appendix 2 and 3).
- 1.4 This resulted in three streams of work within the group which focussed on the *education provider*, the *education process* and the *product* of midwifery education i.e. *the midwife*.
- 1.5 The Education and Development Group reviewed available strategy and policy documents, and undertook a survey of Higher Education Institutions (HEIs) delivering pre-registration midwifery. Workforce Development Directorates (WDDs) were asked to provide information about the existing educational workforce, commissions and funding for support of the current and future educational workforce. The Education and Development Group took the opportunity of the second national midwifery conference held in March 2005 entitled '*Valuing midwives: developing and increasing the workforce*', to elicit the views of student midwives, midwifery managers, teachers and clinicians. The Education and Development Group noted that many of the RCM education strategy (2003) recommendations were congruent with this work.
- 1.6 The findings of these work streams are presented within this paper.

2. Background:

- 2.1 There are currently two entry points into midwifery: the three year diploma/degree programme and the shortened 18-month diploma/degree programme open to level 1 nurses (adult) of the NMC register. Midwife teachers employed by HEIs provide the education component of the programme and are required to hold an appropriate teaching qualification.
- 2.2 The funding arrangements differ for the entry points into pre-registration midwifery programmes. The three year diploma programme students receive a bursary; the degree students a means-tested grant. In England, student midwives on the 18-month programme are seconded from the NHS and receive their substantive salary during the course. In Scotland, all student midwives, whether on long or shortened programmes, receive a non-means tested bursary. This has reduced recruitment into the shortened programme. A sponsorship scheme has been introduced whereby a support worker who has been employed by a trust for a specified minimum time (usually one year) can be seconded whilst undertaking the three year programme. 80% of the salary is provided by the WDD, with the host trust providing 20%. There would be an expectation that when qualified, the midwife would normally work within the local health economy.
- 2.3 It is UK Government policy that access to careers in the NHS is widened, and that the workforce should be representative of those being cared for. This may be achieved by the use of a skills escalator and cadet schemes, the use of which are not currently widespread within midwifery. European Community regulations prevent accreditation of prior learning in midwifery pre-registration programmes and limit the opportunity for advanced standing. Conversely, there is an over-subscription to midwifery commissions, with some HEIs reporting 10 applicants for every place on a three year programme. Other applicants with less academic qualifications are competing with those who hold A-levels and degree qualifications. The group have agreed that it is important to balance academia with skills and attributes that may be identified in non-traditional qualifications. However, it is also crucial to recruit students who have the potential and ability to successfully complete the programme and practise as midwives.
- 2.4 The Education and Development Group considered a wealth of information and evidence gathered both formally and informally through midwifery education and practice networks and conference presentations in relation to midwifery education and considered the impact and implications for the recruitment, retention and return of midwives to the NHS workforce.

- 2.5 The EDG were aware that the NMC were carrying out a consultation of 'fitness to practice' and pre-registration midwifery programme. This was along similar lines of inquiry conducted by the EDG and there are comparable findings. In particular, the support for an increase in the short course programme and education of midwifery at degree level.

3. The Midwifery Education Workforce:

- 3.1 The provision of midwifery education is dependent on the experience and expertise of midwife teachers. Their role is to educate, facilitate and support students to become the midwives of the future and once qualified, to provide them with education and support as part of their life long learning. Working with service colleagues and other key stakeholders, they prepare the profession for the demands of contemporary practice and enable midwives to respond to the changing demands of health and social care. Midwife teachers have a key role in the recruitment, retention and return of midwives to the profession.

- 3.2 The location of midwifery education in the higher education sector has had undoubted advantages, however it has also created difficulties, which can be described as follows:

3.2.1 The separation of theory and practice, which has resulted in many midwife teachers becoming alienated from their clinical roots resulting in a loss in credibility amongst the midwifery workforce. As a result of this separation midwifery education may not be seen as an attractive career opportunity for aspiring midwives.

3.2.2 When midwifery education moved into HEIs the English National Board for Nursing, Midwifery and Health Visiting (ENB) advocated that the midwife teacher should spend 20% of the working week within the clinical setting. In practice, this is increasingly difficult to achieve because of the demands of teaching and research activity required by HEIs. Different demands impact on the role of the midwife teacher, which include scholarship, research, knowledge transfer, enterprise, practice, teaching and education management. These are all set in the context of complex and competitive markets which HEI's now face. This has led to different titles, terms and conditions, and opportunities, resulting in a lack of equity in midwifery education provision across the UK.

3.2.3 HEIs are increasingly seeking to employ dual-registered nurses and midwives in order to enable teaching across a variety of professional educational programmes. However, it should be noted that 60% of the

qualifying midwifery workforce hold a single registration having entered through the three year direct entry route, and this is likely to increase further. There is the potential for discrimination against single registered midwife teachers. In an age of increasing specialisation, there is a concern that midwife teachers will find it difficult to maintain two separate professional qualifications in the required depth and scholarship needed to provide relevant and robust education provision across both nursing and midwifery.

- 3.2.4 There may be difficulties for some midwife teachers in achieving the changing PREP requirements, and trying to balance the classroom teaching, research role, clinical and scholarship role can be extremely challenging.
- 3.2.5 Improved alternative career options within the NHS have been positive for midwives who have remained in practice, but midwifery education has not been able to compete with these attractive options. Midwives who formerly only had the option of management or education for career progression are now selecting alternative career pathways (e.g. consultant midwives). This has resulted in a loss of status for the midwife teacher.
- 3.2.6 HEI pay structure is not commensurate with the NHS, resulting in midwife teachers receiving non-competitive monetary rewards, and many of the educational workforce is less certain about job security.

4. Data relating to the education workforce:

- 4.1 A key component of the National Six Point Action Plan was to improve the recruitment and retention of the midwifery workforce which includes midwife teachers. To understand the impact of the difficulties described above, a questionnaire was developed to determine the profile of the midwifery education workforce and the current course provision (Appendix 3). This was sent to the Lead Midwives for Education (LME's) in all of the HEI's in England who provide midwifery education programmes that lead to a registration or recording on the NMC register. An initial response rate of 49% was obtained with 24 out of 49 HEI's returning the questionnaire. A second approach to HEI's resulted in a cumulative response rate of 63%.
- 4.2 Analysis of the responses shows that midwifery education has a predominantly older workforce than the clinical midwifery workforce with a least one third (33.43%) of all teachers in the over fifty age group as opposed to 20% of clinical

workforce. A majority (54.2%) of teachers are in the age group of 40 – 49 year age group, with a smaller number (11.8%) in the age group of 30-39 years. The sustainability of the midwifery education workforce is challenged unless there is planned recruitment and a process of support and training are put in place.

5. The preparation of the educational workforce of the future:

- 5.1 As part of the work of the Education and Development Group, a questionnaire (Appendix 4) was also sent to all SHA/WDDs to seek information on the training and teacher development funding provided to HEIs. A response rate of 61% was achieved. The questionnaire sought to clarify if there was identified funding to support the development of midwife teachers and to support newly qualified teaching staff gain a teaching qualification. The WDDs were also asked in the questionnaire about issues regarding the recruitment and retention of midwife teachers.
- 5.2 The majority of responses indicated that such funding was made available but in many instances this was within the contract price and not specifically identified for midwife teacher development. Where funding was allocated, it was either left to the HEIs to determine where this would be spent or was directed specifically to developing the role of practice educators. Three WDDs did not provide funding to support such development.
- 5.3 While several indicated that there were no specific issues relating to the professional development of midwife teachers, in general it would appear that midwifery plays a small part in the ongoing contract debates between HEIs and the Workforce Development Directorates. It was noted that it was more difficult to recruit to vacant posts because salaries within the NHS are attracting teaching staff away from HEIs back into the NHS.

6. The Educational Process:

- 6.1 In examining the educational process the Education and Development Group heard evidence in relation to the funding access and focus of both short and long course pre-registration midwifery programmes. Recruitment and retention issues were central to the work of the Education and Development Group. It was clear

however that the structure and content of the education programme, clinical support in practice and the realities and demands on current midwifery practice were all relevant issues which needed careful consideration.

- 6.2 **Funding of the programme:** It was apparent that the current funding streams for the three year pre-registration programme results in inequity and hardship. This was seen as the primary reason for student midwife attrition. In addition it provides a disincentive in applications to degree level programmes with students in effect being encouraged to apply for a lower academic award in order to qualify for a non-means tested bursary. The presence of sponsored students and those on the 18-month short course who receive a salary increases the inequity experienced by those student on the three-year programme.
- 6.3 Across all midwifery programmes mature women with families are increasingly being recruited, and this increases their need to rely on their partners or other sources for financial support. This may be seen as discriminatory to single parents. The lack of flexibility in the midwifery course and the variations in curriculum design between HEIs create difficulties in the event of students having to move or take a break during their programme. In some instances this can lead to a student failing to complete within the required time allowed.
- 6.4 It is recognised that whilst there has been a national requirement for an increase in midwife numbers, there are local geographical variations commissioning plans. The recruitment of student midwives, given the demands of 'widening participation', can often fail to address such geographical variation in job vacancies and lead to an over supply in some localities in which midwifery posts are not available. This is further exacerbated with some trusts prevented from employing newly qualified midwives whose training posts they have commissioned, due to their current financial situation and the concomitant freeze on posts. In these instances midwives may be lost to the profession, especially if they do not practise immediately post-qualification.
- 6.5 The Education and Development Group consistently heard support for all student commissions to have a mandatory minimum six-month contract following qualification. This could minimise attrition and enable newly qualified midwives to consolidate their learning and ensure some pay-back to the service in which they trained. It was argued that this should be centrally funded and would mesh into the Knowledge and Skills element of Agenda for Change. The Education and Development Group recognised that such funding would be problematic but the feasibility of transfer of funding from shortened course programmes might offer a

solution.

7. Access to the programme:

- 7.1 The Winterton Report (1992) suggested that midwives should be recruited from the communities in which they live; and such opportunities need to consider less traditional qualification routes into the profession. In order to widen access into midwifery, and importantly to attract recruits from black and minority ethnic groups (BME), a variety of entry points should be considered. Health access courses have been available through local further education colleges to prepare those individuals without A-levels to undertake nursing and midwifery courses. There are variations in the availability and quality of these programmes, and it was strongly suggested that an access course be developed nationally, to address these issues.
- 7.2 A significant number of student midwives leave their midwifery programme for personal reasons, often as a result of following partners who are relocated through employment, pregnancy, relationship breakdown etc. The variation in curriculum design and course awards means that it is often difficult for these student midwives to transfer between programmes when staying within their location, or to re-locate and join another programme when circumstances dictate such a move. It is recommended that all pre-registration midwifery programmes are designed to facilitate movement between HEI's and that they are cohesive in design.

8. Recruitment and selection processes:

- 8.1 A London-based project by McKenzie (2002) indicated a wide variety of approaches taken by HEIs to the interviewing and selection process. Data from this project suggested that a better result is achieved by combining strategies such as a group discussion; written tests; traditional interview; and a presentation and discussion about the content and delivery of the programme.
- 8.2 Local 'open days or open evenings', as some universities provide, should be supported, and some resource available to enable institutions to provide a similar level of information – both on site, and electronically via the web. There is value in involving clinical midwives, in particular mentors and service users, in the selection process, in terms of ownership of the programme and the student. Many HEIs already follow this process.

- 8.3 There is concern about the significant attrition rate both during the programmes and following qualification and registration as a midwife. Information from the Workforce Review Team assumes an attrition rate of 18% during training and found that 90% of new registrants join the midwifery workforce following the initial three year long course programme as opposed to around 75% of the 18 month shortened course programme.
- 8.4 Reasons for attrition have been cited as: hardship; lack of support; theory/practice gap; expectations of normal midwifery practice not being met in reality; and staff shortages. Any attrition from courses reduces the number of midwives qualifying and prevents other unselected applicants from utilising the places. There is an imperative that student attrition is minimised, and that those entering a midwifery programme are aware of the structure and process of the programme and of the demands of both the programme and of being a midwife. In the light of the changes to the funding of educational programmes (the National Benchmark Price and payment upon completion of the course), appropriate recruitment and selection is even more important.

9. Structure and level of the educational programme:

- 9.1 There is little dispute that the majority of entrants to the profession do and should qualify through the three year course. This is currently delivered at two levels – diploma and degree. It has been the view of the profession since 1998 (SNMAC: Delivering our future) that preparation for entry to the profession should be at graduate level. There is currently no problem with attracting recruits to these programmes, with applicants being selected from A-level students or even graduates from other disciplines.
- 9.2 The 18 month shortened course for registrants on the level 1(adult) nurse sub-part of the NMC Register enables these students to APEL out of 50% of the three-year programme. Recruitment to this programme depletes the nursing workforce in the short term and there is no robust evidence that suggests they are retained in midwifery in the long term. In addition, it is becoming increasingly difficult to ensure that all the required components of the programme can be met within 18 months The skills and competencies required for contemporary practice are different and more complex than when the 18-month programme was introduced in 1981 increased from the previous length of 12 months. This raises two questions:
1. Should the 18-month programme continue?
 2. Should it be extended to 24 months?

It would be a bold move to remove the opportunity for these nurses to access a shortened programme into midwifery, yet reduced commissions for short course programmes have been adopted and such entry routes have significantly reduced. *Based on the Evidence from Lead Midwives for Education (LMEs) the Education and Development Group recommend the pre-registration midwifery shortened programme be extended to a minimum of 24 months.*

- 9.3 The focus of future maternity care on those women who are vulnerable and disadvantaged requires the acquisition of additional and different skills and knowledge, and possibly an alteration in the organisation of the clinical placements in light of this. *It is recommended that the long pre-registration long midwifery programme continues as a three-year programme and that the academic standard is set at a minimum of degree level.*
- 9.4 The Education and Development Group considers that foundations degrees are of no value in developing the future midwifery workforce. Applicants to pre-registration midwifery programmes throughout the United Kingdom are usually of a high academic calibre and many meet the standards required for either an Advanced Diploma or Degree level programme. There is currently no shortage of recruits to the profession and the competition for places on midwifery programmes is high.
- 9.5 The introduction of a foundation degree in midwifery would be a retrograde step and offer no advantage to that which is currently on offer. It would also be problematic in that a foundation degree is in academic terms, a diploma level qualification and usually runs over two-year. A pre-registration midwifery programme is set at a minimum of diploma level but with aspirations from the profession that this should be at a minimum of degree level. In addition and in keeping with the EU Directives the pre-registration diploma/degree course in midwifery is required to be a minimum of three-years. A shorter programme is not possible and again under EU legislation, APEL in midwifery is not currently permissible.

10. Focus of the programme:

- 10.1 All midwifery programmes must prepare the student to attain the proficiencies required for registration by the NMC. These proficiencies relate to the role of the midwife as an autonomous practitioner with expertise in normal childbirth. The gaining of these proficiencies exposes the student to situations outside of the norm, which require referral to and working with other agencies. Some of the reasons for attrition from programmes, and more specifically post-qualification, is the unmet expectations of what the role of the midwife is in today's NHS and

disillusionment between what is taught with what is experienced in the realities of practice.

- 10.2 In order for students to gain expertise in the normal and so recognise any deviation from the norm, it is important that this knowledge is embedded. *It is recommended that there is an agreed educational content that focuses on and promotes normality, but also ensures that students are taught how to recognise and respond should pregnancy and labour deviates from the normal and where emergency events occur.*
- 10.3 This is an area where education can drive practice: if graduate midwives were initially expected to focus only on normality in maternity care and be experts within this, this would be reflected in their practice and, it is anticipated, lead to less unnecessary intervention during pregnancy, labour and childbirth.

11. Clinical Support for students during the programme:

- 11.1 With the move of midwifery education into HEIs, students are no longer employees of a trust and the physical presence of the midwife teachers has been lost to the maternity units. It appears to be a common experience that students report that they feel unsupported by the academic staff when in practice, and experience a lack of belonging. There is seldom a an accessible clinical 'figurehead' to whom they feel they can turn and this situation is aggravated by an increase in midwives working part time, and a loss of a cohesive approach to support in practice.
- 11.2 As midwifery practice moves into new models of maternity care, and different service provision, education must follow a similar shift. In some areas, educationalists carry a small caseload and/or retain a clinical role. This is at the heart of ensuring that students are fully equipped for their clinical role, and opportunities for educationalists to retain their clinical credibility and to harness their clinical and leadership skills must be further developed. The benefits also include a higher level of job satisfaction for these teachers.
- 11.3 In some areas there are practice educators, who facilitate the practice education needs of students. Where these are in place the students feel more supported and are able to access relevant clinical experience. *It is recommended that practice educators are appointed who can both facilitate the clinical experience of*

student midwives, as well as supporting the practice mentors. A further recommendation is that midwife teachers are facilitated to work in the clinical areas, as practitioners, to work alongside students and other qualified midwives.

- 11.4 Through our discussions the Education and Development Group found that midwives are in agreement that good mentorship is crucial to the support and assessment of students in practice. Effective mentorship of student midwives is crucial to the facilitation of the clinical experience. Practical problems exist in maternity services where there are staffing shortages. In such situations midwives can become overloaded in the mentorship role, and recognition is required for 'time out' from this role.

12. The Product of Education - the student and newly qualified midwife:

Preparation for the reality of midwifery practice:

- 12.1 It helps if student midwives commence their programme with a very clear identity as a student midwife, even those who are joining other practitioners for parts of their programme. Students must experience both the rigours of being a midwife – through the 24 hour care requirement - and also models of contemporary maternity care, such as birth centres, homebirths, caseload and group practice midwifery, as well as consultant care. Students need to learn the variety of roles, and need to learn at first hand what autonomous practice looks and feels like. If such experience is not available locally, this should be sought as an elective experience.
- 12.2 The practice components of midwifery programmes vary in allocation of students to clinical placements. Rotation through clinical areas confers the benefit of consolidating the student's knowledge in that particular placement, but has the drawback of compartmentalising their experience. Rotational posts after qualifying re-inforce this, with newly-qualified midwives facing considerable stress levels when confronted with moving to a new area.
- 12.3 Bearing in mind that many midwives leave the profession because their expectations of midwifery practice are unmet, consideration should be given to the organisation of clinical practice placements and post-registration experience. Some maternity services offer qualifying students the opportunity to work in the community setting, and this can be an empowering and positive consolidation to their education programme when they are supported by other midwives. However, this can be a stressful experience if the midwife works within a traditional setting where midwives work in isolation, as it can diminish their

confidence.

- 12.4 The Children's NSF Maternity Standard requires maternity services designed to fit around the needs of women, with an emphasis on vulnerable and disadvantaged women. This care requires the midwife to be able to work within a multi-agency team, the preparation for which should be included within the training programme.
- 12.5 Where students are given the opportunity to caseload during their course, their confidence at the point of registration is increased, and they are more likely to work in a community setting utilising their full range of skills. Caseloading affords the student the opportunity to inculcate sociological and psychological aspects of care, which are required for modern midwifery practice. It also exposes the student to the real world of inter-agency and team working.
- 12.6 *It is recommended that all programmes are planned to include a range of experiences to equip the student to provide care according to women and families' needs – this should include student caseload holding to develop the skills, knowledge and accountability necessary for the 21st Century midwife.*

13. Assessment and Completion:

- 13.1 The existing process of clinical and theoretical assessment, achievement of the clinical experience in terms of time, and competencies and the confirmation of good character generally functions well. The tripartite model, reviewing assessment provides an excellent model for ensuring a rigorous process, whilst supporting the practitioner and involving the educationalist. This model would support the maintenance of clinical standards given the changes in the funding arrangements for pre-registration programmes.

14. Preceptorship:

- 14.1 The preceptorship of newly-qualified midwives can either enhance or detract from their first experience in practice. Preceptorship programmes vary across the country in terms of length and content. Students often feel that they would welcome a structured post-registration programme, enabling them to acquire confidence and supplementary skills. *It is recommended that there is a standardised programme across England facilitating access across the spectrum of maternity provision, not just acute trusts, to ensure that there is equity of experience and to facilitate a mobile midwifery workforce.*

15. Conclusions of the Education and Development Group:

- 15.1 The sustainability of the midwifery educational workforce is in question which has major implication for the future of midwifery educational programmes and will adversely impact on workforce planning and delivery of the maternity agenda.
- 15.2 The age profile of the midwifery educational workforce is older than the midwifery clinical workforce.
- 15.3 Education is not perceived as an attractive career opportunity, exacerbated by the separation of the education workforce from the clinical environment.
- 15.4 There are a variety of recruitment and selection processes to and variable attrition rates from pre-registration midwifery programmes.
- 15.5 There are different funding streams for different routes to qualification resulting in inequity.
- 15.6 A significant reason for student attrition is financial hardship.
- 15.7 There is no common currency between midwifery education programmes.

15.8 A significant number of midwives are lost to the profession within their first post-qualifying year, with reasons cited as lack of support, and unmet expectations of practice.

16. Main recommendations:

16.1 In relation to the midwifery workforce we need to consider those factors that will recruit, retain and reward midwife teachers and students to ensure that the profession is able to make the best use of its talents, skills and resources to provide an educated and able midwifery workforce suitable to meet the needs of student midwives, women and the maternity services in the 21st Century.

16.2 Develop a modern career framework for midwifery as part of a UK-wide umbrella project, Modernising Healthcare Careers (MHC). A modern career framework for midwifery will reflect the tremendous changes which have taken place in midwifery and healthcare over the last ten years and the diverse opportunities open to midwives at all stages in their career.

Specific recommendations include:

16.3 A national overview of the education and training of midwife teachers.

16.4 A marketing programme that identifies the benefits of becoming a midwife teacher and in helping prepare the future midwifery workforce.

16.5 A salary scale that is in keeping with their experience and expertise.

16.6 A process that enables midwife teachers to work in both practice and education settings Adequate resource to support the professional development of midwife teachers and encourage research and scholarship that enhances both practice and education

16.8 A marketing programme to increase the number of younger students into the educational programme

16.9 An extended, transparent selection procedure, to allow for both the prospective students to be scrutinised, and for them to receive more information and a greater understanding of what the role of the midwife is.

16.10 Increased research and audit to enable education and training in midwifery to have a stronger evidence base.

References:

Department of Health, Standing Nursing and Midwifery Advisory Committee (1998) Delivering our future, London, Her Majesty's Stationery Office.

Department of Health (2003) National Service Framework for Children, Young People and Maternity Services, London, Her Majesty's Stationery Office

House of Commons Select Committee chaired by Winterton, N. (1992). House of Commons Health Committee: Second Report on the Maternity Services, House of Commons - HMSO.

McKenzie C (2002) Recruiting student midwives and attrition – presentation to London HOMS and AMTs

Royal College of Midwives (2003). Valuing Practice: a springboard for midwifery education. London, RCM, London.

Department of Health, Standing Nursing and Midwifery Advisory Committee (1998) Delivering our future, London, Her Majesty's Stationery Office.

Bibliography:

Audit Commission (1998). First Class Delivery: A national survey of women's views of maternity care. Oxford, Audit Commission.

Department of Health (1993) Changing Childbirth, London, Her Majesty's Stationery Office

Department of Health (1999), Making a Difference. London, Her Majesty's Stationery Office

Department of Health (2000), The NHS Plan: A plan for investment, A plan for reform. London, The Stationery Office: 144.

Department of Health (2004), Choosing Health – Making health choices easier, London, Her Majesty's Stationery Office

Department of Health, European Working Time Directive, <http://www.dh.gov.uk/PolicyAndGuidance/HumanResourcesAndTraining/WorkingDifferently/EuropeanWorkingTimeDirective/fs/en>

Kirkham, M. (1999). "The culture of midwifery in the National Health Service in England." *Journal of Advanced Nursing* **30**(3): 732-739.

Nursing and Midwifery Council (2004). The PREP Handbook NMC London

Royal College of Midwives (2000). Vision 2000. London, RCM, London.

Royal College of Midwives (2003). Directors of Midwifery in the modern NHS . London, RCM, London.

United Kingdom Central Council for Nursing Midwifery and Health Visiting (1990). The

Report of the Post-Registration and Practice Project (PREPP). London, United Kingdom Central Council for Nursing, Midwifery and Health Visiting.

United Kingdom Central Council for Nursing Midwifery and Health Visiting (1991). Post-Registration and Practice Project (PREPP): The Next Steps (**Press Release**). London, United Kingdom Central Council for Nursing, Midwifery and Health Visiting: 1-3.

Appendix 1

Education and Development Workgroup Membership List

| | |
|-------------------------|--|
| Professor Paul Lewis | Academic Head of Midwifery, University of Bournemouth (<i>chair</i>) |
| Professor Betty Kershaw | Dean, School of Nursing and Midwifery, University of Sheffield |
| Maria Barrell | Head of Division, Childhood and Family Studies, University of Newcastle |
| Christina Tucker | Head of School, School of Maternal and Child Health, University of West of England |
| Sue Macdonald | Education and Research Manager, Royal College of Midwives |
| Sue Way | Professional Adviser, Nursing and Midwifery Council |
| Caroline Simpson | LSA midwifery officer, Thames Valley, Hampshire and IOW (to December 2005) |
| Sue Procter | SHA Lead Nurse, West Yorkshire |
| Nina Cockton | Midwife from where? |
| Claire Wood | Midwife, Queen Charlotte and Chelsea Hospital |
| Siobhan Gilliespie | Student Midwife, |
| Birte Harlev-Lam | Head of Midwifery, Royal Free NHS Trust |
| Catrina Waddington | Maternity Service User |
| Kath Hinchliff | Director of Commissioning, West Yorkshire WDC |
| Mary Lilley | Project Midwife, Portsmouth Hospitals NHS Trust |
| Catherine McCormick | Professional Adviser Midwifery and Family Health, Department of Health (to August 2005) |
| Caroline Simpson | Professional Adviser, Maternity and Family Health (From January 2006) |
| Sandra Walsh | National Midwifery R & R Project Lead, Bedfordshire and Hertfordshire WDD (to November 2004) |
| Susan Cole | National Midwifery R & R Project Lead, Bedfordshire and Hertfordshire WDD (from May 2005) |
| Karen Bloomfield | Associate Director of Workforce Development and Research, Bedfordshire and Hertfordshire WDD |

Appendix 2

Terms of Reference - Education and Training Group

Aim:

The Education and Training Group has been constituted to explore, consider and address the issues of education and training in midwifery as part of the Department of Health's project to develop a 'six point plan on the recruitment, retention and return to practice of midwives'.

Membership should reflect lay representation, teachers of midwifery, students of midwifery, and those involved in the contracting process through HEI and WDD. Representation will also be sought from the NMC and RCM

A chair will be elected from the membership of the group and secretarial support will be provided through the auspices of the Bedfordshire and Hertfordshire Workforce Development Department. The Officers of the Group will be identified from the WDD and DOH.

Objectives:

- To examine the evidence and experiences of students and teachers in midwifery with respect to the provision, process and the products of that education.
- To determine the demographics of midwifery teachers and what requirements are essential for the continued support, development, recruitment and retention of a midwifery educational workforce
- To identify those factors that influence for better or worse, the recruitment and retention and professional development of midwife teachers, midwives in practice and students of midwifery
- To explore ways in which Higher Education Institutes, NHS Trusts and Workforce Development Department's might work together to facilitate and improve the provision and development of midwifery education and practice, that meets agendas for change, sustains and supports the midwifery profession and its education workforce and ensures fitness for practice, purpose and the future

- To examine our current knowledge and experiences of pre-registration midwifery, including both short and long course programmes and RTMP and the implication for sustained recruitment and retention of midwives
- To make recommendations through the Department of Health, to identified key stakeholders, in respect to what action needs to be taken to enhance the quality and provision of midwifery education, reduce attrition, increase retention and improve the opportunities where appropriate, for return to midwifery practice To write and publish a report on the findings and recommendation of the Education and Training group as part of the six point plan

Appendix 3

National Midwifery Recruitment and Retention Project

Six Point Action Plan

Education and Development Work Group

HEI Workforce Profile data

Introduction

As part of the national six-point action plan for midwifery recruitment and retention a workgroup has been established to consider education and development aspects, chaired by Professor Paul Lewis, Bournemouth University. [Membership list attached]

A key component of this work is to aim to improve the recruitment and retention of the midwifery teaching team that supports pre registration programmes, post registration development, supervisors and returners.

The group would find it helpful for their work to have an up to date profile of the midwifery education workforce and asks that you complete the following questionnaire.

The information will be collated into an overall anonymised profile and discussed at the Education and Development work group as part of the six-point action plan for midwifery recruitment and retention.

All Lead Midwives for Education will receive a copy of the completed profile in January 05.

If you have any queries regarding completion of this please contact
Professor Paul Lewis
IHCS Bournemouth University
Tel. No. 01202 504 322

Paul Lewis [PLewis@bournemouth.ac.uk]

or

Karen Bloomfield, Associate Director for Workforce Development

karen.bloomfield@bedsandhertswdc.nhs.uk

**Please return your completed questionnaire by Friday 26
November to helen.little@bedsandhertswdc.nhs.uk**

HEI Workforce Profile data

| | | |
|------------------------------------|--|--|
| Name of HEI | | |
| Name of Lead Midwife for Education | | |
| Tel No: | | |
| Email: | | |

1. Please state the number of **pre-registration student commissions** per annum split into both long course and short course and state the Workforce Development Confederation/ Directorate WDC/WDD which commissions these places.

| | | |
|---|---------|---------|
| Total no. of commissions per annum | Total = | WDC/WDD |
| No. of Long course commissions per annum | | |
| No. of Short course commissions per annum | | |

2. Please state the number of return to midwifery practice and/or adaptation to UK Midwifery commissions per annum and state the WDC/WDD which commissions these places.

| | | |
|---|---------|---------|
| No. of Return to midwifery practice commissions per annum | Total = | WDC/WDD |
| No. of Adaptation to midwifery commissions per annum | | |

3. Please state

| | |
|---|--|
| the number of midwives whole time equivalents (wte) staff within the midwifery teaching team? | |
|---|--|

5. Have any midwifery staff left in the last 12 months? **Please delete** **Yes**
/ No

| If yes, please state number of leavers by grade and give their destination |
| if known eg moved to another HEI, moved to work in the NHS, Retired, moved |
| to another career, other |
| |
| |
| |

6. What issues do you consider most affect recruitment and retention of midwifery education staff?

|
|
|

|
|
|

7. Are any of your staff joint appointments with NHS Trusts e.g. lecturer practitioner roles/ practice educator? **Please delete** **Yes / No**

If **yes**, please give details of each post

|
|
|

|
|
|

8. Staff Development

Do you have access to any funding to develop new midwife teachers?

Please delete **Yes**
/ No

If **yes**, please give details on who provides this funding and indicate how this is used?

|
|
|

|
|
|

9. What staff development programmes/CPD do you have available/access to for your staff?

|
|
|

|
|
|

10. What other staff development opportunities are needed?

|
|
|

|
|
|

11. Any other comments or information you wish to provide?

|
|
|

|
|
|

Thank you for taking the time to complete and support this data collection. It will provide valuable information to inform the work of the education and training group and help to develop their proposals and recommendations.

Appendix 4

Teacher Development Support from SHA/WDDs

As part of the work being undertaken by the education and development work group, part of the national project for Midwifery Recruitment and Retention, a proforma was sent out on 7th October 2004 to all SHA/WDD's to seek information on the training and teacher development funding provided to HEI's.

Questions

a) If you provide any funding to support the development of midwifery lecturers e.g. to support newly appointed teaching staff undertake their teaching qualifications

b) If you have any views/comments regarding whether this has been raised by your HEI's as a request and your response.

c) Whether your HEI has made you aware of any specific issues regarding recruitment and retention of lecturers of midwifery

d) If you have any examples of good practice you would wish to share regarding this.

Appendix 5

Standing Orders for the Nursing and Midwifery Council and UK Lead Midwife for Education Strategic Reference Group

1 Terms of reference

- 1.1 The LMESRG shall consider all matters relating to midwifery education and practice and in particular those matters relating to establishing and improving standards of midwifery education.
- 1.2 The LMESRG shall facilitate the exchange of information and good practice on issues which impact on the initial preparation, continuing education and professional development of midwives.
- 1.3 The LMESRG group members shall keep abreast of trends within the health service and wider policy arena that have the potential to affect standards of midwifery practice, education, and supervision of midwives.
- 1.4 The LMESRG group shall consider and advise the Midwifery Committee on any proposals to make, amend or revoke rules relating to midwifery education.

- 1.5 The LMESRG can set up sub groups to develop any particular matter within its terms of reference, to which persons may be co-opted into membership.
- 1.6 The LMESRG shall link and collaborate with key stakeholders, to include users and user groups, government, professional and statutory bodies, on all matters relating to midwifery education.
- 1.7 The LMESRG shall promote the education of midwives and midwifery education at national and international level.
- 1.8 The LMESRG shall be a principal source of reference, opinion and advice on all matters concerning midwifery education and professional development within the UK.

2 Composition and membership

1. All Lead Midwives for Education in the four countries of the UK.
2. All members of the NMC Midwifery Unit.
- 2.3 The Chair of the NMC Statutory Midwifery Committee shall be an ex- officio member of the group, as shall the registrant, alternate and lay members of the committee.
4. The LMESRG will elect a Chair and deputy chair for meetings, who may be members of the Midwifery Unit. The Midwifery Committee will endorse the nominations.
- 2.5 LMEs who are also Midwifery Committee members, will attend in their non-aligned capacity.
- 2.6 The Midwifery Committee shall agree a secretary for the group from the Midwifery Unit.
- 2.7 Deputies can attend in place of members but must be a practising midwife teacher.

2.8 Observers can attend by prior arrangement.

3 Meetings of the UK NMC/LMESRG

3.1 Meetings of the group will take place 4 times a year, dates being set a year in advance.

3.2 Every member attending shall sign her/his name.

3.3 The agenda shall be sent to members at least ten calendar days before the meeting date.

4 Order of business of UK NMC/LMESRG meetings

4.1 Chair's introductory remarks and announcements.

4.2 Recommendations from the Chair on variations to the agenda or for the introduction of additional items.

4.3 Apologies for absence.

4.4 Minutes of the previous meeting.

4.5 Matters arising from the minutes.

4.6 Matters arising from the circulated report of the Midwifery Committee meetings.

4.7 Items raised by the NMC.

4.8 Items raised by LMESRG.

4.9 Feedback from the LSAMO representative.

4.10 Any other business.

4.11 Date of next meeting.

4.12 The order of business may include a seminar to inform and debate current issues relating

to education. Its purpose shall be to debate and gain consensus on issues relating to midwifery education. This will inform any guidance or advice on principles and standards provided by the NMC.

- 4.13 The Secretary shall insert in the agenda paper of the next meeting of the group, all items raised by members, pertinent to the terms of reference of the group, which have been received at least 14 working days before each meeting.

5 Attendance of non-members at UK NMC/LMESRG meetings

- 5.1 The group shall have the right to co-opt any person or persons not being members of the group, to participate fully in its work on particular items on the agenda to which her/his knowledge is relevant.

6 Written comments

- 6.1 Any member of the group unable to attend a UK NMC/LMESRG meeting may submit to the Secretary written comments on any item on the agenda providing these are received no later than the day prior to the relevant meeting. These comments shall be copied to members or read out in their entirety by the Chair.
2. The group may recommend to the Midwifery Committee at any time, that these standing orders be amended. Any amendments need to be submitted to the secretary 14 working days in advance of the meeting, where it will be discussed at the meeting. It will require agreement by a two third majority of those members present, which would include as a minimum, a representative from each country.

June 2006