Position Statement

Preceptorship for newly qualified midwives



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Introduction

The Royal College of Midwives (RCM) believes that newly qualified midwives benefit from support provided by experienced practitioners in the form of a preceptorship programme during their first year of practice. Preceptorship should be a structured period of transition that develops the newly qualified midwife from student to an accountable midwife able to work confidently to the Nursing and Midwifery Council's (NMC) Code. The RCM believes the preceptorship period should normally last no longer than one year and, after successful completion, the midwife should automatically progress from Band 5 to Band 6.

During the preceptorship period the newly qualified midwife (preceptee) should have protected learning time and access to support from an experienced midwife (preceptor) in order to consolidate and develop their confidence, knowledge, skills, attitudes, values and behaviours as autonomous midwives and augment socialisation into the NHS, the Trust / Health Board, maternity service provider and maternity unit.

The RCM recommends that the preceptorship period should include:

- a period of orientation to the Trust/Health Board and maternity service provider and its values, objectives, policies and procedures
- a formal individualised learning agreement to allow the line manager, preceptor and preceptee to understand their roles and responsibilities in the process and provide an audit and evaluation of the preceptorship period
- protected supernumerary time to allow orientation into all care settings in which midwives provide care
- protected learning time to: develop skills/competencies; and become familiar with unit policies and procedures, including multidisciplinary skills and drills training relating to emergency/urgent and complex care situations
- protected time with the preceptor to reflect on practice and receive constructive feedback on preceptorship programme requirements.



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Background and Context

The NMC states that pre-registration midwifery education "...programmes must be designed to prepare student midwives to practise safely and effectively so that on registration they can assume full responsibility and accountability for their practice as midwives." (NMC 2009:03). The RCM accepts that while qualified midwives are competent at the point of registration they need to consolidate their skills and knowledge and develop their confidence.

However, the NHS continues to experience funding shortages, criticism for the level and quality of care provided, poor staffing levels and an ageing midwifery workforce with more midwives closer to retirement age than embarking on their career, all of which contribute to the continuing shortage of midwives (Bonar 2017).

Working as a midwife is emotionally, mentally and physically stressful and increasingly midwives want more flexible ways of working in order to manage both personal and professional demands. Attrition from the profession in the first two years is high because midwives find they cannot practise as they expected (Hughes and Fraser 2011; Foster and Ashwin 2014; RCM 2017).

As midwives enter their first post they frequently find the transition from student to a confident and accountable midwife stressful and overwhelming. Whilst it is acknowledged that there is limited empirical evidence to support the concept of preceptorship, the discourse continues to grow around the significance of support for newly qualified midwives while they build resilience, develop confidence as autonomous professionals and refine skills, values and behaviours that enable them to demonstrate professional accountability (Department of Health (DoH) 2004; NMC 2006; Hughes and Fraser 2011; DoH 2015). Developing their skills and confidence is increasingly significant when considering the need for midwives to maintain and develop new skills in response to policy changes in the provision of maternity services across the UK.

The primary remit for midwives continues to be that they are the key professional with expertise in optimising the outcomes in pregnancy and birth, providing holistic support, maximising continuity of carer and promoting positive birth experiences for all women. In addition midwives are increasingly required to support women with growing physical, social and psychological complex care needs and the challenge to do more with less resources as the birth rate continues to increase (RCM 2016a; RCM 2016b; Bonar 2017; RCM 2017).

While these issues are predominantly within England the challenges for newly qualified midwives are recognised throughout the UK with Wales, Northern Ireland and Scotland providing guidance to support the development of their newly qualified midwives (Welsh Government 2014; Northern Ireland Practice and Education Council for Nursing and Midwifery 2016; Flying Start NHS Scotland 2017).

National maternity reviews across the four countries of the UK have each looked at how service can better meet the increased care needs of women and their families. With this changing architecture we need to look at how we give support to sustain those embarking on their professional careers to provide high quality care. Preceptorship supports newly qualified midwives through their transition, reducing rising levels of stress, absence and burnout.

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