



The Royal College of
Midwives

The Royal College of Midwives
**Survey of Student
Midwives 2011:
UK National Survey**

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RCM Survey of Student Midwives 2011: UK national survey

Summary

Background

It is over a decade since the last RCM survey of student midwives in 2004 and there have been many policy changes in health service and higher education institutions which have impacted on maternity services (DH 2007) and the provision of midwifery education (NMC 2009). To explore how the RCM can best support student midwives, the aim of this national survey was to investigate how these reported changes have impacted upon student midwives' experiences of education and to identify their support needs. As the future generation of midwifery professionals, student midwives offer a unique opportunity to gain insight into how the RCM might influence, support and promote the future of midwifery.

Methodology

An on-line descriptive survey was distributed to student midwife members of the Royal College of Midwives using an on-line format. The survey consisted of 58 items that explored four areas relating to students midwives:

- Demographic profile
- Experiences of midwifery education and clinical practice
- Views on RCM student membership services
- Networking behaviour of student midwives

The demographic elements included age, ethnicity, location, dependents and their earnings prior to the commencement of the programme. Aspects of educational and practice experiences comprised of entry qualifications, rating of support systems, reasons for attrition and their confidence at the stage in the programme. The students were also asked about their participation and contact with RCM services and their professional networking behaviour. The survey was designed to get a general overview rather than detailed information on each of the areas explored. There were limitations in the nature of questions that were asked, for example it was beyond the scope of this survey to explore in detail the differences in NHS bursary schemes between the four UK countries.

Results

In total, 763 student midwives responded to the questionnaire, the majority of the respondents were in the 1st and 2nd years of their education programme; however a substantive number of students did not answer specific questions.

Profile of student midwives indicates:

- 85.5% are under the age of 40 years
- 91.6% are white
- 70% reported having dependents
- 70% earned less than £24,000 prior to entry to the programme
- 73% anticipated accruing a debt on completion of the programme
- 70% received a means-tested bursary amount ranging from £5,000 to £17,000

- 6.7% received NHS salary during the educational programme
- Over 93% of the respondents were on a 3 year programme.
- Less than 7% were on a shortened programme.

Entry qualifications:

- 3% held a Masters Degree
- 23% held a previous Degree
- 29% completed an Access Entry course
- 31% held 3 or more A levels

The experiences of the educational programme:

Overall, the majority of students rated their academic and clinical learning experiences as average to excellent; a small number of students rated their education as 'poor' -induction to placement and mentorship were rated as 'poor' in comparison to the other aspects. More than 50% of student midwives rated their access to electronic resources, academic staff (midwifery lecturers) and the library as excellent, however, academic support for assignments and examinations were rated as average.

Students were also asked to indicate whether or not they felt competent to carry out key midwifery activities expected for their level of education. Results indicated that the majority of students felt confident to undertake the required level of competency.

- 90.7% students felt competent as expected at the stage of their programme
- 98.7 % students felt competent in providing woman-centred care
- 93% students felt competent acting as the women's advocate
- 93.7% students felt competent in caring for women during normal childbirth

The student midwives were asked to identify their high points, low points and obstacles during their programme.

High points	Low points	Obstacles
Educators and mentors taking an interest in student midwives Witnessing high quality care Case loading midwifery Attending elective placements Being valued as member of a team	Failing academic assignments Un-inspiring theoretical sessions Inconsistencies in the guidance given and marks awarded for their academic and clinical assessments Rude midwives and mentors Poor quality of care Midwives acting as poor advocates for women Lack of experience in high risk pregnancies Lack of post natal experience Supervised by support workers No jobs at the end of programme	Academic failure Unable to cope with the culture and environment in midwifery Financial difficulties Family circumstances

When asked about peer students who left the programme, reasons cited included:

- 73.3% family circumstances
- 45.2% difficulties with academic ability
- 35.1% financial hardship
- 10.2% bullying

Student midwives' experience of the RCM:

- 89.9 % of the participants indicated they were members of the RCM
- 50% of students never accessed any of the RCM services as a member
- 47% of students accessed the student midwives' conference and the RCM communities
- 70% of those who used RCM services, rated their experience as positive or very positive

In relation to further engaging student midwife members, the following options were ranked:

- 1st preference - midwifery society
- 2nd preference - regional student representatives group
- 3rd preference - national student representatives' group
- 4th preference - sabbatical at RCM

Professional networking behaviour:

Only 28.5% student midwives belonged to a professional networking group. These included Nursing and Midwifery Council, Association of Radical Midwives, MIDIRS, National Childbirth Trust and their personal university group.

Key messages and recommendations:

Student midwives' profile

- *Survey finding shows that recruitment from ethnic minority groups requires further exploration*
- *A substantial number of students will accrue debt on completion of the programme; this will be further exacerbated if there is no employment following qualification.*
- *Midwifery remains an attractive career option for graduates and also offers opportunities to those without traditional university entry requirements*

Experiences of student midwives during their midwifery education programme:

- *Student midwives rated their educational and clinical support systems highly*
- *They identified a need to improve mentorship and preceptorship in clinical areas*
- *Student midwives value the support of educators and mentors who engage with them*
- *Student midwives are concerned at the lack of experience in high risk pregnancies, complicated labours and post natal care.*
- *Some student midwives are supervised by maternity support workers*
- *Family circumstances and difficulties with academic assignments are the two main reasons for student midwives leaving their programmes*
- *Prospects of having no employment at the end of their programme was raised as a low point by the respondents*

Student midwives' experience of the RCM and their networking behaviour :

- *Majority of the student midwives are RCM members*
- *Student midwives showed preference to midwifery society and setting up regional student representative groups to improve student midwives engagement*
- *The response rate on engaging with professional networks was low suggesting that there is a need to further explore and differentiate between university, RCM and additional online communication as opposed to social media environments such as Facebook or Twitter*

Conclusion

The survey findings provide information on the profile of student midwives in 2011, their views on midwifery education, RCM services and their networking behaviour. The key messages can be used by commissioners, policy makers and RCM campaigners to influence recruitment, selection of student midwives and their educational needs; the results also raise awareness of better provision for mentors and educators to engage with student midwives.

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This report should be cited as:

Royal College Of Midwives (RCM) 2011 *The Royal College of Midwives' Survey of Student Midwives 2011* London: RCM

Published by the Royal College of Midwives Trust, October 2011

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**Royal College of Midwives
Learning Research Practice Development**

RCM Survey of Student Midwives (2011)

Introduction and Background

The experiences of student midwives continue to appear in literature including their perceptions of mentoring (Hughes and Fraser 2011), adaptation to an unexpected birth culture (Berkley 2011, Henderson 2008) and the ongoing challenge of juggling life as a student midwife with family responsibilities (Robinson et al., 2009). While many of the experiences of being a student midwife go hand-in-hand with full time education in today's health service environment, other student midwife experiences can be reportedly negative and go beyond the accepted challenges of learning to be a midwife (Gillen et al., 2009). In fact, student midwives in 2011 reportedly face a number of challenges due to economic and social changes, the reconfigurations and reforms of the health service and higher education institutions. These changes in both education and the clinical learning environments have implications for student midwives' experience.

At the same time the RCM's Freedom of Information request on the reduction of teaching posts suggests an overall loss of 10% of educator posts within the UK. In addition to a number of voluntary arrangements, teachers have been deployed to other employment; a reduction that is not reflected in overall figures. A 'staff/student' ratio of 1:10 is recommended by the RCM and NMC (RCM 2003, NMC 2009) but the reduction of midwifery teachers seriously compromises this. Many midwife teachers are therefore undertaking additional teaching duties, pursuing scholarly activities and maintaining their own clinical skills whilst supporting the education of student midwives. The acute shortage of experienced midwives in the clinical environments is also of concern in that it impacts upon the quality and continuity of student mentorship facilities. As far back as 1999, Begley reported that, "*students perceived themselves as part of the work force and believed that their educational needs were denied*". Nonetheless, McCall (2011) argues that the willingness of the academics and clinicians to engage with students yields higher student satisfaction, confidence and employability scores.

The backgrounds and demographics of the student midwives are changing and their expectations and aspirations are higher (RCM 2004). Students in mainstream education are consumers and in order for the university courses to be viable, student needs and aspirations take a priority. The majority of midwifery students are older; often have a previous degree qualification/career, family and financial commitments. Many of them struggle to balance their domestic commitments and finances with the demands of their course. Furthermore, the government's white paper on NHS and education -Equity and Excellence: Liberating the NHS (2010) raises uncertainties about funding, quality of education and impact of plurality of providers with the potential for competition in education.

In 2009, the Royal College of Midwives in collaboration with the Royal College of Obstetricians and Gynaecologists (RCM/RCOG 2009 - Unpublished) surveyed students' experiences in the clinical area. The results demonstrated that by day one 92.9% of student midwives knew the name of their mentor, were encouraged to develop problem solving skills and as a part of inter-professional activity, were provided with an opportunity to achieve learning outcomes. While the findings from this unpublished survey were positive, they were limited to clinical setting and did

not explore the student midwives' experiences of education. This survey was therefore designed to determine the:

- Demographic profile
- Views on theoretical content within education and clinical experience
- Involvement and participation with the Royal College of Midwives
- Networking behaviour.

Method

An on-line survey comprising of 58 items was developed and distributed to 4,600 student midwives (representing 90% of UK student midwives) through RCM membership services and lead midwife educationalists. The survey was posted on-line between May and August 2011; information and notification of the survey was simultaneously posted on the RCM student midwives' e-community. To ensure confidentiality and anonymity, distribution of the personal email was managed by the RCM membership department. Informed consent was implied when the student midwives logged on and completed the survey.

Results

A total of 763 midwives completed the survey out of 4,600, resulting in an acceptable survey response rate of 22%. Presented results include; demographic profile, studentship experience, the role of the RCM and student midwives' networking behaviour.

Section one: Demographic Results - in relation to the demographical profile of participants, the findings are reported under the following sub-titles: personal and programme demographics.

Personal Demographics: The largest number of respondents (n=185) reported being between the age of 20 and 25 years old (Table one). Just over 14%, (n=70) described themselves as 41 years or older. However it should be noted that 278 participants failed to report their age:

Age profile		
495 student midwives answered and 278 missing values		
Answer Options	Response Percent	Response Count
20-25	38.1%	185
26-30	16.7%	81
31-35	17.5%	85
36-40	13.2%	64
41-45	8.5%	41
46-50	4.5%	22
51-56	1.2%	6
56+	0.2%	1

Table one:

age range of participants

Reported

As Table two indicates, students from across the four countries of the UK participated in the survey; with the greatest response from England.

Country location 490 student midwives answered and 273 missing values		
Answer Options	Response Percent	Response Count
England	87.3%	428
Wales	5.1%	25
Scotland	4.9%	24
Northern Ireland	2.7%	13

Table two: Response rate as per four countries in the United Kingdom

Further analysis demonstrated that the North East as a region participated the least.

Responses from Strategic Health Authorities in England 427 student midwives responded and 336 missing values		
Answer Options	Response Percent	Response Count
London	16.9%	72
Yorkshire and Humber	6.3%	27
East Midlands	6.6%	28
West Midlands	9.6%	41
East of England	9.4%	40
North East	1.9%	8
North West	10.3%	44
South Central	7.3%	31
South East	16.2%	69
South West	15.7%	67

Table three: Percentage of responses from across the regions of the United Kingdom

In relation to reporting their gender, 483 (98.6%) participants stated 'Female' and 7 'Male'. Likewise, respondents described themselves predominantly as 'White British'; it is important to point out that few participants described themselves as 'Asian':

Ethnic Profile 490 student midwives responded and 273 missing values		
Answer Options	Response Percent	Response Count
White British	84.3%	413
White Irish	2.0%	10
White Other	5.3%	26
Asian British	0.0%	0
Asian Indian	0.4%	2
Asian Pakistani	0.6%	3
Asian Bangladeshi	0.0%	0
Asian Other	0.6%	3
Black British	0.8%	4
Black Caribbean	0.4%	2
Black African	0.6%	3
Black Other	0.2%	1
Chinese	0.0%	0
Mixed Background	2.7%	13
I would prefer not to disclose	2.0%	10
Other Ethnic Group (please specify)		3

Table four: Ethnic profile reported by participants

Only 4.5% (n=22) of the participating population reported living on their own. A total of 70 % of students declared living with between 1 and 4 other people, with a lesser number (n=58) reporting living with more than 6 people. Further information concerning the age of children in student midwives' homes is outlined in Table five:

Children under 16 live in your household 489 student midwives responded and 274 missing values		
Answer Options	Response Percent	Response Count
0	47.4%	232
1	17.2%	84
2	21.5%	105
3	11.0%	54
4	1.8%	9
5	0.4%	2
6+	0.6%	3

Table five: The number of children under the age of 16 in student's household

Personal Financial Commitment

When asked to describe the level of earnings they received prior to entering the midwifery programme, the greater number of students were classified as earning less than £10,000 per annum. A small number of students (n=6, 1.2%) of the 481 who answered this question reported to be earning over £50,000 per year. In total, 14% of students reported a reduction in wages of £5K as a result of entering the profession (Table six).

Earnings prior to entry into the midwifery programme? 481 student midwives answered and 282 missing values		
Answer Options	Response Percent	Response Count
Less than £ 10,000	31.0%	149
£10,000 - £15,000	18.9%	91
£15,000 - £24,000	22.9%	110
£24,000 - £34,000	10.2%	49
£34,000 - £44,000	2.5%	12
£44,000 - £50,000	0.8%	4
More than £50,000	1.2%	6
Unemployed	12.5%	60

Table six: Students 'self-report of earnings prior to entering programme

Of those who reported having a debt from a previous educational programme, 75% had a debt of over £10, 000 (with 25% owing less than £5000). In relation to the anticipated debt encountered as a result of this programme, the majority of students expected to be in financial debt at the end of the programme (Table seven):

Expect to be in debt at the end of your midwifery course 479 student midwives answered and 284 missing values		
Answer Options	Response Percent	Response Count
Yes	73.5%	352
No	26.5%	127
If yes, please specify how much:		231

Table seven: Student's anticipation of debt on completion of programme

A further 70% of respondents reported that they received a means-tested bursary (Table eight). The amount varied from £5000 to £17,000.

Receive a means tested bursary 476 student midwives answered and 287 missing values		
Answer Options	Response Percent	Response Count
Yes	70.2%	334
No	29.8%	142
If yes please specify how much per year:		215

Table eight: Number of students receiving a means-tested bursary

A small number of students (n=67, 14% of 466) reported receiving a non-means tested bursary, ranging from £6000 to £12,000. On occasion students indicated that they received funding in the form of a NHS salaried position (Table nine).

Likewise, a small number of students (Table ten) reported parental support during their education:

Receive funding from a NHS salaried post 477 student midwives answered and 286 missing values		
Answer Options	Response Percent	Response Count
Yes	6.7%	32
No	93.3%	445
If yes please specify how much each year:		21

Table nine: The number of students receiving NHS salary

Receive financial support from your parents 476 student midwives answered and 287 missing values		
Answer Options	Response Percent	Response Count
Yes	19.3%	92
No	80.7%	384
If yes please specify how much each year:		65

Table ten: The number of students with parental support

Section Two: Reported Experience of Educational Programme

Programme Demographics - programme demographics explored student midwives' entry level, type of midwifery programme and reasons related to leaving the programme during 2011.

As Table eleven indicates, a third of student midwives entered the education programme through an Access Course of Study. The highest level of qualification on programme entry ranged from a Doctorate qualification (n=2) to Access qualifications (n=144). The majority of students held A-Level qualifications (65%) on entry.

Highest education level on entry to the midwifery programme 487 student midwives responded to the question and 276 missing values		
Answer Options	Response Percent	Response Count
Access programme	29.6%	144
NVQ/SNQ	0.8%	4
A Levels	31.0%	151
Diploma	11.5%	56
Degree	23.6%	115
Masters	3.1%	15
Doctorate	0.4%	2
Other (please specify)		27

Table eleven: The highest level of education on programme entry

Participants reported studying at 29 universities across England, Wales and Scotland and Northern Ireland; with a predominant 87% (n=428) of participants studying at an English university. As illustrated in table twelve, the majority of respondents were on a three year midwifery degree programme.

Type of programme 755 answered and 8 missing values		
Answer Options	Response Percent	Response Count
3 year programme	93.5%	706
Shortened programme	6.5%	49

Table twelve: Percentage of participants on 3 year degree programme

The majority of respondents reported being either in the 1st or 2nd year of their programme (Table thirteen); only 13 year three student midwives consented to participating.

Study dates (3 year programme): 701 answered and 62 missing values		
Answer Options	Response Percent	Response Count
2007 - 2010	1.9%	13
2008 - 2011	19.8%	139
2009 - 2012	35.9%	252
2010 - 2013	42.4%	297
Other (please specify)		35

Table thirteen: Percentage of participants representing year of study

Only 49 students reported participating in a shortened programme. Out of 691 who reported the size of their student cohort, a range between 20 and 100 students per group was noted. Whilst recognising the limitations of self-reported information concerning attrition rates, the data revealed that a number of student midwives had left the programme; ranging from 1 to 10 per cohort. Over 50% of all participants reported attrition occurring within their group. Reasons offered for attrition, as outlined in table fourteen included academic ability and financial hardship. The main emphasis on attrition centred on family circumstances (73%) with a further small number (10%) referring to bullying in practice. "Other reasons" included health problems, stress and "midwifery not for them".

Students Reported Reasons Why Fellow Students Left the 3 yr Course 609 answered and 154 missing values		
Answer Options	Response Percent	Response Count
Academic ability	45.2%	275
Financial hardship	35.1%	214
Family circumstances	73.7%	449
Bullying in practice	10.2%	62
Unknown	38.4%	234
Other - Please specify		171

Table fifteen: Student midwives perceptions as to why fellow students left the programme

Student support systems available within the universities included library, electronic resources and access to midwifery lecturers (Table fourteen). Few students described *access* to the components of their student support systems as 'poor'.

Rating access to student support systems 716 responded and 47 missing values					
Answer Options	Not accessible	Poor	Average	Excellent	Response Count
Library	3	42	252	412	709
Electronic resources	2	34	295	382	713
Academic staff (Midwifery lecturers)	3	50	333	324	710
Academic support for your assignments and examinations	7	125	348	231	711

Table fourteen: Student's perception of the university support systems available

Quality of the Educational Programme - As a measure of students' experience of and commitment to becoming a midwife, data related to the quality of their educational programme, and summary of their 'high and low' moments were analysed. When asked to rate the quality of their educational experiences (both in the academic and clinical environments), the following responses were received (Table sixteen):

Quality of the Educational Experience 705 answered and 58 missing values				
Answer Options	Poor	Average	Excellent	Response Count
Theoretical content	50	347	303	700
Application of theory to practice	45	354	305	704
Induction to placement	142	356	205	703
Normal midwifery care	24	290	389	703
Midwifery care when Abnormal	24	303	358	685
Learning Environment	74	374	254	702
Supervision in practice	80	349	274	703
Mentorship/Preceptor-ship	111	318	270	699
Multidisciplinary learning	86	384	227	697
Role models	71	332	299	702
Leadership	61	384	255	700
Innovation	72	428	196	696
Models of care	46	417	238	701
Evidence based care	21	334	346	701

Table sixteen: Reported quality of students' educational experience

Overall the majority of students rated their academic and clinical learning experiences as average to excellent; a small number of students rated their education as 'poor', however, induction to placement and mentorship were most frequently rated as 'poor' in comparison to other variables. A graphic presentation of Table sixteen is provided in Figure 2:

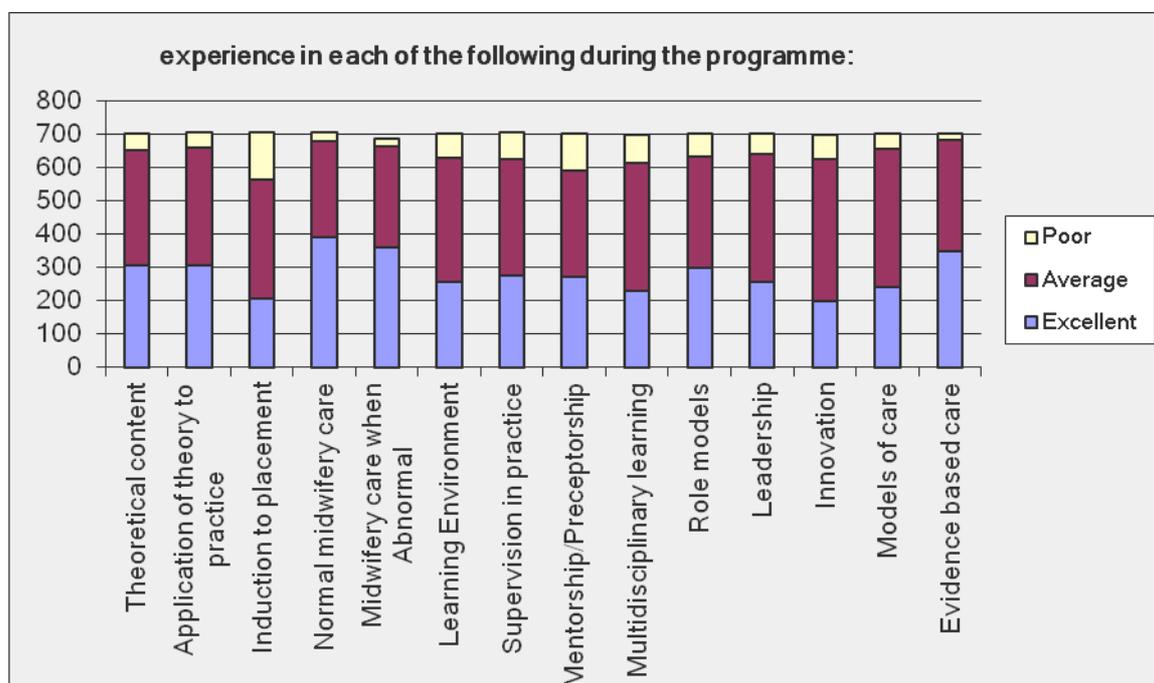


Figure 2: Graphic illustration of how students rated their educational experience

Students were also asked to respond to a dichotomous question (yes or no) as to whether they felt the degree of competency and confidence expected of them for their level of education. A total of 700 students responded to this question (63 missing values) as outlined in Table seventeen.

Key skills	Yes	No
Confident as expected at the stage of your programme	635(90.7%)	65(9.3%)
Competent in providing woman-centred care	691(98.7%)	9(1.3%)
Competent acting a women’s advocate	652(93.1%)	48(6.9%)
Confident in caring for women during normal childbirth	656(93.7%)	43(6.3%)

Table seventeen: Student’s dichotomous response to confidence and competency measures of their practice

In order to capture student midwives’ thoughts on what they considered to be a high or low moment of their education, three open-ended questions were used. A total of 495 students responded to these questions:

- What did you consider to be the highlights of the midwifery course?
- What did you consider to be the lowlights of the midwifery course?
- What is the biggest obstacle for you to completing your studies?

Content analysis revealed the following factors as contributing to student midwives' experiences:

Highlights	Low points and concerns	Obstacles
<p>Academic knowledge Excellent personal tutors who are very supportive. Helped me enjoy even the really challenging (and un-stimulating) parts of my course, Theory-related to practice especially physiological knowledge. Excellent 2nd yr tutors Passing my academic assignments Tutors who care and help you achieve your potential Debating, discussing and challenging prevailing knowledge</p> <p>Clinical Experience - Confidence in midwifery skills , Information giving and decision-making Watching water birth led by a very experienced midwife during a shift in a midwifery led unit Nothing can beat the feeling of delivering a healthy newborn to the expectant parent. Learning about normal birth Case loading</p> <p>Good mentors and midwives That keeps me grounded and focused on my goal. How passionate the midwives are, especially those who have done it for years. They survive Through the exhaustion because they love their work. Who else works a 12 hour demanding shift on their feet dealing with lives outside of the NHS? Mentor is so amazing and supportive; I aspire to be just like.</p>	<p>Theoretical Programme Theory sessions have, for the majority of the time, been uninspiring and demotivated teachers</p> <p>Death of presentations by PowerPoint Inconsistencies in guidance to assignments Failing assignments Trying to keep a practice /academic/ family life balance.</p> <p>Clinical Experience Expected to care for women without support Left alone with high risk women Being marginalized for promoting normality Patronised, supervised and mentored by MSWs in postnatal care Poor quality of care Lack of evidence based practice Lack of midwives</p> <p>Attitudes of midwives / Mentorship Rude mentors rude beyond comprehension to students, Refusing to take a student based on no credible evidence. Mentors that destroy your confidence by undermining you and taking a personal dislike to you Negativity amongst some staff regarding the profession Lack of team spirit Exclusion by my peer group Judgemental midwives, substandard care, frustration at not being able to do more for the women. Politics behind the scenes, Bitchiness of midwives to each other.</p>	<p>Academic content Failing exams Too many assignments - paperwork dominates my life Churning out work without thinking about practice Lack of help and support by universities Not always being 100% sure what is required of me in academic work</p> <p>Clinical practice Poor quality care, being left alone Moved from clinical placement after CQC inspection - this was traumatic Lack of clinical experience Everything learnt by simulation Lack of time to acquire skills and confidence Pushed from pillar to post Left with support workers most of my allocation in postnatal care</p> <p>Mentors / midwives Case loading co-ordinator is against case-loading and is making my life very difficult at the moment. Feel bullied and unsupported Colluding by mentors No objectivity Rule and oppressive when challenged. Not interested in students</p>

<p>Personal fulfilment and becoming self aware Meeting the precious few like-minded students Midwives that are doing their best to deliver individualised care and truly informed choice. Receiving a thank you card and a photo of the first baby I helped bring in to the word. Feeling part of the team when in hospital placements The satisfaction of making a difference</p>	<p>Personal Feeling isolated and alone Lack of support from family Feeling out of my depth with academic work Demands of assignments and clinical practice Chasing mentors to complete my documents Favouritism No jobs / no money / no career prospects Why bother training when MSWs get the jobs</p>	<p>Personal and financial hardship The un-flexible family unfriendly, institutionalised attitude of the university towards dedicated students Tiredness. Also exhaustion from juggling everything with little help The biggest obstacle is without doubt finances. Hospital car parking is £8.00, Unemployed partner Childcare Single mother Caring for sick relatives No jobs means - low morale impacts on my motivation and interest in midwifery</p>
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Table eighteen provides a summary of the findings related to open-ended questions about student highs and lows

Section Three: The Role of the RCM

When asked about membership, 493 responded with 270 failing to answer. The majority of participants reported being a member of the RCM (n=443, 89.9%). Further exploration as to students' engagement with membership services revealed that RCM student midwives' annual conference and RCM e-communities were the main service accessed (n=118, 27.3%). It should be noted that the majority of students who answered this question (n=239, 55%) did not access any of the membership services.

Membership services accessed by student midwives 433 student midwives responded and 330 missing values		
Answer Options	Response Percent	Response Count
Student conference	19.6%	85
RCM e-communities/Electronic group	27.3%	118
Written an article for the RCM Journal	3.7%	16
Sought advice from the RCM	5.5%	24
Applied for a student award	2.1%	9
Membership of the Student Midwife Working Group	1.6%	7
RCM Branch	4.6%	20
I haven't accessed any membership services	55.2%	239
Comments		51

Table nineteen: Student midwives' access of RCM membership services

Through analysis of open-ended responses, students commented on the value of the RCM journal and the student conference. It was pointed out that the i-Learn facility was difficult to navigate; other students reported that they had not yet visited the RCM website.

When asked to rate their experience of the RCM, 442 students responded (321 missing values). Overall those who rated the RCM described a positive experience:

Experience of RCM 442 student midwives responded and 321 missing values				
Answer Options	Very Poor	Poor	Positive	Very Positive
Rate:	3	10	332	97

Table twenty: Student midwives’ reported experience of the RCM

Table twenty-one outlines the order of preference related to how the RCM should engage with student midwife community. When ranked between 1 and 4, (where 4 represents the least favourable preference), RCM sabbatical was considered the least favourable reason for student engagement. Establishing an RCM regional representative network was rated as the 2nd most popular option for students as outlined below:

RCM engaging students : rate each of the options below in order of preference:					
Answer Options / Preferences	1st	2nd	3rd	4th	Response Count
Option 1: Engage with midwifery societies	234	69	104	73	480
Option 2: Establish Regional Student Representatives Network	111	211	125	28	475
Option 3: Establish a national Student Representatives’ network	102	144	186	45	477
Option 4: RCM Sabbatical	30	53	61	329	473

Table twenty one: Students’ reasons for engaging in RCM as ranked by preference

Section Four: Student Midwives Networking Behaviour

While it was important to investigate the students’ response to the role of the RCM, it was necessary to investigate whether or not students were involved in other networking forums or groups. The results revealed that only a small proportion of student midwives engage in professional online networking groups. They cited belonging to groups such, Student midwife net, University society, ARM, Midirs and NCT.

Membership of professional networking group 491 student midwives responded and 272 missing values		
Answer Options	Response Percent	Response Count
Yes	28.5%	140
No	71.5%	351

Table twenty two: Membership of professional networking group

The majority of students responded to the question about whether or not there was group representation within the university; a high response rate (94%, n=674) stated yes. A small number of students (n=22) stated that they did not know:

Student representative per each group in your university 716 responded and 47 students skipped the question		
Answer Options	Response Percent	Response Count
Yes	94.1%	674
No	2.8%	20
Don't know	3.1%	22
Would you like a RCM student representative group	Yes	30
	No	564

Table twenty three: Student midwives group representation within the university

When asked if the student representatives would like an RCM student representatives group either locally, regionally or nationally, the overwhelming majority's response was negative. Reasons cited included the creation of additional work and lack of time to participate. When asked directly about their level of participation in midwifery societies, although 716 students responded, 61.5% (n=440) stated they didn't know.

Presence and participation in midwifery society 716 responded and 47 students skipped the question		
Answer Options	Response Percent	Response Count
Yes	15.8%	113
No	22.8%	163
Don't know	61.5%	440

Table twenty four: Presence and participation in midwifery society

Discussion of key messages

While a detailed discussion is outside the limitation of this report, the following key messages are discussed:

Profile of student midwives: Who are our students?

The student midwives' profile in 2011 demonstrates that there is under representation of diversity. The Royal College on Nursing (RCN 2005) highlights a number of barriers experienced by Black and Ethnic Minority applicants to access nursing and midwifery programmes. These include discriminatory elements during recruitment and selection processes, lack of role models and social stigma attached to nursing and midwifery.

Widening participation from low wage earners 70% is well represented in midwifery students as the majority of the entrants are dependent on the NHS Bursary Scheme and 73% expect to accrue debt. This is stark contrast to medical students where only 5% of medical students (BMA 2008) are recruited from low socio-economic groups IV and V. The survey also found that the midwifery students are older than traditional students and are more likely (70%) to have dependents.

Overall quality of theoretical and clinical experience during the programme

The majority of the respondents were student midwives in their 1st and 2nd years of the programme. Only 57% entered the midwifery programme with the traditional university entry qualification, thus indicating midwifery continues to remain an attractive option for those without the conventional qualifications. The wide variation in entry qualification requires additional resources to manage individual students' needs especially in meeting academic standards. This is being often compromised due to increasing teacher workloads and expectations (Fraser and Avis 2010). A number of students reported having difficulty in keeping up with the demands of theoretical assignments. This needs further exploration to identify the correlation between entry qualification and academic performance.

Over 93% of the respondents were on a 3 year programme and less than 7% were on a shortened programme. The debate over programme benefits where longer versus shorted programmes have been continued to take place since the inception of the first direct programme (RCM 2003), however there has been no national study to explore the arguments for or against the shortened programme. Anecdotal evidence appears to cite the workforce and nursing skills factors as favouring the shortened midwifery degree programme.

Over 50% rated their access to electronic resources, academic staff (Midwifery lecturers) and library as excellent. However, they rated academic support for assignments and examinations as average. This could be attributed to high teacher work load and also organisational changes in the higher education institutions. This has been verified by the RCM freedom of information request.

Overall, the majority of students rated their academic and clinical learning experiences as average to excellent; a small number of students rated their education as 'poor', however induction to placement and mentorship were most frequently rated as 'poor' in comparison to other variables. Family circumstances featured at the most common reason for leaving the course; this was closely followed by difficulty in academic performance.

An overwhelming majority of students responded with a yes answer when asked about the degree of competency expected of for their level of education. This finding suggests that student midwives are socialised and feel confident in supporting individualised woman centred care .

Open ended questions identified a number of concerns including a lack of experience in high risk pregnancies and post natal care, supervision by support workers and a lack of evidence based care modelled by some midwives.

Student midwives' experience of the RCM

It is encouraging to note that the majority student midwives were members of the RCM (89.9 %). Nevertheless over half of the sample did not actively engage with the RCM. Whilst around 90% of the sample indicated that they are RCM members, the RCM is keen to engage every student midwife in their professional organisation. The student midwives indicated midwifery society as the preferred option for the RCM to engage student midwives. However their understanding and knowledge of midwifery society appears to be limited by the number of don't know responses. There is scope for the RCM to explore further the establishment of midwifery societies . The student midwives indicated that was already a presence of student midwife representatives within the university setting, the RCM has country and regional presence and has the potential to set up student representatives' networks.

A structured approach by the RCM however has been developed and implemented with the intention of further engaging student midwives. The RCM officer now visits the university and meets the student midwives entering each new cohort. In 2011 the RCM also sent an invitation asking potential midwifery students to join the RCM; distribution of this invitation was facilitated through the universities and colleges admissions services.

Professional networking behaviour

Only 28.5% of student midwives belonged to a professional networking group. These included Nursing and Midwifery Council, Association of Radical Midwives, MIDIRS and National Childbirth Trust and their university group. This is surprising as it was anticipated that the majority of the student midwives would belong to social media network such as Facebook and Twitter. The NMC guideline on Facebook (2011) advises that practitioners are to "Keep personal and professional social networking as separate as possible" and this could explain why student midwives did not disclose the use of Facebook and Twitter in the survey.

Conclusion

As higher education institutions adopt business models for structuring and providing educational programmes, student satisfaction has become increasingly important. Midwifery students throughout the survey reported higher satisfaction levels and perceived competence when educators and clinicians engaged positively with them and created the right learning opportunities. Student midwives valued their midwife mentors and educators; especially when their educators take seriously their concerns about the quality of care women receive.

Student midwives reported frustrations at the lack of job opportunities on completion of their programmes. Les Edbon (2011 6-7) confirms "*students are much more focussed on employment*". Students now ask questions about career prospects rather than issues surrounding fees and funding and are very disappointed when they are unable to secure full time employment. This has serious implications for post qualification clinical experience and developing midwifery expertise.

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