



THE ROYAL
COLLEGE OF
MIDWIVES

First Five Years Forum (FFYF):

Developing a preceptorship programme
for newly qualified midwives in Scotland

Promoting • Supporting • Influencing

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What is the FFYF?

The RCM's First Five Years Forum (FFYF) is a Scottish national network of 25 early career midwives from Health Boards across Scotland established in 2018. Members are between one and five years post qualification. The aim of the forum is to provide an opportunity for midwives from across Scotland in the early stages of their career to build a network for support, develop skills and knowledge and share experiences. Additionally, the forum acts as a platform for members to discuss and engage with developments in Scottish midwifery and work collaboratively with midwifery partners.

Early discussions within the FFYF identified that forum members had experienced differing levels of support as newly qualified midwives (NQMs) and varying expectations of skill and abilities between Health Boards. This resulted in many members feeling unsupported and overwhelmed within their first year of practice. In view of these shared experiences, the forum focussed on exploring the experiences of NQMs across Scotland, with the aim of strengthening current support available and enabling all NQMs to work confidently amidst a background of significant change within maternity services, that includes Best Start implementation and the new supervision model.

Collaboration

The FFYF members spent time in 2019 meeting key stakeholders to discuss our findings and explore how best to take things forward to ensure the best kind of support for all NQMs in Scotland.

This has included presentations and discussions with Heads of Midwifery (HoM) at the RCM Think Tank day in March 2019, the Lead Midwives Scotland group in June 2019, Scottish Government Chief Midwife and Midwifery Advisor in April 2019 and the NHS Education for Scotland (NES) lead for Flying Start in June 2019. As a result, members of the group have been invited to be involved in planned future work, led by the Scottish Government and NES, to develop support for NQMs at a national level as part of focussing on developing midwives' career pathways. The document which follows aims to inform ongoing discussions and work at both a national and local level.

Project summary: what we've done

Our project explores the experiences of NQMs in Scotland and aims to develop guidance to support a new national preceptorship programme that supports NQMs.

Attrition rates in midwifery have been shown to be highest in the first two years after qualifying (Hughes and Fraser 2011; Foster and Ashwin 2014; RCM 2017). It is estimated that 5-10% of NQMs leave the profession in the UK within the first year of practice (The Royal College of Midwives, 2010) and lack of support in the working environment can be a big factor in this decision (Fenwick et al, 2012). By developing a more consistent approach to support in the first year after qualification, the number of midwives choosing to leave the profession in the early years may be reduced.

The project was undertaken before the publication of the NMC's new Future Midwife education standards, but comes at a timely moment with the new standards for education likely to begin for new student midwives in September 2021. The project was made up of three key elements: a questionnaire to gather the views of early career midwives across Scotland, a literature review to identify examples of good practice and a survey of Heads of Midwifery across Scotland to identify current practice.

A semi-structured questionnaire gathered data from 136 midwives (qualified between 2013 and 2018) within their first five years of qualification. The questionnaire was distributed through the RCM's social media platforms and by members of the FFYF to colleagues. Results identified that a disparity in support offered to NQMs exists across Scotland with a significant proportion of NQMs feeling unsupported and lacking clarity in how to progress to Band 6. Additionally, 54% of participants considered leaving the profession within their first year of practice.

A literature review was completed to explore the differing structures of preceptorship programmes from both the UK and abroad. Based on findings of the literature review we liaised with Health Boards and Trusts where best practice preceptorship programmes are in place to explore their programme development and the associated benefits. We gathered information from Health Boards regarding current preceptorship offerings to provide context and to identify the challenges in providing support to NQMs, considering available resources and service delivery. To this end, a questionnaire was shared with HoMs, with responses gathered from 12 of 14 NHS Scotland Health Boards.

Background

It has been highlighted in recent literature that the experiences of NQMs vary widely across the UK and indeed worldwide (Fenwick et al., 2012). On a national level, the majority of NQMs in Scotland are required to complete Flying Start, a preceptorship package in the first year following qualification, designed for nurses, midwives and allied health professionals, which focuses on written reflections on practice supported by a web-based package and the allocation of a 'mentor' midwife in clinical practice. However, this is only a guide for preceptorship and not mandatory throughout Scotland. In those Health Boards which utilise the Flying Start programme, the support in completing the programme has been variable. In some areas, completion of the Flying Start process has been linked to progression from Band 5 to Band 6.

Summary of our key findings

From the literature review of research	From the survey with early career midwives	From the survey with Heads of Midwifery	From the review of successful preceptorship programmes
Preceptorship programmes have benefits for NQMs in confidence and skills development.	Support during the first year of qualification in Scotland is currently very variable, with only a minority having an allocated preceptor, skills passport and planned rotation.	Staffing and service pressures impact the level of support and the experience of NQMs in the first year.	Common features were an induction programme; regular facilitated preceptorship group meetings; clarity of expectations about key skills and competencies; a means for preceptees to record their progress, experience and reflections; an allocated preceptor or buddy in each practice area; supernumerary status at the start of each rotation; a follow up meeting after one year to assess progress.
Preceptorship programmes have benefits for overall workplace cultures and for retention of early career midwives.			
A structured programme is needed that includes supernumerary time, a supportive named preceptor, planned rotation and clarity of skills that are required to be developed.			

Recommendations

In gathering information and feedback from NQMs and HoMs, literature reviews and examples of best practice, we identified five key areas to form the basis of a national preceptorship or first year support programme:

1. Individualised career progression options

Plans for NQMs during their first one to two years should be individualised to recognise the impact of different circumstances including rurality, place of work, part-time working and individual learning styles and confidence.

2. Clarity about expectations of skills development

It should be recognised that at the point of qualification a NQM will be able to practice competently as a registered midwife, but will not yet have developed and embedded all of the skills needed to practice fully across all areas. These skills may include some key clinical skills around drug administration and calculations, perineal assessment and suturing; intravenous drug administration; routine examination of the newborn, as well as other broader skills such as workload and ward management; delegation of work to support workers; decision making and caseload management.

3. Protected learning and supernumerary time

All NQMs should have a set programme of ongoing study during their first year after qualification – in successful preceptorship programmes this has generally been around four whole day sessions in a year where the NQM can learn alongside peers, share experiences and develop a supportive network. There should be protected learning time when NQMs can spend time with their preceptor or experienced practice advisor to assess progress and identify ongoing needs. All NQMs should have a period of being supernumerary at the start of each new practice area. In successful preceptorship programmes this has generally been for at least one week and up to two weeks.

4. Named preceptor and defined support network

All of the successful preceptorship programmes examined provided each NQM with a named preceptor or buddy for the whole period of their preceptorship. The preceptor should be a positive, approachable role model who is keen to provide support to NQMs. Preceptors should be provided with the training, support and time they need to undertake the role effectively. Opportunities should be created for structured time to develop supportive networks between NQMs in one Health Board.

5. Development of a national programme to provide a consistent national approach to skills development and support in the newly qualified period

A national group to be established to include early career midwives along with all other key stakeholders to develop a national NQM skills passport and programme of learning and support for NQMs.

Why preceptorship works – a literature review

Methodology

A thorough search of the available literature was undertaken using the Knowledge Network, utilising the search engines CINAHL, Science Direct and EBSCO Host. To ensure only the most relevant up to date evidence was included, only papers published in the English language and within the last 10 years were included. To ensure the search yielded the greatest scope for valuable and high-quality preceptorship programmes, the search was expanded to worldwide programmes including New Zealand, Australia and the United Kingdom.

Findings

United Kingdom

It is clear that the experience of NQMs will, to a degree, be dependent on the quality of undergraduate programmes and the support provided for the transition from the final year of university to the first year of employment as an NQM (Kitson-Reynolds, Ferns and Trenerry, 2015). A successful preceptorship programme in Cardiff developed more effective collaboration between the university and Health Board, aligning final student placements with named preceptor shifts as NQMs to facilitate a smooth transition (Kirtley, 2018). This programme developed from a recognition of a problem in the retention of NQMs in the service.

NQMs from the Cardiff & Vale University Health Board (CVUHB) stated that they lacked support and guidance surrounding the requirements of their roles. This lack of guidance, coupled with poor communication and support from senior members of staff, appeared to compound high attrition and failure rates amongst NQMs (Kirtley 2018). The new preceptorship programme developed in Cardiff has had a positive impact on retention of NQMs (Kirtley 2018).

One example of a structured preceptorship programme which has been thoroughly researched in the literature is that which was implemented in a North West England maternity unit in 2004 (Mitchell and Davies, 2016). During the author's early career, numerous NQMs entering the profession voiced concerns over their experiences, particularly in relation to the lack of support and development. Further exploration into the experiences of NQMs highlighted a lack of confidence in performing clinical skills such as cannulation, episiotomy, perineal suturing and the attachment of fetal scalp electrodes. Informal discussions were held with relevant stakeholders to identify the key elements for inclusion in a preceptorship programme for NQMs, as well as with final year student midwives to gain insight into their fears and any suggestions for development. Guidelines were revisited alongside current National Institute for Health & Care Excellence (NICE) and Royal College of Obstetricians (RCOG) Green Top Guidelines, and a literature search undertaken to inform the development of informal study sessions. A robust preceptorship programme was developed incorporating regular teaching sessions facilitated by the multidisciplinary team and a supernumerary week in each clinical area where NQMs rotated to on a regular basis.

A further longitudinal study by Mason and Davies evaluated the above programme over an 18 month period from June 2009 to December 2010, using focus groups and interviews to collect data from six NQMs, six preceptors and four midwifery managers (Mason and Davies, 2013). Thematic analysis identified two positive overarching themes: developing confidence and competence, and support. The third theme identified was 'organisation constraints': for example, lack of adequate staffing to facilitate supernumerary weeks in each clinical area, resulting in some NQMs being transferred to other areas but ensuring enough time was spent in each area overall. The research concluded that the programme was successful in developing confident, competent practitioners and that relationships built with preceptors were valuable in providing the right support. Organisational constraints were identified as presenting a challenge at times in achieving the aims of the programme and highlighted that a flexible, individual approach was necessary (Mason and Davies, 2013).

Another qualitative study explored NQMs experiences of preceptorship offered at a local NHS trust between 2009 and 2012 (Foster et al., 2014). The study used grounded theory to collect data via semi structured interviews of 10 NQMs and although the findings indicated the programme provided by the Trust did not meet the needs of its NQMs, it provided valuable insight into what a good preceptorship could look like and where improvements could be made (Foster et al., 2014). Emerging themes included the assignment of a named preceptor, supernumerary time, time to complete induction, preceptorship and IV competency documentation, sufficient time to consolidate practice in one area and time to reflect and learn.

The study found that although in theory a good preceptorship programme had been developed in this Trust, the implementation did not match the theory or the expectations of NQMs. This highlights the importance of a robust and structured programme with a carefully thought out implementation involving the support of the wider team within the Trust. Recommendations included consolidating hospital practice, providing learning time for completion of preceptorship documentation, 75 hours of supernumerary status for each midwife in a new area and ensuring every NQM has a preceptor allocated (Foster et al., 2014).

New Zealand

A study in New Zealand evaluated the effectiveness of their nationally implemented Midwifery First Year of Practice (MFYP) programme (Dixon et al., 2015).

Introduced in 2007, the programme provides a structured approach to support the NQM in the first year post qualification, funding a clinical mentor midwife chosen by the NQM, financial assistance for education and mandatory inclusion of the NQM in an assessment and reflection process at the end of the year (Pairman et al., 2016).

The retrospective cohort study by Dixon *et al* examined the experiences of 441 midwives in their first year as a qualified midwife under the MYFP programme between 2007 and 2010 and sought to determine if there was any improvement in retention rates of midwives undergoing the programme as opposed to their counterparts before the implementation of the MYFP programme.

The MYFP programme was found to be successful, with Midwifery Council data showing a 10% increase in retention of midwives from 89% in 2005 (prior to implementation) to 98% in 2008 (Midwifery Council of New Zealand, 2010). The majority of participants in the study described the programme as holistic, flexible

and tailored to the individual, and support from their clinical mentors and other colleagues and financial support for education as the main factors in contributing to the development of their own professional confidence (Dixon et al., 2015).

A further study was also undertaken by the same research team to explore the effect of the implementation of the MYFP programme on changing culture within the midwifery workplace. This study identified a positive impact on the midwifery culture, with midwives in New Zealand taking greater collective responsibility for NQMs coming into practice with them, suggesting that the programme had fostered a culture of nurturing new midwives within their role (Kensington et al., 2016). This represents a huge positive step forward and suggests other countries can learn from New Zealand, when many institutions in the UK and elsewhere have in recent years problems with negative workplace cultures in the midwifery workplace.

The literature review also identified the centrality of the role of the preceptor or facilitator. Evidence has shown that alongside a robust, structured preceptorship; a good, supportive facilitator can make a positive difference to the experience of NQMs; Lalonde and McGillis Hall, 2017). A qualitative study into the experiences of newly qualified nurses who had undergone preceptorship explored the factors contributing to a positive preceptorship experience and identified approachability and preceptors being willing to spend time on facilitating preceptee's learning as helpful (Lewis and McGowan, 2015). Those interviewed also identified knowledge as a factor, though this focused more of the preceptor's knowledge of their role than their general depth and breadth of knowledge for teaching (Lewis and McGowan, 2015).

"I don't think she really understood what was expected of her. So when it came to the documentation it was more a rushed sort of thing at the end when I was told I had to hand it in, the two of us went "oh no we need to fill everything in." So it was signed all in one night"

(Lewis and McGowan, 2015).

Recent qualitative research by Bengtsson and Carlson (2015) examined this from a different perspective, investigating the opinions of preceptors themselves and allowing them to self-examine and reflect on what makes a good or a bad preceptor. The study asked one single global question of 64 preceptors and used contextual analysis to identify two main themes as being 'tools for effective precepting of students and healthcare professionals' and 'in-depth knowledge and understanding of preceptorship in an academic setting' (Bengtsson and Carlson, 2015). This echoes the earlier findings of Lewis and McGowan (2015) where preceptees identified a knowledgeable preceptor as a positive factor (Lewis and McGowan, 2015).

Within the first theme, preceptors expressed the need for more knowledge on teaching and learning strategies, particularly concerning adult learners. They also highlighted the importance of developing their communication skills, especially concerning the use of communication strategies in difficult situations (Bengtsson and Carlson, 2015).

Within the second theme preceptors wished to clarify the expectations around being a preceptor, with emphasis on their perceived lack of in-depth theoretical teaching knowledge. They also expressed a desire for a better insight into the academic side of things to better facilitate their role (Bengtsson and Carlson, 2015).

The MYFP prides itself in having excellent mentor-preceptee relations, and identifies a good supportive mentor as one of the key elements of a successful preceptorship programme (Pairman et al., 2016). NQMs who participated in the programme highlighted their mentor advocating for them as one of the biggest positive influences in facilitating their transition to an autonomous practitioner.

"I think the programme is invaluable in promoting a safe and exciting environment, in which the new midwife can develop and grow in terms of actual knowledge, and also networking and confidence in practice. A mentor can bring out the best in you, whilst acting as a small buffer as you step forward into your life as a midwife"
(Participant 031)

(Pairman et al., 2016).

Mentors in this programme were also chosen specifically by the NQM promoting a holistic approach, they were also rotated so that they did not exceed three years of mentoring duties in order to promote innovation and enthusiasm for being a mentor (Pairman et al., 2016).

Overall it is apparent that a good preceptor should be supportive, approachable and knowledgeable. They should also ideally be a willing participant with enthusiasm for the role and willing to advocate for their NQM. Studies have shown that as well as providing a supportive preceptor/facilitator for the NQM, it is equally important to support preceptors themselves to grow and develop within their role and identify any learning needs to make the experience as positive as possible and get NQMs off to the best start.

Conclusion

The evidence suggests that when well-developed preceptorship programmes are implemented effectively, the positive outcomes for NQMs and the whole maternity service are clear to see. A robust programme evidently improves NQM wellbeing, competence and confidence and can ultimately contribute to an improved workplace culture.

Research has highlighted that factors NQMs perceive as integral to their experience include the allocation of a named preceptor/facilitator, supernumerary status and adequate time to consolidate learning in each clinical area. Support from named preceptor and having a programme which can be tailored to the individual were also seen as having a positive impact. Building positive collaboration between the higher education providers and health boards can also enable a smoother transition. It is also vital that preceptors or facilitators are well prepared to undertake the role and are able to demonstrate a supportive and positive approach to their less experienced colleagues.

Peer questionnaire and survey results

The survey

It was decided that it would be beneficial to identify what support was currently available to NQMs in Scotland and how they felt during their first five years of qualification. A semi-structured questionnaire was developed by the forum members, which aimed to identify the support available to respondents in their first year of qualification and how this had impacted on their experience. Questions asked included:

- If they had a structured preceptorship programme
- What support was available to them
- What they thought would have been beneficial in the first year
- If they knew what was required to become a Band 6
- If they felt supported or unsupported
- Who they got support from
- If they wanted to leave midwifery during their first year
- How they felt in their first year
- If a preceptorship programme would have influenced where they worked

Criteria for inclusion in the survey

- Must be a NQM who has been qualified five years or less
- Must work or have worked in one of the 14 NHS Scotland Health Boards.

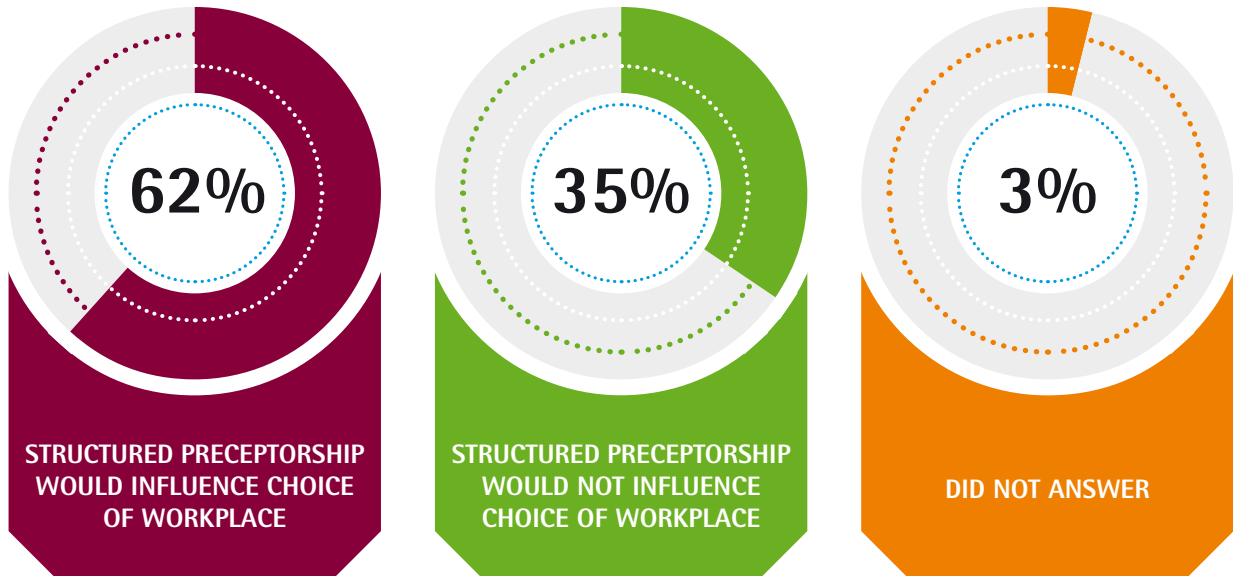
136 responses in total were gathered by the group, using SurveyMonkey and gathering the data in person.

Responses: Preceptorship and available support

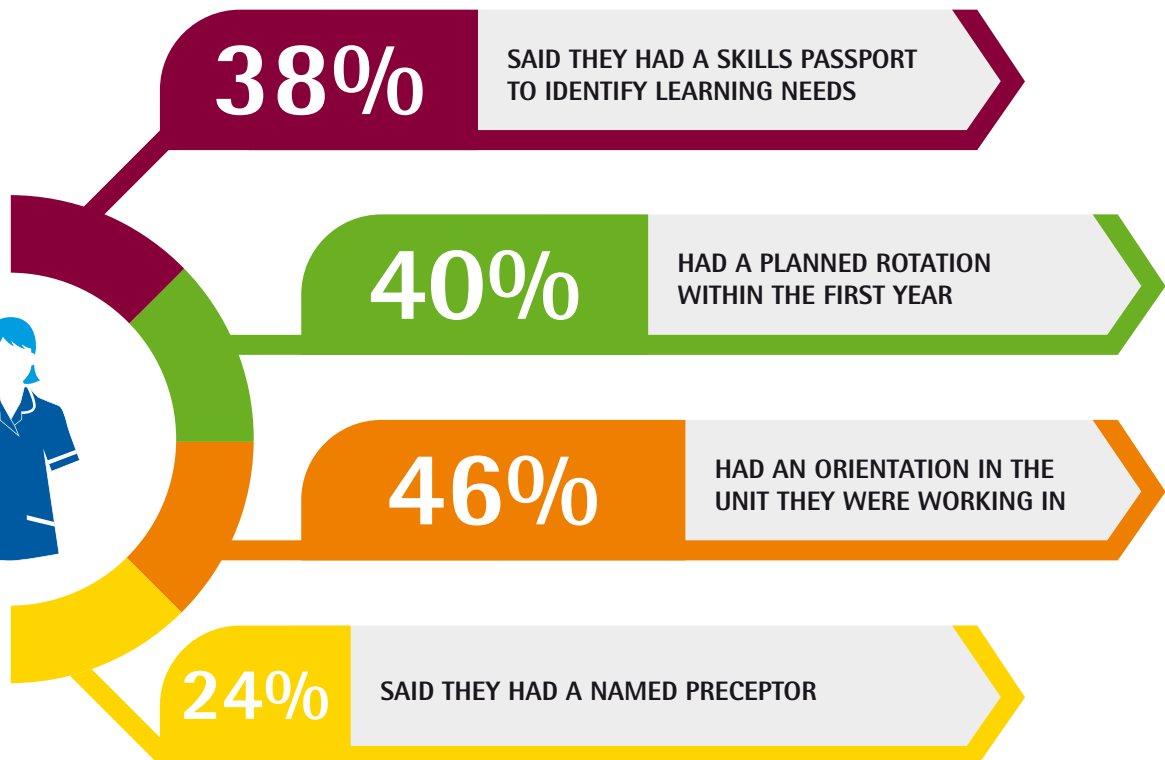
Importance of preceptorship



Out of 136 respondents



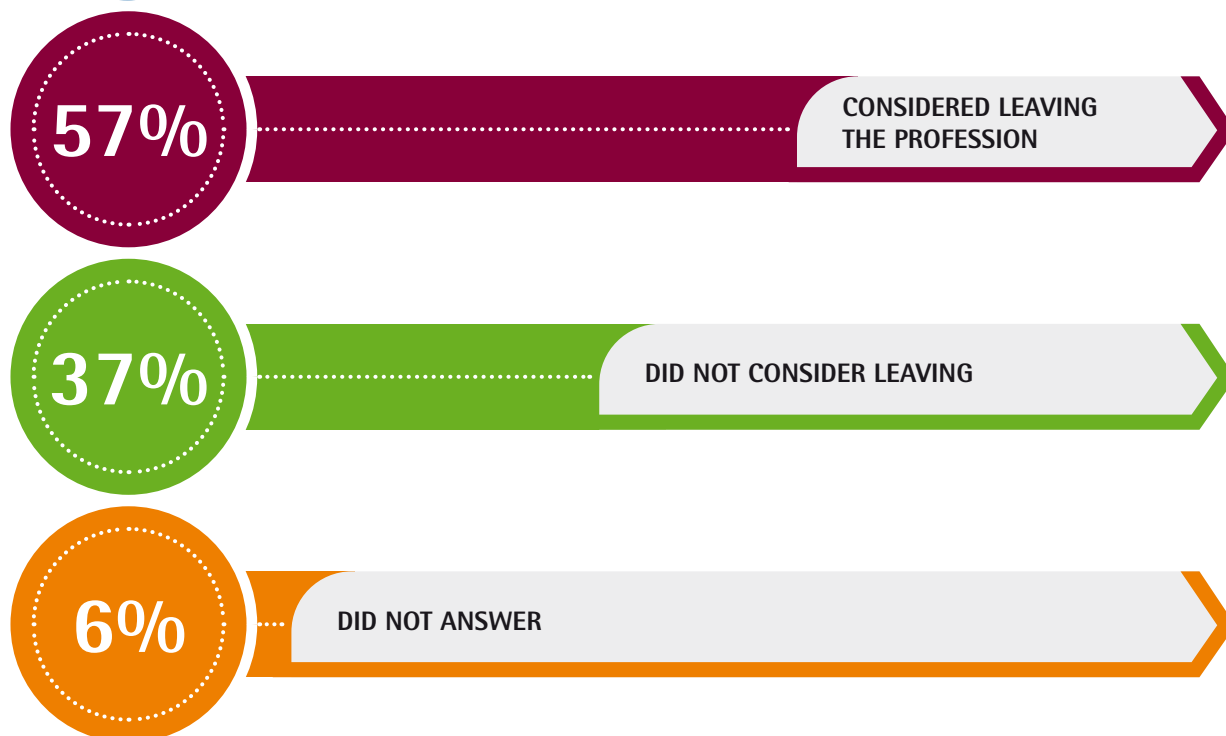
Type of support received



Responses: Did you consider leaving midwifery in the first year?



Did you consider leaving midwifery during the first year?
Out of 136 respondents



When asked for reasons why respondents considered leaving midwifery in the first year their responses were:

"Very stressed experience as a community midwife – lack of support, only qualified with limited experience."

"Lack of staffing"

"Not paid enough for the stress. The stress overtaking home life. Feeling down all the time and very scared."

"A combination of personal circumstances (anxiety and stress) and lack of proper support lead me to leave the profession"

"Doubted my ability to work at required level"

"A very difficult few care episodes working in a ward for pregnancy loss left me feeling lost, unsure if I was good enough to be a midwife and resulted in a dip in my mental health.... I was the first Band 5 ever employed to work in this ward and I felt they did not know how to best support me."

Responses: Flying Start

84% of the participants used Flying Start as a tool in the first year. However, when asked what would be beneficial in the first year, only 30% of respondents thought Flying Start was of benefit. Some respondents commented on Flying Start itself:

"I feel that Flying Start was a form filling exercise only"

"The theory behind Flying Start is good, however it is not executed as well as could be and not monitored as it should be."

Responses: What would have been beneficial?

24% of the respondents had a named preceptor, whilst 57% of the respondents felt that having a named preceptor would have benefitted them. A high number felt that even having a designated support person, rather than a trained preceptor, would have been useful.

43% of the midwives felt that a planned rotation would be beneficial, whilst some commented that an orientation to other areas, rather than a rotation, would have been beneficial. 42% thought a skills passport was of assistance.

80% of respondents felt that more support is needed with workload management and risk-assessment.

Responses: Supernumerary status

50% of respondents had supernumerary time, varying from one shift to one week.

When asked about what would be beneficial in the first year, 75% of the respondents felt that supernumerary status was important. They also identified that the ideal amount of supernumerary time would be between two weeks and one month.

Responses: Moving to a Band 6

46% of the respondents knew what was expected of them to progress to Band 6, whilst 49% reported they did not know.

The majority of the NQM respondents became a Band 6 within a year.

Responses: How supported did you feel? Who supported you?

17% felt totally unsupported in their first year, and over half felt unsupported some of the time (52%).

84% of the respondents used their colleagues as a form of support. 10% felt that they used their preceptor as the main source of support, although only 24% had named preceptors.

The survey asked the NQMs to state how they felt in the first year of qualifying, the following quotes identify the feelings of some of the participants. While many described negative emotions - there were some positive experiences identified:

"Overwhelmed"

"Like, that is when all the learning as a student finally fell into place. I learned so much in my first few months as a newly qualified midwife"

"It was a difficult year of not knowing if I was doing ok, if what I'm doing was right, it was pretty scary"

"Highs and lows – great getting experience and growing in confidence but at points did feel out of my depth"

"Well supported, consolidating my knowledge and clinical skills, building my confidence with decision making and care plans"

"I felt stressed, unsupported, overwhelmed, petrified and constantly in fear of making a mistake"

"A huge jump from being a student to being qualified"

"Scared that I wasn't doing as well as I should be, left unsupported and abandoned feeling"

"Stressed, unsupported, vulnerable"

"Totally out my depth. Felt sick every day often contemplated leaving. Real effect on my confidence."

Five key points from Heads of Midwifery questionnaire responses

A questionnaire was also sent to the Head of Midwifery (HoM) at all 14 NHS Health Boards in Scotland. The 12 responses received gave insight into existing support systems and the problems faced by HoM in delivering this support. Analysis of these responses found that some fundamental issues prevailed throughout; here are five key issues from the questionnaires:

1. Balancing service demands with the needs of NQMs

Many of the HoM responses indicated that while striving to meet the needs of NQMs, they must balance them with service demands. This can be very challenging, and three aspects were commonly highlighted as presenting barriers in supporting NQMs:

Staffing levels- as evidenced in the State of Maternity Services Report – Scotland (RCM, 2018) the numbers of midwifery vacancies and retirement rate is rising within all NHS Boards across Scotland. As NQMs are needed to meet staffing level requirements, vital opportunities to develop skills and knowledge through clinical rotation are potentially being missed. This also means that the length of supernumerary status may be reduced or prove impracticable altogether.

Skill mix- Due to the high number of retirements and the significant increase in the numbers of newly qualified midwives and student midwives in recent years, there has been a shift in skill mix on maternity wards (RCM, 2018). This places greater demands on experienced midwives, who may not be able to provide as much support to NQMs as needed, when they are also required to mentor students.

Resources- None of the HoMs identified that additional resources were available to maintain or improve support for NQMs. Having to provide support within the current budget was identified as a barrier to achievement.

2. Inconsistencies in who is in charge of rotation/learning

Another key point made by HoMs in the questionnaire was that there are often inconsistencies in who takes ownership of NQM rotations and practice development.

In 2018, the Scottish Government Cabinet Secretary for Health announced a pilot programme implementing new 'experienced practice advisor' paid posts to enable experienced midwives retiring from the service to return to support NQMs (Freeman, 2018). If successful, wider roll out of this programme may help achieve consistency in support and practice development for all NQMs across Scotland.

3. Awareness that preceptorship needs to be priority

The great majority of HoMs across Scotland replied to our questionnaire, indicating that there is an awareness of the importance of supporting NQMs and of the importance of staff retention.

4. Inconsistencies in monitoring development and clinical skills for NQMs

The HoM identified that it is not always possible to ensure that every NQM in their area achieves the same clinical skills in the same time period. A reason for this is that rotation length differs in each area dependent on skill mix and the demands of the service. If a NQM was to remain in a Labour Ward setting for six months to one year, it may be possible for that NQM to achieve cannulation and suturing within that time frame. However, if that NQM was moved after three months, these competencies may not be achievable (especially allowing for part-time hours). Likewise, if a NQM starts their career in the community, they may have limited intrapartum experience and therefore may be less able to gain these skills; but skills like time management and caseload experience, might be achievable and measurable.

A standardised assessment tool (e.g. a set skills passport) approach may not be fit for purpose; a more flexible approach to NQM development and skill attainment may be more helpful. Research suggests that NQMs should also not be marginalised for having a preference for a place of work; whether that be in the community or hospital-based care (Hobbs 2012) and preferences should be taken into account where appropriate. Our questionnaire highlighted that inconsistencies in being able to monitor and develop NQMs over their first year was difficult for managers and a tool of measurement that was more dynamic might be more achievable; meaning less reliance on the service changing to suit the NQM but more the NQM adapting their own goals and objectives to suit the practice environment.

One of the other issues highlighted by the questionnaire was the variation in clinical skills and competencies expected by NQMs in each health board area. If a NQM was to move Health Boards within the first year, expectations could differ widely.

5. Discrepancy in preceptorship provision in Scotland

Across the 12 Boards which responded to our questionnaire, there are clear differences in preceptorship programme provision.

It appears that the largest recruiters of NQMs in recent years are more experienced in commencing a NQM on a structured preceptorship pathway. In remote areas where only one NQM will be employed every few years it appears that the line manager at the time sets out a preceptorship pathway as there is no formal programme to follow. Half of HoMs who responded did not specify a lead for the NQM support programmes provided within their Board. This can result in Band 5 Midwives, even within the same Health Board, having varied experiences during their first year of practice.

Eight of the Boards stated that they give each NQM a designated preceptor or mentor, however this role appears to vary. For example, a buddy system, an allocated midwife preceptor, team leader mentoring and area lead preceptors were all reported. Preceptors are allocated in several ways, from managers seeing it as part of their role, to volunteers who are keen to assist their junior colleagues. Preceptors will have their own style of mentoring so therefore all NQMs will have varied experiences.

Only four of all Boards review their preceptorship programme annually, so programmes are changing at different times, which may lead to further differences in programme provision. Eight boards responded that the only utilised preceptorship programme is Flying Start, which changes at a national review. A universal preceptorship programme which could be tailored by Health Boards across Scotland and could be used as a guide by all NQMs would ensure a more uniform experience for all.

Examples of best practice

The FFYF looked more closely at five structured preceptorship packages which have helped successfully develop Band 6 midwives using an allocated mentor, supernumerary shifts, protected learning time and formalised learning agreements. Members of the FFYF group undertook structured interviews with leads for these positive examples of preceptorship programmes, to gain insight into their key elements. These programmes are explored in more detail below.

Cardiff & Vale University Health Board

To assist in the transition from student to NQM, this Health Board has set up a formal preceptorship programme, called Prep for Practice. This programme has been very successful, with only one NQM from the last intake leaving the Health Board prior to completion. It was set up by a clinical supervisor, practice facilitator and thirteen midwife volunteers.

Every NQM receives a full two-week maternity based induction, run by the Prep for Practice team. This includes unit tours, time shadowing Band 7s to learn more about how the unit is run, meet and greet orientation days with colleagues and orientation to trust policies. NQMs are also invited to partake in a WhatsApp group to share concerns and build a support network.

During the induction, each NQM receives a preceptorship manual. This starts with a welcome from the HoM outlining the unit strategy, before explaining why preceptorship is so important. It then highlights dates for preceptorship forum meetings chaired by clinical supervisors and a checklist for what skills to expect to achieve. It breaks down competencies expected in each area so there is clarity in what to expect and at what stage.

All NQMs have an allocated preceptor in each area of practice. This preceptor is planned in advance, as ideally it is someone who has been their mentor whilst a student within the Trust. This continuity ensures a familiar face and someone the NQMs can build a rapport with quickly. Each NQM is given two weeks of supernumerary status in each area they rotate to. The aim is for Band 5s to rotate to each area within the first year of practice. If this goal is not met, plans are put in place to ensure each area is completed by year two. Progress is monitored with Personal Appraisal and Development Reviews (PADR) at six and 12 months, as well as regular meetings with the practice facilitator for support. NQMs have lots of points of contact between their preceptor, practice facilitator and clinical supervisors of midwives who each have clear roles under the prep for practice structure.

The structure sets out that Band 6 will be achieved at 12 months, but if not all competencies are achieved, the NQMs will be supported to progress to Band 6 when they feel ready.

Maidstone and Tunbridge Wells NHS Trust

Maidstone and Tunbridge Wells NHS Trust identified local issues including the need to support NQMs in developing their confidence in working effectively in a multi-disciplinary team with a mixed risk population of women and improving staff retention at Band 6 level.

An 18-month programme was devised with an emphasis on rotation to develop NQMs' skills and experiences in a range of settings. This rotation includes six months on labour ward, six months in community and three months in both an ante-natal and post-natal setting. This allowed for development of skills such as IV infusions, blood gases interpretation, PCA management and care of women with complex needs.

NQMs are supported during a two-week induction period where they are introduced to key policies, skills, reflection techniques and gain an understanding of how the wider MDT works cohesively. This induction is followed by two weeks of supernumerary time upon each rotation. A named contact midwife (preceptorship lead) is available to guide and support the NQMs at all points and can put supportive measures in place where required.

Most recently the preceptorship lead midwife is working to set up a forum, led by a midwife completing the preceptorship programme, at the associated university to support the transition from student to NQM.

Derby Hospitals NHS Foundation Trust

Derby Hospitals NHS Foundation Trust has a detailed policy regarding preceptorship which contains information on NQMs' responsibilities and expectations and what they in turn may expect from their preceptor/buddy. Similar to the Maidstone and Tunbridge Wells NHS Trust programme, the preceptorship programme takes 16 to 24 months to complete.

A two-to-four-week Trust induction programme is followed by a planned rotation for all NQMs. The aim of this rotation is to develop midwifery skill caring for both low and high-risk women and gain an understanding of how the service runs as a whole.

At the commencement of each rotation a NQM will be 'super buddied' with an experienced midwife for two weeks. This may be their named preceptor or another midwife on shift. During this time the NQM would be expected to carry a reasonable share of the workload. Following on from this period the NQM will have a buddy identified on every shift for the next 14 weeks who they may access for support. The Preceptorship programme policy clearly sets out a timeline for meeting with a named preceptor and the Practice Development Team during the programme to support development.

During the rotation the NQM must maintain a portfolio of evidence. This includes objective setting and review of these for each rotation, a list of essential activities to be completed for each clinical area and core competencies to be achieved during the programme. These core competencies include: IV infusions, cannulation, epidural foundation training, perineal repair, attending a child protection case conference, skill in completing a booking, CTG training and speculum examinations.

Additionally, the portfolio lists mandatory training to be completed.

At 12 months a full review is completed to ascertain progress and whether the NQM has attained the required standards and skills detailed in the policy document. It would be expected that at this stage an NQM would apply for an upcoming mentorship course. Ideally all essential activities, objectives, core competencies and mandatory training would be completed by 16 months.

Chelsea and Westminster NHS Foundation Trust

In addition to the Trust induction programme, in their first year NQMs (also known as preceptees) are allocated four set maternity specific study days, planned rotations and supernumerary time in each rotation. Preceptees are expected to gain confidence working in all areas, alongside achieving core competencies such as oral and IV drug administration, venepuncture, cannulation and perineal suturing.

Each preceptee also receives a preceptorship package which encourages the preceptees to utilise a SWOT analysis, helping them to analyse strengths, weaknesses, opportunities and threats. Using this approach preceptees outline their own specific learning needs including the core competencies included in the preceptorship pack.

The Trust also employs Practice Development Midwives who keep in touch with NQMs at least two to three times a year to help monitor their progress.

Greater Glasgow and Clyde Health Board (GGC)

GGC has recently implemented a new preceptorship programme to provide support for NQMs. Initially NQMs are given a welcome pack which includes: a purple silicone fob watch, pin board magnet, note pad, pen and a name badge alongside information about Flying Start and their development programme. By wearing the purple fob watches colleagues are able to identify NQMs who might require extra support. The NQM decides when they feel confident in each area and can choose to no longer wear the fob watch. The pin board magnet is used in a similar fashion to highlight that a NQM is on shift.

Prior to commencing work on the wards, NQMs have a two-week induction period which includes mandatory training and Flying Start specific information. Midwives in GGC also have a set rotation schedule. This rotation plan includes information for not only the first year, but also information on what NQMs can expect over the first five years in GGC. For each new area, NQMs are offered a buddy to support them in their new role. Once on the wards, NQMs are allocated two 11.75hr shifts with supernumerary status.

Best practice conclusions

Reviewing the various preceptorship packages offered throughout the country, a range of shared features can be identified. Rotation through the ward areas, having a named preceptor/buddy, building a peer support network, regular meetings with peers and preceptors, along with supernumerary time and clarity of expectations in terms of skill acquisition are shared in all of the successful programmes.

Conclusions

In order to develop a consistent approach across Scotland, it would be of benefit to have further national guidance on the preceptorship year. It is hoped that the work that the FFYF has undertaken will contribute to ongoing work across NHS Scotland to develop and enhance the first year of practice for NQMs.

These recommendations, made by the Forum (see page 6), if implemented, would ensure that each newly qualified midwife entering the NHS in Scotland could feel assured that their first year would be tailored to their own needs, would enable them to develop the confidence in key skills through enhanced support from facilitators, preceptors, buddies or mentor midwives and would provide them with protected supernumerary time in practice and in a learning environment to embed their learning.

By improving the experience of this first year in practice, it is anticipated that the NHS Scotland maternity service will benefit through the creation of positive, confident midwife practitioners; improved retention of early career midwives; increased consistency in the skills and experience developed by all NQMs across Scotland in the first one to two years of practice and an improved culture of mutual support in the midwifery workforce.

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