



Royal College
of Midwives

Position Statement

preceptorship

for newly qualified midwives



The Royal College of Midwives position

The Royal College of Midwives (RCM) believes that structured support should be provided to newly qualified Midwives (NQMs) to practise across the full scope of midwifery practice, including community and Midwifery continuity of carer (MCoC) teams early in their careers. Varied clinical experiences that recognise the autonomy and accountability of midwives may improve the satisfaction, retention and personal development of midwives as well as supporting the national maternity care agenda to improve access to individualised care in all settings.

What is preceptorship?

Preceptorship is an enhanced period of support to help new midwives transition into their first post following qualification. It should help NQMs to feel part of their team and place of work and recognise the knowledge, skills, attributes that midwives have at the point of registration. Preceptorship is not a retest or re-assessment of proficiencies already achieved for NMC registration but provides a period of further development and confidence building. A structured period of preceptorship should complement a formal induction and orientation period and is in addition to mandatory training that all staff complete. Although preceptorship is not regulated or enforced, midwives who have received successful preceptorship have reported increased confidence and job satisfaction as well as improving recruitment and retention of midwives.



The RCM recommends individualised preceptorship acknowledging the needs of NQMs based on the following guiding principles:

- ▶ Clarity about the expectations of skills development in different settings. While we acknowledge that NQMs are competent across the scope of midwifery practice, they need to develop and embed all skills across all care settings and models of care (including midwife-led settings).
- ▶ Creation of flexible development plans that recognise individual learning needs, the place of work and rurality, the needs of individual country, region or organisation, and whether the NQM has practised in that location or model of care (for example MCoC team) as a student.
- ▶ Programmes may set minimum or maximum durations of preceptorship depending on individual need, with the midwife progressing from band 5 to band 6 as per employment contract. The Agenda for Change Handbook: Annex 20: Development of professional roles (NHS, 2022) states that this should be no earlier than one year and no later than two years from the date of qualification.
- ▶ Protected and supernumerary time is recommended. In successful programmes this has ranged from a week to three weeks in each new practice area (including with on call cover and in midwife-led settings).
- ▶ Support from a named preceptor and a defined support network with protected time for reflection and debriefs.
- ▶ Development of consistent approaches to skills development and support across countries and regions.
- ▶ Early opportunities to work in community and continuity teams has promoted increased satisfaction for NQMs and accelerated consolidation of skills with team support, especially for NQMs that have experienced continuity during their preregistration midwifery education.
- ▶ Promotion of individualised career progression opportunities that acknowledge the role of the midwife not just in clinical practice, but across education, research and leadership to encourage succession planning.
- ▶ It is recommended that preceptorship programmes are coordinated by a named Practice Development or Preceptorship Midwife within a Practice Education team that support NQMs.



Background and context

The NMC (2019) Standards of Proficiency state the outcomes that each midwife must understand and be capable of doing safely and competently right from the beginning of their career to provide care across the maternity journey and in all care settings.

NQMs will consolidate their knowledge and skills to develop their confidence and appropriate preceptorship has been recognised as essential to support their transition to autonomous practitioner and personal wellbeing, consequently reducing attrition from the profession within the first two years (HEE RePAIR, 2018).

Literature over the past decade has encouraged flexibility, autonomy and focused support by experienced midwives which has increased job satisfaction and retention of midwives (Hunter et al 2019).

Midwives who rotate through a hospital setting or integrated hospital/community posts lacked personal control over aspects of day-to-day work and lack of autonomy has led to increased burnout, poor mental health, and attrition, with highest levels reported in newly qualified midwives (Hunter et al, 2019). Rotational and integrated posts are organised often to meet organisational demands, rather than the needs of the woman and her family or the personal needs of the midwife (Hunter et al, 2019).

Furthermore, it disadvantaged midwives with no community experience to work independently in community settings further into their career, which has been detrimental to the workforce

recruitment in some geographical areas (Jones, Langley and Lewis, 2016). Successful preceptorship programmes are mindful of the organisational context as well as individual development.

The Future Midwife Standards and Proficiencies (NMC, 2019) address transition to newly qualified practitioner throughout each of the domains and much of what would have been achieved in a preceptorship year will be achieved within the three years of a midwifery degree.

Domain 2 focuses on continuity of care and carer and therefore all midwifery students will have achieved all the proficiencies including this domain supporting them to work in continuity of carer teams at the point of registration. Most preceptorship programmes are based on building confidence as a new registrant and relational belonging in teams to promote positive cultures (RCM, 2019; Watson and Brown, 2021; Kitson-Reynolds and Ashford, 2022).

As continuity of care models are implemented, there is increasing potential for student midwives to work in continuity of care placements equipping them with the skills and evidence to transition into these models at the point of graduation (Moncrieff, 2021; RCM, 2020). NQMs who have experienced continuity of carer during their course reported increased satisfaction when supported to transition straight into continuity teams for which they are well prepared. Access to continuity models as new graduates is essential (Griffiths et al, 2019;



Sheehy et al, 2021), especially if the future of continuity of carer models are to be successful. Furthermore, working in continuity teams has been shown to strengthen relationships between midwives, boosting the support available to new graduates and contributing to effective consolidation of their clinical skills (Cummins, Denny-Wilson & Homer, 2015; Evans et al, 2020, Wilson et al, 2020).

There are a variety of preceptorship programmes developed across the UK, and best practice examples have used a structured and individualised approach across all areas where midwives practise as well as fulfilling the needs of the local area's staffing requirements (Foster and Ashwin, 2014; RCM, 2019).

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