preceptorship guide



How to get the most from your midwifery preceptorship



Welcome to your preceptorship



qualified midwife. Many of you will be seeking or have secured will have questions about the

This guide will help you through the first stages of your career. If you are employed within the NHS for your first role as a registered midwife (RM), you can expect to have a dedicated and structured period at the start of your midwifery career which is called preceptorship. Many organisations will have developed local programmes to facilitate and enhance your time as a preceptee midwife to ensure that you are supported in providing safe and effective care.

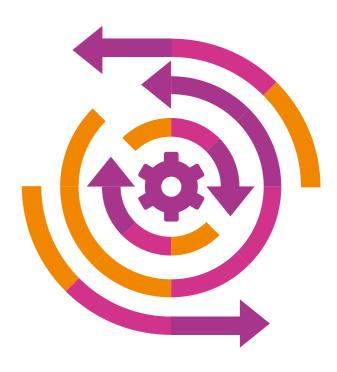
Your journey through your early career as a midwife is an important time. A wellstructured, supportive preceptorship period will provide you with an excellent foundation for lifelong learning and development as a midwife. During your preceptorship, you should be supported to make the transition from student midwife into your new role as a registered midwife and to meet the requirements of the Band 6 midwife role.

Preceptorship is not a retest or reassessment of proficiencies already achieved for Nursing and Midwifery Council (NMC) registration, but it is

important as you continue to refine your skills and build confidence as a safe, autonomous and accountable midwifery practitioner. Preceptorship should complement a formal induction and orientation period and is in addition to mandatory training that all staff complete.

At the beginning of your career, your development is underpinned by the NMC Principles for preceptorship (NMC 2020), and your professional practice must meet the Standards of proficiency for midwives (NMC 2019). All practising midwives in the UK are required to uphold The Code: Professional standards of practice and behaviour for nurses. midwives and nursing associates (NMC 2018).

The Royal College of Midwives (RCM) has developed this guide to outline expectations during your preceptorship period. It provides you with some additional information and resources, helping you get the most from your time as a preceptee. This guide is aimed at early career midwives who are undertaking preceptorship for the first time, but it also applies to return to practice midwives, shortened programme midwives and internationally recruited midwives. All midwives joining or rejoining the register are entitled to a period of preceptorship. For those rejoining the register, or who have already been a midwife within or outside the EEA/EU, a bespoke preceptorship period may be more appropriate.



A well-structured, supportive preceptorship period will provide you with an excellent foundation for lifelong learning and development



Scotland

<u>Framework for Preceptorship in Scotland</u>
(2022) (www.nes.scot.nhs.uk/nes-current/
scotland-s-preceptorship-framework/)

The RCM has produced the <u>First five years</u> <u>document</u> (www.rcm.org.uk/media/5367/first-five-years-forum-ffyf-a4-24pp-2021_2.pdf) to assist early career midwives in their journey.

Northern Ireland

Northern Ireland Preceptorship Framework (2022) (www.nipec.hscni.net/download/515/documents/6339/preceptorship-framework-final-31-8-22-df)

Wales:

Once for Wales Preceptorship Programme
(2022) (www.rcm.org.uk/media/6538/once-for-wales-preceptorship-portfolio-final-22-1.pdf)

England

National Precpetorship Model for Midwifery (NHSE 2023) (www.england.nhs.uk/long-read/national-preceptorship-model-for-midwifery/)

Each country of the United Kingdom has varying approaches and standards for preceptorship. It is important that you understand what is required within your country as well as the expectations of your employer, as these may be different from other countries and local organisations in your immediate area. More information about the preceptorship framework and expectations in your country can be found opposite. The national frameworks include midwives and nurses and while it is accepted that broad principles within these frameworks apply to midwifery, there may be local skills acquisition that you will be required to achieve in order to fulfil the requirements of autonomous, midwifery practice.

There is no statutory requirement for preceptorship. However, having a formal, supported programme during the first year or two following registration is considered good practice and most NHS employers in the UK offer a preceptorship period for new registrants (NHS Employers 2022, NMC 2020).

Your preceptorship programme may have specific competencies and outcomes that you need to achieve. Your employer should support you to have some supernumerary time in each new area you work in. It is expected that you will be supported by experienced colleagues and a dedicated preceptorship midwife or practice development team who will mentor you during this time (AaGIC/HEIW 2022, NHS England (NHSE) 2023, NHS Education for Scotland (NES) 2021b).

It is expected that your preceptor and preceptorship team will provide timely, constructive feedback and supportive development opportunities. The length of your preceptorship may vary depending on which country you are working in, and your employer may also have differing requirements. The NHS Terms and Conditions of Service Handbook (NHS Employers 2023), Annex 20 defines the process of automatic progression into Band 6 that is supported by your preceptorship. It defines the process as completing in not less than one year, not more than two years. Completion requirements, delivery and evaluation of any preceptorship programme should be carried out and monitored by your employer.

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What you can expect from your preceptorship

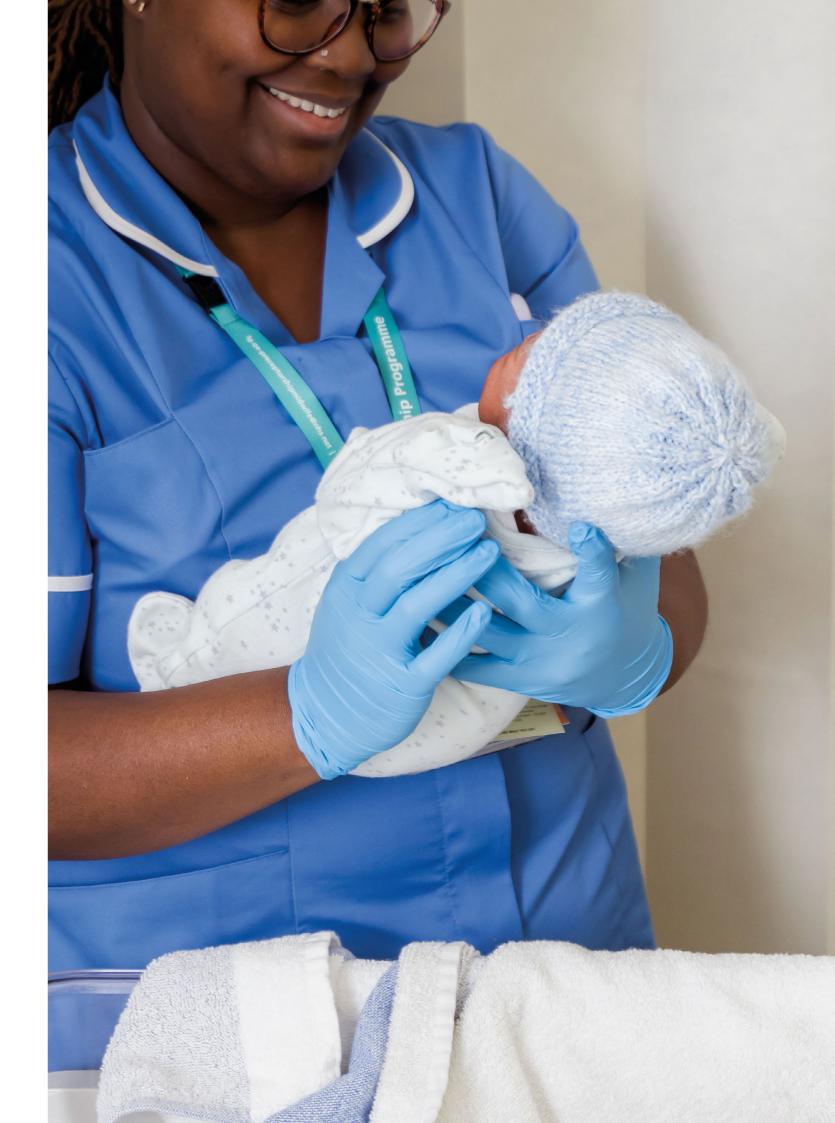
- A period of time, normally a minimum of one year, that follows the principles for preceptorship as outlined by the NMC (2020) and the RCM preceptorship position statement (RCM 2022a) and the national preceptorship framework for the country that you are practising in.
- A supportive and structured period to transition into your new employment as a midwife with clear expectations of skills development in different settings appropriate to your new role.
- Support and access to experienced and expert practitioners for guidance and a package co-ordinated by a named practice development or preceptorship midwife.
- Protected and supernumerary time in each new area of practice. Each country in the UK will have a set amount of time dedicated to supernumerary time.
- Dedicated time to complete mandatory and statutory role-based learning. Your employer will inform you of the required sessions and training that you will need to complete.

- Dedicated time to participate in learning and development opportunities which align with your preceptorship outcomes and objectives.
- Supported reflection and reflexivity on your experiences as a preceptee midwife and your clinical practice. This should take place at regular intervals throughout your preceptorship period.
- Timely and constructive conversations about your clinical practice including areas for development as well as areas that you excel in.
- Where additional support is required, opportunities and dedicated time to complete these with support and guidance from an experienced practitioner.
- Can be completed in all clinical areas through rotation.
- Personal and tailored to your clinical environment and learning needs.

Preceptorship is not:

- An extension of your midwifery education programme or return to practice programme.
- To be completed as a supernumerary midwife throughout.
- An induction to employment.
- Only about clinical and technical skills refinement and acquisition. There should also be a
 focus on communication, teamwork, culture and personal development as a part of your
 preceptorship period (Independent Maternity Review 2022, Kirkup 2022).





Useful questions and answers

How long will my preceptorship take to complete?

The National Agenda for Change NHS Terms and Conditions of Service Handbook (NHS Employers 2023) Annex 20 states that the review of your job should be no later than two years after qualifying. That means that the preceptorship package you are working to should last no longer than this. However, there is variation in expectations across the countries of the UK and some midwives may complete their preceptorship earlier than one year. A minimum of six to nine months is recommended (NHSE 2023. NES 2021b. Department of Health 2022). or up to 18 to 24 months in some places (AaGIG/ HIEW 2022, NHS Employers 2023, NHSE 2023).

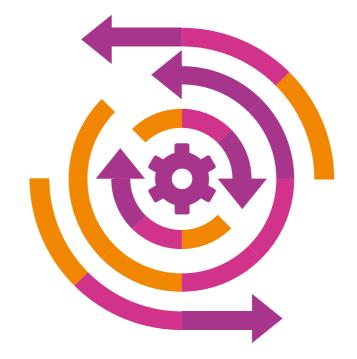
While it is not statutory to have a preceptorship programme, this is generally an expected part of your first position(s) following registration. The time to complete your preceptorship should be made clear to you at the onset of your preceptorship period and discussed at any review meetings that you may have. Your employer should have a preceptorship policy available to you at the start of your new role. If you have any concerns or questions about completing your preceptorship, you will need to speak with your employer directly.

What if I complete my preceptorship early?

Your preceptorship will usually take around 12 to 24 months to complete, or sooner, depending on your organisation's requirements and expectations as well as how many hours you are employed for and the model of care you are working in. While some practical skills may be completed before the formal end to your preceptorship, the additional support of experienced colleagues may continue to be beneficial as you navigate more complex care management and take on more responsibilities such as supporting students and junior colleagues. Discussions with your line manager and your preceptorship support team will help you determine when it is appropriate to formally complete your preceptorship programme and what the next steps might be.

Can I work in continuity of carer, community midwifery or a midwifery-led unit during preceptorship?

You can work in any area within maternity services, as long as you are able to get the experience and build your confidence to meet the requirements of your preceptorship. Some employers in the NHS will have specific learning objectives, courses, additional skills or workbased competencies for you to complete. You should expect to have dedicated support in all clinical areas suitable to your role.



Why do I need a preceptorship period?

Midwives are recognised for their autonomy and expertise through their pay. The Agenda for Change pay scales reflect a number of factors including level of knowledge and clinical skills and the freedom to act and make decisions relating to care. The minimum band for a midwife with this level of skill is Band 6. As a newly qualified midwife you enter the profession in Band 5 because it is recognised that you need a period of preceptorship to support you to gain the confidence and experience to work autonomously. Once completed, there is no requirement for you to go through an interview process for a Band 6 role. Your preceptorship will ensure you meet the requirements of the Band 6 job description.

What if I work part-time or what if I need longer to complete my preceptorship?

You may be employed part-time, but this should not affect the quality and support that you receive during your preceptorship period. For a midwife who is employed part-time, it may take longer to complete a preceptorship period, and this should not be a problem. Your line manager and/or preceptorship team will be able to answer any questions that you may have about working part-time during preceptorship.





What if I take maternity leave or parental leave during my preceptorship?

If you take maternity leave, your preceptorship will continue on your return.

What happens if I am sick during my preceptorship period?

If you are on sick leave, your preceptorship period should be extended to support your development on your return.

What happens if I am told that my practice is unsatisfactory during my preceptorship?

You should meet regularly with the person who is supporting your preceptorship. Use that time to talk honestly and openly about the level of support you need to build your confidence and skills in the role. If you need extra support, then your preceptor should put that in place for you. If, despite this, you are still unable to meet the requirements, your employer should provide you with help through a formal process often called a capability process. You should not view this negatively.

This process will give clear timelines and will make sure your employer is putting in place the help and support you need. We advise you seek advice and support from your local RCM steward at an early stage in this process. Your local RCM steward should be known to you

in the workplace, but if you are unsure you can contact RCM Connect on 0300 303 0444. Make sure you work together to ensure you have action plans that are realistic and that remain supportive. Make sure your employer is providing you with tailored support to help you develop.

Is there a difference between induction and preceptorship?

Induction is offered to all new employees at an NHS organisation regardless of their experience or banding. When you start your first job with your employer you should be allocated to an organisational induction programme. This is a condition of your employment and is independent of your preceptorship period. Your induction will include the mandatory training requirements you need to fulfil for your employment as well as general information about your Trust or Board.

How can I support women who request care outside of clinical guidance?

As a midwife, you are expected to provide all women and families with evidence and information to support their decisions and choices about how and where they give birth (NMC 2019, RCM 2022b, National Institute for Health and Care Excellence (NICE) 2023).

During your preceptorship, you may provide care to a woman who has made decisions about her care that may be outside of current Supporting women to create a personalised care plan (PCP) is an essential element of midwifery practice even where this may not be in line with recommended care guidance

local or national recommendations or clinical guidance. While this may be challenging for you as a preceptee midwife, there should be local procedures and guidance in place to support you. Remember, you will not be expected to manage complex case planning requests alone and the wider managerial and multidisciplinary team will be involved, to support a holistic approach and care pathway. Supporting women to create a personalised care plan (PCP) is an essential element of midwifery practice even where this may not be in line with recommended care guidance. Further information can be found in the Care outside guidance RCM document (RCM 2022c) (www.rcm.org.uk/publications/publications/ care-outside-guidance/).

Am I able to perform the examination of newborn as soon as I qualify?

The NMC (2019) proficiencies include full systematic physical examination of the newborn infant in line with local and national evidence-based protocols. This includes both the theoretical and practical elements of the examination of the newborn. This is sometimes referred to as Newborn and Infant Physical Examination (NIPE) in England and Northern Ireland. If your undergraduate midwifery programme included the NMC proficiencies, then you will be signed off as competent at the point of registration. All midwives qualifying from September 2025 will be proficient to undertake the physical examination of the newborn.





However, many universities have already fully implemented the NMC (2019) proficiencies.

If you graduate from a programme that includes the physical examination of the newborn, you should clarify the expectations of your employer to ensure no further development is required. You should familiarise yourself with local or national protocols to ensure that you meet all the requirements to practise safely and effectively. You may be asked to demonstrate proficiency to your employer before they are confident you can perform a full systematic examination on your own.

What workplace support can the RCM offer me?

Your local RCM learning representative (LR) should welcome you into the RCM branch and should provide you with pastoral support throughout your first three years in employment. The LR will signpost you to your local RCM steward or health and safety representative, should you require any specialist support with issues or concerns in your workplace. If there are no active RCM reps in your organisation, you can seek advice and support from the RCM through RCM Connect on 0300 303 0444.

For more country information about the physical examination of the newborn:

- Scotland: Newborn physical examination in Scotland | NHS inform
- England: Newborn and infant physical examination (NIPE) screening programme handbook -GOV.UK (www.gov.uk)
- Northern Ireland: Midwifery Examination of the Newborn Update CEC Programmes (hscni.net)
- Wales: Written Statement: The New-born and Infant Physical Examination Programme in Wales (4) November 2019) | GOV.WALES



Professional midwifery advocates / midwifery supervision

Each country in the UK has employer led clinical and professional support and supervision. You will be required to meet with your professional midwifery advocate (PMA) /midwifery supervisor annually, as a minimum, to ensure that you are supported in your workplace. However, PMAs/supervisors are available to support you at any time that you wish. Please refer to your local procedures on who your PMA/supervisor is and how you can contact them and arrange to meet with them.

I have a probation period at the start of my employment. Is that different to my preceptorship?

Yes. A period of probation is a trial period of employment during which someone is employed only subject to completing this period of time satisfactorily. It applies to all employees in that organisation, regardless of a preceptorship programme being in place. A probation period usually lasts for six months. Your employer should have a policy which explains this. It runs alongside the preceptorship process.

Can I do work as a bank or agency midwife during my preceptorship period?

You can apply to work as a bank midwife during your preceptorship period and if successful, you can use these experiences to help complete your documentation. However, when working

Professional support in clinical practice

- England: A-EQUIP a model of clinical midwifery supervision (england.nhs.uk) (www. england.nhs.uk/wp-content/ uploads/2017/04/a-equipmidwifery-supervision-model.pdf)
- Wales: Clinical Supervision for Midwives in Wales (www.gov.wales/sites/default/ files/publications/2019-03/clinicalsupervision-for-midwives-in-wales.pdf)
- Scotland: Clinical Supervision: nursing and midwifery workforce (www.nesvleprdstore. blob.core.windows.net/ nesndpvlecmsprdblob/4cc238de-d4a2-4f39-9098-c8177bc425a5_Clinical%20 SupervisionNM_NES%20position%20 statement_SEPT21.pdf?sv=2018-03-28&sr =b&sig=g0lPlsWNFNcGVfXdqs2Rru4B fWLnkdwcajXwiYDoXLc%3D&st=2023-03-22T10%3A17%3A52Z&se=2023-03-22T11%3A22%3A52Z&sp=r
- Northern Ireland: www.nipec. hscni.net/download/517/ (www. nipec.hscni.net/download/517/ news-posts-doc/6163/dohreflective-supervision-aframework-to-support-nursingand-midwifery-practice-final-31822. pdf news-posts-doc/6163/dohreflective-supervision-a-frameworkto-support-nursing-and-midwiferypractice-final-31822.pdf)





on the bank you may not get the same level of support as you do in your substantive midwife role. You will be filling gaps in staffing rotas, and not necessarily be working with other staff with the experience to support you.

Speak to your employer about what working bank shifts will mean for you during your preceptorship. If you are choosing to work through an agency during your preceptorship, you will need to discuss how this will be managed.

I feel I am being bullied at work, what can I do?

You do not have to tackle this on your own. The RCM challenges bullying, incivility and negative and undermining behaviours experienced by members in the workplace. The RCM's Caring for You campaign signposts the work of the RCM and the resources available in the NHS to stop bullying. Speak to your RCM steward who can advise you on how best to deal with this either informally or formally through your employer's internal policies. If there are no active RCM reps in your organisation, you can seek advice and support through RCM connect on 0300 303 0444.

What should I do if I have concerns about behaviours or culture in my organisation?

It is important that you feel safe and have a positive experience as a new midwife in an organisation. If you have a concern about the culture in your organisation, you must raise your

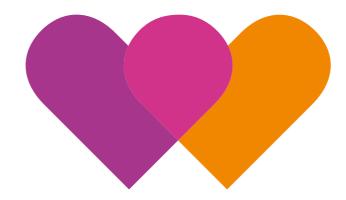
concern immediately. There are many ways that you can do this, and your organisation should have a written policy or process for raising your concerns. The RCM Standing up for high standards guidance (RCM 2022d) (www.rcm. org.uk/media/5832/standing-up-for-higher-standards_-publication_final.pdf) and position statement Raising Concerns (RCM 2022e) (www.rcm.org.uk/media/5835/rcm_raising-concerns_ position-statement-final.pdf) may be useful. You may wish to raise concerns with any of the following members of your team:

- RCM steward
- Learning representative
- Preceptorship midwife
- · Retention midwife
- Line manager
- Local freedom to speak up guardian (www.nationalguardian.org.uk/)
- Professional midwifery advocate (England only)/midwifery supervisor (Wales and Scotland)

What do I need to consider if I would like to work as an independent midwife as soon as I am a registered?

Once you are a registrant on the Nursing and Midwifery Council (NMC 2020) register, working as an independent midwife or setting up a private practice does not present any specific professional or legal restrictions.

As you are early in your career, you would need to consider what support you would



The RCM challenges bullying, incivility and negative and undermining behaviours experienced by members in the workplace

receive during the first three years of your midwifery practice and who would be able to offer you the required professional support. Securing indemnity insurance is a mandatory requirement of the NMC Code (2018).

Find out more information about <u>medical</u> <u>malpractice insurance</u> (www.rcm.org.uk/member-benefits/medical-malpractice-insurance/) and <u>indemnity arrangements for midwives</u> (www. nmc.org.uk/registration/joining-the-register/professional-indemnity-arrangement/indemnity-arrangements-for-midwives/).

I was confident as a student midwife but now that I am qualified, I feel like I am starting over? Is this normal?

Yes. This is perfectly normal. Use your preceptorship period to develop your confidence. Take advantage of your workplace support and make use of the resources on the RCM website (www.rcm.org.uk/) to help and inform you. You can continue to take advantage of the courses available through RCM i-learn to support the consolidation of your knowledge.

If you are experiencing work related stress the RCM Work-related stress (2022f) may be a useful resource www.rcm.org.uk/media/6370/work-related-stress.pdf

You will need to be logged into your RCM account to click on this link. or RCM connect if you are having difficulties access your account (RCM Connect: 0300 303 0444).





Preceptorship in action: case studies from around the UK

Wales

The Once for Wales Preceptorship Framework (OFWPF) was created with contribution from student midwives, newly qualified midwives (NQMs), experienced midwives and midwifery lecturers. It was designed to align with the four pillars of the NMC Code (2018) and compassionate leadership (West 2021) but also encompasses 13 principles that support all NQMs to develop the necessary knowledge and skills to become more confident, effective practitioners within a specified 12-24 month period (AaGIC / HEIW 2022). The framework underpins and supports individualised preceptorship programmes delivered by the Health Boards in Wales. The OFWPF is introduced within the final year of the midwifery programme in the HEI's to support the transition from Stmw to MW, also included to support their transition are the opportunities for Stmw to undertake pre-qualifying placements in the HB they have sought employment.

Once in their employed Health Boards, the individual preceptorship programmes commence which include a portfolio of evidence that support the delivery of the 13 minimum principles stated within the OFWPF such as:

- A structured induction period of learning that incorporates skills training
- An initial two-week supernumerary period
- · Wearing of an identification badge
- A named buddy, peer support and clinical supervisor for midwives with regular meetings
- Mandatory attendance at two of four OFWP Forums, which are confidential meeting spaces for NQMs who are encouraged to take the lead and share best practice

The OFWP portfolio is a continuously evolving document which is updated yearly by the framework leads. The experiences of NQMs are also audited yearly to identify any improvements that are needed to ensure that the framework is fit for purpose and future proofed to support the Health Boards deliver preceptorship programmes that meet the needs of all NQM in Wales

Scotland

NHS Lothian

Newly qualified midwives have an opportunity to meet with the director of midwifery and practice education facilitators, clinical educators and other staff members in an informal open morning. Here they are welcomed to our organisation, and they receive a welcome pack and Flying Start badge (optional) that identifies them as starting in clinical practice.

The midwives meet for three mornings over the first three months where they are signposted to various ways to access support and their clinical skills passport is discussed in detail. The clinical skills passport includes mandatory and essential training as well as additional optional training offered.

Near the beginning of the first year, the midwives commence the newly qualified programme. This is six full days spread throughout the year. The days consist of discussions, analysis and learning with their peers in a safe space where they can meet outside of their clinical area and includes a restorative reflective session at the end of each day. These are both virtual and in person.

All newly registered midwives receive a period of supernumerary time in each area and rotate through intrapartum and post/antenatal and/ or community. Line managers allocate named preceptors to each newly qualified midwife in all clinical areas for their first year. These registered staff are practice supervisors and understand the principles of giving feedback, making new staff feel welcome and being a professional 'buddy'. Clinical educators are present in all clinical areas to provide support and development opportunities.

Our new graduate midwives are supported and encouraged to complete their clinical skills passport and NHS Education for Scotland (NES) Flying Start within one to two years after starting work, culminating in a celebration event with presentations by both the staff and managers.



RCM member's voice: my experience as a Band 5 midwife in MCoC

Emma McNab, a midwife at NHS Fife, shares her experience at the early stages of her career:

Walking into the ward as an NQM was an exciting but daunting experience. The reality and the feeling of responsibility could be, at times, a bit overwhelming. There have been times over the last year-and-a-half where staffing and workload have been challenging. However, I have loved every minute of it. I have worked within a team that has made work enjoyable, the support I have received and continue to receive from my colleagues has been invaluable.

As an NQM within NHS Fife, I undertook the Flying Start programme, in addition to the local newly qualified framework. These programmes facilitated skills that I learned as a student, and through reflection and training enabled me to gain more confidence as a midwife.

As well as local formal support mechanisms, an informal group has been set up for early career midwives which includes all new midwives from preceptorship up to the first revalidation. This offers an additional opportunity to discuss experiences as well as learn about how our organisation offers continuing experiences at each stage of our midwifery career.

My advice to any new midwife is to ask for help when you feel you need it. Being a midwife is a continuous learning journey. Grab all learning opportunities with both hands. Don't forget to back yourself and celebrate your achievements, even the small ones!

England

Liverpool Women's NHS Foundation Trust

Noting an issue with retention within the first five years of employment, Liverpool Womens' Hospital made an organisational commitment to support their new graduate midwives. The transition to autonomous practitioner can be challenging therefore we have a new approach to how we support our early career midwives.

- Coffee and cake events prior to employment
- Induction includes team building
- Celebration events to increase a sense of belonging
- Two-week off-site orientation with dedicated teaching in specialties and MDT before starting in the clinical area
- Dedicated preceptorship leads who are available seven days a week in the early weeks of new starters commencing the preceptorship programme to offer clinical, managerial and pastoral care
- Protected supernumerary time in clinical areas
- Allocation of a 'buddy' for support and guidance
- Wellbeing coaches and phycology service support emotional well-being for all midwives in the service
- Actively seek ideas from new graduates.

This programme has seen a 100% retention since in the new cohort of graduates over the past 12 months and is evaluating positively. There has been a reported reduction in work-based stress, improved morale and a reduction in incidences (Gibb 2022).

Preceptorship in midwifery continuity of carer teams

Worcestershire Acute Hospitals NHS Trust

With the rollout of continuity of carer, it was vital that a robust package was put into place to support midwives in this model of care from the outset of their midwifery career. As a trust, we have developed a dedicated pathway for maternity continuity of carer (MCoC) preceptorship.

This programme is embedded within the wider local preceptorship framework and sits alongside the unit-based preceptorship programme. All new midwives in the service have extended support from a dedicated preceptorship lead midwife which covers direct clinical support and pastoral care.

The unique preceptorship programme for midwives in MCoC include:

- An effective buddy system, whereby a
 member of the continuity team is allocated
 as a buddy for each new midwife, meeting
 weekly to discuss their individual caseload,
 clinical care and reflect on practice.
- Incorporation of weekly unit days for the first six months of practice. This supports consistent exposure to all areas of the inpatient services while assisting with completion of clinical skills such as perineal repair, cannulation, triage, enhanced care pathways and midwifery led care.
- Reduced caseload size for the first six months to promote learning opportunities such as homebirths and unit days.
- Personalised learning package which is



set by the quadrumvirate of the preceptee midwife, their buddy, the preceptorship lead midwife and MCoC team leader.

- Collaborative learning sets with all new midwives across the whole service which supports the sharing of experiences, learning and development, mutual support and understanding of roles with maternity is increased.
- Completion of preceptorship is individually determined, with some MCoC preceptees completing preceptorship within nine months. All complete preceptorship within the expected timeframe for their role and working hours.
- Regular, across system evaluation of preceptorship experiences and learning needs to support continuous improvement.

The preceptorship lead role promotes consistent communication across the service about preceptorship and its importance within maternity as well as ensuring the programme is robust, well-structured and evaluated.

This pivotal role enhances an effective preceptorship programme through. This role is, essential to support a positive and confident transition from newly qualified midwife to an autonomous Band 6 midwife.

RCM member's voice: my experience as an early career midwife Annie Lawton Band 5, Worcestershire Acute Hospitals NHS Trust shares her experience working in MCoC.

I am a Band 5 midwife working in a team of seven. I started with my continuity of carer team straight from qualification as a midwife, following an orientation in both the inpatient areas and continuity of carer.

Continuity of carer is the best model for me, as it allows for consolidation across the continuum of maternity care enabling me to use all of my midwifery knowledge and skills. For example, in one working day I can complete antenatal and postnatal community visits, start an induction of labour, discharge a new family from postnatal ward and then provide labour care, which I feel as a unit midwife I wouldn't have the opportunity to use such a broad range of skills.

During my time since qualifying, I have supported women to birth at home, participated in emergency situations and provided all round maternity care. The preceptorship model enables me to work alongside another midwife for additional learning support as needed. I also have direct access to a buddy midwife during visits and when I am on call. My whole team has been a dedicated buddy system!

If my buddy is busy there is always another continuity midwife in another team to contact, the preceptorship midwife or the triage and day assessment unit teams. My preceptorship period has included unit-based shifts where I can be based throughout the inpatient service updating and consolidating my skills in all areas. I meet regularly with my team and with the preceptorship midwife to update on progress and make a plan for my ongoing development and goals as well as address any issues. The size of my caseload was reduced during the first six months to give me the space and time to develop and make the transition from student to autonomous practitioner.

Continuity of carer is about developing relationships with women and families that in turn supports a better understanding of their care needs and plans. I also feel women trust me with their care which provides me with confidence to advocate for their wants and needs.

One of the challenges I have encountered is remembering to bring my preceptorship document for discussion and completion as I am often working independently. Additionally, the on calls took some adjusting, especially adapting to night on calls, which were a hard part of transitioning from being a student to fully qualified...no one prepared me for that phone to ring at 3am.

What next?

Early career midwife

Following preceptorship, you will still be considered an early career midwife, generally until three years following registration. The RCM offers ongoing development and webinars to support you during this time (www.rcm.org. uk/early-career-midwives-hub/). It is important that you and your employer continue to invest in developing your career and that you access opportunities for support and learning. The RCM has created a dedicated website hub with resources covering your professional development and workplace support and representation.

Maintaining your midwifery registration

It is a statutory requirement to maintain <u>your</u> registration with the Nursing and Midwifery Council (NMC) (www.nmc.org.uk/registration/joining-the-register/professional-indemnity-arrangement/indemnity-arrangements-for-midwives/). You will need to pay your NMC registration fee every year (or this can be paid quarterly by direct debit).

Every three years, you will be required to complete your revalidation with the NMC. The revalidation process is explained on the NMC website. Your employer will also be able to support you with the revalidation process. Further information can be found on the NMC website. The RCM also has an i-learn module about revalidation.

Course: Revalidation: all you need to know.
 (www.ilearn.rcm.org.uk/enrol/index.
 php?id=189)

Employer-led appraisal process: annual and CPD

Now that your preceptorship period is completed, you will enter the annual appraisal process. Your line manager should meet with you every year to talk through your achievements and what you require for your personal and professional development. The appraisal is often structured around local and national ambitions for maternity services, and you should be asked to set goals to support your development. Pay increments (gateways) are linked to your appraisal and can be withheld if objectives aren't met. Always refer to your local Trust or Board policy and read the information on NHS Employers website.

Pay progression | NHS Employers (www.nhsemployers.org/articles/pay-progression)

Future career progression

Midwifery has many opportunities for you to expand your career. Midwives can work across a spectrum of midwifery settings and develop many specialist skills and knowledge. With clinical specialities increasing across the profession, development and career progression can take on many variations and directions. You may wish to become a specialist midwife, or move into management and become a team leader, a matron or a head/director of midwifery. You may be interested in working in clinical education, or as lecturer/senior lecturer or lead midwife for education at a university.

Other career pathways that you may wish to explore are consultant midwife, research midwife or become a professor in midwifery.

There are so many options for you to explore.

The RCM has created a career development framework where you can explore your options and what you will need to do next to achieve your goals (www.rcm.org.uk/promoting/education-hub/career-framework/). You can also learn about how others came to be in the roles they are in and where you can explore your options and what you will need to do next to achieve your goals. Whatever you choose in the future, midwifery has a wide range of careers for you (<a href=www.rcm.org.uk/promoting/education-hub/career-framework/).

RCM support for career progression

The RCM is here to support you throughout your midwifery career. As a professional organisation, the RCM works with many different external organisations to create learning opportunities and to provide members with up-to-date, evidence-based resources to assist with professional development.

There is a wide range of i-learn modules which are bitesized and can be accessed through any device.

The RCM also provides a range of courses and webinars on topical subjects that are meaningful to your everyday practice as a midwife. Booking may be required. While the RCM endeavours to provide open access learning to all members, some courses may incur a fee.

There are several publications produced by the RCM. As part of your membership, you will receive Midwives magazine that highlights current issues in midwifery, upcoming events and topical articles to support your practice.

Research

The RCM website contains a number of useful research-related resources and opportunities. It includes links to the RCM Small Research Awards, and the Research Award Buddy Scheme to support applicants for the RCM-supported Wellbeing of Women Entry Level Scholarship. One of the award categories within the RCM Small Research Awards is for early career midwives, which is open to all midwives who are within their first three year following registration with the NMC all midwives within their first three years of registration (https://www.rcm.org.uk/promoting/education-hub/research-hub/).

MIDIRS

MIDIRS offers a package of evidence-based resources for maternal and infant health. It provides a range of easily accessible information to support continuous professional development and academic studies. As an RCM member, you can get a subscription to MIDIRS at a discounted rate and your preceptor year remains at the student subscription rate.





Get involved with the RCM

Your RCM local branch

The branch is the basic unit of RCM organisation in the workplace and all members can belong to one. RCM branches undertake the following activities:

- Engage with members, hold branch meetings and maintain a local profile by reaching out to members on social media and workplace notice boards.
- Encourage, facilitate and support the building of a strong workplace organisation.
- Support their members in relation to professional and employment issues, workplace health, safety and wellbeing, as well as professional and lifelong learning.
- Provide a means for members to participate in the wider union and professional organisation.

Your learning representative will introduce you to your local branch and its members. Your membership portal on the RCM website will also tell you who your branch officials are. Get in touch with them and find out when the branch meetings take place. At those meetings you will be able to have your voice heard and become actively involved. You may at some point be interested in having a key role in the branch. You can read more about your RCM branch and the roles available to you by accessing the branch governance handbook (www.rcm.org. uk/activists-hub/.)

The RCM hosts a number of annual events available to members for free:

RCM Annual Conference

The largest RCM conference where midwives across the United Kingdom come together to share best practice, current evidence and hear about issues affecting midwifery and the care of mothers and babies. The annual conference is free for members to attend and is an exciting and vibrant event.

Education and Research Conference

This conference showcases innovative midwifery research and educational excellence in midwifery. This conference takes place annually in the spring.

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