



Royal College
of Midwives

NHS

England

Registered Midwife Degree Apprenticeship evaluation report

Foreword from NHS England

The first Registered Midwifery Degree Apprenticeship programmes started in January 2020 following development of the apprenticeship standard, created in 2018. Three years later, the first registered degree apprentices have completed the programme successfully and have joined the midwifery workforce.



In 2022, Health Education England, working in collaboration with the Royal College of Midwives, commissioned an evaluation of the benefits and costs of this new training pathway for midwifery.

NHS England's three-year delivery plan for maternity and neonatal services outlines how growing, retaining and supporting our workforce will make maternity and neonatal care safer, more equitable and personalised for women, babies and families. The recently published NHS Long Term Workforce Plan sets out a strategic approach for addressing some of the current workforce challenges through three priority areas, expanding education and training, retaining more of the staff we have and improving productivity by working and training in different ways. This evaluation clearly demonstrates the role of the Midwifery Degree Apprenticeship in boosting workforce supply as a result of multiple positive outcomes including lower attrition rates, ease of transition of apprentices into work after qualification and the commitment of apprentices to their employers.

We would like to take this opportunity to thank our maternity services, education providers and the Royal College of Midwives who have supported the development of this route into midwifery.

Kerri Eilertsen-Feeney
Lead Midwife
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Foreword from the Royal College of Midwives

It is no secret that there is a chronic shortage of midwives in the UK, particularly in England. While we must do all we can to retain the skill and experience we have, we must also build the next generation of midwives – and the next, and the next.

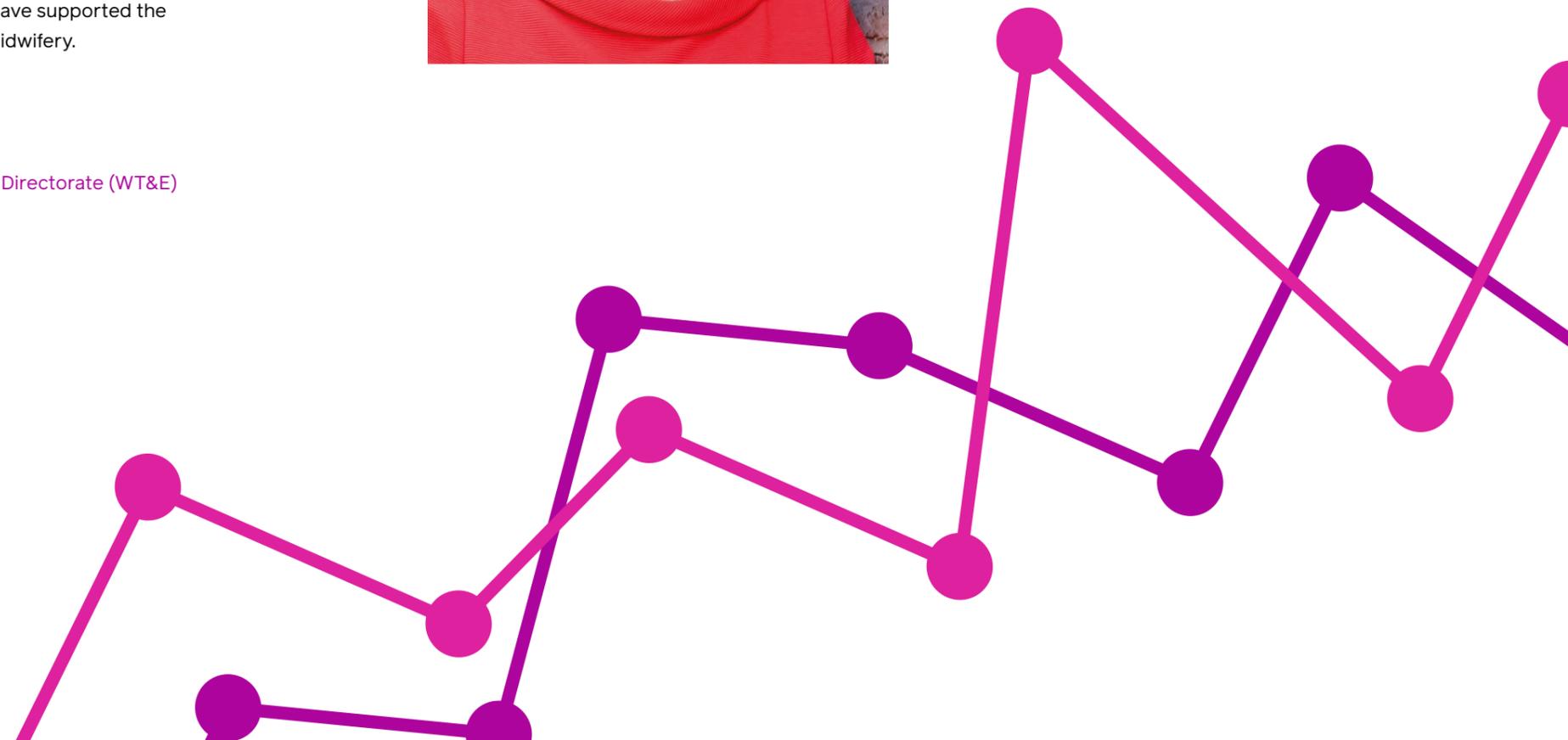


But what if there was a way to do both at the same time – to retain that experience and build the next generation?

Registered Midwifery Degree Apprenticeships offer just that. They tap into the rich seam of talent within the maternity support workforce, offering development opportunities for those for whom undertaking a degree may not otherwise be an option. They also ensure that the knowledge and experience those maternity support workers (MSWs) have isn't lost from the service, but built upon.

The Royal College of Midwives has long advocated for apprenticeships and we are delighted to see that this evaluation bears out that advocacy. Our hope now is that these schemes are rolled out more widely to the benefit of maternity services, and the women and families they support.

Gill Walton
Chief Executive, Royal College of Midwives



Background and context

"I would say to other employers or services – do it! I would love to put all my support workers through the programme if that's what they wanted to do". (Employer)

Universities approved to run the RMDA programme

- University of Bedfordshire
- University of Birmingham
- Buckinghamshire New University
- University of Central Lancashire
- University of Cumbria
- University of East London
- University of Greenwich
- University of Huddersfield
- University of West of England
- University of West London
- University of Winchester
- University of Wolverhampton

The midwifery workforce is currently 2,500 midwives short, and needs to grow to meet the predicted increased birthrate and higher complexity of the childbearing population. The NHS Long Term Workforce Plan¹ (NHS LTWP), published in July 2023, sets a goal to increase the supply of midwives through increased education and training. The NHS LTWP includes an ambition that 5% of these midwives are trained through the Registered Midwife Degree Apprenticeship (RMDA) programme. Since its inception in 2018, 12 universities have been approved to deliver the RMDA. For the first time there are now midwives working in the NHS who have qualified through the apprenticeship route. Moreover, almost all of these individuals have previously worked as maternity support workers.

Given the NHS LTWP's ambition to increase the number of midwives who train through the apprenticeship route, it is timely to consider the pros and cons of this route. What costs and what benefits are associated with it? What is the experience of apprentices studying through this route? What do employers think of it? For universities, how does its delivery differ compared to the traditional route? This report sets out, in summary, the results of an evaluation of the existing programmes that sought to address these issues.

1. <https://www.england.nhs.uk/long-read/accessible-nhs-long-term-workforce-plan/>



What are Degree Apprenticeships?

"I feel an honour to be able to be a midwifery apprentice and feel I am in a really great position as I feel I do not have to put my life on hold to be a student. As I am still earning a monthly salary, I am still able to save and buy a house for myself and enjoy my life compared to getting a student loan which I would have to pay back eventually and struggle for money most months like my student peers do." (Apprentice)

Degree-level apprenticeships were introduced in 2017 as a means to address employer skills gaps and boost social mobility. Common in many sectors, including construction, defence, management, and social work, there are currently 29 degree apprenticeships being delivered in the NHS. Academically, individuals completing a degree apprenticeship acquire the same undergraduate degree as someone following a traditional route. The key difference between the two routes is that the apprenticeship route is funded through the employers' Apprenticeship Levy which all NHS Trusts pay. There is therefore no cost or student loan required for the student.

In July 2018 an employer-led Trailblazer group was set up to develop the RDMA standard which was approved in December 2018. A year later the standard was aligned with the new 2019 standards² of proficiency for midwives set by the Nursing and Midwifery Council. The first Registered Midwifery Degree Apprenticeship (RMDA) programme commenced in January 2020.

² <https://www.nmc.org.uk/globalassets/sitedocuments/standards/standards-of-proficiency-for-midwives.pdf>

³ <https://www.bpp.com/insights/nhs-apprenticeship-levy-study-2022>

Degree apprenticeships

- Degree apprenticeships have grown from 2% of all apprenticeships in 2018 to 19% in 2021.
- A total of 196 different apprenticeships are supported by NHS Trusts, 29 at degree level.
- The reasons that NHS Trusts support apprenticeships are to address skill gaps and improve workforce "diversity, equality and inclusion" (BPP³, 2023, page 3).
- Almost a quarter of maternity support workers would like to progress into pre-registration education.

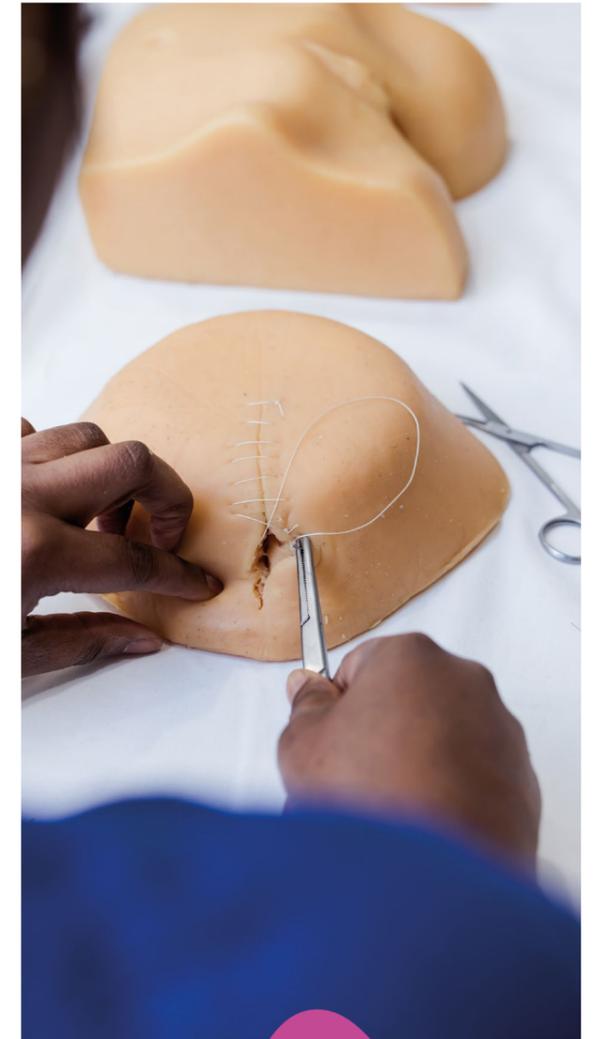
Aims and approach taken

The evaluation was undertaken by King's College, London. It sought to identify primarily any costs and benefits that could be solely attributed to the RMDA route. In addition, insights were obtained about:

1. Why some universities had not been able, as yet, to gain sufficient support from employers to run their programmes;
2. Employer motivation for supporting the RMDA;
3. Benefits, costs and barriers associated with the RMDA;
4. How demand for the route could be grown.

Evidence was gathered through the following methods:

- Peer reviewed literature review about degree apprenticeships.
- Interviews with university and employer representatives.
- A survey of apprentices.
- Data provided by the universities, for example on attrition.



Key findings

"If life was different this would be... the only route into healthcare."
(University)

Benefits

Evidence was found that suggests the RMDA is contributing to an increase in the number of midwives employed in the NHS through:

- very low, often zero, attrition rates;
- the seamless transition of apprentices into work after qualification;
- the commitment of apprentices to remain working for their host employers and the NHS more generally.

Academically no difference was found between the proficiency of apprentices and fee-paying students.

Other benefits included:

- A better utilisation of the Apprenticeship Levy and its benefits by NHS Trusts.
- A strengthening of partnership working between employers and universities.
- The RMDA increased workforce diversity, allowing, particularly, more mature individuals, including those with caring responsibilities, to join the profession.
- Recruiting from the existing maternity support workforce means that the apprentices, in

addition to being more representative of their local communities, had direct experience of the realities of work.

- The creation of a work-based career progression pathway for the existing maternity support workforce.

Employers supported the RMDA because they wished to increase career progression opportunities for their existing support workforce, and to address recruitment and retention, often as part of a wider 'Grow Your Own' workforce strategy.

Costs

There were direct and indirect costs associated with delivery of the RMDA, such as course fees (paid for by the Apprenticeship Levy) and backfill costs (for when apprentices are on the programme). However, these costs had not inhibited engagement with the apprenticeship programmes that are running; indeed, the evaluation found that employer demand from established programmes was growing (albeit from a low base), with existing partners continuing to support cohorts and new employers coming on board. Employers believed that the costs of the RMDA were outweighed by its benefits, particularly the opportunity to create an internal supply of midwives.

The issue of backfill costs was, however, raised as a factor inhibiting wider engagement with the programme. This had prevented some Trusts from recruiting staff to the route as they had a lack of understanding of the apprenticeship system more generally.

What are the benefits of the RMDA

1. The RMDA boosts workforce supply

The RMDA is a route that appears particularly effective in boosting midwifery workforce supply through:

- Low course attrition rates
- Ready transition into work and intention to stay with the host employer and to commit to a career in the NHS.

Attrition rates

Attrition rates from the RMDA ranged from 0-4% (compared to 13% on the traditional route). Asked why attrition rates were so low, participants pointed to specific features of RMDA:

"Is it [low attrition] because they know the job, that they are really committed to wanting to do it, is it because they have lots of experience prior, is it because of being financially supported...they aren't accruing debt, is it because they know the people they are working with and are comfortable in that environment?". [University]

The structure of the RMDA was also seen as a factor contributing to low attrition, particularly the close partnership between universities and employers and the fact that the apprentices' engagement with the programme, such as attendance on campus or shifts, was formally documented. This in the words of one participant,

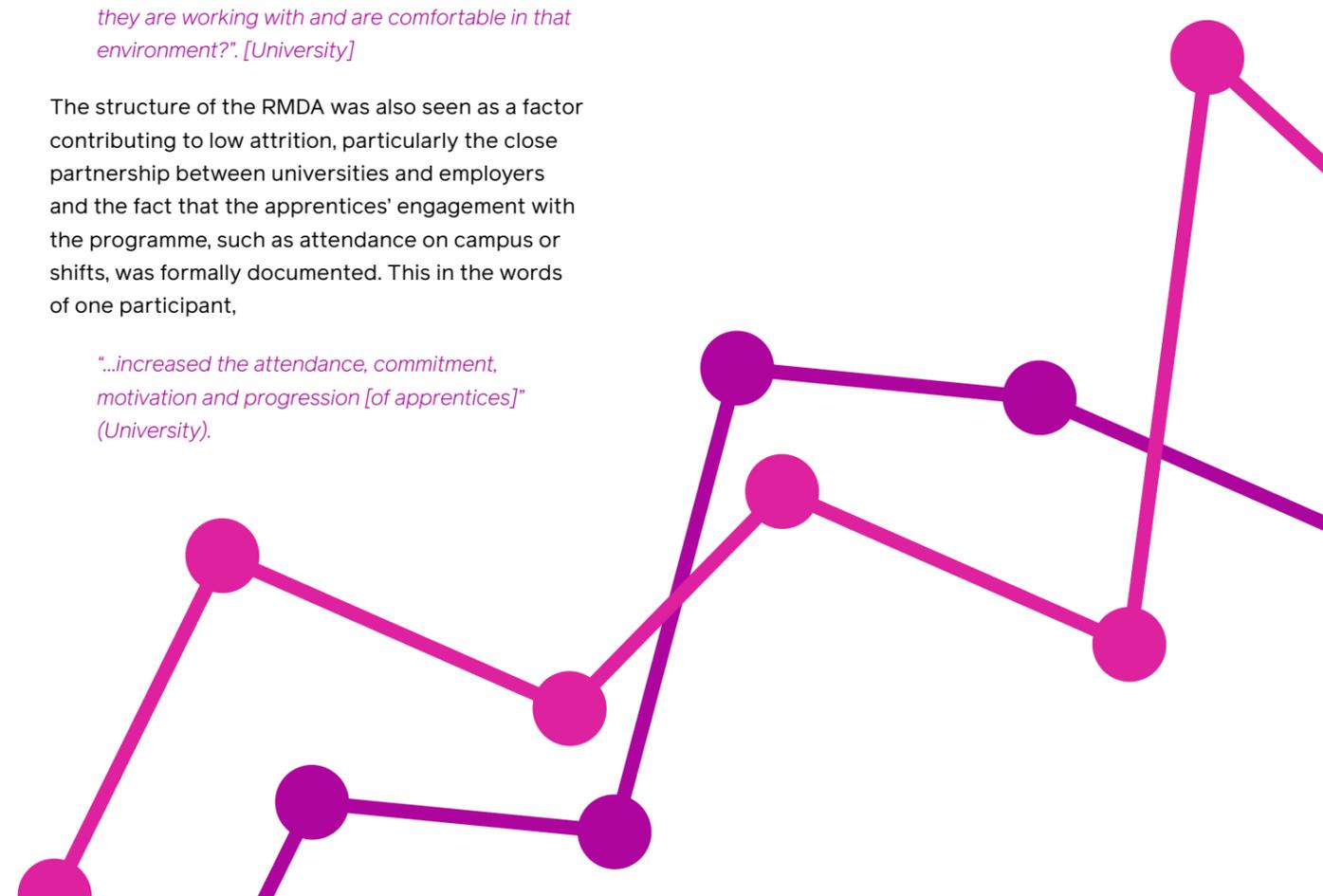
"...increased the attendance, commitment, motivation and progression [of apprentices]"
(University).

Growing your own

The opportunity to 'Grow Your Own' registered midwives was a major motivation for employers to support the apprenticeship route, reflecting an expectation that apprentices would finish the programme and continue working with their 'host' NHS Trust that employed them:

"It is more likely that the people who are doing [the apprenticeship] will remain here because they are already employees and feel loyal to the Trust...they are likely to get a job here and stay here for longer because they already live in the area." (Employer)

Indeed, all the apprentices who had graduated have been offered employment by their employer. It was further felt that the apprentices' experience of working within their maternity service and teams, which continued through the programme, meant that they would quickly transition into employment after graduation.



2. The RMDA supports widening participation and social mobility

"I was able to [study] while I've got a family...It gave me the opportunity to do this degree when I thought I would never be able to, ever. If I was going to do a degree, I would literally need to leave everything but doing the apprenticeship gave me the opportunity to work as a band 3 and fulfil the dream to be a midwife." (Apprentice)

Based on the findings of this evaluation, it appears that the RMDA supports both widening participation and social mobility:

- Over half of the apprentices said that their parents had not attended a university.
- A quarter were the sole or main income earner in their household.
- All were aged 22 years old or over. Two respondents to the survey were over 50 years of age.
- Nearly a third identified that they were from Black/Black British communities.

Apprentices, employers, and universities all articulated that, without the RMDA, many of those learning through this route would not have had the opportunity to become registered midwives, particularly since the removal of the bursary and secondments.

3. Apprentices contribute productively while on their programme

The RMDA apprentices were largely drawn from the existing maternity support workforce and therefore had already acquired work-related knowledge and skills in their previous role. Employers recognised the contribution that their apprentices were able to make to service delivery -

"A lot of them already have a lot of skills so they are doing observations, taking bloods, some of them can already put in cannulas, they are doing SBRs on babies, they are helping with breast feeding - so they have so many clinical skills already which is such a big advantage." (Employer)

Apprentices were able to perform a range of tasks including observations, SBR, catheter removal, cannula removal, bloods, urinalysis and assisting breast feeding from the outset of the programme.

The evaluation also found that the RMDA:

- Strengthened partnership working between employers and universities.
- Could result in improvements in wider staff morale.

"It strengthens the partnership because we are working so closely together and partners are so invested in it, they are more committed, they want to make sure that things are done well." (University)

What costs are associated with the RMDA?

From the perspective of an employer, the following direct and indirect costs are specifically associated with running an apprenticeship at degree-level:

1. Apprenticeship fees.
2. Loss of the NHS Education and Training Tariff.
3. Resources associated with work-based learning including practice supervision and assessment.
4. Backfill costs and other employment costs.
5. Administrative and organisational costs.

While the RMDA fees are a cost to employers, these are funded out of the Apprenticeship Levy which all NHS Trusts pay. In 2023 BPP⁴ found that 49% of NHS Trusts had spent less than 75% of their Levy, some considerably less. The Levy is charged whether apprenticeships are supported by employers or not. Unspent Levy is returned to the Treasury. The RMDA was, in fact, seen as an opportunity to maximise the benefits of the Apprenticeship Levy.

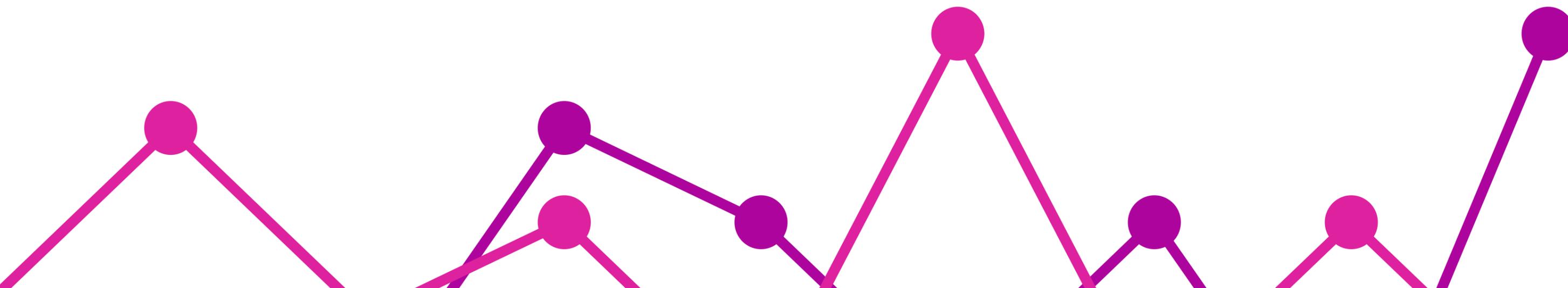
Neither the loss of the NHS Education and Training Tariff nor employment costs (such as recruitment

and employment) were seen as a significant barrier by those supporting the RMDA route, although the loss of the Tariff was flagged as a factor restricting demand from other employers. The fact that the cost of employing apprentices was not an issue may reflect the fact that almost all the apprentices were existing employees. Employers did not report that administrative and wider employment processes associated with the RMDA were onerous, reflecting again the employment history of the apprentices but also their experience more generally of supporting clinical placements.

The lack of support for backfill was, however, seen as a challenge not just for existing providers but also as an issue preventing other employers adopting the route. It was felt that there would be a lot more support if backfill costs were addressed.

While all universities interviewed were very supportive of degree apprenticeships, they did report that they had created additional workload, for example due to Ofsted inspections. Most had also invested in new systems and extra staff to support the programme. The participating universities were able to draw on their institution's wider expertise in respect of apprenticeship delivery to assist, for example, with arranging End Point Assessment or preparing for inspections.

⁴ <https://www.bpp.com/insights/nhs-apprenticeship-levy-study-2022>



What else was found?

Learning

The apprentices did not find study any harder than students on the traditional route.

"We were slightly worried about academic achievement... [but their] achievement is no different." (University).

This is confirmed by the low attrition rate, high completions, and attainment. The vocational nature of the route and apprentices' previous experience of working in maternity services meant that they were often able to transfer learning rapidly into practice and easily orientate and socialise themselves into their teams.

"[They] are more used to the environment and know the people to get support from". (University).

Apprentices sense of belonging with their university

The apprentices had a strong sense of belonging with their university, which is not always the case for degree-level apprentices. Just over eight out of 10 apprentices (83%) said they felt no different to other students. Universities reported that they were not aware of any issues arising even though apprentices were trained alongside fee-paying students.

"On a day-to-day basis in the classroom, you wouldn't necessarily know who an apprentice is and who isn't. They are very well integrated into the cohort." (University)

No evidence was found that the RMDA apprentices struggled to balance work and study, which has been identified more widely as an issue associated with degree apprenticeships. It was also found that there was no resentment from traditional students towards apprentices, even though the apprentices were being paid while on the programme.

Parity of esteem

No evidence was found that the apprenticeship route was seen as being of less 'value' than the traditional route, either by the employing Trusts or by the universities. Once the apprentices are on the midwifery programme, there is no difference in content, delivery or assessment because both programmes have to meet the NMC standards⁵.

⁵ <https://www.nmc.org.uk/standards/standards-for-midwives/standards-of-proficiency-for-midwives/>

Resilience

The fact that the apprentices had previous, sometimes long-standing, experience of working in the NHS was seen as a distinct advantage of the apprenticeship route.

"The advantage of being an apprentice was that I had been at the trust for 10 years prior to starting this, I was familiar with the building, I was familiar with the clinical areas, I was familiar with maternity care to a degree, ...and I was familiar with my colleagues". (Apprentice)

"...the advantage of educating students this way is that they come with no preconceptions about the NHS. They work in the NHS, they see the day in, day out struggles, the work demands and things like that. They almost hit the floor running." (Employer)

Understanding the reality of working in the NHS, including feeling part of the maternity team, meant that apprentices are likely to have more resilience than traditional students and therefore be more able to deal with the demands of service delivery.

The resilience of apprentices may be a factor contributing to low attrition and may also mean that turnover in early career, once the apprentices graduate, is also low. This will continue to be monitored as the programmes become more established.

The motivation for supporting, joining and running the RMDA

- Employers supported the RMDA in order to address recruitment and retention through Grow Your Own and to provide career progression pathways for their support staff.
- Apprentices joined the RMDA in order to fulfil a long-standing aspiration to become registered midwives, something they felt they would not have been able to do through the traditional route due to financial and other constraints.
- Universities have responded to demand from their local employers to run the RMDA. All the universities running the programme had experience of widening participation and delivered Degree Apprenticeships in a wide range of non-healthcare subjects.



Conclusion

“There are so many MSWs I have worked with that are so passionate about looking after women, are so passionate about the midwifery degree, but they didn't get the chance because they can't do it financially, so through the apprenticeship I think it's just a brilliant way to get more midwives that are so passionate about their jobs.” (Apprentice)

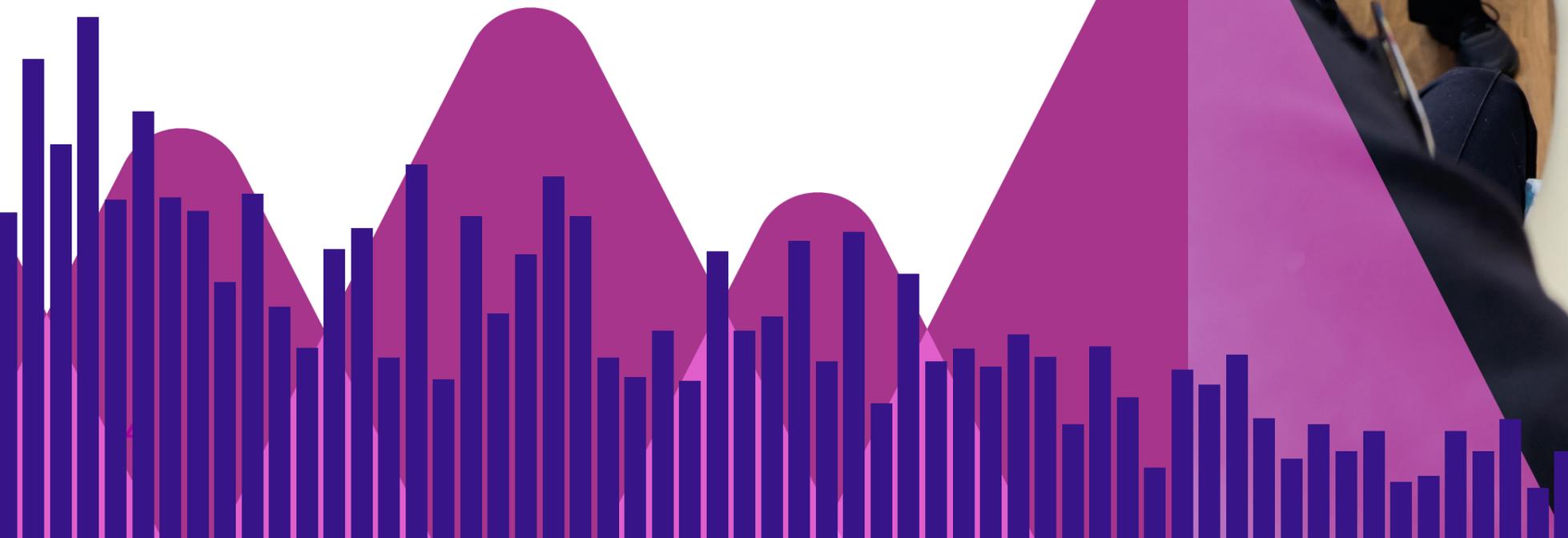
The table overleaf brings together costs and benefits identified through this evaluation associated with the RMDA programme and compares them with the traditional undergraduate route pursued by fee-paying students. This shows that there are a series of distinct benefits accruing from the RMDA for employers - and the NHS as a whole. Particularly significant, in terms of the aspirations of the NHS LTWP, is the evidence that the route can effectively boost midwifery workforce supply. It is worth noting that interventions such as international recruitment and return to practice, have not been able to address the shortage of midwives. The RMDA offers a sustainable means of boosting workforce capacity

to meet local need. An additional benefit is that it will also support a more diverse workforce. Although not shown in the table, there are also unique benefits for apprentices learning through the RMDA route, not least that they do not acquire student debt.

Although there are unique costs associated with the RMDA route for employers and universities, for those delivering the route they have not inhibited support for the apprenticeship programme, engagement with which is growing. The cost of backfill and the loss of the Tariff were, however, seen as factors restricting wider demand, along with a lack of understanding about apprenticeships within the profession.

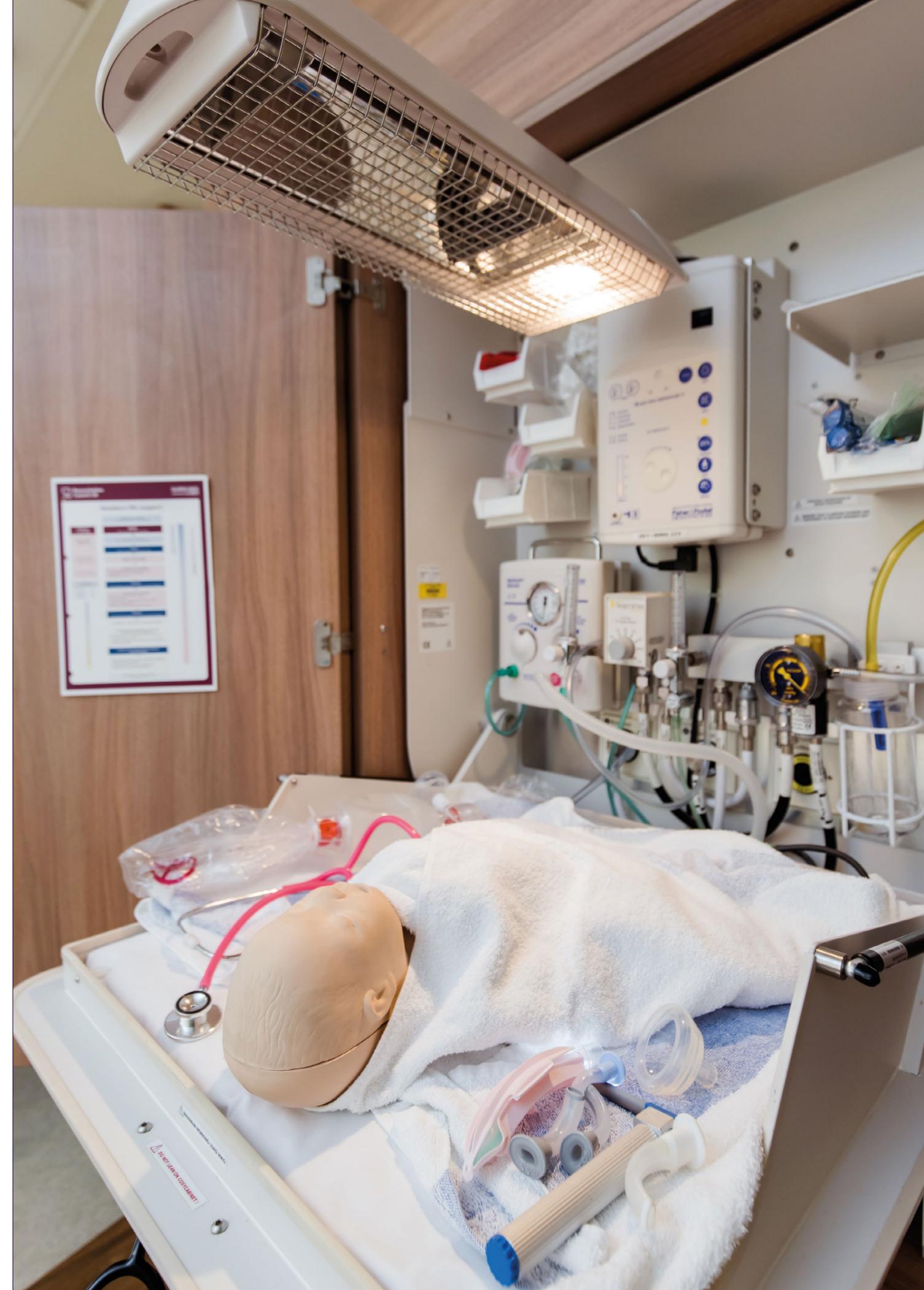
There is a need to ensure that maternity services have the right numbers of staff, deployed at the right time, with the right skills to deliver safe and effective care. No single workforce or human resource intervention on its own will achieve this; however, the evidence gathered through this evaluation suggests that RMDA has the potential to boost the supply of a more diverse, skilled, and productive registered workforce that is committed to working locally (thereby reducing employer recruitment and onboarding costs) and is more representative of the community it serves. Evidence suggests that implementation of the route may have wider workforce benefits, for instance through increasing the morale and engagement of existing maternity support workers, which, in turn will deliver organisational and service benefits.

The evidence gathered through this evaluation suggests that the RMDA has the potential to boost the supply of a more diverse, skilled, and productive registered workforce that is committed to working locally



Cost and benefits of the apprenticeship and traditional route

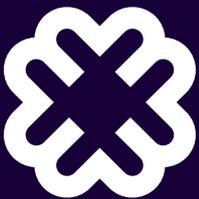
Item	Midwifery Degree Apprenticeship	Traditional route (Student fee paying)
Demand	Low but growing	High but some decline
Course fees	Paid for by Levy	Paid for by the student
Wages and employment costs	<ul style="list-style-type: none"> Cost to employer if new post (no new cost if existing post) Backfill 	Zero employer cost
Supervision, mentoring and other costs	Cost to employer	Zero employer cost (assume covered by Tariff)
Attrition	0-4%	Average 13%
Direct productive contribution	Apprentices will contribute to productivity from day one while they are in the workplace	Zero or minimal benefit to employer
Wider spillover benefits during training	Increased motivation of existing support staff and general rise in productivity. Partnership working	Zero or minimal benefit to employer
Post training	<ul style="list-style-type: none"> Apprentices are 'work ready' and readily transition to substantive employment More reflective of their local community. Diverse Likely to remain employed in their host employer (retention and reduced recruitment, selection, and onboarding costs) 	May leave following qualification ('transition shock'). May not reflect local community. May not remain with host trust



Recommendations

1. Raise awareness of the Registered Midwife Degree Apprenticeship route amongst maternity services.
2. Develop a national strategy to support scaling up of the route including the role of systems.
3. The RCM to continue to support the networking of those supporting the route.
4. Address concerns about backfill costs and loss of the Tariff for example as has happened in nursing.
5. Local maternity services should consider the role of the RMDA as one element of Grow Your Own workforce plans and strategies, which includes the maternity support worker Competency, Education and Career Development Framework.
6. Longitudinal research should be undertaken to:
 - a. assess whether the findings of this evaluation hold as more programmes are delivered and more apprentices trained;
 - b. investigate the extent midwives trained through the RMDA remain employed in their original trust and the NHS more generally;
 - c. explore the apprentices' experience of being a midwife, including their transition to work following qualification;
 - d. explore the attitudes of midwives working alongside apprentices to the approach.





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