Improving midwifery preceptorship with a midwifery development pathway

University Hospitals Birmingham NHS Foundation Trust

What was the problem?

Recruitment and retention of junior midwives by University Hospitals Birmingham (UHB; formerly Heart of England NHS Foundation Trust) was unpredictable. Further:

- the minimal clinical and pastoral support was contributing to poor retention rates
- inconsistency in the competencies required to achieve Band 6 was creating an unbalanced skill mix
- the disproportionate number of Band 5 midwives stemmed from a lack of structure and urgency in achieving Band 6.

What was the solution?

In response to the West Midlands Local Supervising Authority’s (LSA) recommendation that junior midwives should have adequate, structured preceptorship support (Kuypers, 2011), UHB appointed a midwife in November 2012 to lead midwifery preceptorship. This midwife worked with an experienced midwifery educator in UHB’s Education Department to develop a support package for preceptee midwives working across two acute maternity sites as well as a comprehensive induction programme. She underpinned this work with 50% of her time spent in a supernumerary role, directly providing the preceptees with clinical and pastoral support.

This resulted in a midwifery development pathway that directly maps to appraisal, making progression smoother from newly qualified Band 5 midwife to confident Band 6 practitioner. This new process avoids the ‘tick list’ approach eschewed in other models that fails to recognise existing competency (Hughes and Fraser, 2011), while formally monitoring progress and instilling continuity of support (Avis, Mallik and Fraser, 2013).
reinforces preceptee midwives’ exposure to the multidisciplinary team as well as successfully enhancing clinical skills, care prioritisation, ward management and workplace socialisation (Feltham, 2014).

The aim was to enhance a preceptee midwife’s sense of investment and belonging, in line with LSA’s recommendations (Kuypers, 2011), and to embed a guiding and supportive structure for them (Department of Health, 2010a).

**What were the challenges?**

Change is always likely to meet resistance however positive the predicted outcome. Addressing the issues of culture, custom and practice took time and perseverance. Ensuring equity across two acute sites, each with its own casemix of women and local approaches, added to this challenge.

**What were the results?**

A survey of preceptees and senior midwifery colleagues was used to evaluate the role of the lead midwifery preceptorship. Preceptees indicated they felt well supported, able to expand their clinical skills and more confident at work, engaging them with other learning and development opportunities.

- 92% found their preceptorship experience beneficial
- 62% and 38% stated that their preceptor had significantly and extremely improved their first year of practice, respectively
- 93% said that the midwifery preceptorship lead successfully signposted them to continued professional development.

“The preceptorship lead supported brilliantly...hands on support while working and there for advice with work and training.”

“All the support I could have wished for I have received. Talking to other friends who are newly qualified – they haven’t had similar support and are pretty envious!”

The senior midwives surveyed echoed the feelings of the preceptees, particularly valuing the supernumerary nature of the role.
“She is a point of contact for support and guidance – preceptees not feeling isolated in a busy and often stressful environment.”

“By helping individual practitioners gain confidence it affects and improves the ‘balance’ in the delivery suite.”

In a 2015 report the Care Quality Commission (CQC) revealed that student midwives at UHB said they would apply to UHB once qualified as the preceptorship programme is excellent (Taylor, Webster-Benwell and Tindall, 2015). This is mirrored in the recruitment of preceptees who trained externally and have heard positive reports of preceptorship at UHB.

What were the learning points?

- By providing formalised support, the midwifery preceptorship role and programme helps midwifery students become qualified practitioners, underpinning quality and safety in the provision of care (Department of Health, 2010b; Nursing and Midwifery Council, 2006).
- This approach promotes a consistent standard of compassionate, holistic care expected of NHS employees (Francis, 2013).
- The midwifery preceptorship role can enhance the skills and confidence of newly qualified midwives. Developing this role also demonstrates a trust’s commitment to retaining midwives as well as attracting and supporting newly qualified practitioners (CQC, 2015).
- A dedicated lead for preceptorship at trusts nationally would facilitate continuity of support for newly qualified midwives (Foster and Ashwin, 2014).

Next steps and sustainability

The preceptorship programme at UHB continues to thrive.

A new approach to maternity workforce development has inspired significant changes to the midwifery development pathway, induction and preceptorship programme. Instead of launching the pathway at induction, preceptees now undergo an initial six months’ consolidation to adjust to qualification without pressure to acquire any new skills or competencies. They are then expected to complete the revised pathway over the next 18 months. This extension of the preceptorship period minimises the pressure to complete it, helping to maintain the initial enthusiasm for career progression.
The midwifery preceptorship post is now full-time and clinically-based, increasing the support throughout maternity at UHB. Collaborative working with the newly appointed professional midwifery advocates and practice development midwives nurtures a safe, competent and confident workforce beyond preceptorship.

References


Want to know more?

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