



Royal College
of Midwives

state of midwifery education 2023

Executive summary

Midwifery education is vital to ensure we have a midwifery workforce for the future. Investment in midwifery educators, students, resources and partnership working between universities and the NHS is essential for the NHS workforce and the profession. The Royal College of Midwives (RCM) recommends:



Universities take steps to attract and retain high quality midwifery educators, such as offering competitive salaries and supporting professional development.



Secondment or joint appointment opportunities are offered between health Boards/Trusts and universities, ensuring improved partnership working and successful succession planning into midwifery education and research.



Academic assessor: student (AA:S) ratios are no greater than 1:19 to ensure effective support is provided and students meet the required standards.



Regular meetings are arranged between university (including the Lead Midwife for Education) and NHS strategic leadership to monitor midwifery programmes and address concerns from either organisation as early as possible.



Protected time is created within staff workloads to enable academic assessors, practice assessors and students to connect across academic and clinical settings.



Registered midwives use the Nursing and Midwifery Council (2019) Standards of proficiency for midwives when planning their continuing professional development as part of revalidation to demonstrate their own competency and be able to support and supervise midwifery students.



When there is a lack of diversity among teaching staff, a recruitment plan is developed to reflect the diversity of staff, students, and the people they care for.



Introduction

Excellent midwifery education is fundamental to effective midwifery practice. Students provide the future midwifery workforce, and despite the number of students increasing over recent years, midwifery staffing levels are at an all-time low. Midwifery education itself is facing unprecedented challenges and the profile of midwifery educators is changing over time.

The RCM is a key stakeholder in the education of midwives, providing continuous professional development and working in collaboration with universities, clinical practice education in the NHS, the Nursing and Midwifery Council (NMC) and other organisations across the UK. There is limited publicly available data on the state of midwifery education in the UK, so alongside its own surveys, the RCM makes regular Freedom of Information (FOI) requests to all universities offering midwifery undergraduate degrees in the UK to monitor trends*. In March 2023, an FOI was sent to 55 NMC-approved UK universities that provide pre-registration midwifery education. The overall response rate was 93%, but not all questions were answered if the university chose not to provide the information or was unable to do so.

Most midwifery students are enrolled in a full-time, three- or four-year bachelor's or master's degree programme that is underpinned by the NMC Standards for pre-registration midwifery programmes and Standards of proficiency for midwives (NHS 2019a and b). There are fewer students on post-registration shortened

programmes or return to practice, and each university has a different and varied education portfolio. In England, there is the option of a three-year apprenticeship programme, and where relevant, all routes have been included in student numbers.

To meet the increasing demand for midwives, it is vital to continue to invest in midwifery education. This includes providing adequate funding for midwifery programmes, recruiting and retaining qualified midwives into academic career pathways, and providing continuing education for midwives. It is also important to address the underlying causes of the staffing crisis across the midwifery profession, both clinically and in education, such as the increasing workload and stress of the job.

This report presents the findings of the RCM's FOI request 2022/23 and compares the results with previous RCM FOIs since 2010.

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*FOI was not conducted in 2019/20 due to Covid 19. In 2021/22 an abridged version was sent following RCM educator survey (2020) which may not have comparable data for every question.

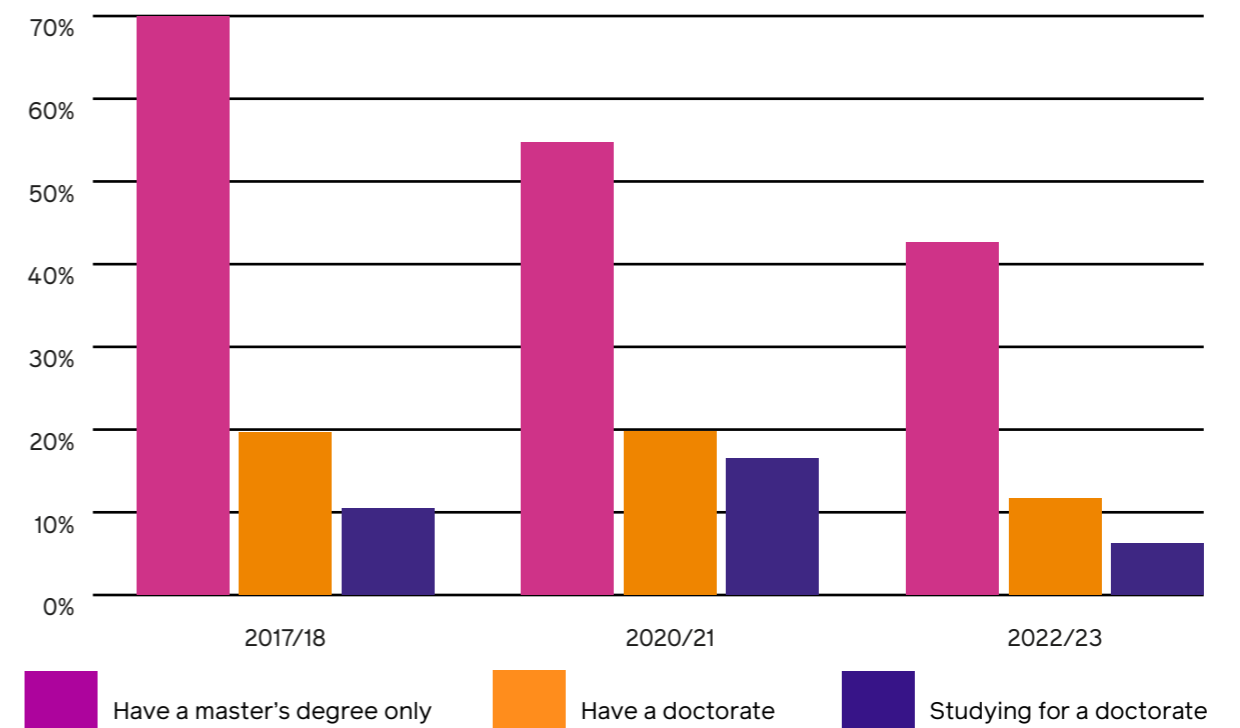


Midwifery educators

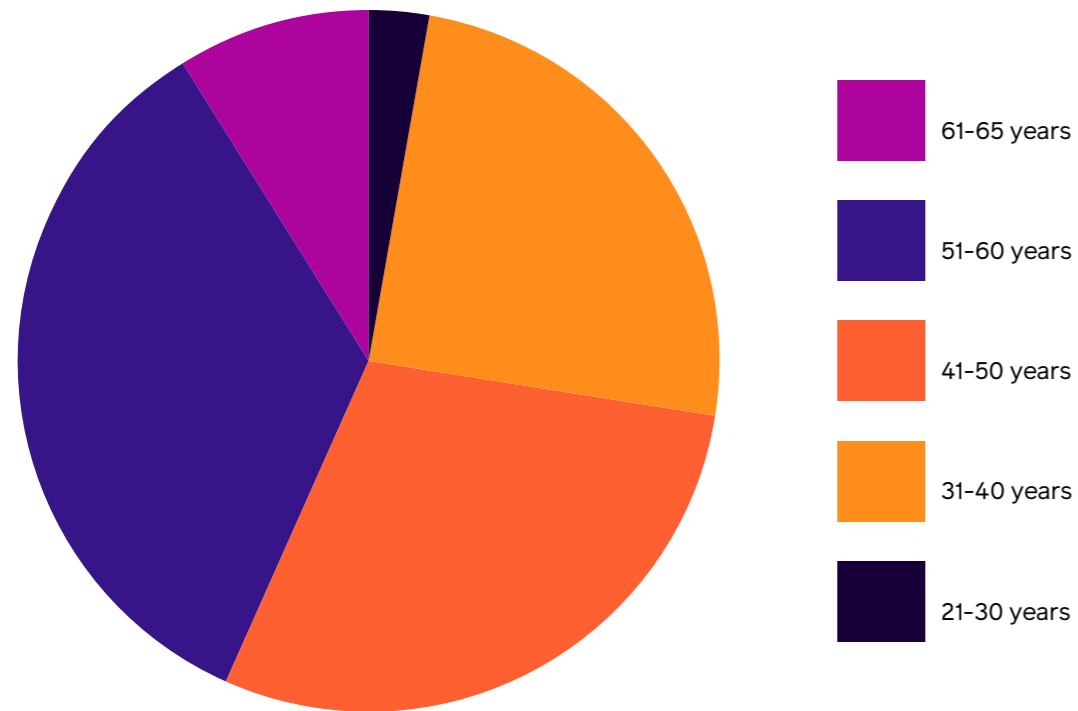
The profile of midwifery educators has changed in recent years, with an increase in younger midwives starting an academic career pathway. While it is positive that midwives are exploring wider career pathways, it is important to ensure that these opportunities are matched with opportunities for professional development.

As midwives are entering academic roles earlier in their career, we have seen a striking drop in the numbers of midwives in academic roles with a masters, doctorate or teaching qualification. In 2017/18, seven out of 10 staff had a master's degree. Five years later, that number has dropped to four in 10 (43%) for the 2022/23 academic year. Similarly, those with a doctorate has dropped from 20% in 2017/18 to 12% in 2022/23 and those studying for a doctorate has dropped from 10% in 2017/18 to 6% in 2022/23. Consequently, there is a less experienced and less academically qualified midwifery educator workforce.

Midwifery educators qualifications 2017-2023



Age profile of midwifery educators 2022/23



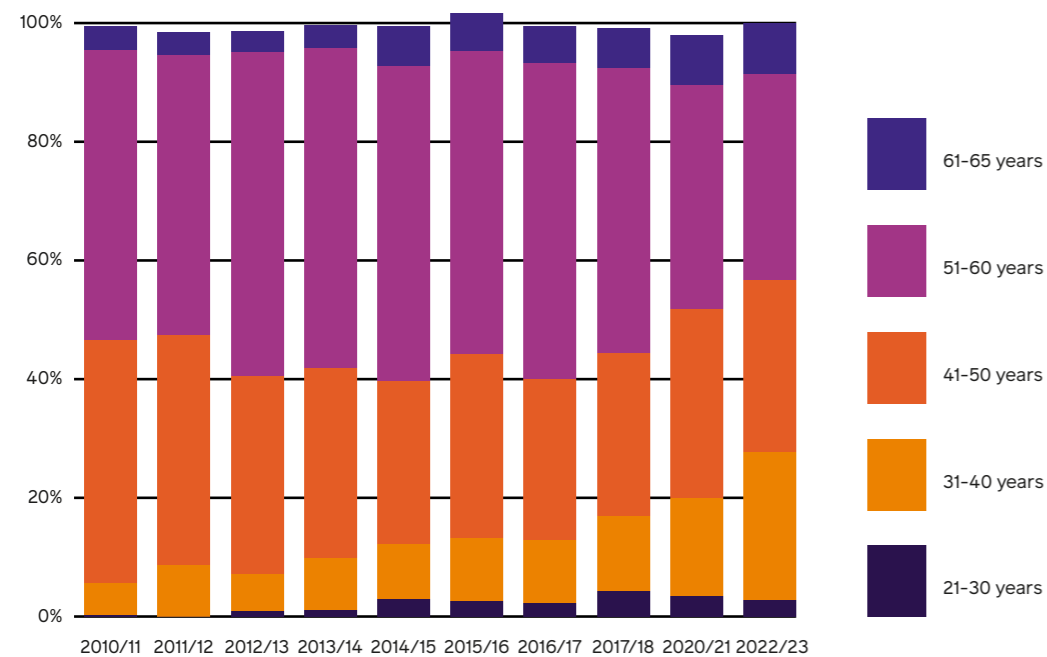
There is a need for a stable demography within education and support for midwives to follow clear career pathways and/or postgraduate education. As well as an increase in younger less experienced educators, the data show that over 40% of educators are over the age of 51, often with a wealth of experience. The support they can offer to those who are entering academic careers is essential, however these trends cause some concern for the future of midwifery education. Maintaining a supply of experienced educators is likely to be an ongoing challenge as the coming decades will see a significant number of experienced midwifery academics retire.

For the first time, the FOI asked questions about the ethnicity of educators. There was a poorer response to this question due to many universities

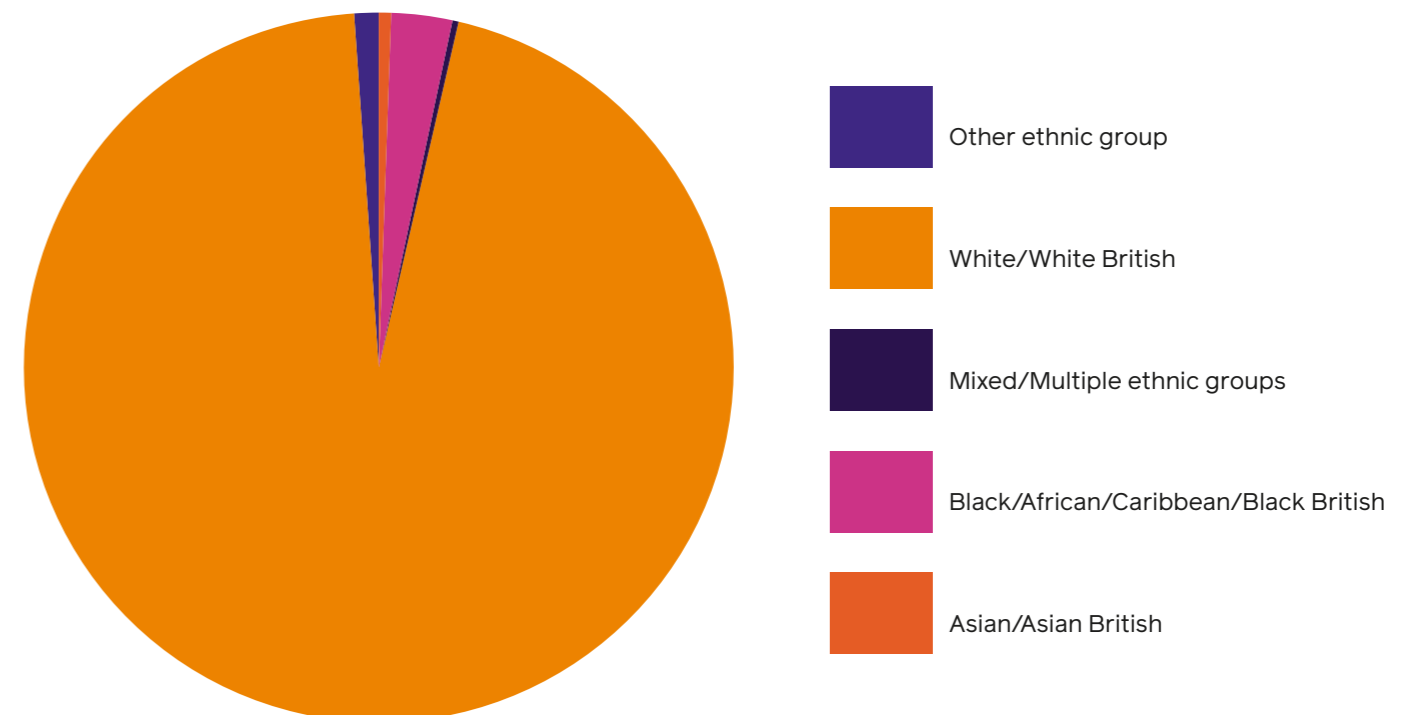
withholding the information under s40(2) Freedom of Information Act 2000. Of the respondents, 95% of educators are White/White British.

The RCM Decolonising midwifery education toolkit (RCM 2023) recommends that when there is a lack of diversity among teaching staff, a recruitment plan should be developed to reflect the diversity of staff, students, and the people they care for. Students from diverse backgrounds are more engaged in their studies when they are taught by educators who share their cultural background (Matthews et al, 2022). This would not only increase opportunities and improve the educational experiences of students and staff from diverse backgrounds but would ultimately improve maternity care outcomes for all women, birthing people, and their families.

Change in the age profile of midwifery educators, 2010-2023



Ethnicity of educators 2022/23



Midwifery educational leadership

The Lead Midwife for Education (LME) is a role mandated by the NMC and the LME is responsible for midwifery education in the university. They must be suitably qualified and experienced to lead and advise on matters relating to midwifery education. Designing and delivering a quality education programme that is fit for purpose and meets the needs of the future midwifery workforce to care for women requires a specialist level of expertise and entails a significant responsibility.

Strategic management is often required to balance the competing demands of university regulations and a healthcare education programme that leads to registration with a professional body. This is a complex task, as it requires consideration of a wide range of factors, including:

- the need to meet workforce requirements by increasing student numbers
- the need to ensure student well-being and a positive learning experience
- the need to minimise attrition in an educational setting that is often understaffed and under-resourced

A strong LME will have the experience and expertise built on professional credibility and academic ability. They must be able to:

- understand and navigate university regulations and NMC requirements

- develop and implement innovative educational programmes
- manage and lead a team of professionals
- evaluate the effectiveness of educational programmes

Across the UK, the role of the LME is applied differently in each university, and they are on different pay grades and in varying roles from Lecturer to Professor. There is also disparity in the recognition of the importance of the role and what direct strategic impact the LME can make in decision making with only 59% of responses stating that their LME sits on any form of strategic management group within the university. A clear indication of the disconnect is that more than a quarter (27%) of LMEs were not asked to complete or assist in the completion of the FOI data about midwifery education. This demonstrates a continued lack of direct consultation with the LME when discussing strategic matters relating to midwifery.

Even more concerning is that only 8% of respondents said that their Dean or Associate Dean of faculty was a registered midwife, emphasising the importance of involving the LME in decision making. The lack of midwifery representation at senior level creates a 'glass ceiling' for LMEs and academic midwives who wish to progress into senior management roles in universities. The RCM has long called for a midwife to sit at board level within NHS Trusts and Boards and believes this should also be the case in educational settings. It is not enough for midwives to report to senior management; all professions that the university board or strategic team serve should be represented to promote equity and influence over decisions that may include funding and staffing. Furthermore, it is essential that leadership sets the example of multi-professional working that should be reflected at all levels of education and clinical practice.



Midwifery academic roles

The majority of educators on midwifery curricula are midwives, with other health care professionals representing 10% of staff. This suggests a valuable multidisciplinary approach to the curriculum. However, there has been a decrease in seniority across midwifery educator roles with a striking decrease in senior/principal lecturers from 50% in 2017/18 to 35% in 2022/23 (FTE).

This is explained by the increase in younger lecturers starting earlier on an academic career pathway with limited postgraduate qualifications. While continuous professional development is an essential part of midwifery registration, a less experienced education workforce will feel that burden more heavily, with educators often engaged in formal study alongside their lecturer role to meet employment requirements within higher education.

There are also fewer registered midwives in Professor, Researcher, and Fellow roles. Therefore, there are fewer midwives who are able to influence research, policy and practice at a senior, national level which may have a consequence of less midwifery-led research being conducted. It is essential that we recognise experienced midwives

as experts in their profession and increase the number of midwives involved in research and policy development. There has also been a significant drop in the number of Lecturer-Practitioners who have a joint appointment to work across the clinical environment and university. The sudden increase then decrease from 2017-2023 was explained by more staff reducing their teaching hours in order to support the NHS workforce during the COVID-19 pandemic. It is understandable that, due to staffing shortages in practice, very few staff are released to gain experience in higher education and research. However, this opportunity must not be dismissed. Secondment or joint appointment opportunities between health boards/trusts and universities offer insight and often successful succession planning into midwifery education and research.

Allocated time to work in partnership with clinical placement providers is essential to ensure the collaboration of academic assessors and practice assessors to assess students' competence and application of theory to practice (NMC 2018). A lack of placement support is a key causative factor in student attrition (RePAIR project, Health Education England (HEE) 2018) and quality support and supervision of

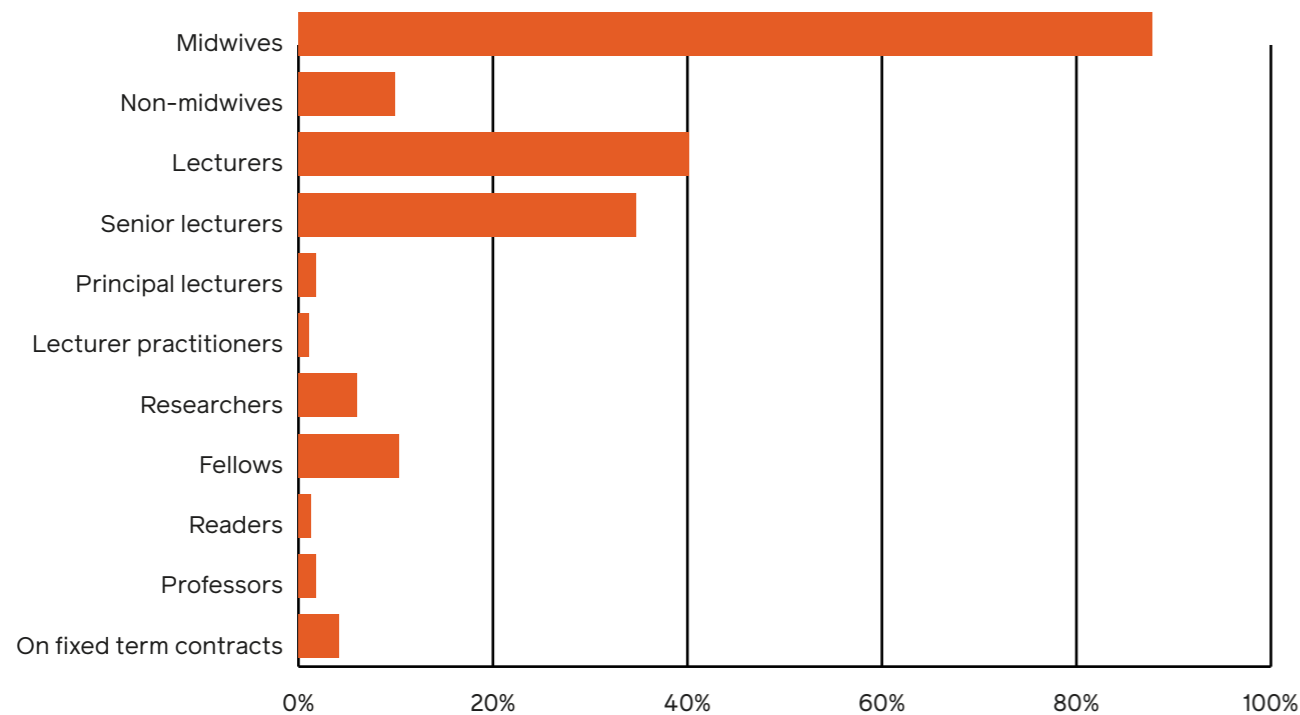
students in a safe learning environment promotes better placement experience.

Secondment and joint appointment opportunities can:

- offer staff the opportunity to gain experience in higher education and research, which can lead to career development opportunities;
- promote collaboration between universities and clinical placement providers;
- ensure that students receive high-quality education that has currency;
- support student retention rates.

The relationship between clinical environments and universities must not be underestimated. Successful approval and maintenance of NMC-approved midwifery programmes does not rest on the university alone - it is a partnership between the university and clinical placement providers who provide 50% of the educational support and supervision. Directors/Heads of Midwifery, LMEs and the strategic management in the university should meet regularly and sit on each other's strategic meetings to monitor programmes and address any concerns.

Midwifery educators roles 2022/23

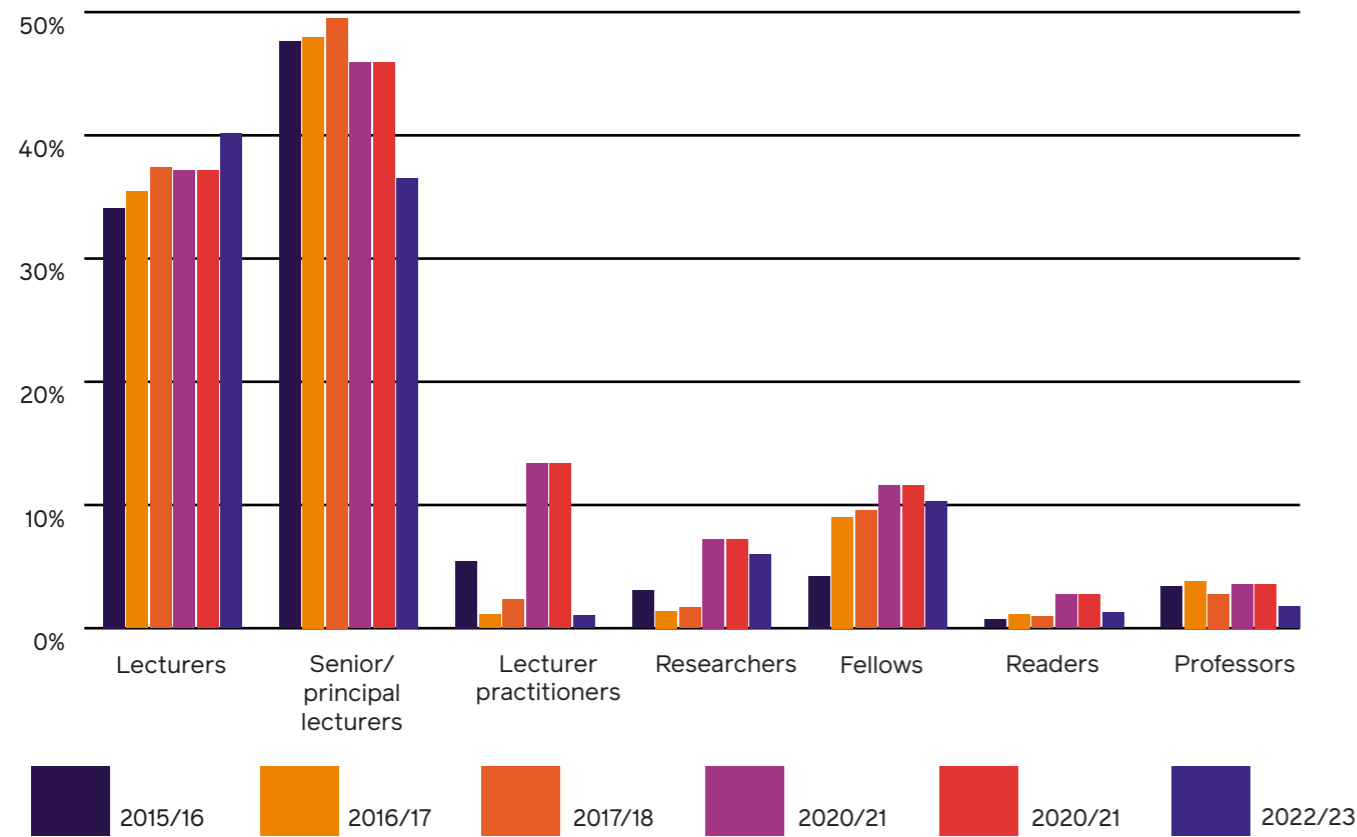


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Education workforce

Midwifery educator roles 2015-2023



The number of educators joining and leaving higher education has fluctuated over the past few years and more lecturers joined universities than left in 2022/23. Across the UK there were 58 new FTE educators in universities and most joined on a permanent basis. Eighteen FTE educators left from across the UK with only six FTE of those retiring. It is not known where those who left earlier than retirement went, however the RCM (2020) has previously reported that 23% of educators wanted to leave their organisation as soon as possible because there were not enough staff to do their job properly and the workload was contributing to unacceptable levels of stress. The number of midwifery students has increased significantly in the last few years and is discussed in the next section.

Although more staff joined universities than left in 2022/23, compared to previous years, there were fewer joiners, suggesting a decline in recruitment. When asked about planned changes to current staffing establishment, the universities reported a planned increase of 16 FTE across the UK (compared with 31 FTE in 2020/21) and a decrease of staff of five FTE (compared with 1.5 FTE in 2020/21). The number of lecturer vacancies has doubled since 2016/17 from 0.5 FTE average per institution to one FTE per institution in 2022/23 demonstrating a challenge in recruitment and suggesting that universities are competing with the NHS for staff. The actual number of vacancies is likely to be underestimated with 6% of the universities reporting that they have been prevented from recruiting for midwifery lecturers in the last six months. In remote or rural areas, there appears to be more of a challenge to recruit suitable candidates. Since the completion of the FOI, the RCM has been made aware of midwifery posts being lost due to voluntary or compulsory redundancy as a result of the financial challenges for higher education institutions. No universities reported a reduction in staff working hours, however there was confirmation that some universities will see a reduction in staff pay.



Pay and conditions¹

It is clear that universities need to take steps to attract and retain appropriately qualified staff, and competitive salaries are necessary to attract the clinical experience and expertise required for education. The average starting pay spine for a lecturer is £34,308 (UCU 2023) and for a band 6 midwife starts is £35,392 (NHS Employers 2023). The more experienced the clinical midwife, the more the disparity increases, meaning many skilled practitioners do not consider the pathway as a viable career option. Some lecturers are returning to practice as they are likely to earn a higher salary in the NHS than in higher education. Universities should consider industry pay scales if they are to recruit the knowledge and expertise required to deliver high-quality programmes and fit for purpose graduates.

In addition, experienced midwives are often excluded from lecturer recruitment because they do not have a portfolio of higher education experience or qualifications. This means that universities are missing out on a pool of talented and experienced individuals who could make valuable contributions to higher education. One solution is to create opportunities for experienced staff so that they can develop the skills and knowledge they need to be successful in a higher education setting, for instance through joint appointments.



¹ The RCM does not negotiate on employment with universities but it has been included as it is a major barrier reported to those taking up or staying in posts



Midwifery students

The number of midwifery students across the UK has increased significantly over the last decade. Almost every university providing student data revealed an increase in student numbers over the past three years, even when taking into consideration attrition data. A significant number of universities chose to withhold student data so averages per institution have been used to compare data as this is more meaningful where the data are incomplete.

In 2022/23, the average number of midwifery students per institution was 205, whereas the average number in 2011/12 was 122, an increase of 68%. The number of students graduating, however, does not reflect the higher student numbers entering midwifery; in 2021/22, there was only an average of 45.7 students graduating as midwives per institution.

The number of students leaving programmes without completing has also significantly increased. The average number of students per institution leaving voluntarily without a qualification in 2021/22 (last completed year) was 14.9. This compares with nine per institution in 2011/12. Of the 42 universities reporting student data, an average of 28.1 students per institution left their programme during 2021/22, 14.2 temporarily and 13.9 permanently. This is an average attrition rate of 13.8%.

The most commonly recorded reason for leaving temporarily was ill health (average of 5.8 students

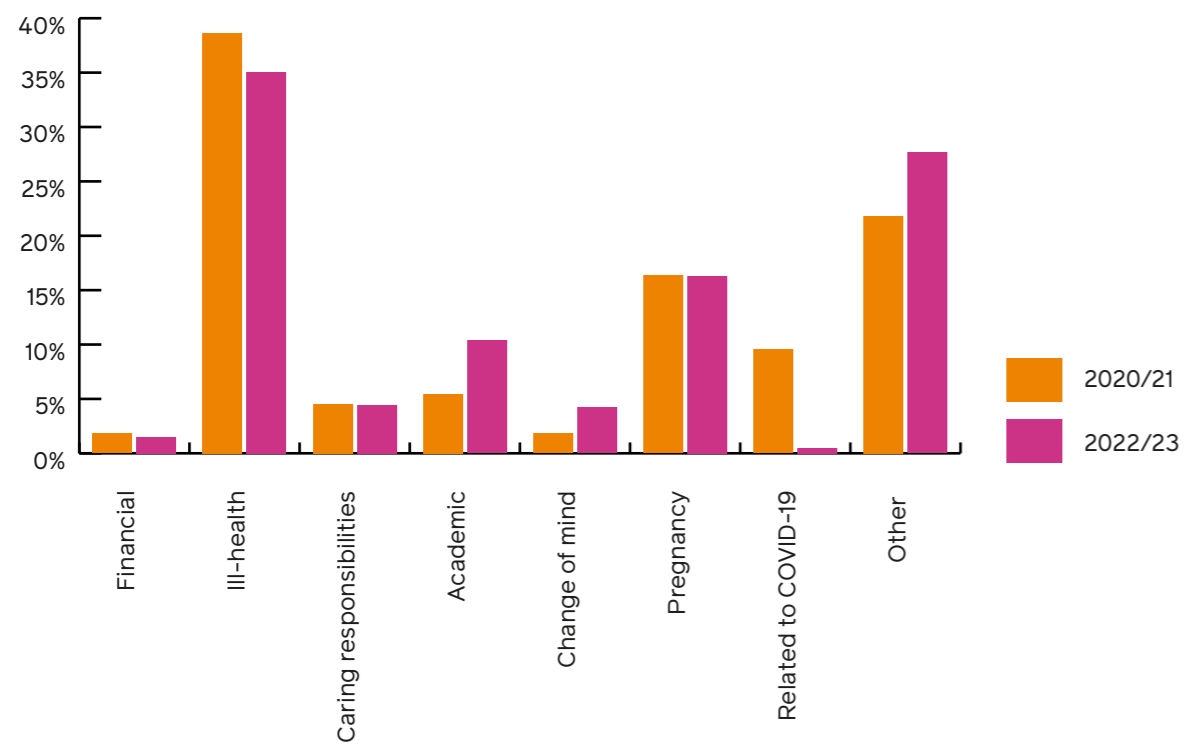
per institution), and the most common reason for permanently leaving was a change of mind about the course (average of 3.3 students per institution). Academic failure accounted for an average of only 2.3 students per institution leaving the programme permanently. The high number of students leaving temporarily and permanently for 'other' reasons may reflect the student's reluctance to disclose their reasons for leaving and may include ill-health and financial difficulties.

The significant take away from the data is that attrition of students on programme is an ongoing concern. Increasing student places is not necessarily the answer if the impact on student experience, availability of resources (for example, physical space in classroom and simulation suites, equipment and models), lecturer and placement capacity and support is compromised. The reasons that students are leaving also highlight the need for strong support services such as academic and placement accommodation, mental health counselling and financial aid. We must focus on retaining the students we have.

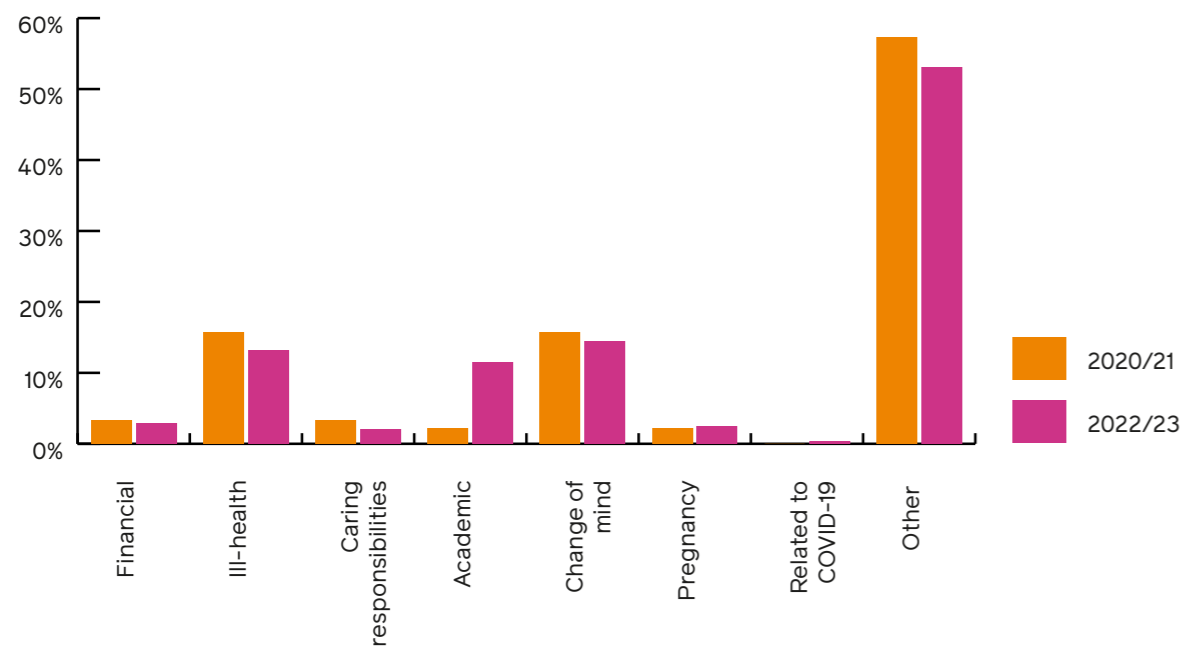
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Reasons for students leaving temporarily



Reasons for student leaving permanently



Staff-student ratios

There is no recommended staff to student ratio (SSR) for midwifery education or mandated by the NMC, unlike some other healthcare professions (for example, the Chartered Society of Physiotherapy recommends a ratio of 1:15). The International Confederation of Midwives (ICM 2021) recommends the ratio of students to academic and clinical teachers should be based on the learning context and the needs of the students. Certainly, some caution should be exercised when interpreting SSRs due to the number of midwives and non-midwives teaching on courses, their work portfolio across pre- and post-registration education and research, and the local context of the university.

Across the UK countries, there was striking variation. SSR is considered a quality indicator in many university league tables, such as the Guardian University Guide and Times Higher Education University Rankings. The universities' responses revealed a wide range of staff-to-student ratios (SSRs). Figures may be underestimated, as some universities included wider school/faculty staff in their SSRs and part-time staff were often reported as headcount rather than whole time equivalents.

It is reassuring to see the number of midwifery students increasing, but the teaching staff has not kept up with this growth. In 2022/23, the average number of full-time equivalent (FTE) educators teaching midwifery courses per institution was 13.1, with an average of 11.7 FTE NMC registered midwives among those educators, according to 48 universities that provided a full answer to this question. It is concerning that the number of registered midwives working in universities has remained static over the last few years, with only a total of two FTE more than there were 2009/10.

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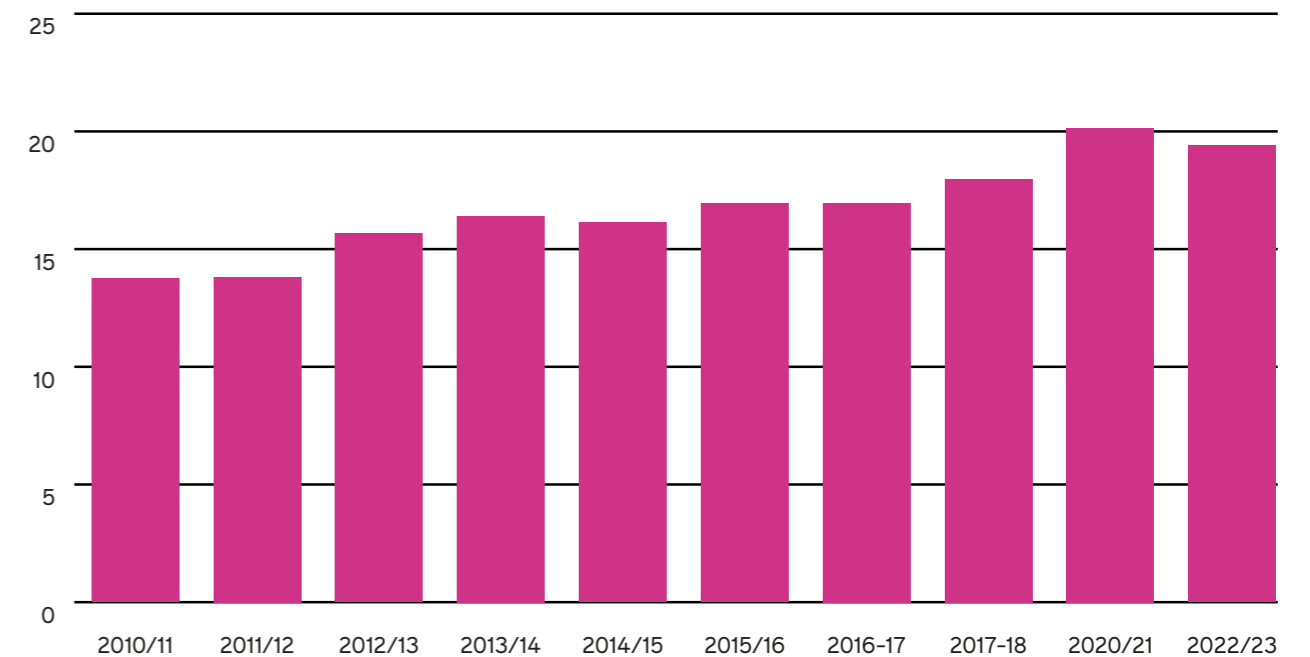
The average SSR has continued to rise compared to previous years, which is of concern. Self-declared SSRs ranged from 1:12 to 1:29, with 1:19 as the UK national average in 2022/23. Only six universities reported having their own agreed SSR for pre-registration healthcare programmes and this varied between 1:15 and 1:22. This is based on university self-declared SSR data. Registered midwifery staff to student ratios are higher in England, Scotland and Northern Ireland.

Calculating registered midwife educator to student ratios alone, SSRs from the data provided (n = 45 universities) ranged from 1: 10.4 to 1: 38.3. This is significant because only midwifery educators can perform the role of academic assessor. Academic assessors collate and confirm student achievement of proficiencies and programme outcomes in the academic environment for each part of the

programme, therefore overseeing the quality of midwifery education (NMC, 2018).

Academic assessors ensure that students have appropriate educational support and that objective, evidence-based decisions are made on students' progress in partnership with practice assessors. To achieve this, we would strongly recommend an academic assessor to student ratio (AA:S) of no greater than 1:19 midwifery educators to students. This would recognise the time required for academic assessors to work with practice assessors to provide feedback, identify areas for improvement, and track progress. Furthermore, it offers the time for support and guidance as the student progresses through their studies. This is still a higher ratio than other healthcare professional SSRs and should be built into future midwifery educator workforce planning.

Staff to student ratio (SSR) 2010-23



Looking forward

On a positive note, the number of midwifery students has increased and we are seeing earlier academic career opportunities for midwives. However, there is much work to do. The number of midwifery educators has not kept pace with the number of students and consequently the support in academic and clinical settings varies across the country. The diversity of educators and a lack of recognition of midwifery leadership in universities continues to be a concern. While the demand for midwifery programmes outweighs the number of places, we must ensure the balance between the capacity of educators and clinical learning environments to promote the right support at the right time to retain and educate the midwifery students we currently have.

There are numerous calls on UK and devolved governments to commit to boosting midwife numbers and to sustain the number of places at their current high level. NHS workforce plans will not be successful, however, if there is not the educational workforce and capacity to implement them. The RCM will continue to amplify the voice of midwifery education and hope this report helps to justify the need for change for those in NHS and university workforce planning as well as the support required to retain midwifery students.



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