Royal College of Midwives

the experience of early career midwives in scotland: five years on

Report from the RCM Scotland ECM Experiences Survey and *Leaders and Midwifery Professionals in Scotland (LAMPS)* network surveys.

Executive summary

In 2020, the Royal College of Midwives (RCM) published the report *Developing a preceptorship program for early career midwives in Scotland.* Compiled by the First Five Years Forum (FFYF),[1] it advocated for a structured, consistent preceptorship programme for newly qualified midwives and was a key influence in the development of the *Midwifery Preceptorship Framework for Scotland*[2] which was launched in 2023.

The 2020 report had five recommendations:

1. Individualised career progression options.
2. Clarity about expectations of skills development
3. Protected learning and supernumerary time
4. Named preceptor and defined support network
5. Development of a national program to provide a consistent approach to skills development.

Five years on, the RCM, through its Early Career Midwives Network (ECMN) and joining with the Leaders and Midwifery Professionals in Scotland (LAMPS) network, adding insight from their survey on what quality and culture meant to early career midwives, developed this report to show what progress has been made in ensuring that every early career midwife is able to thrive, what more needs to be done to support future midwives in Scotland and what quality and culture means to early career midwives.

This report of the findings is helpful:

To early career midwives, knowing that they are being heard.

To the midwifery community, to understand what is working and what is making a difference and what needs to change.

To leaders, so that they have an additional tool to advocate for what they need to retain midwives in the profession.

For policy, to recognise that no profession works on just pouring numbers in without the focus on postgraduate development, every line of the Ministerial taskforce is essential so that every part of our midwifery community can thrive.[3]

It is important to reflect positively on the progress made – and on the impact that the midwifery community's collective voice has had in securing that progress. The RCM's five-year plan for the profession,[4] published in 2022, was borne out of a survey[5] which identified key challenges in terms of leadership, career structures, safety, and cultures and provided compelling illustration of the workforce challenges faced by midwifery in Scotland.

Our State of Maternity report[6] in 2023 further indicated the challenge that increased policy expectation, intervention and complexity has on the workload of a static workforce with depleted skill mix. In 2023, the RCM, alongside sister unions, secured a minister-led Nursing and Midwifery Taskforce (NMT) to identify key recommendations across leadership and cultures, education and development, wellbeing, and attraction to the professions, in recognition of the challenges facing the professions in Scotland.[3]

While this focus is welcome, there is a fundamental issue: we have too few midwives. The number of midwives working beyond their contracted hours[7] highlights the urgent need for an increased establishment, as the minimal increase in midwives in the past 10 years, less than that of all other professions within maternity,[8] has effectively been negated by the reduced working week. Meanwhile the demographics of the profession in Scotland has changed considerably, and is weighted much more to those earlier in their career. This impacts on the skill mix – and experience - available.

Effective preceptorship requires supportive educator and supervisor roles to supporting every early career midwife and the wider midwifery community to thrive. It is therefore disappointing that, knowing this was going to be the case, the Scottish Government has put so little targeted investment into the postgraduate education and educator roles to mitigate this predicted change.[9]

While we recognise that Scotland has progressed preceptorship in the past five years, the progress has not been consistent, which is impacting on the experience of early career midwives:

- There remains a lack of individualised preceptorship planning.
- There remains a lack of clarity regarding skills development, realistic and appropriate workload.
- Protected learning is not applied consistently and for each placement area, in line with national guidance and supernumerary time.
- Named preceptor and a defined support network has been partially implemented but there is a lack of time identified for meetings with preceptors and with local and national networks.

There continue to be significant systemic issues that, despite input from the RCM and the extensive work undertaken by the NMT[3] and listening project,[10] have not been addressed. The delay in tangible implementation of Taskforce recommendations makes the workforce, workload and opportunities for midwives to provide and receive support insurmountable.

Jaki Lambert
Director, RCM Scotland

What needs to happen

1. Individualised plans

- Individualised plan updated throughout the year considering personal need and career aspirations.

2. Clarity about expectations of skill development

- Clarity throughout preceptorship program re expectations and timescales to attain Band 6.
- Access to feedback from preceptor.

3. Protected learning and supernumerary time

- Dedicated defined supernumerary time in each new area.
- Protected learning time honoured.

4. Named preceptor and defined support network

- Every preceptor should have an Identified person on each shift and access to clinical supervision, as well as ECM networks at local and national level.
- Manageable workload and reduced caseloads for NQM working in community or integrated settings.
- In addition, those supporting preceptorship programmes should have
  - Dedicated roles to support program and learning: roles, including practice development, and clinical educators with defined ratios.

5. Retention of early career midwives

- Being supported to undertake the actual role of a midwife.
- Having impact, making a difference.
- Feeling valued as part of a positive team.
- Job satisfaction, learning and development.

6. Development of a national program to provide a consistent approach to skills development.

Orientation and supernumerary time

- Orientation tailored specifically to midwifery.
- Opportunities to get to know all relevant teams/services.
- Supernumerary time in each new area is vital to support this transition.
- Support from clinical educators, practice development teams with defined ratios.
- Ongoing opportunities for check-ins.
- Support in how to undertake NHS admin: annual leave, rostering, mileage claims, pensions etc.

Workload

- Realistic workload and responsibility.
- Smaller caseload size.

Rotation plans

- Rosters that have care integrated have positive feedback.
- Rosters available at least 4 weeks in advance to enable staff to make caring arrangements.
- Flexible working policy requests supported where possible.
- Longer blocks should be considered alongside the ability to be individualised.
- Supernumerary time in each placement area particularly labour ward.
- Opportunities for 'elective/ personalised rotation opportunities.

7. Quality and cultures

- Practicing in a team that values and support you.
- Feeling safe and proud of care given.
- Practice reflects evidence.

FFYF report: results five years on

136

- Appropriate workload, workforce and skill mix.
- Positive culture.

In 2025 there were 116 responses and in the 2020 report there were 136, representing the majority of the 14 health boards in Scotland.

51%

51% work full time (48 part time, bank 1%).

44%

44% would be influenced by the preceptorship program provided by board in deciding where to work (62% in the original survey).

1. Individualised plans with career progression options

Only a third of respondents said that they had an individualised plan that was reviewed regularly at the recommended quarterly meetings.

‘The preceptorship experience has been non-existent. Preceptors are not given any time to have meetings. It’s not anyone’s priority but it should be.’

‘My mental health suffered badly.., and I felt very paranoid and incapable. The labour ward manager made a point of catching up and arranging additional supernumerary shifts and time within elective theatres to help support me in gaining confidence.’

All boards have been working to develop a preceptorship program, but it is not yet universally embedded in practice. Nor has there been any resourcing to support implementation. We recognise the effort to support individualised plans which, when they work, are clearly really making a difference. However, when they fail, whether through lack of access to support, lack of time to support due to staffing or lack of support for midwives in terms of the expectations of a preceptor, it has a negative impact. Some of this may be teething problems but the personal input from midwives, with the time and development to support an individualised plan makes all the difference to the Midwife starting out.

What needs to happen

Individualised plan updated throughout the year considering personal need, career aspirations and feedback.

2. Clarity about expectations of skills development and requirements for attaining Band 6

Nearly half of respondents (44%) said that they were unclear what was needed to promote to Band 6, representing a decline since the 2019 survey (49%). While the majority of respondents in 2019 confirmed reaching Band 6 in their first year of practice, this fell to just 30% in 2025.

'Having a good relationship with my preceptor who I could go to when I was needing to check something and who would remind me that I was doing well when I was overly self critical. Being able to see my work and abilities reflected from her perspective was very helpful.'

'Lack of support, no induction, no check ins, being in charge and alone less than a month into the role, no discussion re expectations of the 1st year in practice and rotations. Shifts and on calls being changed with no consent or being told.'

Midwives are educated to level 6 and have a year as a band 5 midwife to facilitate a positive transition to practice, through a supportive preceptorship year. A delay in attaining that is therefore of concern. There is still a lack of clarity regarding what is required. With half of midwives joining the profession working part time, it's vital that the preceptorship programme is supportive and individualised to their needs.

What needs to happen

There must be greater clarity around the expectations and timescales required to attain Band 6, access to feedback from the preceptor.

3. Protected learning and supernumerary time

More than half (51%) of respondents did not feel that the workload was appropriate to career stage, while under a third (31%) of participants felt that their time offered was genuinely supernumerary.

'The intention to support is often there but it goes out the window with staffing issues. I loved midwifery but left it due to stress and concern about staffing. Felt senior managers out of touch with how it actually was.'

Although in some areas respondents were provided with paid time for completing online learning, in line with current national guidance[11], this was not universal. The survey reflected the experience of midwives being denied rostered time to complete online learning, orientation paperwork, and understand local systems.

However, this cannot be seen in isolation from the high level of comments regarding staffing levels and workforce pressures. This theme recurred throughout the survey and reflects the finding from RCM Scotland publications mentioned in the executive summary as well as the Listening Project[10] that was undertaken as a key part of the Ministerial Taskforce.[3]

'[Where I work] there is an amazing clinical educator that would work alongside you on shifts, offer personalised training on any skills or areas you needed more experience with, and would set up regular meetings with Band 5 midwives to ensure we all felt supported.'

What needs to happen

Preceptors need dedicated defined supernumerary time in each new area and protected learning time should be honoured.

4. Named preceptor and defined support network

The number of respondents receiving a named preceptor increased from just under a quarter (24%) to over a third (36%) in five years. However, more than half (56%) said they were unable to access clinical supervision when needed.

'The most challenging part has been poor staffing which can cause you to be the "senior" member of the team within that shift, it puts a lot of pressure on you especially when you're just new to the role and then having to support even more junior members of staff.'

Having a dedicated person to go to on every shift, alongside supernumerary time in each area, was cited by respondents as most important to them. They said that they want to feel part of the team with a fair allocation of work, and felt the greatest support came from colleagues and peers. These cultural factors, which indicate the value of peer support and early career midwife networks, have the greatest impact on preceptees, but that does not take away the need for formal preceptorship support.

While the preceptorship program has made a positive impact, fewer than half of respondents felt they had a dedicated person for support in each area. The least support was reported as being from named preceptors and clinical supervision. As only 36% had access to a named preceptor this is of little surprise but also highlights that preceptorship is everyone's business.

The RCM is concerned that the launched framework for midwifery clinical supervision in Scotland[12] that is both supportive of maintenance and development of skills and restorative in nature has yet to be embedded, despite being a key recommendation of the Ministerial taskforce.[3] As a key factor in supporting retention and quality of care the current system is clearly not accommodating the need.

'The people I am working with (especially the newer qualified midwives) are absolutely wonderful and it's so nice having the people to talk to that understand what we are going through. More reflection time with other NQMs would have a huge value.'

What needs to happen

Every preceptee should have an identified person on each shift and access to clinical supervision, as well as ECM networks at local and national level. Workloads for ECMs and caseloads for those working in community must be manageable. In addition, those supporting preceptorship programmes should have dedicated roles, including practice development and clinical educators with defined ratios.

5. Retention and intention to leave

There has been little movement in the number of early career midwives already considering leaving the profession, with a minor drop from 57% in 2019 to 54%.

If a preceptorship year is a key part of supporting the retention of every midwife, there is clearly much more to be done.

There are strong 'pull factors' for early career midwives to remain in the profession. Respondents cited the role of the midwife, particularly supporting women and families, and having an impact and purpose. Feeling valued and being part of a team were also motivating factors, alongside job satisfaction and the ability to learn and develop. Therefore, the survey also sought to understand what had the most positive impact in midwives being motivated to say within the profession.

However, there is a significant counterpoint. Respondents cited workload stress, including feeling overwhelmed and unreasonable expectations, and having insufficient time to provide care. Many also cited poor workplace cultures and behaviours, and the impact on their own mental health.

‘Caring and advocating for woman’s and families, provided the best care I possibly can.’

Unfortunately, many of these reasons directly reflect those of the RCM’s 2022 survey of midwives[5] and in the listening project[10] The Leaders and Midwifery Professionals in Scotland (LAMPS) survey specifically looked at what quality and culture means to early career midwives. While most felt well supported and there was generally high confidence in delivering high quality care, more than half of respondents had seen gaps in quality of care, related predominantly to staffing concerns, sickness absence, workload, poor morale and care being fragmented. The majority felt confident to raise safety concerns, but a shocking 87% had witnessed negative behaviours affecting team culture. These related to leadership and management and a lack of team culture where there were issues with multidisciplinary team working. Again, the negative impact of staff being moved daily continues to be highlighted.

Most felt well supported, however:

- Over 50% had seen gaps in quality of care.
- 87% had witnessed negative behaviours affecting team culture.

Early attrition is a concern that cannot be resolved by drawing solely on the supply of student midwife numbers. We need to resolve the cultural and systemic issues and do so with pace.

‘It’s embarrassing when looking after women and you spend most your time finding something or having to replace something that doesn’t work.’

What needs to happen

Midwives should be able to practice in teams that value and support them, where they feel safe and are supported with positive feedback. They need time to learn and support to develop areas of professional interest. Underpinning all of this is the need for the right staff, in the right place, at the right time, with the right education and training.

6. Development of a national program to provide a consistent approach to skills development

The RCM is pleased to see that this key recommendation regarding a national program has been implemented, with 89% of 2025 respondents participating in a preceptorship program compared to 60% in 2019. However, it is still concerning that 11% either had not undertaken any program or did not know if they had.

Orientation and supernumerary time continues to be mixed, ranging from a five-minute tour to a six-week transition period. There were some positive examples given of extensive orientation to teams and board that was relevant to midwifery with regular check-ins, valued input from clinical educators and practice development teams. Having supernumerary time and access to support was key. Less valued was non-midwifery-specific orientation, lack of support and short corporate-focused orientation without access to accessible support.

'Here's your computer login, good luck.'

Well-supported orientation is also at the heart of ensuring early career midwives are well-prepared for rotations. Only 58% had their roster in time (around four weeks in advance) to accommodate family or caring responsibilities, although 64% felt they were given sufficient notice to accommodate changing shift patterns between areas. Over two-thirds (67%) were not provided with a rotation plan or clear outcomes for time spent in each area.

Understandably, this had a significant impact on early career midwives, with 42% experiencing the stress of arranging home and caring responsibilities without adequate time. This is a great concern as we know this directly impacts retention.

Some Health Boards had a standard rotation plan which consisted of a set amount of time in each area in blocks whereas other areas approached this on an individual basis with agreed time each week in each area thereby providing an integrated foundation. The size of Board will impact on the ability to flex the program and there was no one preference. However, longer times in an area (six to 12 months) was preferred. The lack of choice or flexibility appeared to have the greatest impact, particularly in relation to arranging caring responsibilities. For those working in integrated settings the exposure to all parts of care was appreciated and there overall was positive responses from this cohort with no fear attached to moving.

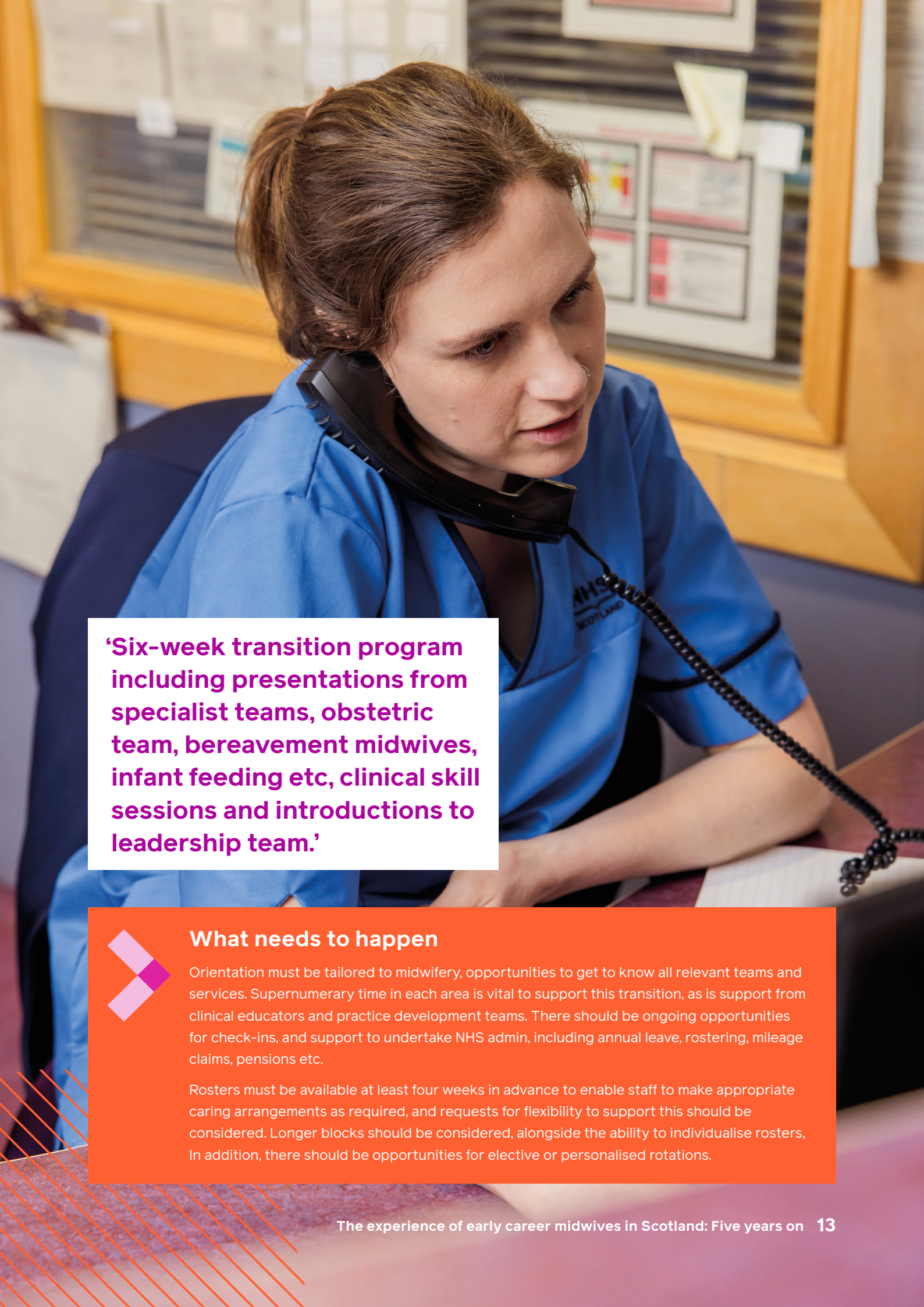
'The biggest challenge is trying to get people to understand that rotating areas needs just as much support as your first area.'

Rotation into specialist and wider teams

Whilst only 14 had the chance to work with specialised teams, there was a clear improvement in the percentage of participants who were given the chance to work in other areas.

In 2019 this was 40% rising to 60% in 2025.

There is still work to be done on providing opportunities for individualised opportunities to be accommodated across all pillars and areas of practice.



‘Six-week transition program including presentations from specialist teams, obstetric team, bereavement midwives, infant feeding etc, clinical skill sessions and introductions to leadership team.’

What needs to happen

Orientation must be tailored to midwifery, opportunities to get to know all relevant teams and services. Supernumerary time in each area is vital to support this transition, as is support from clinical educators and practice development teams. There should be ongoing opportunities for check-ins, and support to undertake NHS admin, including annual leave, rostering, mileage claims, pensions etc.

Rosters must be available at least four weeks in advance to enable staff to make appropriate caring arrangements as required, and requests for flexibility to support this should be considered. Longer blocks should be considered, alongside the ability to individualise rosters, In addition, there should be opportunities for elective or personalised rotations.

Conclusion

This report tells what is needed to continue to develop the right support to ensure our early career midwives thrive, but it also tells of a community that is striving to make things better with limited resource.

The positivity of the LAMPS network working with the early career midwives to drive improvement is testament to the leadership we have at all parts of our community. This cannot be done in isolation, the lack of investment in the midwifery community; in the workforce including the roles that educate develop and support is unacceptable. The taskforce needs to move rapidly from a series of recommendations to resourced implementation if real change is to be realised.

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