



Royal College
of Midwives



The culture of **recruitment** in Scotland

Executive summary

This report is the work of the Scotland student midwife network alongside their early career midwife network colleagues.

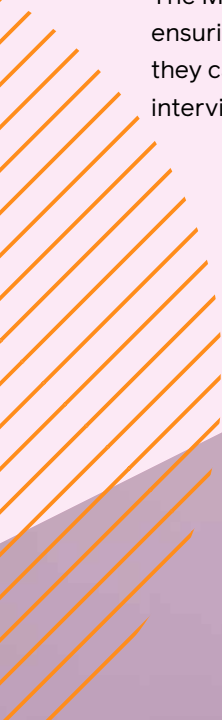
Interviews are always opportunities: to learn, improve, share who you are as an individual or as an organisation and what you stand for. With competition for midwifery posts across the UK increasing, being prepared and knowing what is expected are key for the interviewee, but equally so for the interviewer. Every midwife wants to be seen as an individual: share why they are a good fit for the job and present themselves well on the day.

More than that, though, they want clarity over what the job will entail, what is expected of them and what support and development will be provided.

The RCM Scotland student midwife network, responding to the concerns of their peers in their final year, wanted to understand what would help them to be well prepared for interviews. This report identifies what has helped midwives in their preparation for interviews, whether they are the interviewee or interviewer, or have led, operationally or strategically, on the posts advertised.

The Ministerial Nursing and Midwifery taskforce has the clear aim of ensuring that we can recruit and retain midwives in Scotland and that they can continue to thrive and develop throughout their career. The interview process is key to that relationship starting well. However, it is

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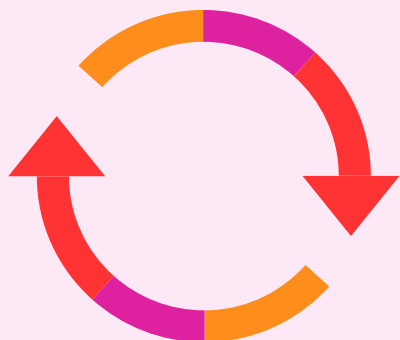
also important that interviewers have the time and support to develop their interview skills and to prepare for interviews. Implementing the recommendations will improve the experience for both interviewee and interviewers and ensure that all our newly-qualified midwives come into the profession feeling positive and supported.

Culture is one of the key themes of the RCM's five-year plan for the profession in Scotland and a key area in the Nursing & Midwifery Ministerial taskforce and listening project. The culture of an organisation is how values are demonstrated and role modelled.

Interviews are an ideal opportunity to explore whether personal and organisational values align. Exploring at interview how midwives will reflect the values of the organisation, how they will grow and develop, while providing safe, skilled, compassionate care and working well with the midwifery and wider team – will go some way to improve workplace cultures and behaviours. Ensuring that interviewees are fully prepared – and that interviewers are supported to explore these important areas – is part of this shift that all of us, from the midwifery community to the women and families we support, want to see.

Our recommendations

Better coordination between universities and Boards



- Supporting students so that they know what a Board is looking for, when they will be advertising roles for newly qualified midwives and what to expect from the process could greatly improve the experience of applicants. It may also help to deter students from accepting offers in several Boards due to uncertainty regarding posts being advertised and appointed to in in their preferred Board.
- Directors of Midwifery, Educators in boards and Lead Midwives in Education (LMEs) should collaborate to improve coordination and bridge gaps between Boards and universities
- Boards providing interview preparation locally has been shown to be effective

Better support for potential candidates



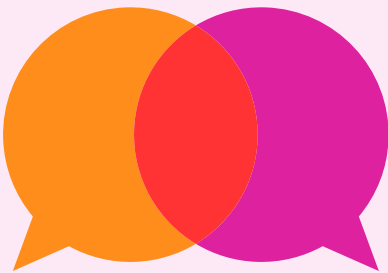
- Health Boards should develop a consistent support pack for applicants, to include interview structure, board information and organogram or similar, sample questions/topics and any preparation tips.
- There should be clear and accessible practical information, including how to get there and parking.
- There should be improved support from universities to prepare for interviews, linked to the NHS application process.





Values-based interviews

- Values-based interviews should be allied to the Health Board's own stated values. Students felt these gave opportunities to show themselves as individuals.
- There should be reduced focus on clinical and emergency scenarios that repeat students' final assessments and were unrealistic in the level of responsibility expected.
- There should be regular supportive training to support ongoing development of those who sit on an interview panel, including values based interviewing skills.

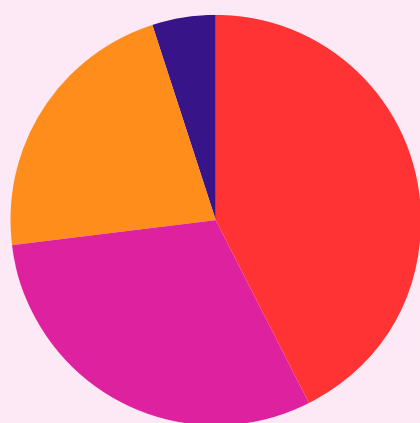


Improved communication

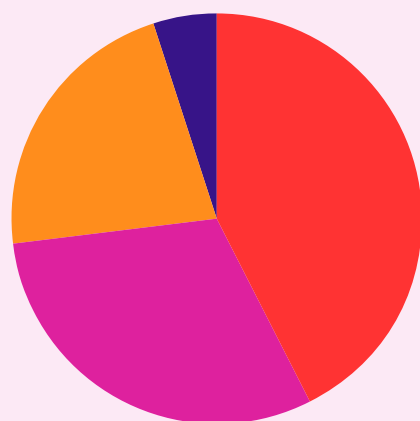
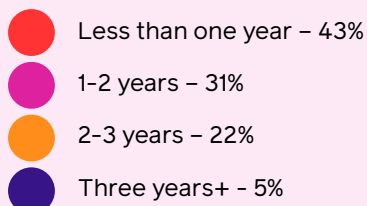
- The lack of communication following interviews is a source of stress for many respondents and has a direct impact on their perception of the organisation. Clarity around timescales and provision of feedback can improve the experience significantly.
- Health Boards should regard good recruitment processes as retention opportunities: shaping candidates' confidence, expectations, and trust in a potential employer from the very beginning.

Responses

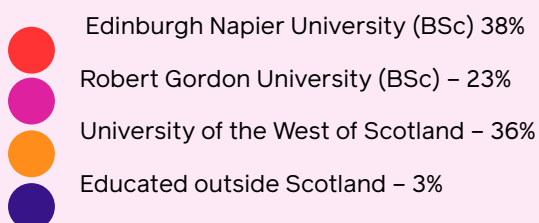
Even spread across the three university providers in Scotland and across the years of practice until revalidation.



Years qualified



University



94% of responses came from RCM members

Respondents shared their experiences of the application process, interviews and post interview communication.

Application process

With first roles in midwifery become increasingly competitive, robust preparation for job applications is all the more important.

It is therefore disappointing that over a third (35%) of respondents did not feel adequately prepared for the application process or for writing a CV. Of those who did feel confident, the majority attributed this to prior personal or professional experience, rather than support received during their training. This indicates a gap in preparation and suggests an opportunity for education providers and potential employers to offer more structured guidance in this area.

Overall, their responses indicated a disconnect between the university and the Health Boards in terms of preparation. The universities were often not informed when jobs were being advertised or what was to be expected at interview. Therefore preparation did not always align with what was required due to the Board variation.

“A class at uni regarding what to include and how to prospect for jobs would have been useful. Lots of focus on reaching numbers and signing competencies but not enough practical information for the ‘real world’.”



Interview support packs

Only a third of early career midwives reported receiving a support pack from the health board when applying for their first post. The majority of respondents said that the pre-interview information they received did not include guidance on what topics to prepare for or suggested potential interview questions. Six per cent were offered advice on appropriate interview attire.

Of those who did receive a support pack, the content primarily focused on basic organisational information, such as an overview of the Board and directions to the interview venue.

When asked what additional support would have been helpful, the strongest request was for advance notice of interview topics or example questions. Other suggestions included opportunities to speak with current staff ahead of the interview and to have access to an organogram, to help understand team structures and roles.

Only a third of early career midwives reported receiving a support pack

Interviews

Almost nine out of 10 (88%) respondents reported being interviewed as part of the recruitment process. This is a welcome shift from previous practice of appointing without interview, which had not been well received by student midwives. Most respondents reported interviewing with a Health Board where they had completed placements, and just over half also applied to other Boards.

Two-thirds of interviews were held in person, but notably, over 90% of respondents said they were not offered a choice between in-person or hybrid/virtual interviews. One in 10 respondents requested reasonable adjustments, all of whom had their needs met, reflecting good practice in supporting accessibility and inclusion.

What was clear from the survey responses was the impact of the panel make-up on the experience of the interviewee. Some cited positive examples of interview panels being warm and friendly, with good communication and interested in the interviewee. Others though referred to large, formal, intimidating, unprofessional panels, who were interested in testing the interviewee rather than discovering more about them as a person.

“Lovely interview from the Health Board I did not train at. Very calming, two band 7s, was put at ease. When I interviewed at the Health Board I had placements at it was the opposite. Five band 8s sitting across from you, having jokes between themselves that you weren’t a part of, not a friendly environment and the interview felt very intense, and I was asked the same question twice and we were given 15-minute slots. Not a good interview at all.”

Post interview follow-up

Several respondents reported waiting weeks or even months to hear the outcome, with no updates or acknowledgement in between. This undermines both the confidence of the newly-qualified midwife in the Health Board but also in the way they will be treated if employed.

This also had a knock-on impact where candidates may have accepted posts elsewhere but were effectively blocking others while they waited feedback from their preferred Board. The streamlining process operated in Wales prevents this occurring, but requires the clear commitment from Health Boards to employ the commissioned numbers of midwifery students.

“Boards need to start thinking about this process as another opportunity to set the scene for the culture and behaviors of their organization. [They] need to think about their treatment of potential employees, the conversations they are having with them and the tone they are setting for their colleagues now and for the future.”

Discussion

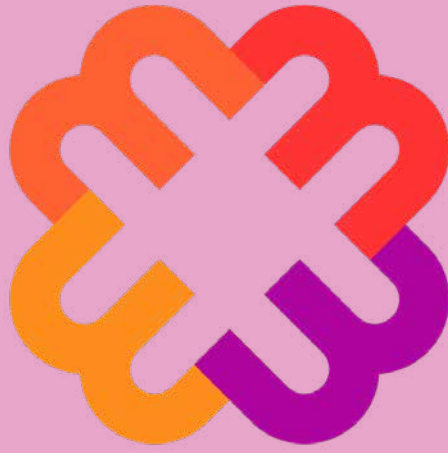
The Ministerial Nursing and Midwifery taskforce has the clear aim of ensuring that we can recruit and retain midwives in Scotland and that they can continue to thrive and develop throughout their career.^[1] The interview process is key to that relationship starting well. However, it is also important that interviewers have the time and support to develop their interview skills and to prepare for interviews.

Implementing the recommendations will improve the experience for both interviewee and interviewers and ensure that all our newly qualified midwives come into the profession feeling positive and supported.

Streamlining as applied in NHS Wales would mitigate some of the challenges but would require a commitment from the Scottish government and health boards to employ all commissioned numbers of newly qualified midwives.



[1] Ministerial Scottish Nursing and Midwifery Taskforce: report and recommended actions - gov.scot



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Acknowledgement

Isla Innes-Love chair of the student midwife network and every midwife and student midwife that made this report possible.



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The Royal College of Midwives
37 Frederck street Edinburgh EH2 1EP

0300 303 0444

enquires@rcm.org.uk