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The practice debate: are midwifery educators and midwives in practice working together to support the education of the future workforce?

Abstract

In this penultimate article in our series exploring the current landscape and challenges in educating the future midwifery workforce, we examine the interplay between the practice and academic environments and the impact this has on both students and staff alike, particularly in the wake of changing standards for student supervision. We explore whether the nature of being an educator in a health field such as midwifery is unique because of the need to support students through placement challenges when there are limitations on what HEIs can realistically influence. We also examine the 'extra' responsibilities put upon midwifery education staff to support students by way of 'Academic Assessor' roles.

Key words

Higher education, practice education, student support

Introduction

Midwifery clinical practice and midwifery higher education can oftentimes appear to operate in separate worlds; the hours, conditions, expectations and stakes can be very different, and we have begun to explore some of these differences in the earlier articles in this series. The uniting factor in these two worlds are the student midwives who exist in both spaces. These students are tasked with multiple challenges in both arenas; learning a vast amount of new information, developing academic skills, understanding theory and then translating this into practice, continual building and rebuilding of relationships with different people across changing clinical areas and all whilst maintaining enthusiasm in a profession where staff may be burnt out and less than enthusiastic themselves. Whilst universities are well adapted to support students with the development of their academic life, there seems to exist some inconsistencies in the support students are receiving in practice. Educators are attempting to fill gaps with limited success, not least because there are limitations on what can realistically be influenced by those who are external to the operational workings of the health service. This article explores the recent literature on the experiences in practice of students and midwives, as well as the education staff who are involved in the main work of supporting students, to more fully understand the challenges and suggest considerations for improving this vital support going forward.

The Changing Role of Practice in Midwifery Higher Education

Prior to 2019, practice staff were largely involved in midwifery education through a 'mentorship' arrangement which saw each student midwife assigned to a specific 'sign-off' mentor who they were required to work with for at least 40% of their practice placements (NMC, 2008). The sign-off mentor was responsible for any assessment, grading or other evaluation of a student's proficiency in practice. Whilst there were issues with this model, not least that it introduced an element of partiality when assessing and grading students (Chenery-Morris, 2021), there was certainly evidence to suggest that it could also be positive for both students and staff in relation to continuity, feedback and planning (Moran and Banks, 2016; Chenery-Morris, 2015).

The Nursing and Midwifery Council (NMC) Standards for Student Supervision and Assessment (SSSA) was introduced from 2019 onwards and changed this model so that students would be supervised by multiple Practice Supervisors (PS) and evaluated more objectively by a single Practice Assessor (PA) who would generally not be involved in the day to day supervision of the students they assessed. The SSSA model has undoubtedly ensured some improvements to both the student and midwife

experience, particularly in relation to removing assessment bias. A 2023 efficacy assessment of the new standards used an evaluative survey of 48 Practice Supervisors (PS) and Practice Assessors (PA) to ascertain experiences of supporting pre-registration learners under the new part 2 standards across a range of health settings (Knight et al., 2023). 75% of respondents reported perceived benefits and these related largely to PS and PA's reporting that the new model allows more freedom to be involved in ensuring student growth and development and that this can be a source of pride and professional fulfilment. However, the review pointed to more challenges than benefits, highlighting concerns around preparation of PS/PAs, prohibitive workloads and role conflict. Crucially, bearing in mind our consideration of the interplay between HE and practice here, not a single respondent in the Knight et al. survey mentioned Academic Assessor (AA) roles, despite the significant part AAs play in collating and confirming student proficiencies and despite the standards stating that PAs and AAs must work closely together in evaluation of students (NMC, 2023a).

These challenges impact educators in several ways. Firstly, with an increased remit for most academics to take on an Academic Assessor role in triangulation of placement assessment, this has undoubtedly added to workload. Whereas lecturers may have already been responsible for signing off practice assessment documentation at the end of each academic year for their students, there is an increased workload associated with meeting the SSSA standards in that an AA cannot confirm student progression for consecutive parts of the midwifery programme (NMC, 2023a). This means changing the students who are assessed and by whom each year; this is more than an administrative burden, it creates confusion amongst students between personal tutor, academic assessor, link lecturer, practice supervisor and practice assessor roles, particularly when these are changing frequently (McKelvin et al., 2023).

Additionally, with students reporting less relationship continuity in practice (ibid), it can certainly appear that academics that are now also taking the bulk of the responsibility for the crucial job of supporting, nurturing and guiding students in both practice as well as university. Moreover, with the removal of mandated 'mentorship' training, the variability in knowledge, confidence and quality reported in Knight et al., (2023) of those in PA roles has often left academics as the ones who are called on to fill the gap by supporting PS and PAs who may not be clear on aspects of their role or responsibility. Certainly, the comments within the Knight study pointed to a feeling from participants that universities had the answers, and it was their responsibility to ensure all were confident and competent in their roles. Standardisation of PS and PA training and preparation may go some way to improving this.

The regulatory requirement for midwives supervising and assessing students 'that are at least equal to, or at a higher level than, the students' (NMC 2008, p. 22) has also been removed by the professional body in its newer standard (NMC, 2023a); this may have compounded the variability in knowledge and confidence reported as it eliminates the need for staff to continue their own credited learning and development. This may be reflected in the way Trusts and Health Boards are opting for non-credit bearing and cheaper courses for staff that do not exceed the £333 per person CPD budget (NHS England, 2023). The reverse may also be true, however, and there is some evidence to suggest that novice rather than expert midwives are better able to teach students and build relatability and belonging more effectively (Thomas et al., 2023).

Anecdotally, midwifery lecturer colleagues report that they are far more often called into practice or contacted to oversee problems in practice than perhaps they once were and there is a feeling that colleagues in practice supervisor and assessor roles are indeed less confident, and as a result less autonomous; referring issues more consistently to HEIs to resolve rather than attempting to address

them directly themselves. A 2023 NMC Insight report reinforces that this lack of confidence exists, finding that a minority of newly registered midwives may be 'unhappy and underconfident', and noted that this is more prevalent in midwives than nurses (NMC, 2023b). Whilst this lack of confidence for newly qualified staff, may be part of transition and development into their new roles, it would be interesting to explore if it may also be symptomatic of the lack of continuity in supervision they experienced throughout their training that then negatively impacted their learning.

The Student Practice Experience

The student experience of practice is also of concern here. There is burgeoning evidence that students in higher education are facing a raft of challenges, with students reporting experiences of racism (which we have commented on in a previous article (Chenery-Morris and Divers, 2024), poor mental wellbeing (Oates et al., 2019), lack of support and bullying (Simpson et al., 2023) to name only a few. An interesting 2020 study of midwifery student experiences described the student experience as a 'rollercoaster', detailing the repeated 'culture shocks' that students endure as they transition between different (and new) clinical placements, staff and situations (Oates et al., 2020).

There is undoubtedly also a very real and detrimental impact on students (as there is of clinical staff) of ongoing reports into the safety and efficacy of midwifery care, such as the recent Care Quality Commission maternity national review (Care Quality Commission, 2024). Maintaining enthusiasm in a profession that is under constant public scrutiny and critique may be a challenge, particularly when as a student there are limits to your ability to influence this. What seems clear is that there appears to be a real emotional toll on student midwives throughout their training, arriving from various sources but resulting in a need for robust support, that they may not be receiving in practice, certainly under the new standards.

Research into the student experience of the SSSA standards appears fairly limited, though a 2023 exploratory study of 22 students and 13 midwives in PS/PA roles highlighted some interesting findings (McKelvin et al. (2023)). Here, both student and midwives reported a sense of being 'thrown in at the deep end' and wanting and needing more preparation and training for the practice and practice supervision experience. There was also a predictable theme of lack of continuity (with the majority of the student respondents reporting they had at least three supervisors each week) and a lack of time for education or feedback between students and PS staff. Those in PS roles reported not as actively participating in student education and, as they are supervising several students regularly, not being able to meaningfully contribute to their ongoing development in any continuing sense. Interestingly, one student reported that she does not "even bother asking [for feedback] as my supervisor is snowed" (p.221, *ibid*) and a sense from several of the student participants that they were a burden to already overloaded staff.

This leads us to question where students are receiving their support, ongoing development and sense of belonging built from meaningful relationships where there are such reported challenges in practice. In addition to the regulatory requirements of midwives acting in PS and PA roles under the SSSA standards, NHS trusts themselves are also funded to provide pastoral and supervisory support to students via the education and training tariff (Department of Health & Social Care, 2023). In 2023/24, this constitutes a (not insignificant) annual payment of £5,343 for each full-time equivalent (FTE) healthcare student from a list of professions that includes nursing and midwifery. The authors' local experience indicates that as tariff payments are combined and paid to 'support all professions for which it has been allocated' (*ibid*), this can lead to greater investment in support services and

allocated practice education staff for larger programmes such as nursing and less allocated staff (or sometimes none at all) for student midwives. Supporting students and performing essential tasks such as preparing student off duty, then fall to already overloaded clinical staff who are unable to prioritise this work or else to administrative staff who may not have the oversight of student learning needs or skill mix to appropriately plan student placements and allocate PSs. This is frustrating for HEIs who have no way of questioning or monitoring the application of tariff monies to ensure students are being properly supported in practice. It has also led to HEIs taking on more of the practice administrative and supportive burden when they are not funded or resourced to provide this. This is a fairly complex and often unseen web of responsibilities and funding lines that most midwives in practice and certainly students, are not aware of, and it is generally assumed that all forms of support (whether administrative or pastoral) rest with HEIs. This can be particularly frustrating and demoralising for HE staff.

HE Staff & Practice

There is little evidence that captures the experiences of higher education staff in supporting midwifery students within Academic Assessor (AA) roles. What we know of the role and experience of academics supporting students arises from our understanding of the challenges students are facing (including those in relation to practice as mentioned above) as these challenges dictate what is required and expected from staff.

Student mental health concerns are a growing concern, with the numbers of students declaring a mental health problem on entry to higher education more than doubling since 2014/15 to over 5% in 2020/21 (Lewis and Bolton, 2023). Moreover, these statistics only reflect those who 'officially' declare a condition and a 2023 student survey reported much higher numbers; 57% of respondents self-reported a mental health issue and 27% of these reported they have received a medical diagnosis (Student Minds, 2023). A recent nationwide survey of midwifery students in France (1920 participants) somewhat alarmingly found that 10% of the student midwife respondents were suffering from major depressive disorders and/or suicidal ideation and nearly half suffering from burnout (Frajerma et al., 2024). Whilst this is clearly not wholly transferable to the UK context it goes some way to suggest that mental health is and should remain a key area of focus.

Midwifery education staff are very much left to support and promote the mental wellbeing of their students with little input from practice, despite many of the stressors in the 'rollercoaster' that we have explored above, arising from the practice environment itself. This can lead to educators taking on quasi-counselling roles, often without the necessary training; a good example of this is in the need to support students with specific practice needs, such as neurodivergence (Edwards et al., 2022). Our last article in this series also mentioned how this support can be challenging for newer lecturing staff, particularly as they navigate the transition from clinical practice into education roles where they are expected to support students in a much more comprehensive pastoral way than they have perhaps been used to (Divers and Chenery-Morris, 2024). We know from the evidence here that staff new to higher education cling onto their professional identity as midwives for fear of losing credibility (Gray et al., 2023); this is something we will return to in our final paper where we explore the overall credibility of midwifery academia.

Education staff are also often tasked with 'building resilience' in student cohorts to equip students to endure the challenging practice environment (Williams & Hadley, 2022) and/or developing self-compassion amongst students to cope with practice and academic pressures (Kotera et al., 2021).

These all come at a cost, are usually additional to the core content of already crowded midwifery curricula and are often organised around core content, sometimes using a great deal of staff extra time and good will. Expansion of the PMA role within higher education may go some way to providing an alternate outlet for students to use for debriefing and finding support and this is being effectively implemented by several HEIs as a way of providing restorative supervision to midwifery students (Power & Thomas, 2018).

It can also be frustrating for staff working in HEIs both to see the difficulties students are experiencing in practice and to be held responsible for such issues when these are beyond the institution's control. 'Off duty' is a common but understandable issue for students, impacting as it does the mainly female student body who are often charged with organising childcare around unpredictable shifts. As discussed above, the responsibility for this crucial work lies with practice and is directly funded via the education and training tariff (Department of Health & Social Care, 2023), but is not always appropriately actioned or owned. With students not having a dedicated practice supervisor and/or available or allocated practice education staff to support them, complaints about issues such as off duty are directed to lecturers who are largely powerless to influence change. Self-rostering may provide some solution here and was used fairly effectively during the Covid-19 pandemic with student midwives and with student nurses who appreciated the flexibility that this afforded (Brook and Kemp, 2021; Fleming et al., 2022) though again, it would require practice buy-in to operationalise this.

Furthermore, with 50% of midwifery student time spent in practice, student practice experiences heavily influence (if not dominate) overall assessment of student experiences of higher education. Evaluations such as the National Student Survey (NSS) are key tools used in reflecting on and improving higher education provision (and are also used to rank HEIs in numerous league tables). Yet midwifery (along with many other programmes where there are mandatory placements that constitute significant proportions of programmes) continually score lower amongst respondents than other subject benchmarks, particularly against the themes that relate to 'academic support' and 'organisation and management' (where it is difficult not to think about that off duty again). The NSS questions and themes changed in 2022 so patterns over time are difficult to see but the below table illustrates some data from the last two years for midwifery in comparison to all subject scores:

Theme No.	NSS Theme	MW 2023 Positivity Measure (%)	MW 2024 Positivity Measure (%)	National ave. 2024 (all subjects) (%)	Diff. 2024 midwifery to national ave.
1	Teaching on my course	85.9	86.8	85.4	1.4
2	Learning opportunities	82.8	84.1	82.4	1.7
3	Assessment and feedback	76.8	77.7	78.3	-0.6
4	Academic support	75.5	81	85.5	-4.5
5	Organisation and management	55.4	57.5	75.3	-17.8
6	Learning resources	85.5	87.2	86.9	0.3
7	Student Voice	69	72.1	74	-1.9

Table 1.0 – NSS Theme Positivity Measures for Midwifery vs. All Subject Positivity Measures

Data such as this can be incredibly demoralising for education staff who attempt each year to listen to student feedback and continually improve programmes. This is even more frustrating when qualitative student feedback (either via in the NSS or captured locally at module level) delineates

practice problems that HEI staff have little control over. Relationships with practice could be seen to be key here, but as outlined above, sometimes there is no one with accountability for students in practice to discuss student feedback with.

Conclusion

In conclusion, the authors' lived experience and a brief consideration of recent literature, suggests that education staff and practice have some way to go in order to work more collaboratively to train and support the future midwifery workforce, particularly since changing standards for student supervision and assessment from 2019. New standards may have removed partiality from the process of student assessment and, we must remember, have only been in use for five years, but they have introduced complexities for students, practice staff and academics alike. HEI staff are then more heavily involved in the work of supporting students in both contexts, despite not always being funded to or able to necessitate change when difficulties relate specifically to practice.

The solution is by no means clear here. Practice learning partners must properly ringfence tariff to ensure the organisation and management of student midwives in practice is appropriately supported. HEIs should also think creatively about how we can better support our students in practice. At the authors' institution we have increased visits of our link lecturers in practice since the pandemic, ensuring a more consistent presence. We engage our students in specific 'practice reflection' days during each of their placement blocks, specifically to reflect on (often to debrief on) their experiences in practice. Our curriculum has also changed to incorporate training on such things as personal resilience and we partner with a local mental health charity to provide students with training on developing a 'mental health toolkit'. We are also embedding the role of the academic PMA. We are, however, not complacent and we acknowledge that the work of student support takes a toll on academic staff that is over and above that needed to support a student in a non-health specific discipline and recognise we must equally support and nurture our staff.

Key Points

- Standards for student supervision and assessment changed from 2019 to a new model (the SSSA (NMC, 2023a))
- Changes may have introduced more rigour into student assessment but have introduced challenges for students, midwives and higher education staff
- There is a need for continuing education and preparation for those supporting, supervising and assessing students in Practice Supervisor, Practice Assessor and Academic Assessor roles
- HEI staff are tasked with supporting and guiding both students and practice staff in their understanding and application of the SSSA
- The removal of a dedicated mentor in practice may also mean that HEI staff are tasked with more pastoral and holistic support of students and are sought out to solve practice issues they are not able to influence
- Worsening student mental health, racism, bullying and lack of support make the job of supporting students more intensive and require resilience from staff
- Creative methods of developing resilience, self-compassion, and embedding the PMA role in universities may help to further support students where there are gaps in practice as will proper allocation of tariff monies to support student midwives in practice

CPD Reflective Questions

1. How are you or your staff aware of their roles and responsibilities within the SSSA standards?

2. How are staff trained on their roles and responsibilities when they enter practice and ongoing? Are those in Practice Assessor roles receiving consistent training and support?
3. How can relationships between university Academic Assessors and Practice Supervisors and Assessors be improved? Are you aware and in touch with the Academic Assessors of any students under your supervision?
4. Who is responsible for supporting and looking after student midwives within your place of work? What role do they play in supporting students?
5. How can you improve student belonging and welcome when students are often supervised by multiple staff? Can you put yourself in the shoes of a student and imagine how this might feel?

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