The Midwifery Higher Education (HE) Workforce Series

Midwifery Higher Education – who are we and who do we teach?

Introduction

This series of six articles is inspired by themes initially arising from the Royal College of Midwives (RCM 2023) State of Midwifery Education report. These papers will be aimed at exploring the current landscape and challenges in educating the future midwifery workforce, particularly those that pertain to the Higher Education workforce itself. Every other month, the series will examine a key theme describing and commenting on the current Higher Education (HE) environment in the context of the international literature, making suggestions for improvement that student midwives, midwives and midwifery educators can consider in their practice. We discuss issues of gender, ethnicity and diversity, pay and conditions, practice, and the academic level of our profession here and in the final paper.

This, our first paper, introduces the concept of a profession using sociological theories. It considers who we are, individually (as authors, academics, and midwives) and collectively considers our identity as a profession alongside those who we teach. The inspiration for this project came from conversations between the two of us, Jo Divers and Sam Chenery-Morris, in new roles in a new academic School. We want to ensure the staff and students, most of whom are women, are supported to succeed and hopefully thrive too. We believe in the power of education to transform lives, so that our current and future midwives can make a difference in providing safe, compassionate care for our service users.

Higher Education: The staff and students

The Royal College of Midwives, our professional body, sent freedom of information (FOI) requests to the 55 UK universities providing midwifery education in March 2023 to gather data for the State of Midwifery Education report (RCM 2023). The main principle behind freedom of information legislation, an act of law, is that people have the right to know about activities of public bodies. Universities are considered public bodies since they receive public money. When organisations receive FIO requests, they have an obligation under the Act, to respond to the request (ICO no date). Respondents, universities in this case, have to state whether they have any information within the scope of the request and provide that information, usually within 20 days. Given this requirement, we were surprised that the response rate was 93% rather than 100%. The RCM report (2023) also states that not all questions were answered. The data from 2023 was compared to their previous FIO requests from 2010 onwards, although not all years were surveyed due to the pandemic. Nevertheless, 93% means most UK universities responded, therefore the findings will be representative and the longitudinal nature of the FIOs mean there are interesting, albeit worrying trends and comparisons in their report.

The first finding presented in the RCM (2023) report is the midwifery educators' qualifications. Data is presented from three time periods (2017/8, 2020/1 and 2022/23) with three types of qualification stated, master's degree (only), doctorate

and studying for a doctorate. The RCM cite a ‘striking drop’ in these qualifications from 70% holding a master’s degree in the first period to 43% five years later (ibid). A similar reduction is noted in midwifery educators holding a doctorate (20% to 12%) or studying for one (from 10 to 6%) in the same period.

A second finding is that the age profile of midwifery educators is younger than it was a decade ago (RCM 2023). In 2010/11 the number of midwifery educators under forty was low, approximately 7% according to the bar chart. By 2022/23 this had increased to approximately 26%.

The third finding we draw on in this paper is the increase in student numbers per cohort over time (RCM 2023). The average number of students per university in 2022/23 is 206 up from 122 in 2011/12. This equates to an increase of 68%. Additionally, the number of students who are leaving courses has risen. In 2011/12 nine students left their midwifery programme per institution. In 2021/22 the figure was 14.9 per university (RCM 2023).

As the report summarises, the increase in student numbers and earlier academic careers for midwives are seen as positive. However, midwifery as a profession must balance the need to increase the academic credentials of educators, with the drive to retain the students we have. Trends noted in the report will be explored further here, in relation to the midwifery profession. New plans to continue increasing the number of midwifery students and retain current staff set out in the NHS (2023) Long-Term Workforce Plan are welcome. However, the commitment to Continued Professional Development (CPD) for midwives to address our workforce’s challenges needs more detail on its funding model because the decline in CPD over the last decade has contributed to our professional difficulties and some of the trends noted in the RCM (2023) report.

Midwifery as a profession

The difference between an occupation and a profession has been studied by sociologists over the last 70 years (Riska 2001). In that time there have been varying perspectives of the concept of ‘the professions’ (traditionally considered to be medicine, law, and religious practices). Initially the functionalist sociologists (specifically Emile Durkheim and Talcott Parsons) saw the role of the professions being based on expert knowledge and service orientation. The professions had a particular relationship with clients based on trust (Riska 2001). Other definitions have expanded upon this to include ethical codes, a recognised qualification and professional regulation (van Tiejlingen 2015). These functionalist aspects are reflected in the International Congress of Midwives (ICM) position statement on midwifery an autonomous profession (revised 2023). It states that the following five key elements are essential: a unique body of knowledge; a code of ethics; self-governance (such as the RCM); processes for decision-making by its members and recognition from society through regulation (in the UK this is the NMC) (ICM 2023).

There are four routes into midwifery whereby this unique knowledge is gained in theory and practice. Most students in the UK are enrolled on pre-registration three-year bachelor’s degrees, with some universities offering a four-year master’s degree. There are fewer students on the shortened two-year route for nurses and in England

only there is an apprenticeship route (RCM 2023). The move to an all-graduate profession in 2009 was welcome so that the graduate profession could make autonomous decisions and continue their education post-graduation (CNO 2010). The expectation was access to relevant, timely academically robust CPD and sufficient time to undertake this (ibid). However, the reality has been different.

The personal and professional benefits of postgraduate master's level midwifery education were discussed by Walker and Spendlove (2018). They include developing cognitive and intellectual skills that contribute to decision making in complex environments, the ability to undertake empirical research and contribute to the professional body of knowledge, enhanced leadership and change management theories, application to practice and reflection. If midwifery is to maintain its professional status, they asserted that midwives needed to engage with postgraduate study to reaffirm and extend its unique knowledge base to advocate for women and educate the future workforce (Walker and Spendlove 2018).

Since 2016, however, there has been 30-50% less CPD funded by Health Education England (now NHSE) (Davies 2019; Merrifield 2017; Greatbatch 2016; Jones 2016). Ironically, the decline of post registration CPD may have enabled the midwifery academic workforce to accommodate the increase in pre-registration midwifery students. However, Greatbatch (2016) acknowledged the detrimental impact on this for pre-registration learners too as fewer registrants undertook mentorship training so there were less midwives in practice able to fully support student learning. This lack of support may have led to the increase in midwifery students leaving their courses (RCM 2023). Regardless of the unintended consequences of the CPD cuts, we are confident to conclude that the academic and/or qualificatory expertise of practising midwives has not remained at the same level as it was eight years ago.

In addition to the functionalist perspective of a profession, the way that professionals interact with their clients, other professions, students, and colleagues have been explored by the sociologists (Riska 2001). Interactionists study social action, social order, and social identities (Atkinson and Housley 2003). The tradition was born in America, but scholars from Europe have made significant contributions to this knowledge. In the UK, particular attention has been given to interactionist thought on educational and occupational socialisation; learning, becoming and career (Atkinson and Housley 2003), which is particularly relevant here.

Newnham and Rothman (2022) clearly articulate the need for more qualitative research in midwifery. They state that quantifiable research has grown exponentially over the last few years and that qualitative and interactionist methods have not developed at the same rate. However, they argue that midwives engaged in research before it was required. The knowledge gained from experienced based wisdom was sometimes devalued as intuition instead of thoughtful knowledge. Midwifery would do well to reframe this intuition as tacit knowledge; something we know but cannot always explain how we know (Newnham and Rothman 2022). It is precisely this that interactionists study. Indeed, this was how the social and medical model of midwifery were developed.

International research was included in Prosen's (2022) review of the midwifery literature on professionalism from 2009-2019. Twenty papers were included with

fourteen using a qualitative methodology. The study's aim was to determine barriers and enablers to midwifery professionalism. Differences in philosophies of care, such as the medical and social models and power imbalance between midwives and obstetricians, were seen to negatively impact on midwifery's ability to fulfil its professional requirement. Notably, these aspects have been cited in recent care failings and have led to a public enquiry into maternity services (Burns and Benjamin 2023; Dodd 2023; CQC 2023). Differences in the professions in relation to their power have been described previously with midwifery which has been seen as a semi profession due to the lack of autonomy in providing evidence-based care (Sonmezer 2021). The irony of this is that during the CPD funding cuts post graduate medical education was protected (Greatbatch 2016). So not only was the professional power of medics maintained but opportunities for midwives and obstetricians to learn together were not afforded, thereby upholding any established power imbalance.

Fortunately, the opportunities in midwifery for professionalism come from relationships and respectful interactions with women who are at the centre of midwifery care. Developing professional confidence, competence, and identity through education and interprofessional collaborative practice (Prosen 2022) further contribute to this overall aim and are the core functions of midwifery educationalists (CNO 2010); this is where our discussion continues.

Midwives' transitions to academia

A pre-requisite for a lecturer post at the University of Suffolk, where the authors work, is NMC registered midwife status and master's level study (other more prestigious universities require PhDs). While some applicants have a master's degree, many apply having completed one or more modules at master's level. Popular level 7 modules have included the newborn infant physical examination (NIPE) or modules pertaining to supporting practice learning and assessment (NMC 2023). However, two new trends have become apparent in the midwifery lecturer applicant pool we have witnessed over recent years. Firstly, applicants have frequently self-funded their master's level study and secondly, fewer have a level 7 practice learning qualification. This is a national and growing issue (Greatbatch 2016). In time there will be fewer midwives with Level 7 NIPE qualifications too as this is now a pre-requisite of the pre-registration curriculum (NMC 2019). Currently, we, like the RCM (2023) report, have seen applications from midwives actively wanting to teach students and work in universities and they are younger and often need support to develop their academic careers. We do not think this necessarily means doom and gloom for the quality of student education or the student's experience, but a slight reframing of expectations is needed alongside careful consideration of the support HEIs are offering to new academic staff.

A recent literature review (Gray, Baker, and De Leo 2023) included ten international papers published between 2006-2020 in the UK, Australia and US examining the transition from clinical practice to academia for midwives. The papers all included midwives as a subset of the participants. Therefore, the findings are pertinent to a range of health professionals. The transition to an academic role presented a steep learning curve for participants due to educational qualifications, academic procedures and understanding of the different technologies used for teaching and

assessment (Gray, Baker, and De Leo 2023). The first theme identified that midwifery academics had more informal support from their peers with this transition than other professions (ibid). This might be because midwifery teams are smaller than some of the other professional groups in universities and a smaller staff body understands the importance of peer support or as a predominantly female profession the midwives care for their new colleagues (we will discuss gender next time). The review also described how participants identified as clinicians first and academics second (Gray, Baker, and De Leo 2023); the longer the midwife or health care professional had inhabited this clinical role the harder the transition seemed to be.

We could also argue that the new, younger midwives joining academia will not have challenges surrounding transition and identity because they do not have an expert practitioner status to hold on to and their identity as clinicians is not as ingrained. Holding on to what is known, with uncertainty in what is new, is akin to Benner's (2001) novice to expert framework, where the registrants were experts in practice but novices in academia; this may therefore be less of an issue with younger or less experienced clinical staff. There may be other potential benefits of a younger academic workforce; digital literacy, embracing and engaging artificial intelligence in a way that we know must be essential and the use of simulation are only three. Exactly why midwives are transitioning from clinical practice into academia earlier has not yet been researched and probably needs to be.

The final theme identified that there was a loss of clinical credibility for those moving from clinical practice into academia (Gray, Baker, and De Leo 2023). The authors maintained that strong links with clinical practice can be maintained by link lecturer visits, and additional reading of evidence can be helpful to support confidence in teaching (Gray, Baker, and De Leo 2023). While some academic midwives worked clinically, maintaining this was cited as problematic due to the competing pressures of academic work such as teaching, marking, grant writing and studying. Gray, Baker, and De Leo (2023) suggest this is only necessary until academic confidence is developed.

Reflecting on our transition, Jo and I agree, that having clinical experiences to use in teaching is essential. It is the learning from these experiences that can be drawn out and explained to students. Making both theory and research come alive and more memorable for the learner (Griew, Dunphy, and Fairbrother, 2023). It is in the story telling of these examples that nuances in care, decision making, interactions with women and their families and more can be illuminated and meaning made. This way students see lecturers as credible and this, along with reading and master's level studying the reflexive art of teaching contributes to the development of academic confidence.

The future

The NHS Long Term Workforce plan published in June 2023 offers some hope. Two of its three priority actions, to train and retain relate well to our discussion. On the training front, midwifery student numbers grew by 650 in 2019 and 1,000 in 2020, 21 and 22. Hence the 68% increase seen in the RCM (2023) report. Over the next 15 years of the LTWP solid growth of 1.8-1.9% per year is promised using traditional, shortened and apprenticeship routes. There is recognition that midwifery (and

nursing) professions have a high proportion of women who may need more flexible working. We will address this further in a future paper. A national preceptorship framework will be adopted to provide a structured start for newly qualified midwives. Although this will not address the number of graduates who are choosing not to join the NMC register on completion of their studies, which equates to 1 in 9 for midwifery (Palmer, Rolewicz and Dodsworth 2023). The figure for nursing for comparison is 1 in 14 (7%). Greater support for this transition is clearly needed to retain our graduates, perhaps greater collaboration with practice partners in the final modules will make this transition more seamless are reduce this additional loss.

The plan recognises the need for CPD for staff to meet their potential and we argue, that of the profession. The commitment to fund CPD via employers' equivalent to £1,000 per person over three years was introduced in 2020. As yet we have not seen an increase in uptake of credit bearing academic modules. We hope this happens. But as stated by Greatbatch (2016) once expertise is lost it is hard to reinvigorate this. Given too that we have fewer midwifery academics with master's, and doctorates (RCM 2023), progress to reinstate these specialised modules and courses may be slow. Acknowledgement that the midwifery workforce needs to be more research active and that there are strategic plans for this is somewhat reassuring (CMO 2023).

Conclusions

To summarise, nationally the demographics of midwifery educators (and students) have changed. The increase in midwifery students required to meet the needs of the population and vacancies in midwifery, is welcome. However, universities need to recruit to an equivalent increase in its establishment to meet the educational needs of our learners. There is a younger demographic of midwives applying for and being successful in their academic careers and this is heartening. However, nationally a loss of expertise in the academic qualifications of midwifery educators (master's and doctorates) has been reported. To reverse this loss of expertise universities will have to support their staff and practitioners to gain these awards in addition to educating students.

We have presented the evidence base for a smooth transition to academia for staff, recognising how it takes time for this new identity to be assimilated. We have considered the implications of this for our profession using functionalist and interactionist theory. Interactionism is particularly relevant as students need time and positive support to learn, transition and stay within the midwifery profession, yet similarly it is essential to advance midwifery knowledge and research. We are hopeful that there will be a reversal of recent trends in CPD funding for midwives and the profession with the NHS Long Term Workforce plan (2023). The recognition that we need to train midwives and importantly retain staff in clinical and academic roles, ensuring that their professional knowledge and skills are developed is paramount to change the outcomes for the women we care for.

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