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# Midwifery lecturers' views of shortened midwifery programmes in the UK

Susanne Darra<sup>1</sup> PhD, RM, Nicky Clarke<sup>2</sup> BMA, GN, RM, ADM.

1. Associate professor, College of Human and Health Sciences, Haldane Building, Swansea University, Singleton Campus, Swansea SA2 8PP Wales. Email: s.darra@swansea.ac.uk

2. Head of midwifery, School of Health and Social Work, University of Hull, Cottingham Road, Hull HU6 7RX England. Email: n.j.clark@hull.ac.uk

## Abstract

**Background.** UK midwives are educated in one of two ways: non-nurses undertake 'long' (three- to four-year) programmes, and nurses complete a 'shortened' programme of study (typically 18 to 24 months). When numbers of qualified midwives are particularly low, commissioners of midwifery programmes and employers might consider increasing the number of places on the shortened programme. How students perform on the shorter programme would, therefore, seem to be a topic of some importance, though there is currently little research evidence available on this subject.

**Aim.** In the face of staff shortages and sweeping changes to midwifery education, this paper outlines a study that set out to investigate the views of experienced midwifery lecturers about students on the shortened programmes.

**Method.** An exploratory descriptive design using an online survey with 12 questions was used. The key concepts of interest were: the preparedness and commitment of students applying to the short programme; their numerical and writing skills; transition to the role of the midwife; transferable nursing skills; and attrition. The questionnaire was distributed via an online platform to all lead midwives for education (LMEs) throughout the UK. In total, 62 midwifery lecturers responded to the survey. A favourable ethical review was received from the university research ethics committee and gatekeeper approval was achieved via the chair of the UK LME group. The questionnaire responses were analysed with simple descriptive statistics, using numbers and percentages only. Free-text comments were analysed using simple qualitative thematic analysis.

**Findings.** Students on the shortened programme were generally thought to be prepared for and committed to midwifery. However, there was some concern about those who left to return to nursing, and their writing and numerical skills were not generally described as excellent. The students were thought to bring valuable nursing skills with them. Nevertheless, over 50% of experienced lecturers thought that the nurses on the shortened programme were unable to challenge the status quo. Also, they were thought to be less able than expected to undertake the decision-making client-choice aspects of the midwife's role.

**Implications.** Midwives in the UK are expected to be autonomous as lead professionals in maternity care and therefore they need to develop excellent decision-making skills to assist women to achieve their choices, even if this requires challenging traditional practices. This study may inform planning for the future of midwifery education and influence planning for research into midwifery education.

**Key words:** Midwifery, education, midwifery lecturers, short programme, evidence-based midwifery

## Introduction

### Background

The RCM recently reported a shortage of nearly 3500 midwives in its evidence to the NHS Pay Review Body (RCM, 2016a). This shortage may be compounded by the high number of midwives approaching retirement age, and the potential withdrawal of the right to remain for 1200 midwives from other EU countries (RCM, 2016a). The current shortfall may also be partly due to the increase in complex health needs of childbearing women and a rising birth rate. The RCM is therefore calling for increased numbers of places on midwifery education programmes (RCM, 2016a; 2016b).

Midwives in the UK are expected to be lead professionals enabling women to have a safe and satisfying experience of pregnancy, childbirth and early motherhood, and to advocate for women in complex care situations, providing woman-centred care (Department of Health (DH), 2010). Since the early 1990s midwives have been educated in two distinct ways: those from non-nursing backgrounds undertake a 'long' (three- to four-year) midwifery degree, or masters programme, and others who are already registered as nurses (of adults) on the NMC register may complete a shortened programme of study (typically 18 to 24 months) to become

midwives. The shortened programme is currently offered in 21 institutions in England, one in Wales and as a conversion course in Northern Ireland, with none available in Scotland (Fish and Gillman, 2015). Graduates from both programmes have the same competencies to achieve, are recorded on one professional register, and have the same job description and remuneration upon entering the workforce. The withdrawal of government funding for fees for healthcare programmes is likely to affect people's choice to study midwifery and may have an impact on the preparedness of people to pay the required fees for a degree in nursing followed by another set of fees in order to become a 'dually qualified' midwife. This is especially pertinent since the dual qualification does not lead to a different job role or improved remuneration. Given all the foregoing there is a realistic likelihood of even more difficult times ahead for UK midwifery numbers in the short, medium and longer term.

At times when numbers of midwives are particularly low, commissioners of midwifery programmes and employers might consider increasing the numbers of places on the shortened programme. This is to address the shortage in 18 to 24 months, instead of three to four years. The competition for places on the long programme is high, with

1000 applicants for 30 places not uncommon (RCM, 2017). This, understandably, results in some people choosing to take the even longer route into midwifery – undertaking the nursing programme before going on to the shortened midwifery programme. How prepared people are and how they perform on both types of midwifery programme would, therefore, seem to be a topic of some importance for policy-makers, the NHS and educational institutions. One important question relates to the benefits of dual qualification above that of single qualification, however, there is currently little evidence available on this subject.

In 2003, and again in 2011, the RCM stated that the benefits between the long and the shortened programmes were being debated, but found that there was no national study that explored the arguments for or against the shortened programme. This is despite the RCM's observation that 'anecdotal evidence appears to cite the workforce and nursing skills factors as favouring the shortened midwifery degree programme' (RCM, 2011: 19). Six years on, midwifery education in the UK is facing huge changes due to funding pressures and the UK leaving the EU (DH, 2016; RCM, 2016a). Furthermore, the NMC is considering the future of midwifery education in a climate of persistent evidence that midwives are completing their education, but are then leaving the profession (RCM, 2016a; 2016b; Curtis et al, 2006; Ball et al, 2002). This results in an urgent need for evaluation of the shortened programme.

## Literature review

A literature search was conducted relating to the shortened midwifery programme in the UK with a view to preparing a research question. The following limits were applied: papers published between 2000 and 2016 in the UK and Ireland, and all papers written in English; the search terms utilised were midwifery [A], education [B] and long/short programme [C]. Databases searched included CINAHL, Maternity & Infant Care and ASSIA. A total of 57 articles were retrieved. A further five reports/articles were found through backward chaining and citation chasing after de-duplication. The final 62 papers were read and assessed for relevance and the content is discussed here along with other supporting literature.

In 1999, a national evaluation study was set up to explore the effectiveness of midwifery education in England (Fraser, 2000). While earlier studies explored the career progression of students qualifying from the two different programmes (Robinson, 1994; 1986), Fraser's (2000) study was the only large-scale one of its type. While there were some early studies about the new 'direct-entry' programmes (Lobo, 2002; Fleming et al, 2001; Fraser, 1996; Kent, 1995; Robinson, 1994), Fraser's study (2000) included evidence from both the 'direct-entry' (long) and the 'shortened' programmes. The action research case study involved student midwives, midwives, midwifery managers, supervisors of midwives and midwife teachers at seven institutions in England (Fraser, 2000). Fraser (2000) found that 'there was general agreement that the three-year programme students were as well equipped as shortened programme (for registered

nurses) qualifiers to take responsibility for women in all stages of normal pregnancy, labour and the postnatal period' (Fraser, 2000: 282).

Donovan (2008) did not set out to explicitly compare outcomes between qualifiers from shortened and long programmes, instead the study involved 51 self-selecting recent midwifery graduates in the UK (17 were from a shortened programme) and explored the graduates' feeling of competence and confidence. Donovan asked respondents to rate their competence and confidence in relation to 23 aspects of midwifery practice, including caring for pregnant women at high risk, performing an episiotomy, and managing a postnatal ward. A surprising finding was that there were few differences between the students' perception of their confidence and competence. Donovan (2008) stated that this may be explained by the potentially higher confidence/competence levels in the nurses being offset by the much shorter programme.

In 2010 a more wide-ranging study was commissioned. The Midwives in Teaching (MINT) study was an evaluation of the impact of midwife teachers on the outcomes of pre-registration midwifery education in the UK (Fraser et al, 2011). Participants in the study were lead midwives for education (LMEs), midwife teachers, local supervising authority midwifery officers, student midwives from both types of programme, programme leads from each of the four UK countries, newly qualified midwives graduating from the case study sites and their preceptors and supervisors. In this extensive study, the only differences between the programmes were that most students on the long programmes felt more confident in labour suite environments, while the students on the shortened programmes felt more equipped to manage a postnatal ward if they had previous ward management experience as a nurse. This was supported by the findings from a further study by Skirton et al (2012).

No such differences were identified in a later study by McIntosh et al (2013). In this qualitative study involving focus groups with 120 midwifery students at six UK universities, they found that: 'Students on the shortened programme expressed many of the same emotions and fears around knowledge acquisition (as those on the long programme) and its perceived relation to competence and confidence. They may have felt more comfortable with core nursing skills, but they still wanted to be seen as novices who needed guidance' (McIntosh et al, 2013: 1181).

In their 2015 investigation of the shortened programme in London, Fish and Gillman (2015) consulted with London-based LMEs, academic leaders, HoMs and student midwives, with the aim of establishing the feasibility of extending the programme from 18 to 24 months. The LMEs and HoMs considered that nurses bring additional skills and experience that enhances the workforce (in particular, in relation to acute and complex care). However, it is interesting to note that the HoMs were keen to support an increase to a 24-month masters programme for nurses to become midwives, if it included extra skill acquisition in high-dependency care and in newborn and infant physical examination (Fish and Gillman, 2015). The 49 short

programme students who responded to the survey agreed that they brought transferable skills with them but felt that they were not able to maintain their nursing skills while they were student midwives.

Any attrition (reduction of the class size by students failing or leaving) represents a waste of financial resources, whether from students or from the public purse. Therefore, it is also important to consider attrition from midwifery programmes. Green and Baird (2009) conducted a small qualitative exploratory study of attrition from midwifery education. They received completed questionnaires from three people who had recently withdrawn from the shortened programme and six from the long programme, and conducted focus group interviews with current students from both programme. They found that one of the key differences between the two programmes was 'socialisation'. Students on the long programme were often new to the university and to NHS environments and were greatly concerned about 'fitting in'. The students on the shortened programme tended to have trouble regarding their change in status, but were able to fit in as they had already been exposed to healthcare environments and were accepted since they 'knew the rules of the game' (Green and Baird, 2009).

The RCM survey of student midwives in 2011 received 763 anonymous questionnaires from UK student midwives (49 of these were from shortened programmes) and found that reasons for leaving included family circumstances, academic ability and financial hardship. In contrast, Hughes (2012) reviewed student records for midwifery attrition between 2006 and 2011 at a university in England and concluded 'wrong career choice' was cited by the majority who had withdrawn voluntarily. The study included students from both the shortened and the long programmes so it is difficult to draw conclusions about the shortened programme in particular. In Fish and Gillman's (2015) London-based study, five of the seven LMEs thought there was less attrition for the shortened programme with the most common reason for attrition being 'academic failure', while 'personal circumstances' and 'wrong career choice' were also cited.

The findings from the literature review identified that there seems to be little difference between the experiences of students themselves from either type of programme, with the exception of students completing the long programme feeling more confident in labour ward settings, but less confident about fitting in to the NHS culture and the opposite being true of the students completing the shortened programme. Students on the shortened programme felt that their nursing skills were helpful and responded that they were more equipped to manage a ward. Despite the wide-ranging data available to the MINT project (Fraser et al, 2011) and findings from several studies exploring UK midwifery education, there were no findings that specifically related to shortened programmes from the perspectives of those who deliver the programmes.

#### Method

Given the stated difficulties experienced by other researchers in accessing the experiences of students on and midwives

from the shortened programme (Skirton et al, 2012; RCM, 2011; Green and Baird, 2009), and in recognition of a gap in knowledge from the teachers' perspective, it was decided that experienced midwife teachers with at least one year's experience in teaching both long and short programmes would be invited as the participants for this study.

A quantitative, descriptive approach was taken to elicit views using a questionnaire designed following a literature review, and discussions between the two researchers as experienced midwifery lecturers and their teaching colleagues.

A self-administered, anonymous questionnaire with an accompanying invitation letter was administered via SurveyMonkey to all LMEs throughout the UK. They were asked to ensure that all midwifery lecturers in their respective organisations received information about the study and had access to the survey. There are approximately 50 institutions of differing sizes offering midwifery education in the UK with approximately four to 12 midwifery lecturers in each. In total, 62 midwifery lecturers responded to the survey. All had at least one year's experience as a midwifery lecturer with over 90% having more than five years' experience. No other demographic information was collected.

Lecturers were asked to rate their responses, using a four-point Likert scale from completely agree, slightly agree, slightly disagree to completely disagree. The first few statements asked about applicants' understanding of the midwifery profession, commitment to the midwifery profession and their performance at interview. The next two questions related to the lecturers' assessment of the students' writing and numerical skills. Questions were then asked about any skills that students had brought from their nursing background and about whether and when they demonstrate transition from nurse to midwife. Respondents were also expected to assess whether students on the shortened programme had any difficulty in undertaking the decision-making, full client choice and challenging the status quo of the midwifery role. They were then asked to assess how quickly students on the shortened programme demonstrated the ability to 'fit in' to the NHS culture. Finally, they were asked to assess their perception of attrition in the shortened midwifery programme in comparison with the long programme. The questionnaire was kept deliberately short and easy to use in order to ensure as high a response rate as possible. The questionnaires were analysed using simple descriptive statistics. Table 1, opposite, shows the answers to the questions. Respondents had the opportunity to give additional free-text details below each question; these data were analysed using simple thematic analysis to further illustrate the findings (Clarke and Braun, 2013).

#### Ethical considerations

A favourable ethical review was received from the university research ethics committee and gatekeeper approval was achieved via the chair of the UK LME group. The questionnaire asked respondents to note how long they had been practising as a midwife lecturer, but

Table 1. Summary of evaluation scores

	Completely agree	Slightly agree	Slightly disagree	Completely disagree	Total
In my experience applicants to the shortened midwifery programme have generally had a very good understanding of the midwifery profession	16	23	21	2	62
In my experience applicants to the shortened midwifery programme have generally displayed very good commitment to the midwifery profession	21	29	9	2	61
In my experience applicants to the shortened midwifery programme generally perform very well at interview	14	30	14	4	62
In my experience applicants to the shortened midwifery programme generally demonstrate excellent writing skills	4	24	23	10	61
In my experience applicants to the shortened midwifery programme generally demonstrate excellent numerical skills	4	28	28	1	61
In my experience students on the shortened midwifery programme generally demonstrate transition from nurse to midwife later than might be expected in their programme	18	20	18	3	59
In my experience students on the shortened midwifery programme generally have difficulty in undertaking the decision-making and full client-choice aspects of the midwifery role	9	24	18	10	61
In my experience students on the shortened midwifery programme generally demonstrate the ability to quickly fit in to the NHS culture	48	11	0	2	61
In my experience students on the shortened midwifery programme generally demonstrate extra 'nursing' skills that are vital for the midwifery profession	20	24	10	7	61
In my experience students on the shortened midwifery programme generally demonstrate the ability to challenge the status quo	13	16	23	10	62
During the past five years the levels/rates of attrition are generally lower in the shortened midwifery programme than in the long programme	13	16	18	13	60

it sought no other biographical details, therefore, it is impossible to identify any of the respondents. It was hoped that this would lead respondents to be fulsome and honest in their replies. Anonymity was seen as being paramount for the respondents, current and previous students and for educational institutions. No identifying features were discernible from any of the completed questionnaires and none were traceable back to the institutions or the respondents.

It was considered that respondents were likely to be very busy professionals and they may find it difficult to be exact in their answers (for example, specific attrition numbers). The questionnaire was designed to take an average of 10 to 20 minutes to complete. They were asked to respond to 12 statements by ticking the box on the scale that most closely matched their views and experience. They were asked to not answer the questions in relation to one student, but to think about all the students on the short programmes – it therefore asked them to answer with a general overview.

#### Participants

Lecturers were eligible to be included if they had been a midwifery lecturer in the UK for over a year and during that time had been teaching students on both types of programme.

#### Discussion

During the period that the survey was open in June and July 2016, 62 responses were received from around 400 experienced lecturers throughout the UK. Using Clarke and Braun's approach to thematic analysis (2013), six themes emerged from the free-text comments. These are: 'applicants', 'academic skills', 'nursing experience', 'decision-making', 'fitting in', and 'attrition'. The discussion of all the findings is presented through these six themes and verbatim free-text comments are included to enhance the quantitative findings elicited from the Likert scale responses (see Table 1).

#### Applicants

The quantitative data demonstrates that the lecturers thought that applicants to the shortened programme

generally had a very good understanding of midwifery before entering the programme and were very committed to it, and 71% of respondents believed that the applicants to the shortened programme performed well at interview. However, a number of the free-text responses related to how the students applying for and studying on the shortened programme brought with them an understanding of midwifery that is perhaps rather 'medicalised' or an extension of the nurse's role:

*"I do think that it is difficult for some students to move from a medical model of nursing to the autonomous mindset of midwifery."*

*"Many see it as an extended role of the nurse."*

However, one of the respondents suggested that those with a less 'medicalised' view were more successful at interview:

*"In my experience applicants tend to be indoctrinated in a medical model of care, there are of course some who recognise the social model of midwifery care and these tend to be the successful applicants."*

If true, these impressions about students on the shortened programme clearly have implications for midwifery in the UK as there are several drivers aiming to steer maternity services away from a 'medicalised' approach (RCM, 2016c; National Perinatal Epidemiology Unit (NPEU), 2012; DH, 2010).

#### Academic skills

There were a number of negative responses in relation to the students' writing and numerical skills. Only approximately 7% completely agreed that students on the shortened programme generally had excellent writing skills and around 39% slightly agreed with this assessment. This left 54% of the participants slightly disagreeing or completely disagreeing with the assessment that students on the shortened programme generally had excellent writing skills. This was largely similar in relation to numerical skills. Only 7% completely agreed that students on the shortened programme generally had excellent numerical skills and 46% slightly agreed with this assessment, leaving 47% believing that students on the shortened programme did not generally have excellent numerical skills. The reasons for this are unclear, but it is clear that even though the students will have completed a nursing qualification (and often this will have been at degree level) they largely do not demonstrate excellence in writing and numerical skills. This was supported by a large number of free-text comments:

*"They are no better than the three-year students and are certainly not better in writing skills when compared to the majority of the third-year students."*

*"Even though they have completed a nursing degree diploma, they show limited ability to critically analyse the evidence and their skills in synthesis can be poor. They tend to stick to more descriptive narration."*

*"We require students to undertake a numerical test annually and there has been a failure rate of about 25%."*

*"(Numerical skills are) variable – previous nursing experience not a reliable indicator."*

#### Nursing experience

One of the potentially most valuable aspects of having midwives who have already qualified as a nurse is related to the skills that they bring with them from their nursing experience. In this study, 72% of the respondents seemed to reflect anecdotal evidence from the annual UK national survey of student midwives in 2011 (RCM, 2011) that student midwives on the shortened programme bring nursing skills with them that are vital for midwifery. However, 28% of the lecturers who responded disagreed with this statement and the majority of free-text comments in this section were negative about the students' nursing skills:

*"I have not really seen 'extra' nursing skills that would be valuable for midwifery."*

*"This depends considerably where the students have had experience during their nursing programme. Experience can be quite limited... some have problematic levels of competence of basic skills such as catheterisation."*

From these comments, it would appear that most of the respondents were not confident about the types and level of nursing skills that students on the short programme were bringing with them. These findings require further exploration as the 'porting' of nursing skills into midwifery is arguably one of the key driving factors for retaining shortened programmes (RCM, 2011; Doris and Storrie, 2006; Maggs and Rapport, 1996).

#### Decision-making

In total, 64% of respondents believed that the students on the shortened programme made the transition from nurse to midwife late in the programme and only 28% believed that they were able to undertake decision-making and full client-choice aspects of the role of the midwife. This is a potentially worrying finding, especially when seen in conjunction with some of the free-text comments:

*"Even at the point of registration a small number of [short programme] students still struggle with this element of the midwife's role. Students also express feeling frightened about making decisions and seem to rely on other members of the multidisciplinary team for a lot of support around this."*

*"I think the nurses have difficulty in working in partnership with women."*

However, there were some more positive comments:

*"Dependent on previous experience and to what extent they feel 'at ease' in sharing the decision-making with the woman, having been used to informing patients about the decisions made in conjunction with the medical team."*

*"Most seem to cope well with this and are keen to promote advocacy for the women."*

When considering the students' ability to challenge the status quo in NHS settings, the responses were fairly equally split, with 53% stating that they were unable to do this and 47% feeling that they were able to challenge the status quo. However, most of the free-text comments were negative about students on the short programme being able to advocate for women and challenge 'traditional' practices as part of the status quo. Some of the comments referred

to it being dependent upon the student's experience, confidence and personality and others state that it improves as time goes on but a number of the other comments are particularly stark in their condemnation:

*"These students generally are acclimatised to obeying doctors 'orders'."*

*"Mostly work in a medicalised way and don't challenge."*  
*"I think they are less likely to challenge bad practice."*

These comments are particularly worrying in light of the need for healthcare professionals to identify, raise and, if necessary, escalate any concerns about patient or public safety (NMC, 2015). It also seems to be vital when considering that midwives in the UK are autonomous lead professionals for healthy women in pregnancy, childbearing and the postnatal period, and they are expected to be the key coordinator and advocate for the care of women who require care given by the multidisciplinary team (DH, 2010). UK midwives are now also expected to advise multiparous women that birth at home or in a midwife-led birth centre is particularly suitable for them and nulliparous women are advised that aiming to give birth in a midwife-led unit is also suitable for them (NPEU, 2012). This means that midwives must be prepared to work autonomously and to challenge the status quo to increase births outside of obstetric settings. Therefore, this finding requires further investigation to seek to elicit the ability of nurses to transition into the advocacy role of the midwife in the UK.

#### Fitting in

Perhaps reflecting some of the comments made in relation to being able to challenge the status quo, 95% of the respondents felt that the students were quickly able to settle in to the NHS culture. This may be considered to be a positive finding, since the vast majority of UK midwives work in the NHS and it is essential that they work collaboratively and with a multidisciplinary approach in order to achieve the optimum safe and effective care for all women, their babies and families. One of the free-text comments was very positive:

*"They are appreciative, better 'behaved' and able to understand the expectations of NHS values and culture. They have better tolerance and resilience compared to students in the three-year programme. They are more likely to face the hard work of long hours in placement and also in class! Such a joy to teach these groups of shortened programme and hope this programme continues."*

However, all the other free-text comments offered on this question were critical of the students' 'fitting in':

*"This is not necessarily an advantage as the issues around care to women often relates to the NHS culture leading when it should be the woman leading care."*

*"On the whole 'yes' as they have already worked in the NHS. However, they still struggle to be assertive when it is needed, remaining fairly passive initially in the decision-making process."*

*"I think this is part of the problem. Midwives are often people with the strength of character to challenge current practice. Short-course students are comfortable in the*

*medical system and therefore don't always identify the political components of healthcare."*

These comments reflect others about the difficulty that students on the short programme have in supporting women to be the leaders in their own care, which is a founding tenet of modern midwifery care in the UK (NPEU, 2012; DH, 2010; NICE, 2008; DH, 1993).

#### Attrition

On the question about attrition, the responses were equivocal: 29 respondents reported that they felt the attrition from the shortened programme was lower than in the long programme and 31 respondents disagreed with this appraisal. However, the free-text comments relate to the reasons for students leaving the shortened programme:

*"Academic failure is greater in this group."*

*"They are worse and roughly one-third return to nursing."*

*"We have many students who struggle with the pace of the course and the significant lack of time to fit everything into such a shortened period. To this end many students intercalate [take a break] or withdraw from the course. They also take a cut in pay in many instances which causes financial hardship."*

*"Students on the shortened programme leave for entirely different reasons, some see midwifery as a soft option. Students need an awful lot of support to stay and continue."*

*"Attrition is moderate but a lot of students return to nursing."*

These findings represent the viewpoints of experienced lecturers and are not hard data in terms of actual attrition numbers and recorded reasons for leaving. However, given the findings of this study and the cost of educating midwives, it would seem to be reasonable to explore this further.

#### Limitations

This study was relatively small, with only 62 respondents. However, this might be expected with only 23 institutions offering the shortened programme in the UK and the window for completing the questionnaire being only one month. This was compounded by only one email invitation being sent out followed by one reminder via a standardised UK-wide email mailshot.

The questionnaire was brief and asked respondents to report on their personal experiences, but it did not offer sufficient space to access any qualitative depth in their answers. One may also consider that only those with strong viewpoints might have filled in the survey, for example, those who do or do not particularly favour the shortened programme. However, the findings appear to disprove this, since there is a spread of positive and negative responses to the questions posed throughout the data.

The study only included the views of lecturers and not students or employers. However, it addressed a gap in the literature, which is a focus on the views of experienced lecturers. Further research exploring this subject area, including more in-depth studies and including other stakeholders, would be useful to inform future developments in midwifery education.

## Conclusions

The findings appear to point to applicants to the shortened midwifery programme being generally prepared for and committed to midwifery. However, their writing and numerical skills were not generally described as excellent. Despite their NHS experience, they were thought to be less able than might have been expected to undertake decision-making and full client-choice aspects of midwifery. As expected, they were thought to bring valuable nursing skills with them. However, over 50% of respondents thought that the students were unable to challenge the status quo in practice.

Attrition from the course was not thought to be problematic, but there is some concern about the numbers who appear to return to nursing. Given the potential shortcomings identified in this study and the pressure to increase student midwifery places in the UK, this research could be useful to regulators, education institutions, employers and commissioners of midwifery programmes when planning the future of midwifery in the UK. It would also seem to be timely to develop further research to accurately evaluate the programme's contribution to the midwifery workforce at a time of great and increasing pressure on staffing levels.

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