

Review of Midwifery Education and Training and Newly Qualified Experience: Thematic Analysis

Health and Society Knowledge Exchange
(HASKE)

HASKE

HEALTH & SOCIETY KNOWLEDGE EXCHANGE



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Executive summary

Context:

Between November 2022 and February 2023, Health Education England (HEE) conducted the first nationally co-ordinated quality review of pre-registration midwifery education and training. Prior to this, independent reviews by Ockenden and Kirkup highlighted the significant failings of maternity services, which can impact on the experiences of midwifery students and the quality of their clinical placements. Therefore, the purpose of HEE's quality review was to explore the experiences of student midwives and newly qualified midwives, across England, in order to inform the development of a Student Charter. In March 2023, Health and Society Knowledge Exchange (HASKE) was commissioned by NHS England (formerly HEE), to undertake a thematic analysis of the data collected through their review of midwifery training and newly qualified experience.

Methodology:

HEE's national quality and maternity teams were supported by the regional quality teams and regional maternity leads to undertake the data collection for this project, which involved:

- 152 focus groups across England with maternity students from all years of study;
- 10 focus groups with newly qualified midwives across England;
- A national online survey of newly qualified midwives who were unable to attend the focus groups;
- 10 focus groups with multi-professional students from the South West of England;
- 9 focus groups with newly qualified multi-professionals from the South West of England;
- An online survey of newly qualified multi-professionals, from the South West of England, who were unable to attend the focus groups; and
- Slido Polls distributed during the focus groups.

The questions posed in the focus groups and online surveys were positively orientated to capture 'what good looks like' in order to inform the development of a Student Charter, with a focus on midwifery students in the first instance. The questions were structured around the following key themes: overall quality; safe learning and training; client and learner safety; induction; practice supervision; receiving feedback; practice assessment; university support; health and wellbeing; facilities (education, support, clinical, wider working environment); educational opportunities; respect and value in the placement environment; and supporting future careers.

Findings:

Across all of the regions, a clear set of themes emerged regarding the overall quality of educational experience in midwifery.

- It is essential for students to feel valued as part of a midwifery team, who can fulfil their caring role well. Students should be based in interested, motivated and supportive environments in practice and at university, with clear communication of expectations and support in achieving learning outcomes.
- Staff who have time to role model excellent care and teaching in a positive work environment are crucial to a quality experience. Supervisors should be consistent (and potentially continuous), motivated, trained in pedagogical methods, proactive and engaged in student learning and development, and supportive of their individual needs and interests.
- It is important to ensure ample opportunity to develop skills and develop knowledge with the ability to reinforce this over time and across practice, including the chance to practice a range of skills regularly in order to embed learning (through real life practice and simulations).
- Sufficient time and dedicated spaces are needed to discuss and reflect on a varied practice, in order to learn.
- Staff levels should remain safe, and staff-student ratios and workloads should allow for good teaching to occur, ensuring that students can feel safe and confident on placement and in their work.
- Flexibility in shifts can allow for learning opportunities.

These themes were largely reproduced in the data collected from NQMs, multi-professional learners and newly qualified multi-professionals.

Recommendations:

Based on the analysis of themes and their frequency, it is recommended that the following content is prioritised in the student charter:

- The importance of mutual respect and positively valuing students on placement.
- A clear and positive identity for a midwifery student on placement, which is affirmed by a supportive environment and safe staffing levels.
- Related to this, informed pedagogy understood by practice supervisors to support students as learners rather than workers.

- Continuity of supervision is perceived to enhance the development of students, with a particular emphasis on developing individual needs and interests based on the student's relationship with their supervisor.
- Clear expectations of how support for both wellbeing and for raising concerns is made available to students on placement, with more consistency across the profession for this. For example, trust inductions could include dedicated time for students to meet with the Freedom to Speak Up Guardians.
- The importance of being able to raise concerns without fear of repercussion. This would be enabled by clarification over what 'counts' in terms of future careers. For example, students should be confident in the knowledge of whether reporting practices or asking for more shift flexibility would damage their prospects, either as a student or a potential member of staff.
- The requirement of dedicated time and space for feedback, reflection and/or debrief, supporting students to feel safe in a learning environment.
- Having a well-established and tested induction processes that are evidenced to support student learning while on placement.
- Robust communication routes between placements and universities.
- Attention to and promotion of flexible working practices, both in terms of accessibility to facilities and to forms of educational opportunities.

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1. Introduction

1.1 Overview

Between November 2022 and February 2023, Health Education England (HEE) conducted the first nationally co-ordinated quality review of pre-registration midwifery education and training. Prior to this, independent reviews by Ockenden¹ and Kirkup² highlighted the significant failings of maternity services, which can impact on the experiences of midwifery students and the quality of their clinical placements. Therefore, the purpose of HEE's quality review was to explore the experiences of student midwives and newly qualified midwives, across England, in order to inform the development of a Student Charter.

In March 2023, Health and Society Knowledge Exchange (HASKE) was commissioned by NHS England (formerly HEE) to undertake a thematic analysis of the data collected through their review of midwifery training and newly qualified experience.

1.2 Methodology

1.2.1 Data collection

HEE's national quality and maternity teams were supported by the regional quality teams and regional maternity leads to undertake the data collection for this project, which involved:

- 152 focus groups across England with maternity learners from all years of study;
- 10 focus groups with newly qualified midwives across England;
- A national online survey of newly qualified midwives who were unable to attend the focus groups;
- 10 focus groups with multi-professional learners from the South West of England;
- 9 focus groups with newly qualified multi-professionals from the South West of England;

¹ Ockenden, D. (2022) *Ockenden report – final: Findings, conclusions and essential actions from the independent review of maternity services at the Shrewsbury and Telford Hospital NHS Trust*. London: HMSO.

² Kirkup, B. (2015) *The Report of the Morecambe Bay Investigation: An independent investigation into the management, delivery and outcomes of care provided by the maternity and neonatal services at the University Hospitals of Morecambe Bay NHS Foundation Trust from January 2004 to June 2013*. London: The Stationary Office.

- An online survey of newly qualified multi-professionals, from the South West of England, who were unable to attend the focus groups; and
- Slido Polls distributed during the focus groups.

The majority of the data collection involved focus groups that were conducted either face-to-face or online, and were facilitated by various individuals in each region, such as midwives and quality leads. During the semi-structured focus groups, a schedule of questions was used to guide the discussion. The qualitative data collected through the focus groups was then summarised by the individuals facilitating each focus groups and recorded via SmartSurvey.

The questions posed in the focus groups and online surveys were positively orientated to capture ‘*what good looks like*’ in order to inform the development of a Student Charter, with a focus on midwifery students in the first instance. The questions were structured around the following key themes: overall quality; safe learning and training; client and learner safety; induction; practice supervision; receiving feedback; practice assessment; university support; health and wellbeing; facilities (education, support, clinical, wider working environment); educational opportunities; respect and value in the placement environment; and supporting future careers.

1.2.2 Data analysis

To analyse the data collected by HEE, a two-tier approach was adopted:

- The first tier was a thematic analysis using a template approach. The first stage of this involved open coding of the data for emerging themes. These were then aligned to broader headings (based on those outlined by HEE), with any new themes emerging from the data added during analysis. For each of these headings, themes were organised into one of three categories: operational, obstacle, or outcome. Operational themes referred to activities, engagements, and relationships within participants’ experiences. Obstacles referred to those themes that were reported as blockers to a good educational experience. Outcomes referred to the intended or unintended effects of the operational themes and obstacles. This template was used in order to situate themes not just in isolation, but as part of wider and often complex relationships. For example, identifying ‘what looks good’ in training may not simply be the presence of a good placement tutor, but a positive working culture and evidence-informed approach to supervision as well. The significance

of these relationships can sometimes be missed by thematic analyses, and as such the template approach allowed these relationships to emerge.

- The second tier utilised the same themes as the basis for a content analysis. This enabled the frequency of themes to be identified (in terms of number of focus groups that raised them per question), as well as comparisons of frequencies by region and other appropriate characteristics. This also allowed the analysis to distinguish between common themes observed nationally (such as the appreciation amongst midwifery students of feeling part of an enabling team) and those raised by one or two participants (such as concerns not being addressed in placement) which suggest issues at very local levels.

The complete thematic analyses for midwifery learners are included in the appendices at the end of this report. Each theme is listed, with the number of times it emerged in brackets after it.

1.2.3 Limitations of the dataset

As with any large-scale dataset, certain factors provided limitations on the analysis.

- There was a large variation in the way that focus group findings were transcribed, ranging from note-form to verbatim quotes.
- Focus groups varied considerably in size across the regions.
- Data for Newly Qualified Midwives came from one national focus group, with multi-professional learners being limited to one focus group from a single region. This placed limitations on how robust the comparisons could be between their findings and those of the midwifery student focus groups.
- Some regions resulted in a disproportionate number of participants from a single university, which risks reflecting experience of one particular programme rather than that of the region more generally.
- The analysis of the data was separately commissioned to the data collection, which meant that facilitators were not necessarily shaping the discussions around the relationships interwoven into midwifery education. This meant that there was limited contextual information within the datasets, as well as less focus in the answers on specific outcomes related to experiences (for example: what the effect of a lack of induction had on the educational experience).
- Given that there were four questions addressing the issue of being valued in the workplace, the content analysis shows higher numbers for these themes than others. As such, it is

important to consider the content numbers when comparing the same theme from region to region, rather than comparing themes with other themes.

- It was particularly notable that a large proportion of participants answered the question of 'what does a good midwifery education look like?' with negative experiences (implying a good education would be the opposite of this).

2. Findings 1: demographics for focus groups and survey data

2.1 Focus groups with midwifery learners

Table 1 provides an overview of the 152 focus groups conducted with midwifery learners across all regions of England:

	Region	Number of focus groups ³	Number of focus groups for each year group			Number of participants ⁴
			Year 1	Year 2	Year 3	
Midwifery learners	East of England	15	4	5	6	244
	London	20	5	8	7	256
	Midlands	37	12	12	13	635
	North East & Yorkshire	22	8	7	7	158
	North West	34	13	10	11	401
	South East	18	0	8	10	209
	South West	6	2	2	2	56

Table 1: Focus groups with midwifery learners

Figure 1, below, shows the academic institutions that conducted the focus groups for midwifery learners in each region:

³ These figures indicate the number of focus groups arranged, although a small number did not have any attendees.

⁴ These figures are approximations as some of the focus group facilitators did not record the number of participants.

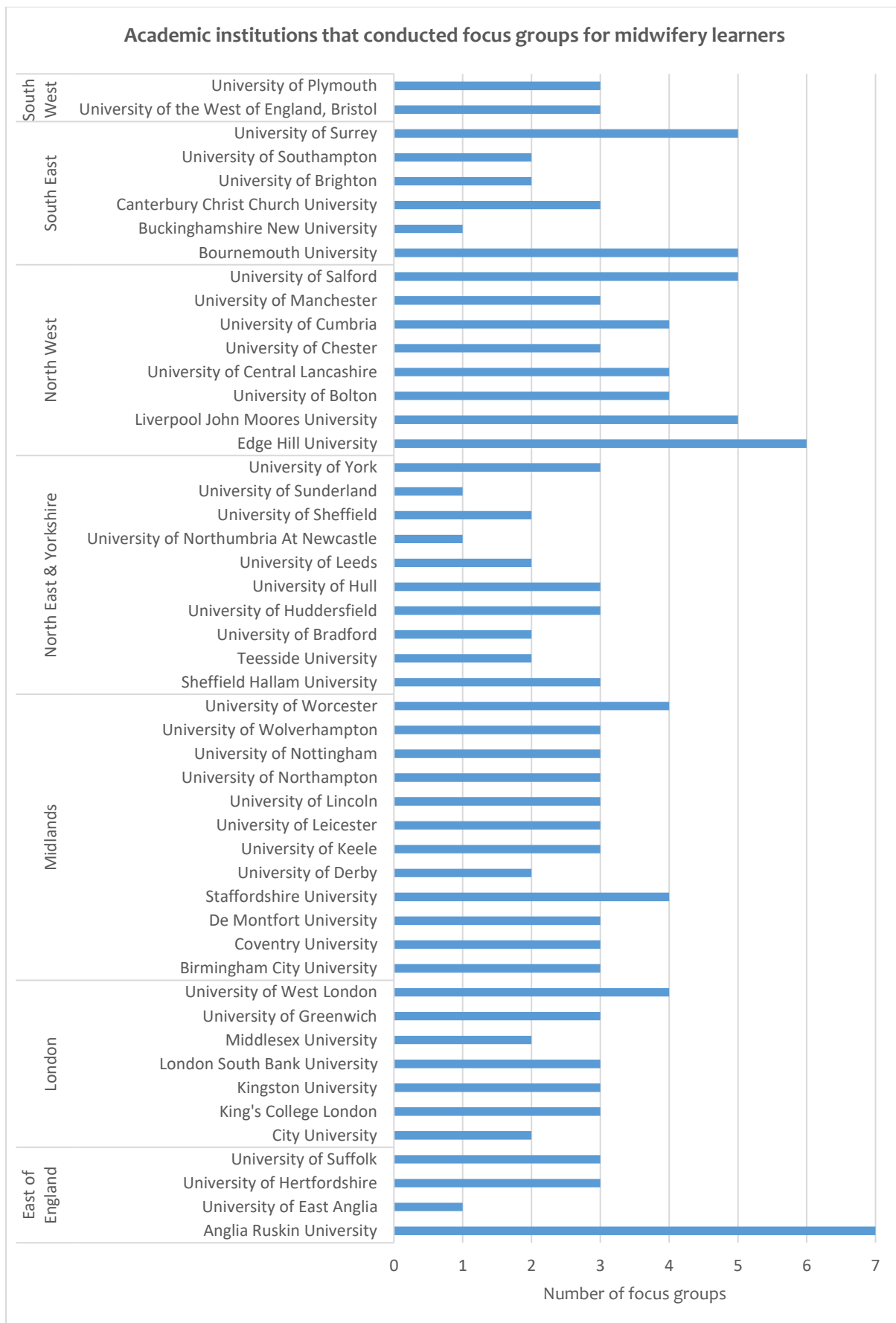


Figure 1: Academic institutions that conducted focus groups for midwifery learners

2.2 Focus groups with newly qualified midwives

Table 2 provides details about the ten national focus groups conducted with newly qualified midwives:

	Number of focus groups	Number of participants
Newly qualified midwives	10	26

Table 2: Focus groups with newly qualified midwives

2.3 Survey of newly qualified midwives

A national survey was used to capture the views of newly qualified midwives who were unable to attend the focus groups. In total, the survey for newly qualified midwives had 30 respondents.

18% of the midwives reported that they had qualified in 2021, but the majority (82%) had qualified in 2022; one survey respondent indicated that they would qualify in 2023. Figure 2 shows the academic institutions where the newly qualified midwives completed their training:

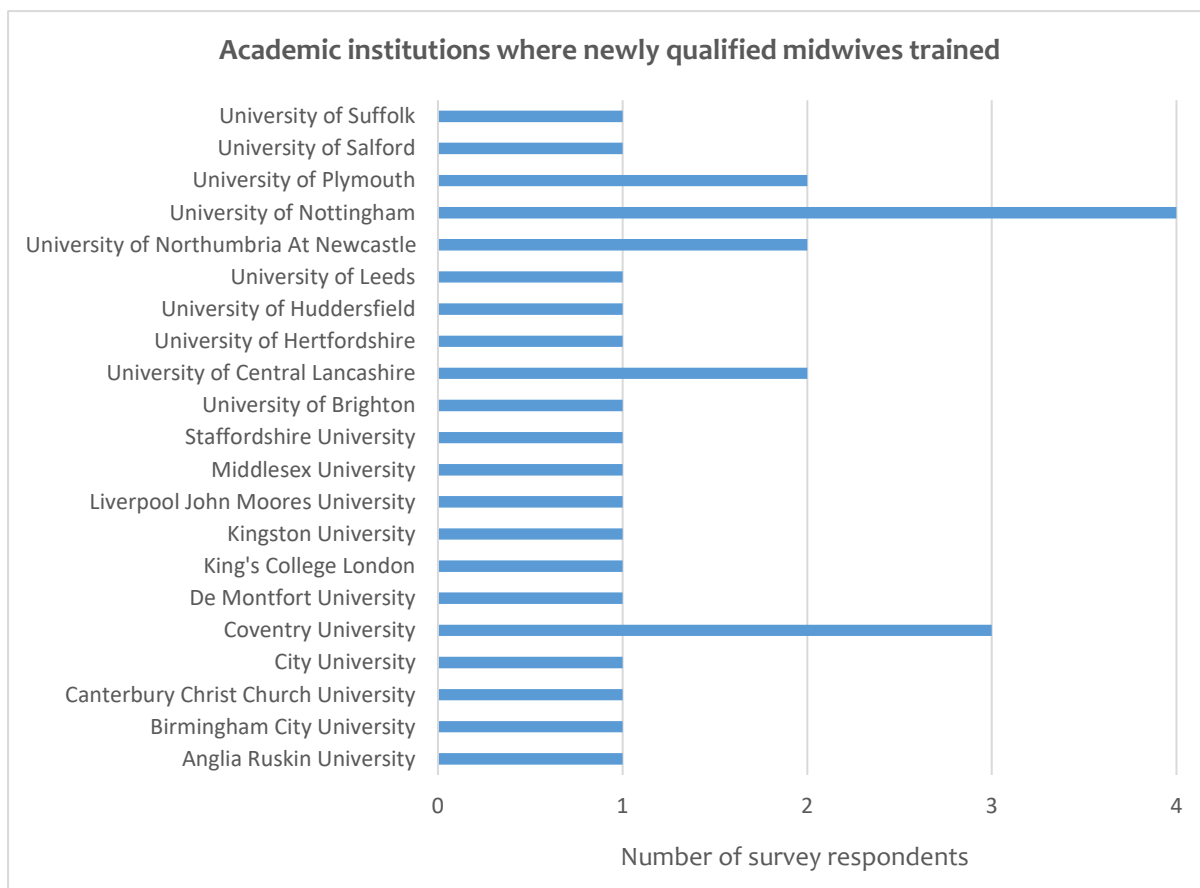


Figure 2: Academic institutions where newly qualified midwives trained

2.4 Focus groups with multi-professional learners

Table 3 provides an overview of the ten focus groups conducted with multi-professional learners in the South West of England:

	Region	Number of focus groups	Number of participants	Year groups		
				Year 1	Year 2	Year 3
Multi-professional learners	South West	10	43	7	8	8

Table 3: Focus groups with multi-professional learners

The multi-professional learner focus groups included the following professionals: Midwifery, Mental Health Nurses, Adult Nurses, Trainee Nursing Associates, Occupational Therapists, Paramedics, Physiotherapists, Radiographers, Podiatrists, Physiologists, and Health Visitors.

2.5 Focus groups with newly qualified multi-professionals

Table 4 provides an overview of the nine focus groups conducted with newly qualified multi-professional learners in the South West of England:

	Region	Number of focus groups	Number of participants
Newly qualified multi-professionals	South West	9	36

Table 4: Focus groups with newly qualified multi-professionals

The newly qualified multi-professional focus groups included the following professionals: Healthcare Scientists, Adult Nurses, Children and Young Person Nurses, Trainee Nursing Associates, Dietitians, Occupational Therapists, Physiotherapists, Radiographers, and Speech and Language Therapists.

2.6 Survey of newly qualified multi-professionals

A survey was also used to capture the views of newly qualified multi-professionals from the South West region, who were unable to attend the focus groups. In total, 20 newly qualified multi-professionals completed the survey, and their professions are shown in Figure 3:

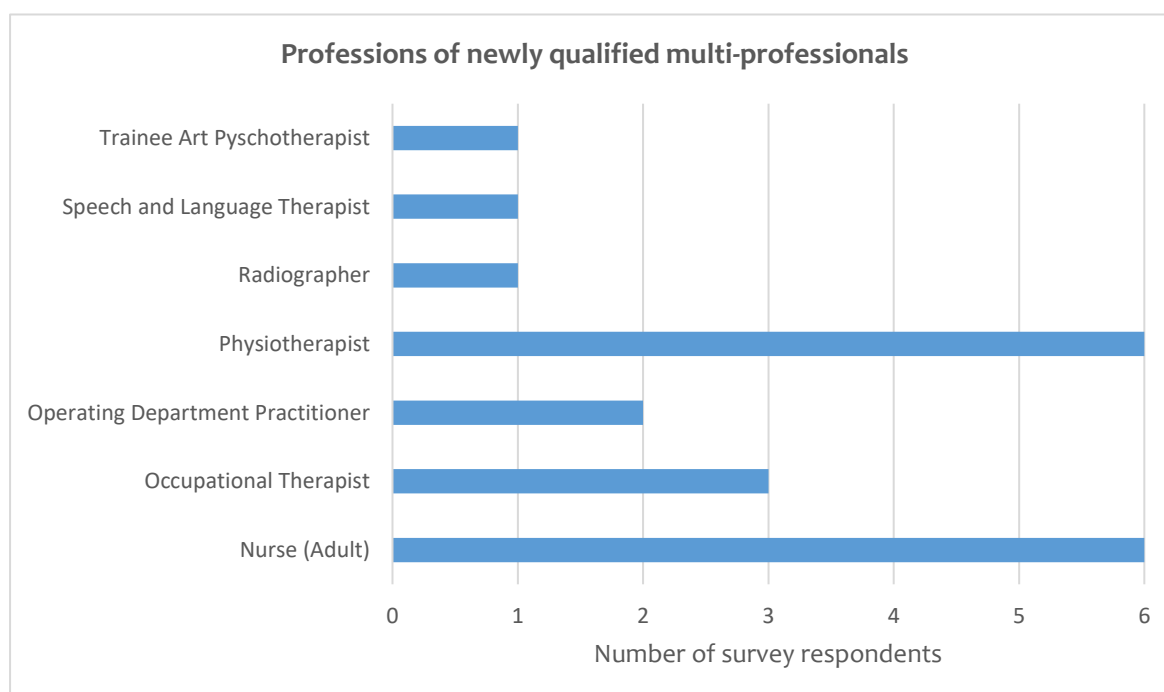


Figure 3: Professions represented in survey of newly qualified multi-professionals

The survey showed that 72% of the respondents qualified in 2022 and 18% qualified in 2021. Figure 4 shows the academic institutions where the newly qualified multi-professionals completed their training:

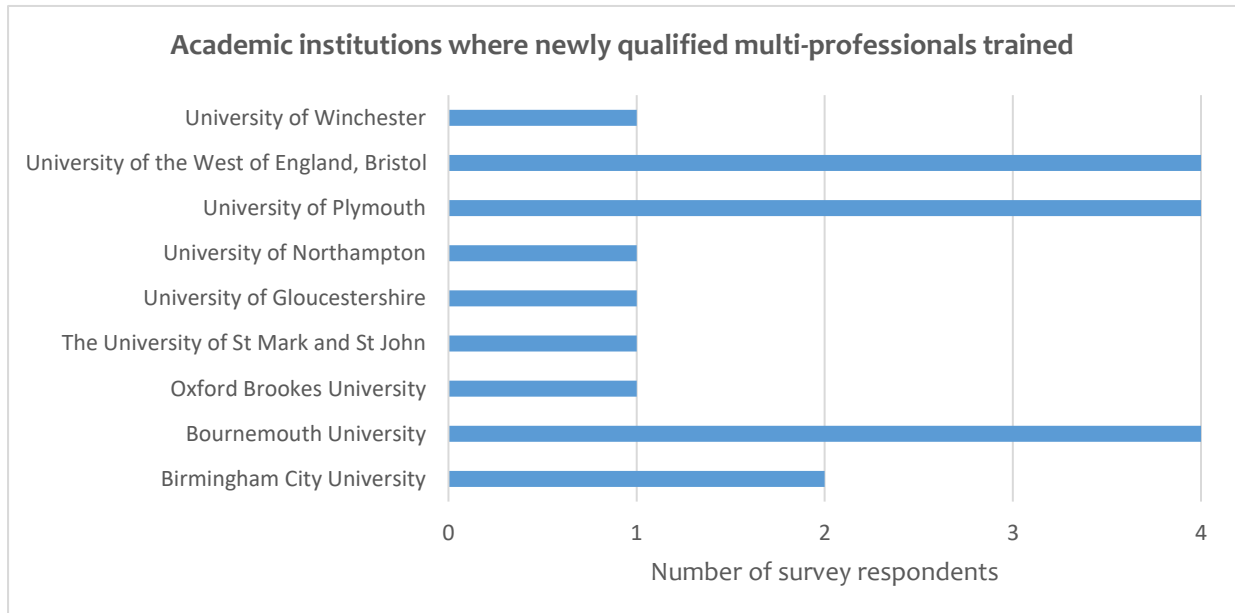


Figure 4: Academic institutions where newly qualified multi-professionals trained

3. Findings 2: national thematic analysis of midwifery learners

3.1 Overall quality

Across all the regions, a clear set of themes emerged regarding the overall quality of educational experience in midwifery.

- It is essential for students to feel valued as part of a midwifery team so they can fulfil their caring role well. Students should be based in supportive environments in practice and at university, with clear communication of expectations and support in achieving learning outcomes.
- Staff who have time to role model excellent care and teaching in a positive work environment are crucial to a quality experience. Supervisors should be consistent (and potentially continuous), motivated, trained in pedagogical methods, proactive and engaged in student learning and development, and supportive of their individual needs and interests.
- It is important to ensure ample opportunity to develop skills and develop knowledge with the ability to reinforce this over time and across practice, including the chance to practice a range of skills regularly in order to embed learning (through real life practice and simulations).
- Sufficient time is needed to discuss and reflect on a varied practice in order to learn, as well as dedicated spaces for this to take place.
- Safe staff levels are important, as are effective staff-student ratios and workloads that allow for good teaching to occur, ensuring that students can feel safe and confident on placement and in their work.
- Embedding flexibility in placements – whether through shift patterns, availability of opportunities or other resources – can support better learning opportunities.

3.2 Safe learning and training

A dominant theme for participants regarded the need for adequate staffing in maternity teams. This allows dedicated time for feedback, discussion of cases, and space for reflection. Participants valued supportive supervisors who take opportunities to ensure the safe learning and gradual development of their students. Some groups championed the benefits of having learning goals for each shift, based on discussions with their supervisor. All regions advocated protected time for students and practice supervisors/assessors to work together, to ensure time for reflection and reinforcement of learning.

Participants indicated that good learning opportunities would include:

‘The opportunity to be hands-on’ (Midwifery Student, North West - Slido Poll)

‘Give the chance to practice and get feedback without judgements’ (Midwifery Student, London - Slido Poll)

While students need hands-on experience, there was strong emphasis placed on the need to be recognised as ‘students’ who are still in the learning process, in order to ensure safe practice. Several groups raised the need for students to have protected learning time, rather than to be utilised to make up for lack of staff. A recurrent theme concerned having appropriate staff-student ratios, in order to allow for teaching opportunities on placement.

Conversely, participants emphasised that students should not be left unsupported in situations where they felt unsafe due to low staffing levels, or be asked to take on responsibilities they are not trained for or feel unsafe taking on due to service pressures. While current requirements are for students to be supernumerary, multiple groups from across all regions reported that in practice this was not always the case. Indeed, a frequent theme to emerge was the need to balance ‘working’ and ‘learning’ while on placement, with a clear sense that the emphasis should be on the latter, but that this was not always felt to be the case.

Participants felt that the safest learning occurred with consistent supervision, based on clear communication of expectations, geared towards continuity of care. The consistency of supervision was linked to confidence to develop competencies, and having a regular source of support, if ever or whenever it was needed. Participants were also keen on the continuity of supervisors, although

the downsides of this – for example, if a student did not work well with their supervisor – was not discussed in the groups.

There were some regional discrepancies regarding the limits of safe learning. In the Midlands, for example, one group raised issues with students not being allowed to observe emergencies; in contrast, in the London region, concerns were raised about the lack of appropriate debriefs following the observation of emergency situations.

3.3 Client and learner safety

Across all regions, the importance of client and learner safety was linked to a positive work environment. This was defined by strong leadership that takes inclusion seriously, and a culture that enables students to feel confident in raising concerns without fear of repercussion. Indeed, a strong theme reflected the uncertainty amongst students regarding the effects that raising concerns may have on either their qualification or their future career. The data suggested that if students are not comfortable raising concerns – due to the fear of experiencing repercussions, owing to the lack of confidentiality/anonymity and a lack of a safe space to discuss concerns – then they will not speak up.

Addressing this requires having the procedures for raising concerns communicated clearly to the student, typically on induction and with further signposting for reporting options. In the South East region, there were several cases where students were aware of numerous routes open to them for raising concerns (both on placement and via their university), but they were not always sure which was the most appropriate. Raising concerns should be anonymous or through other protected channels. Participants described what would make them feel safe and confident to speak up:

‘A comfortable environment, clear process of how to report situations and knowing it's confidential’ (Midwifery Student, North West - Slido Poll)

‘Not having any backlash from speaking up’ (Midwifery Student, Midlands - Slido Poll)

‘Knowing that my opinion will not be brushed off and something will actually be done about it’ (Midwifery Student, London - Slido Poll)

‘Knowing you won't be judged’ (Midwifery Student, South West - Slido Poll)

A wide variation of accounts of the Freedom to Speak Guardian role emerged. The data show that some midwifery students across all seven regions reported a lack of awareness of Freedom to Speak Up Guardians. It is imperative that this system is proactive and encourages feedback, in order to offset this sense of vulnerability amongst students with regards to the raising of concerns. This should be seen as a positive contribution to practice, necessary for the continuous development of the profession.

Finally, the issue of safe staffing levels also emerged as a key theme for client and learner safety. This ensures that concerns can be dealt with, and students have the chance to complete the learning and training they are on placement for, rather than being placed in risky situations without supervision.

3.4 Induction

There is a clear need for a detailed induction at the beginning of any placement. While in-person inductions were seen as the most useful, participants reported that online inductions could also be beneficial, so long as they were 'shown not told.' Some regions highlighted the benefits of induction handbooks, as well as having a well-tested and established induction routine. Other regions reported on the importance of welcome packs provided in advance, that included information on useful contacts and facilities, and that could also support student understanding of NHS terminology and structures.

Participants in general found that midwifery-specific inductions were most useful, although there was also a value in raising awareness of the wider resources available within the trust, such as libraries or simulation models. Perhaps the strongest example of good induction came from the East of England, where participants described a four-day induction including mini-workshops, presentations, conversations, question and answer sessions, and input from a range of clinicians.

The consequences of lack of induction included not knowing where emergency equipment was stored.

3.5 Practice supervision

Three main themes emerged around what good practice supervision looked like, including: continuity of supervision; the need for supervisors to have a positive attitude; and the need for dedicated time (a theme which was expanded upon in 3.6, 'Receiving Feedback').

Most participants favoured having a consistent supervisor (i.e., the same supervisor over a particular period of time) for at least some of their placement. This was cited as a mechanism for allowing students to confidently develop skills. Alongside this, it was noted that exposure to other practice supervisors/assessors, as well as NQMs and peers for support, would be useful (often suggested in the first year) to get to know 'different approaches' and to experience a variety of techniques. Some of the responses included:

'Supervisors asking what we would like to achieve' (Midwifery Student, South West - Slido Poll)

'Being included and encouraged to try new skills' (Midwifery Student, Midlands - Slido Poll)

Good supervisors were described as proactive, engaged, and motivated, who can support and encourage student learning. This included allowing time to identify learning needs, develop knowledge, and make use of quiet time to support learning (hence why having a continuity of supervisor would benefit this). Participants cited daily conversations to set clear expectations and hopes for the day as particularly encouraging for student development and achievement of competencies.

This, in turn, requires practice supervisors/assessors to have the time and training to engage in all aspects of teaching, to warrant student learning and confidence that competencies are felt and shown to be gained.

'Having time with your practice supervisor' (Midwifery Student, North East & Yorkshire - Slido Poll)

Participants were keen to stress the importance of protected time for feedback to allow reflection and learning, as well as ensuring that paperwork is completed. Perhaps unsurprisingly, several

participants cited staff shortages as obstacles to this, as well as concerns that this had led, in part, to students being left alone to cope, not being given sufficient supervision time, and supervisors struggling to find the time to be as proactive as they would like to be.

There was a strong sense that supervisors need to be interested in teaching, up to date with their skills and pedagogical approaches, and able to encourage students to be confident in their own abilities. Multiple participants talked about the problems that emerged from attitudes of supervisors who they felt were not motivated to support students – whether due to pressures on their own time, or a lack of interest. Instead, a good supervisor was typically described as the following:

‘Having a good supervisor who is interested in your learning and [the] importance of induction’ (Midwifery Student, North West - Slido Poll)

‘Really being taught by the midwives and feeling useful in placement - like you're doing a good job’ (Midwifery Student, South East - Slido Poll)

3.6 Receiving Feedback

Feedback and assessment were seen as integral to the learning experience. There was an overwhelming perception in the data that feedback needs to be clear, constructive, and tailored to meet the needs of each student. Constructive feedback is considered as ‘clear, concise, reassuring and calm’ (Midwifery Student, East of England – Focus Group). Feedback should be appropriate to competencies and highlight areas of improvement, as well as include positive comments. A theme regarding the need for tailored feedback – linked to competencies, which highlight development needs and opportunities for the individual student – emerged across many of the regions.

Linking back to section 3.2 above, it is evident that midwifery students appreciate it when they provided with:

‘... the chance to practice and get feedback without judgements’ (Midwifery Student, London - Slido Poll)

Participants noted how this was more achievable with continuous supervision, as well as when feedback is regular and timely. Feedback also needs to be timely to reduce the stress experienced by students, to enable them to embed and improve their learning and increase their confidence. It was acknowledged that the speed at which feedback could be given was related to staff workloads.

‘Having written feedback, alongside verbal, from supervisors’ (Midwifery Student, Midlands - Slido Poll)

The data from all regions highlights the importance of having protected and dedicated time for feedback to ensure that the student and midwife can meet regularly. It was important to have protected time and private space to allow student and supervisor to have honest and open discussions, which provide opportunities to reflect on learning needs, progress made, and successes. Alongside this, some participants also highlighted the benefits of informal feedback, from sources other than just a supervisor or tutor, as an ongoing learning tool.

‘Feedback from colleagues and families’ (Midwifery Student, South East - Slido Poll)

3.7 Practice Assessment

One notable theme to emerge from the focus groups was the similarities between views on practice assessors and on supervisors. As such, many of the attributes identified in 3.6 above were reflected in discussions on practice assessment. It should also be noted, however, that in some of the focus groups there was clearly a blurring of lines between the roles (that is to say, it was not always clear that participants were talking about supervisors or practice assessors), and this, in itself, is a significant finding in terms of student understanding of the two roles.

The data suggested that practice assessment needed to be consistent and timely. Expectations of training and outcomes need to be clear to both the student and practice assessor, and dedicated time for assessment was perceived to lead to better results. Students need to be made aware of how and when feedback will be received, and be confident that this will be an accurate reflection of their achievements.

Likewise, participants suggested that practice assessors should be trained for the role, and be able to navigate the systems well. Time needs to be allocated in order to carry out feedback sessions and supervision or assessment that are accessible, proactive, and responsive to communications, setting clear goals and directions for the student. There was also a theme regarding the accessibility of practice assessors, and, as with supervision, a need for continuity so that student development can be seen over time.

3.8 University support

The midwifery students highlighted the importance of having proactive support from their university during placements. This can include, for example, regular check-ins, link lecturers being present onsite, and lecturers providing welfare support as well as practical and academic support. Universities and placements need to work together to ensure a consistent learning experience. University support systems also need to recognise the needs of shift work and working outside of term time hours, and subsequently provide support for debriefing challenging experiences on placement (e.g. traumatic deliveries or problems on placement within practice teams).

Alongside this, University support was seen in academic skills to bridge the divide between degree and practice skills, and able to establish a clear relation between the two different practices.

Participants raised how clear and consistent communication between university and placement was beneficial for support. Lecturers who were in contact with, and available to, students throughout, offering welfare support as well as practical and academic, were deemed to develop confidence and reduce anxiety in students. Some participants suggested that having university staff regularly visible on placements was also beneficial.

The data shows that midwifery students in the South West, South East, Midlands, North West, and East of England felt that the support provided by their universities was variable or inconsistent. Midwifery students from the South West and Midlands highlighted a lack of awareness about how to access support from their universities.

3.9 Health and wellbeing

In terms of health and wellbeing, a prominent theme to emerge was the importance of a healthy working environment. This was described as one with kind and supportive staff who are proactive

in supporting students, that encourages students to seek support, and which is available through a variety of channels so students feel comfortable to ask.

‘Feeling appreciated, welcomed each day. Being shown new skills.’
(Midwifery Student, Midlands - Slido Poll)

‘Having open discussions, being appreciated, recognition’ (Midwifery Student, North West - Slido Poll)

This included role modelling on how to achieve work-life balance and adjust to working in the field, as well as manageable workloads, particularly for students who have caring responsibilities (to ensure that they are supported, rather than this being viewed as an additional burden for students to bear).

A further theme to emerge across almost all regions was the importance of access to debriefs following traumatic events within placement. This was largely raised as a requirement for universities, but participants also raised the benefits of having clear and consistent formal support structures across trusts/placements, and wellbeing spaces to allow students space and time to process stressful events. For placements, participants suggested the need for a clearly designated safe space/person to turn to ‘in the moment’ on shift.

Many participants raised the need for coordination of support between universities and placements, with clear and accurate communication between all parties. There was a clear acknowledgement that both physical and mental health needs should be supported by both.

3.10 Facilities

Participants were clear on the most beneficial facilities required for a good quality midwifery educational experience, and these were consistent across all regions.

- Consistent access to laptops or iPads in order to complete MORA/PARE in a timely manner;
- access to PROMPT training and to trust policies and guidelines, on and off shift;
- training in how to use facilities and IT systems correctly;
- access to trust intranet in order to access policies and guidelines;
- flexible library access;
- lockers for safe storage of belongings including required tech resources;

- parking;
- study space and rest facilities on shift.

While participants could identify the facilities that were of most benefit to their studies, the main theme to emerge was one of timeliness. Lack of IT access, or delays in getting access to IT, was flagged across all regions. Access to IT resources and trust sites was raised as a key mechanism for studying effectively, including remote access to ensure work/feedback can be completed when workloads have not allowed this on shift. Access to laptops or iPads, meanwhile, was deemed as important for being able to complete notes and other documentations, leaving time to reinforce learning and further study after the shift.

Midwifery students, in particular, highlighted the importance of:

‘Simulation in a supportive environment’ (Midwifery Student, South East - Slido Poll)

There was a general enthusiasm for the prospects of simulation-based learning, where it was available. While this does not currently count towards placement hours in midwifery, participants were keen to highlight its virtues – and clear frustrations emerged where it was not available, either due to timetabling or lack of facilities. The sense of having a safe space to trial techniques was seen as a key confidence-builder.

3.11 Educational opportunities

Participants generally viewed educational opportunities as aligned with facilities, and as a result the emergent themes were very similar. Participants were keen that awareness of the resources available in each trust (e.g., libraries, SIMs models) was made clear to students, with consistent access to PROMPT training and simulation. There was a sense that training opportunities were currently either inconsistent or often not advertised across placements. Likewise, participants felt strongly that the opportunities to achieve competencies should not be dependent on luck in practice, and that simulation-based learning could be one route.

At the root of all education opportunities was the need for engaged midwives who work with the individual learner to identify competencies and developmental needs, and who provide opportunities for further study and practice:

‘Time for reflection and feedback after a shift to ask how we feel’ (Midwifery Student, South West - Slido Poll)

A strong theme to emerge was the need for flexible teaching that is in response to the needs and interests of the student, not only including role play and simulation, but also the ability to closely shadow practice supervisors/assessors in order to learn effectively. It was suggested that this was built most successfully on good communication between the placement and the university in terms of identifying needs and pedagogical solutions.

When participants were asked to describe what good opportunities to learn and reach your full potential would look like, the answers reflected the tension at the centre of midwifery placements. On the one hand, participants were keen to be viewed as learners:

‘Not being used as a support worker’ (Midwifery Student, South East – Slido Poll)

For example, several participants raised concerns about not being treated as supernumerary and being viewed as a shift worker rather than a student. On the other hand, however, others were keen to emphasise that their roles went beyond that of what they felt was perceived to be the ‘student’ role:

‘Being treated more than just a student’ (Midwifery Student, East of England – Slido Poll)

‘Being paid as students to acknowledge our work’ (Midwifery Student, South East – Slido Poll)

3.12 Respect and value in the placement environment

A key theme across the regions was the impact of low staffing levels on the midwifery student’s experience of placement. Shortages in midwifery staff resulted in increased workload, impacted on safety, and impacted on the time and availability of learning opportunities, which increased anxiety amongst some students.

Respect and value in the placement were seen as the core to a high quality education experience. An environment where students feel like a valued member of the team they are working on, where they are thanked for their efforts, and given regular constructive feedback in the form of praise and areas to develop. This results in students feeling like a valued team member who can make an important contribution to patient care on placement. Respectful practices such as using the student's name (rather than being referred to as 'the student') and placing their name on the board of the patients they are caring for is appreciated and makes students feel more valued and motivated. The ability to offer continuity of care to families was also a common theme to emerge from discussions on respect and value. Effective financial and mental health support made students feel that their training and future role is valued more broadly.

The Slido Polls data shows that the midwifery students feel part of the team when they are:

‘...referred to by name and not 'the student'’ (Midwifery Student, North East & Yorkshire - Slido Poll)

‘Empowered to do new skills you may not have wanted to do in the past’ (Midwifery Student, North West - Slido Poll)

‘Being valued and acknowledged’ (Midwifery Student, East of England - Slido Poll)

‘Being involved, everyone caring for each other and everyone having a positive outlook’ (Midwifery Student, London - Slido Poll)

This environment was underpinned by three specific themes: communication, engagement, and flexibility. Good communication and synchronisation between university and placements was seen as vital for theory and practice to be mutually reinforcing, and supporting an environment of reflective and collaborative learning.

As discussed in sections 3.5 and 3.6 above, participants discussed proactive and engaged midwives who are trained to teach and eager to do this well as key to a successful environment. This included getting to know the student as an individual learner with particular confidences, skills, and abilities (including non-clinical skills) and being invested in their success. Or, in the words of one participant:

‘Be treated as a human not 'just a student’’ (Midwifery Student, South East
– Slido Poll)

Finally, flexibility emerged as a dominant theme (see 3.14 below). This included the ability to work flexibly in order to manage childcare and finances, and for students to achieve a healthy work-life balance. This may include an accessible shift swapping system to allow students to work flexibly, make up hours and gain competences; and giving longer notice of shifts in advance in order to plan balance of working, caring, placement, and academic work.

3.13 Supporting future careers

For midwifery education to support future careers, a number of consistent themes emerged from the data.

The first theme was the need for a gradual and developmental transition from student to NQM status. This was seen by many participants as building confidence in autonomous and independent working, taking on a larger workload and more responsibility incrementally.

This requires ongoing training in order to prepare for future responsibilities and to reinforce previous knowledge. Participants suggested that access to staff training whilst in student role would be particularly beneficial for this, as well as ongoing supportive mentorship in preceptorship.

The focus groups also raised the importance of a positive working culture, including valuing roles within a team and modelling good practice in terms of work-life balance. An environment that provided the opportunity to build a varied career over time in order to experience different aspects of midwifery was also raised as important for enhancing future careers.

Perhaps the most prominent theme to emerge was the need for safe staffing levels and appropriate pay to be achieved in order to make a midwifery career a viable option. This was linked to the need for enhanced staff morale and manageable workloads, so that students feel they are entering positive, motivated and respectful workplaces.

3.14 Flexible working practices

One theme to emerge from the data that was not part of the original foci of the research was the need for flexible working practices. This appeared across a number of other themes, but was raised in every region.

Flexibility was most often raised in terms of shift patterns, but also in terms of the confidence for students to take appropriate breaks; to utilise time and space for reflection and feedback; and for balancing the requirements of life outside of placement with the demands of midwifery education such as childcare. Some participants raised this as contrary to the values of the profession itself, particularly around EDI concerns.

The data collected through the Slido Polls indicates that the midwifery students view flexible working as:

‘Knowing rotas in advance to swap shifts if necessary’ (Midwifery Student, East of England - Slido Poll)

‘Having the ability to request shifts or time off as needed’ (Midwifery Student, South East - Slido Poll).

‘More flexibility with shifts’ (Midwifery Student, North West - Slido Poll)

‘Consideration of personal circumstances’ (Midwifery Student, Midlands - Slido Poll)

‘Supporting your needs’ (Midwifery Student, North East & Yorkshire - Slido Poll)

‘Understanding work-life balance’ (Midwifery Student, South West - Slido Poll)

‘Safe staffing numbers’ (Midwifery Student, London – Slido Poll)

4. Findings 3: thematic analysis of Newly Qualified Midwives

Data gathered from Newly Qualified Midwives was of specific use for their ability to reflect on how educational experience had prepared them for their first year in practice. To this end, their responses were entirely consistent with those of the midwifery learners in terms of the themes raised. However, in addition to this they provided some clear examples of good practice. Rather than repeat the themes of the previous chapter, this analysis highlights the key findings in addition to what was previously raised by the midwifery learners.

Safe learning

NQMs articulated the ways in which the links between university and placements were crucial for safe learning.

‘If I had a concern I contacted my personal tutor at the university who was also one of the link lecturers for the trust. At the time of being a student there wasn’t a consistent student support that I was aware of. I felt safe and confident with this as it will have been something important that I was raising that would impact on my training.’ (Newly Qualified Midwife – Survey)

Conversely, when that relationship was not there, the results were more worrying:

‘Concerns barely listened to and a culture of “get on with it” very common.’ (Newly Qualified Midwife – Survey)

As with the midwifery learners, the need for a clear and protected identity of the learner was vital not just for the student’s education but also their safety:

‘The need for supernumerary is so important as to allow for learning space and time to try new skills knowing you have support. When this was not always achieved because of staffing and a busy unit it really affected the safety of students.’ (Newly Qualified Midwife – Survey)

‘Staffing. Always an issue, but sometimes there were as many students as there were staff. It left you feeling like it would be very unsafe if you weren’t there and put enormous pressure on you as a student.’ (Newly Qualified Midwife – Survey)

Continuity of supervision

Like the midwifery learners, NQMs highlighted the benefits of continuity of supervision.

‘I gained the most from placement when I was working with the same midwife for a period of several weeks, so that we were able to build a good working relationship, they were able to assess my competence and to know what I needed.’ (Newly Qualified Midwife – Survey)

At the same time, others acknowledged that this was dependent on their being a good relationship between the supervisor and the student.

‘A good experience depends solely on the supervisor and their attitude to the student. A good supervisor empowers the student whereas a poor supervisor can crush a student’s confidence and have a long-lasting adverse effect on physical and mental well-being.’ (Newly Qualified Midwife – Survey)

However, NQMs also demonstrated how a good supervisor could become a role model for their practice. Communication was seen as an important aspect of this: for example, having conversations before a shift about strengths and weaknesses; or more broadly having a supervisor advocate for a student’s learning on the placement.

‘As a student one of the midwives I worked with became my role model because of the way she advocated for women. One woman we care[d] for was considered high risk because she had experienced reduced fetal movements that morning, however her pregnancy had previously been considered low risk. This woman wished for a pool birth and the midwife fought for her to be able to get into the pool and [have] the delivery she imagined, using wireless telemetry.’ (Newly Qualified Midwife – Survey)

Assessment

NQMs made clear connections between the importance of communication and the time and space required for this to take place.

‘Practice assessors who gave honest and critical feedback were most useful. Again, having proper sit-down conversations to discuss my progress in detail was much appreciated (not always time for this when busy on shift/ short staffed).’ (Newly Qualified Midwife – Survey)

‘When a practice assessor was able to commit time to sit down with me to complete my documentation without interruption or feeling like we had to rush.’ (Newly Qualified Midwife – Survey)

Continuity of supervision was again raised as being important – though not essential – to positive assessment practices. This included allowing students to make their own learning plans, rather than viewing students from a deficit-model of assessing.

Resources to support education and wellbeing

Similar to many of the previous themes in Chapter 3 above, the issue of staffing was raised as a key part of resources to support wellbeing. The NQMs linked staffing and a positive working environment to the quality of their educational experience.

‘Stressed burnt out staff do not make the best assessors/supervisors despite their best efforts. Named assessors / small group of names supervisors where possible, rather than different staff each shift, often unwilling to “sign off” things as they have limited experience of working with you. This creates additional stress for student.’ (Newly Qualified Midwife – Survey)

A further theme, supporting the findings from the midwifery learners, was the importance of a strong relationship between the university and the placement.

‘Having a link with the university attend the hospital more often or someone of a similar role (link midwives) to touch base whilst you’re on placement as

sometimes you can be on placements for weeks without anyone checking in.’ (Newly Qualified Midwife – Survey)

However, a positive learning experience was directly linked to the culture of a placement:

‘It’s all about the culture and positive supervisors who create new learning opportunities for students whilst empowering them to be successful in their studies. Kindness and compassion are key.’ (Newly Qualified Midwife – Survey)

The newly qualified midwives reported that the following learning opportunities enabled them to meet their skills and competencies:

‘Shadowing, skills and drills, simulations’ (Newly Qualified Midwife – Survey)

‘My trust sometimes did emergency drills for students if labour suite was particularly quiet. I think something like this is really important as it is in practice so is more realistic and helps to put theory to practice.’ (Newly Qualified Midwife – Survey)

‘Finding a mentor⁵. My mentor helped expand my knowledge of skills I needed to develop in my field of interest which is nursing.’ (Newly Qualified Midwife – Survey)

Respect in the workplace

NQM’s views about what makes the culture of the workplace one of mutual respect among colleagues:

‘To have the same amount of respect for those in training and those who are qualified to make sure everyone feels part of the team’ (Newly Qualified Midwife – Survey)

‘I think the biggest problem is midwives “complaining” about having a first year student. [...] A positive environment is essential. It is alright for

⁵ Some of the research participants used the term ‘mentor’ instead of practice supervisor/assessor.

somebody to express their feelings by saying a negative thing but if all they have to offer is negative, it really creates an unpleasant workplace. The workplace shouldn't be focused on blame but on supporting each other and communicating well as a team.' (Newly Qualified Midwife – Survey)

'All wanting the same goal in maternity which is to provide safe and personalised care to women and families. Discussing diversity within the staff and expressing changes and ways to improve maternity and culture.' (Newly Qualified Midwife – Survey)

Supporting future careers

NQMs also emphasised the need for flexibility for them to remain in the profession long-term.

'Flexibility in terms of hours of work, ease of access to guidelines, protected supernumerary time and lack of blame culture.' (Newly Qualified Midwife – Survey)

'Adequate and safe staffing levels, adequate pay and conditions and for continuity of care/carer to be reintroduced into maternity services. Flexibility in shift patterns would be beneficial too.' (Newly Qualified Midwife – Survey)

5. Findings 4: thematic analysis of multi-professional learners

5.1 Overall quality

The data collected from the focus groups with multi-professionals in the South West region showed that, overall, their training is experienced as good quality when:

- They are treated as individual learners and made to feel welcome (e.g. not being named as 'student') in an environment that values learning.
- They have the chance to practice skills safely in real life, with real patients in order to practice safely and become an autonomous practitioner.
- Adequate staffing levels and staff-student ratios allow time for good teaching to happen.

5.2 Safe learning and training

The data provided by the multi-professional learners highlighted the importance of students being able to be learners rather than workers whilst in the placement setting. Supernumerary status must be respected, and it was important that students felt able to advocate for this and their learning:

‘Not being counted in the numbers’ (Multi-professional Learner - Slido Poll)

Participants often raised how safe learning and training also require that service pressures within the clinical environment do not reduce learning opportunities for the student, and sufficient time must be allowed to ensure safe practice.

5.3 Client and learner safety

A common theme throughout the multi-professional learner dataset was the need for a positive working environment which allows concerns to be raised confidently and student voices to be taken seriously. The processes for raising safety concerns need to be communicated clearly through a variety of channels, and concerns about client or learner safety need to be handled privately with anonymity being assured. It is important that students do not feel vulnerable if they raise concerns due to the potential impact on their learning needs, working environment or future

career. Comments from the Slido Polls show that multi-professional learners would feel confident to speak up when:

‘Feeling respected in my team, that my voice matters’ (Multi-professional Learner - Slido Poll)

‘Being made clear of the speak up process at Induction’ (Multi-professional Learner - Slido Poll)

5.4 Induction

The multi-professional learners emphasised the need for consistent provision of high-quality inductions with clear information provided, including about roles and expectations. Placement inductions should include a well-planned and timely tour of the workplace and equipment, as well as time to meet the team they will be working with. In addition, protected time is required to ensure the quality of induction and allow students to feel safe and supported.

5.5 Practice supervision

Similar to the other datasets, the key themes emerging from the data suggest that supervision needs to be consistent, and that supervisors need to be engaged, supportive and have protected time with their students. For example:

‘Having the same assessor/supervisor throughout this placement’ (Multi-professional Learner - Slido Poll)

‘Designated time for my mentor⁶ and I to learn in’ (Multi-professional Learner - Slido Poll)

Protected time for practice supervision allows the students and supervisors to work together to ensure a quality learning experience, time for reflection, and time to complete competency documentation. It is important that supervisors are aware of the student role, competencies, and their own role responsibilities. Supervisors and practice assessors also need to be proactive by setting clear goals and maximising learning opportunities for the student:

⁶ Some of the research participants used the term ‘mentor’ instead of practice supervisor/assessor.

‘Ensuring that I understand what is expected of me day to day and throughout placement as a whole’ (Multi-professional Learner - Slido Poll)

5.6 Receiving Feedback

The data highlighted the need for daily, informal feedback with a supervisor who is invested in the student as an individual learner and is able to work with the learner over time in order to facilitate learning and observe achievements. As noted in other datasets, the multi-professional learners value feedback that is constructive and focused on development:

‘Constructive detailed feedback’ (Multi-professional Learner - Slido Poll)

In addition, it was emphasised that protected time is needed for feedback and reflection, and all feedback should be delivered in a private space.

5.7 Practice Assessment

The focus groups involved learners from a wide range of professions who had experienced a variety of assessors and supervisors. However, common themes indicated the need for practice assessors who are engaged with the student’s learning, set clear expectations, and who can work with the student over time in order to understand their progress and individual learning needs.

5.8 University support

There is a clear need for continuity of support for multi-professional learners whilst on placement, along with clear communication about the types of support that are available to them throughout their training. The focus group participants appreciated proactive university tutors and link lecturers who contacted them regularly to check-in.

5.9 Health and wellbeing

The multi-professional learners felt that their health and wellbeing was enhanced when training in an environment that encourages healthy work practices and encourages them to seek support when needed. Proactive and understanding support is required from practice

supervisors/assessors in placement and tutors at university and in particular, structured support should be made available to students following traumatic incidents on placement.

5.10 Facilities

Key themes across the dataset included the need for access to a range of training opportunities whilst on placement, access to IT resources and protected time to study. It was suggested that multi-professional learners should have access to CPD and staff training events with repeated/recorded sessions so that students on various shift patterns do not miss out. Having access to skills and simulation rooms is important, along with access to study spaces whilst on placement, and protected time to use this space:

‘Protected learning time’ (Multi-professional Learner - Slido Poll)

In addition, clear signposting of the facilities available within a placement is necessary, along with support in how to use these.

5.11 Educational opportunities

The focus group data shows that multi-professional learners want access to a variety of learning opportunities and resources so that individual learning styles and needs can be met. In particular, simulation and skills training can reinforce learning on placement and allow for competence gaining where there has been no real-life opportunity to practise skills. Students can also learn through reflection and debrief sessions and supported peer practice sessions in skills rooms.

Multi-professional learners valued having the opportunity to work in other wards/spaces in order to extend their learning, gain competencies, and follow their own interests. Having access to supportive and proactive supervisors/practice assessors who can signpost or create learning opportunities was beneficial:

‘Practice educator facilitates questions that explore reflection and clinical reasoning’ (Multi-professional Learner - Slido Poll)

5.12 Respect and value in the placement environment

Whilst in the placement environment, multi-professional learners felt like a valued member of the team when they were trusted to undertake work, and given positive feedback informally. Some of the participants described a supportive environment where they felt able to approach trusted staff to discuss any types of concern or to seek support and were never left alone with patients.

The multi-professional learners described how it felt to be part of a team:

‘Students being viewed as valuable members of the team’ (Multi-professional Learner - Slido Poll)

‘Feeling valued and respected’ (Multi-professional Learner - Slido Poll)

‘Respected and appreciated’ (Multi-professional Learner - Slido Poll)

‘Working together offering help and support to each other’ (Multi-professional Learner - Slido Poll)

The multi-professional learners commented that their contribution to the team had been recognised in the following ways:

‘Praise’ (Multi-professional Learner - Slido Poll)

‘Respecting my knowledge’ (Multi-professional Learner - Slido Poll)

‘Gratitude, nominations for awards, words of affirmation’ (Multi-professional Learner - Slido Poll)

5.13 Supporting future careers

Key themes within the multi-professional learner data suggest that students feel confident about their future healthcare careers when they feel like they are making a positive difference for clients and staff, and feel like a valued team member who can offer good quality care across a range of different working roles. The participants emphasised the need to build confidence in practice over time and appreciated having access to structured support and ongoing training when moving from

their student to practitioner roles. It was also suggested that clear routes through varied career options and support for ongoing professional training, development and specialisation was beneficial.

6. Findings 5: thematic analysis of newly qualified multi-professionals

The data collected from the newly qualified multi-professionals in the South West region showed that, overall, they particularly valued:

- The supernumerary phase of clinical placements, which provided the opportunity to practise skills.
- Protected time with their supervisors to reflect on expectations, skills and learning, and to receive constructive feedback.
- Having good communication with supportive colleagues.
- Having access to a variety of resources and training opportunities, including shadowing and hands-on learning.
- A positive culture within the placement setting, which enabled them to feel included and valued as part of the team.

Staffing levels

The theme of staffing levels was frequently mentioned with the newly qualified multi-professionals emphasising that adequate staffing is necessary for delivering safe care. Being treated as supernumerary was considered important for both client and learner safety, as noted in the following comments:

‘Supernumerary status protects both students and patients, so they are supervised by the registered professional to keep everyone safe.’ (Newly Qualified Multi-professional – Survey)

‘Supervision, safe staffing, not being used within staff ratio numbers, not being left to 'get on with it', not make a student afraid of asking for help or looking stupid.’ (Newly Qualified Multi-professional – Survey)

Safe learning

Clear boundaries and expectations were considered important for creating a safe learning environment for both the learner and client, for example:

‘Clear boundaries and expectations. I struggle on placement when I am not sure what my educator is expecting from me and what they feel comfortable with me doing. For my own safety and patient safety these things need to be discussed regularly. Given opportunities to observe before being expected to do something myself.’ (Newly Qualified Multi-professional – Survey)

The newly qualified multi-professionals reported they felt confident to speak up about safety concerns when they felt supported and did not fear repercussions:

‘Assurance of support after speaking up’ (Newly Qualified Multi-professional - Slido Poll)

‘A culture that encourages change’ (Newly Qualified Multi-professional - Slido Poll)

‘An open and accepting environment, ‘warm’ people’ (Newly Qualified Multi-professional - Slido Poll)

‘I would speak to my mentor⁷ or my clinical educator. I did feel like I could confidently speak up as it was a friendly working environment.’ (Newly Qualified Multi-professional – Survey)

Although some of the newly qualified multi-professionals were familiar with the Freedom to Speak Up Guardians, the data showed that several participants lacked information about this role whilst training. This highlights the need for policies and procedures for raising concerns to be clearly communicated to all students.

Induction

The data showed that experiences of induction varied amongst the participants and emphasised the need for a more consistent approach across different placements and professions, which should ideally include a tour of the building, introductions to key members of staff, and information about how to access the trust’s IT systems. For example:

⁷ Some of the research participants used the term ‘mentor’ instead of practice supervisor/assessor.

‘Tour of the building/department, door codes, changing rooms etc. Clear information into travel to placement e.g. is there parking on site and how to access/pay for it, is there bike storage? How to contact clinical educators in the event of illness, queries etc. What is expected of me on placement. Introduction to different members of the team. Department and staff working times.’ (Newly Qualified Multi-professional – Survey)

‘Setting the expectations for both the student and the supervisors/assessors. Getting to know the place where you’ll be working, where things are. Having an idea of the shift pattern/break times. Being introduced to the placement so that people know your name can’t don’t refer to you as ‘the student.’ (Newly Qualified Multi-professional – Survey)

‘What would have been helpful on placement is if things like access to IT systems, databases and building access cards were arranged prior to the placement starting, as in my experience I found it took a couple of weeks to sort out these aspects, which ate into placement time that should have been spent developing profession specific skills, especially for the shorter placements.’ (Newly Qualified Multi-professional – Survey)

Practice supervision, assessment and feedback

The newly qualified multi-professionals valued continuity with their practice supervision and regular check-ins from staff who were patient, experienced and supportive. The quotations below provide two examples of what is perceived as ‘good’ practice supervision:

‘Getting feedback about progress. Being quizzed in a way that if you don’t know the answer then the supervisor is supportive and uses it as a teaching opportunity and not to make you feel stupid.’ (Newly Qualified Multi-professional – Survey)

‘Friendly open staff, who were open to finding out what you had learnt at university, what the current programme covered etc and where you could apply this to placement and where there may be gaps in learning or extra training/support you may need. Always thinking of good opportunities for learning and expanding experience. Regular supervision. Able to give positive feedback as well as constructive criticism, so you’re able to

understand when reflecting where others were perceiving your areas of strength (often these differ to what we think we are/aren't good at especially for students with low confidence).' (Newly Qualified Multi-professional – Survey)

The newly qualified multi-professionals also highlighted the need for protected time for supervisions and practice assessment, preferably with an empathic and friendly assessor that understands the needs of the student, for example:

'... assessors that treated you as a nursing student not an extra member of staff/pair of hands - those who worked with my knowledge base to accommodate what I already knew rather than assuming I didn't know anything - assessors talking through questions and competencies with the student.' (Newly Qualified Multi-professional – Survey)

As detailed in previous sections of this report, the data shows that constructive, specific, and timely feedback can help to increase confidence. Some of the newly qualified multi-professionals emphasised the need for feedback that was both critical and positive, for example, by using the feedback sandwich approach.

Resources to support education and wellbeing

The participants highlighted the need for prompt support from their universities whilst training, which included regular check-ins, support from link lecturers and access to a variety of online resources (e.g. Pebble Pad). The newly qualified multi-professionals also appreciated having protected time for reflection, learning and feedback:

'Having time to learn and practice and time for feedback. Regular check-ins'
(Newly Qualified Multi-professional - Slido Poll)

Some of the participants valued having round-the-clock access to library resources within trusts, along with online educational resources. However, it was emphasised that more access was generally needed to computers within trusts, along with more training on the IT systems. In addition, providing a variety of opportunities for learning through simulation training, shadowing

and hands-on learning appeared to enhance the training experience for the newly qualified multi-professionals:

‘The simulation training always helped.’ (Newly Qualified Multi-professional – Survey)

‘Shadowing other professions, MDT working, computer access, ability to refer to other professions/specialities, big picture understanding of health and social care system primary, secondary and tertiary care, basic understanding of rules for admitting/discharging patients, project work, presentations on new research.’ (Newly Qualified Multi-professional – Survey)

It is important that universities and placements work together to ensure that students are supported with their health and wellbeing, as noted in this comment:

‘I did not feel like I received much support when it came to wellbeing or mental health. While on placement it seemed that the University believed we would deal with this with our placement trust whereas the trust and assessors believed we would have support from our university and then for the majority of time we were stuck in the middle and by the time anything was done we were at the end of the placement.’ (Newly Qualified Multi-professional – Survey)

Respect in the workplace

The participants felt appreciated and valued as a member of the clinical team when their work was acknowledged, and they received praise:

‘Being praised and feeling like part of the team’ (Newly Qualified Multi-professional - Slido Poll)

The data also showed that the newly qualified multi-professionals felt respected when they were treated as supernumerary:

‘Not being used in staff ratios, people understanding we are there to learn and not take over their jobs. Support from supportive staff members.’
(Newly Qualified Multi-professional – Survey)

The participants described a culture of mutual respect within the workplace as follows:

‘No judgement, being given opportunities to practise new skills in a supervised environment. Listening to each other's opinions and ideas also creates a mutual respect to everyone in the department, regardless of role and experience.’ (Newly Qualified Multi-professional – Survey)

‘Being called by your name. Working as part of a team so students offering to participate in washes on wards but also not abusing the students for this and allowed them to partake in other things that contributes to their learning’ (Newly Qualified Multi-professional – Survey)

Supporting future careers

The newly qualified multi-professionals indicated that having a supportive work environment with safe staffing levels, flexible working and a work-life balance would enable them to continue with their current career path:

‘More support from the government, more staff and safer staffing levels. Being able to look after my patients properly.’ (Newly Qualified Multi-professional – Survey)

‘Being supported with flexible working’ (Newly Qualified Multi-professional - Slido Poll)

‘Taking into account personal circumstance’ (Newly Qualified Multi-professional - Slido Poll)

‘Work life balance, supportive management, culture of mutual support.’
(Newly Qualified Multi-professional – Survey)

7. Conclusions and recommendations

Overall, the thematic analysis showed that responses were similar across all regions. This provides a strong basis for identifying points of focus in the student charter. With this in mind, the following recommendations can be made:

7.1 Recommendations for ongoing learner engagement and quality management

The data collection activities have underscored some key points for future exercises:

Collecting data

- In future exercises, it is strongly recommended that researchers are involved in all stages, including data collection, to ensure that appropriate protocols are in place regarding the writing up of focus groups, and the specific questions being asked.
- It is not clear from the current data what benefit the use of focus groups has provided that a survey would not also provide, and for less cost. This would enable a more granular analysis of participants, breaking down responses by age, gender and so on.
- It is notable that there was frequent crossover amongst the themes. In part, future research would benefit from amalgamating some of these in order to probe deeper into participants' answers. At the same time, some of the convergences of answers – for example, between supervision and practice assessment – may be an interesting course of inquiry in its own right.

New avenues of inquiry

- The amount of data collected has enabled a strong representation of midwifery learners to be made. In future work, it is recommended that more time is planned for analysis of the data, given a number of interesting areas data from the focus group has opened up.
- In particular, it is strongly recommended that the focus group data is used for further deep dive analysis, alongside further data collection from placement and university staff, on the following areas:
 - o The role and effectiveness of the Freedom to Speak Up Guardian role, in order to investigate the wide variations of experiences reported by focus group participants.

- Motivations and training available for practice-based supervision, to address the concerns about disengaged staff and understand the best form of facilitation to encourage positive training environments.
- A reassessment of the continuity of supervision in terms of feasibility, student outcomes and career development.
- An exploration into the benefits of centralised pedagogical models for practice supervision in a midwifery context, and whether this would benefit the consistency of supervision.

Opening up to broader concerns

- The high-level themes reported on here are straightforward and understandable. This in itself raises a further question, though, as to why they are not always currently part of the educational experience. This is, speculatively, due to contexts that go beyond the reaches of midwifery education. Nevertheless, the student charter will need to anticipate these localised, on-the-ground problems in order for it to be fully effective. As such, further research on the implementation of the charter, and its effect on these broader contexts, would be beneficial when assessing the charter's impact.
- The main outcomes reported by participants were 'confidence' and 'anxiety'. It is significant that this language is used in relation to practice rather than, say, 'competency'. Further research may inquire into the role of confidence in more detail, as it holds a clear relation to affective relationships in placement such as the working environment.

7.2 Student charter recommendations

Based on the analysis of themes and their frequency, it is recommended that the following content is prioritised in the student charter:

- The importance of mutual respect and positively valuing students on placement.
- A clear and positive identity for a midwifery student on placement, which is affirmed by a supportive environment and safe staffing levels.
- Related to this, informed pedagogy understood by practice supervisors to support students as learners rather than workers.
- Continuity of supervision is perceived to enhance the development of students, with a particular emphasis on developing individual needs and interests based on the student's relationship with their supervisor.

- Clear expectations of how support for both wellbeing and for raising concerns is made available to students on placement, with more consistency across the profession for this. For example, trust inductions could include dedicated time for students to meet with the Freedom to Speak Up Guardians.
- The importance of being able to raise concerns without fear of repercussion. This would be enabled by clarification over what 'counts' in terms of future careers. For example, students should be confident in the knowledge of whether reporting practices or asking for more shift flexibility would damage their prospects, either as a student or a potential member of staff.
- The requirement of dedicated time and space for feedback, reflection and/or debrief, supporting students to feel safe in a learning environment.
- Having well-established and tested induction processes that are evidenced to support student learning while on placement.
- Robust communication routes between placements and universities.
- Attention to and promotion of flexible working practices, both in terms of accessibility to facilities and to forms of educational opportunities.

7.3 Transferability to other professions

The analysis shows that many of the high-level themes emerging from the midwifery learners dataset corresponds to those from the far smaller multi-professional and NQM datasets.

However, it should be borne in mind that the multi-professional dataset was very small compared to the midwifery learner data, and only collected from one region. Within this, professional programmes will have different regulatory requirements, practice contexts and clinical settings. As such, while there is validity in extending the midwifery lines of inquiry to other professions, this should take place with revised questions and thematic foci in order to bring out more of the procedural differences between them.

As discussed above in section 7.1, it is notable that many of these themes are already requirements or recognised good practice for placement-based learning, and as such there is a question as to how obstacles to this emerge at local levels.

Appendix 1: East of England Thematic Analysis

Theme	Operational	Obstacles	Outcome
Overall quality	Time for developmental discussions (7) Midwives motivated and able to teach well (7) Students as valued team members (5) Consistent supervision and assessment (5) Time to learn/teach (4) Ability to follow cases through the system (1) Variety of experience (1)	Staffing levels (5)	Confidence to practice (1)
Safe learning and training	Atmosphere that encourages questions and feedback (5) Consistent supervision (5) Clear communication of competencies and expectations in role (3) Peer mentoring (2) Freedom to Speak Up Guardian clear (2) Coaching bays (2)	Staff:student ratio (5) Unsafe staffing levels and hours (4) Lack of breaks (2) Lack of resources (2) Unclear who to speak to (2)	Confidence to practice (3) Confidence to speak up (2) Reduced morale, particularly re. understaffing (1)
Client and learner safety	Feeling confident to speak up in an environment that supports this (15) Knowing how to speak up and escalate (6) Feeling supported (4) Support from university on placement (3) Freedom to Speak up Guardian helpful (2) Clear expectations of educators (2) Protected break times (1)	Concern about impact on own career (10) Insufficient communication of Freedom to Speak up Guardian (4) Unsafe staffing levels impact ability to act on concerns raised (3) Unsafe staffing levels leave students in unsafe situations (2) Resistance to concerns raised (1)	
Induction	Tour of facilities (10) Clear introduction to contacts and roles (8) Peer support (2) Clarity on student role (2)	Inconsistent provision (3) Staff workload (2)	Confidence in ability to help in practice (3)

Practice supervision	Consistent supervision (10) Proactive and engaged supervision (8) Ability to practice (2) Exposure to different techniques (1)	Competency sign-off (6) Staff workload (4) Staff:student ratio (4) Staff understanding of competency requirements (2) e-MORA staff training (1)	Limited practice impacts confidence (1)
Receiving feedback	Clear and constructive (13) Timely (6) Protected time allocated (6) Detailed and specific (4) Appropriate to competencies (2) Built across placements (1)	Staff workload (3) e-MORA hard to use (1)	
Practice assessment	Proactive and engaged PA (7) Approachable (7) Clear expectations of both PA and student (7) Protected time for meetings (4)	Uncommitted/unavailable PA (5) Staff workload (2) No PA assigned in trust (1)	
University support	Consistent availability (11) Consistency across tutors (5) Proactive support, academic and practical (4) Flexible support (3)	Poor communication with placement (3) Staff workload (1) Lack of consistency of support (2) expectations and skill development (1)	
Health and wellbeing	Opportunity to debrief following traumatic birth (8) Designated safe space/person on shift (5) Tutor support (3) Peer support (3)	Uni support service wait times (2) Poor wellbeing environment in work (2), Poor communication of support (2) Uni wellbeing support not medicine specific (1) Poor communication uni-placement (1) Numbers of students experiencing stress and burnout (1)	
Facilities (education, support, clinical, wider working environment)	Protected time to use/learn resources (4) Access to facilities and ongoing training in use (4) Dedicated student space on placement (2)	No time to access resources (4) No designated space to use resources (4) No remote access to NHS/trust documents needed for assignments or training (3) Delay in access (1)	
Educational opportunities	Protected time to attend PROMPT training (9)	Staff workload (4) Staff:student ratio (3) Unclear competence levels (3)	

	Proactive and Reactive supervision to identify and meet student needs (6) Shadowing (3)	Work prioritised over learning in busy depts (2)	
Respect and value in the placement environment	Being a valued team member (23) Positive feedback (10) Providing continuity of care (9) Flexible working arrangements childcare (7) Ability to feedback issues (6) Support to access flexibility (5) Mutual respect (4) Constructive feedback (3) Supportive supervisors (2)	Staffing levels prevent feedback (5) Inconsistent ability to work flexibly (3) Hard to make up shifts (1) Anxious to ask for flexibility due to risk of negative perception (1) Cost of study (2) Lack of financial and mental health support (2) BAME students experience additional barriers (1)	Increased confidence (3)
Supporting future careers	Flexibility (10) Preceptorship (6) Supportive team (3) Support and time to train once qualified (14) Feeling valued - respect and pay (5) Feeling supported (4) Clear expectations of what is to come (4) Ability to impact policy making to make large-scale positive change (1) Ability to practice as trained rather than as necessary to circumstances (1) Consistent supervision in training (1)	Staffing levels (9) Feeling midwifery isn't valued (1) Need to retain experienced staff (1)	

Appendix 2: London Thematic Analysis

Theme	Operational	Obstacles	Outcome
Overall quality	Midwives motivated to teach (5) Midwives and practice supervisors who are trained to teach (6) A positive learning environment that values students (5) Supportive practice supervisors (3) Regular practice of tasks to embed learning (3) Flexible rotas (3)	Staff:student ratio (1)	
Safe learning and training	Environment that encourages proactive learning (4) Time to teach on shift (4) Protected time to learn (3) Protected time for practice supervision/assessment (2) Protected time to reflect on and reinforce learning (2) CiP programme (2) Clear escalation pathways (2) Positive feedback (1) Proactive midwives (1) Honest communication of service pressures (1)	Workload (6) Staffing (5) Need to work not learn on shift (4) Time for learning (3) Time for safe/adequate care (2) Academic/Placement work balance (1) Limited variety of learning opportunities (1) Support for peer teaching (1)	
Client and learner safety	Positive environment that gives confidence to raise concerns (22) Clear chain of communication re concerns (9) Supportive CPF (8) Clear escalation process (6) Respect for students (5) Anonymous reporting (4) Good leadership (1)	Not aware of Freedom to Speak Up Guardian (7) Lack clear guidance on raising concerns (5) Hard to raise concerns (3) Datix not completed (2) Triage environment not conducive to concern raising (1) Service Pressures (1)	Negative culture that makes raising concerns too hard (6) Fear or worry (4) Feeling unsupported (2) Emergency decisions too great responsibility (1)

	<ul style="list-style-type: none"> Preparation for dealing with abusive patients (1) Freedom to Speak Up Guardian (1) Clear student role expectations (1) Safe environment: resources and training (2) Sim training (1) Emergency training (1) 		
Induction	<ul style="list-style-type: none"> Clearly established expectations for placement (14) Tailored to student year (9) Dedicated time for induction (days - weeks) (8) Tour of hospital, ward, equipment and facilities (16) Clear chain of contact (7) Peer/buddy support systems (5) Link lecturer involvement (1) Introduction to MPAD MORA (1) Preparation for emergencies (1) 	Little/no induction (4)	Confidence (4)
Practice supervision	<ul style="list-style-type: none"> Engaged and proactive supervisors committed to student learning and development (15) Continuity of supervision to allow for student development (13) Clear daily setting of expectations between student and supervisor (8) Constructive feedback (5) Emotional and wellbeing support (5) Collaborative Learning in Practice programme builds autonomy and competence (1) 	<ul style="list-style-type: none"> Supervisors who do not want to and/or can't teach (8) Supervisors not up to date on HE teaching (5) Hard to contact (3) Staff workload (2) 	<ul style="list-style-type: none"> Confidence (7) Trust (1)
Receiving feedback	<ul style="list-style-type: none"> Constructive and with the aim of supported improvement and allowing for student reflection (15) Non-judgemental exchange between student and supervisor (6) Positive (6) Timely (5) Frequent (4) 		Confidence (2)

	Delivered privately (3) Dedicated time (2)		
Practice assessment	Engaged and supportive (8) Continuity of PA (7) Clear expectations re training (5) Clear expectations re outcome (5) Tailored feedback (4) Positive feedback (2) Constructive feedback (2)	PA meeting availability (4) PA unaware of student (1) Inconsistent levels of support (1) PAs need MPAD training (1)	Anxiety (1)
University support	Regular contact to ensure wellbeing (10) Working with placements to ensure alignment and learning (6) Support when issues arise on placement (5) Accessibility on placement (2) Clear and consistent communication (2) Ensuring basic skills are in place before placement and offering refreshers during (2)	Poor communication (2) Poor organisation (1) Staff:student ratio (1) Counselling services don't fit shift work (1) Financial support poorly communicated (1)	Stress (1) Feeling unsupported (1)
Health and wellbeing	Supportive personal tutor/Link lecturer (8) CPF/PMA support (7) Trust health and wellbeing provision (5) Proactive support and debriefing sessions (5) Uni understanding unique course demands (4) Anonymous access to resources (3) Peer support/buddy system (3) Flexible working (2) Role modelling work-life balance and healthy working (2) Balancing academic and placement work (2) Academic skills support (1) Midwife training in supervision and assessment (1) Clear escalation policies (1)	Staff workload (3) Limited information (1) Pressure to make up hours after illness compounds stress/illness (1) Worries about harming career by needing support (1) Adequate rest (1) Family circumstances (1) Financial concerns (1)	Poor learning (1) Sick leave (1) Anxiety (1)

Facilities (education, support, clinical, wider working environment)	Flexible library access (6) Access to trust policies and guidelines (3) Rest space (3) Study space (3) Access to computers (2) Midwife led learning drills/workshops (1) Access to practice space with equipment (1)	Time to study on placement (4) Access to computers (5) Communication of facilities (4) Trust logins (2) Access to up-to-date textbooks on shift (1)	
Educational opportunities	Opportunity for SIM practice (12) Proactive training (8) Opportunity for practice sessions (5) PROMPT training (3) Clear learning plans and outcomes (2) Time to reflect on learning (2)	Need protected time to attend training and do research (2) Opportunities to meet competencies down to luck if sims experiences aren't accepted as evidence (1) Access to computers (1) Midwives who don't want to teach (1) Midwives need teaching and MORA training (1) Time for teaching (1) Poor communication of training opportunities (1)	
Respect and value in the placement environment	Feeling like a valued team member (20) Positive feedback from staff and patients (12) Providing patient care (11) Proactive and engaged midwives (10) Ability to request shift patterns (10) Synchronisation between uni and placement (4) CPFs supportive of flexible working (4) Student introduced to patients by name respectfully (3) Midwives trained to teach and eager to do so (3) Welcoming and positive attitude (2) Flexibility in placement choice to allow development of competences (2) Student wellbeing rep in trust (1) Ability to feedback on midwives and raise concerns re teaching and clinical practice (1)	Work-life balance (7) Not proactively offered flexibility (6) Labour wards: unwelcoming atmosphere (2) Staff workload (2) Complaints not addressed (2) Meeting placement hours (1) Need to work whilst studying and on placement (1)	Confidence (1) Feel safe (1) Anxiety (1) Feeling unwanted (1)

	Personal tutor support (1) Collaborative learning (1) Peer reflection sessions (1)		
Supporting future careers	Opportunities for further study and experience across areas of practice (8) Clear communications re preceptorship role and expectations (8) Gradual, supported, increase in autonomy (5) Pay (3) NQM induction process (2) CLiP sessions (2) Flexibility of rotas (2) IT systems training (1) Inter-trust coordination of training opportunities (1) Refresher skills training (1)	Service pressures (5) Positive working environment - stress and burnout (3) Respect for the profession (2) Staffing levels (2) Protected time for development (1) Work-life balance (1) Debt (1) Balancing academic and clinical work (1) Protected breaks (1) Ability of offer good care (1)	Anxiety (1) Confidence (1)

Appendix 3: Midlands Thematic Analysis

Theme	Operational	Obstacles	Outcome
<p>Overall quality</p>	<p>Supportive working culture (6) Staff attitudes towards student (5) Scope and variation of practice (3) Feeling listened to and supported (2) 'See one, do one, teach one' approach (2) Protected supervision time (2) Safe staffing (1) Clear communication (1) Face-to-face support from university (1) Time and tolerance (1) Buddy system (1) Supervision continuity (1) Placement capacity (1)</p>	<p>Lack of communication (2) Staff shortages (3) Staff workload (3) Time (2) Lack of accountability for practice supervisors (1) Hierarchical structures (1)</p>	<p>Student anxiety (2) Student feels valued (1)</p>

<p>Safe learning and training</p>	<p>Attitudes towards students (5) Debriefs (2) Check-ins (2) Contact for support (1) Supervision continuity (2) Peer support (1) Hands-on experience (2) Making other staff aware there is a student present (1) Balance between service provision and training (1) Autonomy (1)</p>	<p>Not allowing students to observe emergencies (1) Safety concerns (2) Staffing issues (4) Lack of reflection time (3) Staff sickness (2) Time pressures (2) Lack of debriefs (1) Service provision over learning needs (2) Student ratios (1)</p>	<p>Student not prepared for emergencies once qualified (1) Loss of learning (2)</p>
<p>Client and learner safety</p>	<p>Aware of how to raise safety concerns (5) Online training (1) Debriefs (1) Refresher sessions (1) Information in induction (1) Challenged care confidently (2)</p>	<p>Lack of awareness of FTSUG (5) Inappropriate staff behaviour and attitudes towards students (4) Negative attitudes (3) Fear of lack of confidentiality (2) Bullying (2) Left without supervision (1)</p>	<p>Students do not raise concerns for fear of repercussions (6)</p>
<p>Induction</p>	<p>Online induction (5) General induction (3) Introductions to staff (3) Assumptions around third year student knowledge (1) Hospital orientation (1) E-learning (1) Review expectations (1) Drop-in sessions (1) No formal induction (1) Buddy system (1)</p>	<p>Not course-specific (4) Lack of practical information (3) No tour of placement area (2) No face-to-face induction (2) Lack of staff introductions (1) Groups too large (1) Lack of structure (1)</p>	<p>Do not know where emergency equipment is (3) Negative student experience (2) Lack of knowledge of staff hierarchy (2) Lack of knowledge of specific terminology (1) Eased student anxiety (1)</p>

<p>Practice supervision</p>	<p>Attitude of supervisors (7) Consistency of supervisors (3) Different supervision approaches (2) Importance of continuity (2) Managing expectations around role of supervisor (1) Establish relationship early with supervisor (1) Offering opportunities for student to gain new skills (1)</p>	<p>Lack of continuity for supervision (5) Lack of communication (2) Lack of time for supervision (1) Lack of flexible working (2) Lack of info around protected time (1)</p>	<p>Lack of continuity can hinder students' progression (4) Positive supervision experience can increase student confidence and reduce anxieties (2)</p>
<p>Receiving feedback</p>	<p>Buddy system (1) Provide safe space for 1:1 feedback (3) Varied consistency between supervisor feedback (4) Attitude of practice supervisor/assessor (3) Promote student learning and improvement (1) Peer feedback (1) Opportunities to discuss written feedback (1) Providing positive feedback (2) Providing feedback in a timely manner (1)</p>	<p>Lack of time to provide feedback (2) Completion of eMORA unnecessarily unlengthy (1) Lack of understanding of electronic system used (1) Lack of standardisation (1)</p>	<p>Constructive feedback enables student improvement and builds confidence (2)</p>

<p>Practice assessment</p>	<p>Perception that highest marks are never awarded (2) Variation in approaches (2) Attitude of supervisor (2) Regular check-ins (2) Having same assessor for the year (2) Delays in allocating assessor (1) Assessor having open-door policy (1)</p>	<p>Lack of communication between supervisors and assessors (5) Lack of dedicated time (5) Lack of standardisation (4) Confidentiality issues (2) Technical challenges (2) Lack of consistency (1)</p>	<p>Feedback used as evidence for proficiencies (1) Constructive feedback allows improvement in practice (1)</p>
<p>University support</p>	<p>Health and wellbeing (1) Check-ins (9) Triangulation approach (1) QR codes for contact details (2) E-support (5) Lack of support (2) Attitudes of lecturers (1) Consistency of support (3) Opportunities for student feedback (1) Student reps (1)</p>	<p>Variable support (2) Supervisor and assessor reluctance to use university software (1) Lack of awareness of how to access support (2) Lack of communication between placement and university (4) Staff turnover (1) Lack of flexibility (1)</p>	<p>Lack of support can make students feel undervalued (2) Students feel like a burden (1)</p>
<p>Health and wellbeing</p>	<p>Positive support and understanding (6) Peer support (4) Flexibility (2) Debrief support (2) Continuity of support (1) Link tutors (1) Safe space (1) Online check-ins (1) Buddy system (1)</p>	<p>Lack of awareness of health and wellbeing services (3) Negative work culture (2) Lack of communication (2) Negative attitudes towards students (1) Unsupportive staff (1)</p>	<p>Student feels respected if receive good support (2)</p>

<p>Facilities (education, support, clinical, wider working environment)</p>	<p>Access to computers and library services (4) Not being given working hours in advance (2) Protected time (3) Dedicated space (2) Variation across universities (1)</p>	<p>Lack of communication (1) Lack of flexible working (2) Competency of supervisors and assessors in using software (2) Lack of time for education (2) Lack of appropriate devices (4) Reduced funding (1) Technical difficulties (2)</p>	<p>Students offered accommodation too far away from placement (1) Having to stay behind to complete documentation (1) Student guilt (1)</p>
<p>Educational opportunities</p>	<p>Simulation learning (4) Student voice (3) Role play (2) Observation (1) eMORA training (1) Putting theory into practice (1) Shadowing (1) Peer training (1)</p>	<p>Lack of simulation opportunities (2) Lack of communication between university and placement (3) Lack of practical training opportunities (3) Lack of training structure (2) Lack of dedicated teaching time (1) Staff shortages (1) Lack of awareness of opportunities (1) Lack of supervision continuity (1) Supervisor-led rather than trust-led (1) Variable access to training opportunities (1)</p>	<p>Role play embeds learning for student (1) Training allows more practice (1) Training useful for achieving completion of proficiencies (1)</p>
<p>Respect and value in the placement environment</p>	<p>Being thanked (4) Respectful practices (3) Prioritise learning (2) Feeling part of the team (2) Constructive feedback and praise (2) Appreciation from patients (1)</p>		<p>Feeling valued (3) Motivation to do more (1)</p>

<p>Supporting future careers</p>	<p>Positive approach (4) Constructive feedback (2) Training (2) Peer mentor (1) Safe space for concerns (1) Widening participation (1) Flexibility (1) Check-ins (1) Changemaker hub (1) Staff attitudes (1)</p>	<p>Students feel invisible (1)</p>	<p>Feeling of safety (1) Student retainment (1)</p>
<p>Flexible working practices</p>	<p>Experiences of flexibility at work (8) Mental wellbeing (1) Rota in advance (2) Sick leave (1)</p>	<p>Discouraging flexibility (4) Lack of affordable childcare (2) Not enough notice to organise childcare (2) Challenges with cultural diversity (2) Lack of communication between university and trust (1) Refused leave (1)</p>	<p>Feel obligated to not take breaks (1) Students working when they are unwell (1)</p>

Appendix 4: North East and Yorkshire Thematic Analysis

Theme	Operational	Obstacles	Outcome
Overall quality	Enthusiastic inclusive teaching (12) Shadowing (3) Ability to observe emergencies (2) Constructive feedback (1) Highly skilled midwives (1) Time to learn (1)	Staff:student ratio (1)	Inclusion (11) Confidence (4)
Safe learning and training	Opportunities to practice (12) Time to discuss practice (10) Flexible panning (3)	Workload impacts students learning (11) Staff:student ratio (6) Signing off competencies (1) Supervisors behind on training (1)	Confidence (5) Progress hampered (1) Frustration (1)
Client and learner safety	Someone approachable in practice and/or uni (15) Privacy and anonymity (5) Proactive encouragement to seek concerns (8) Inclusive community (9)	Lack of communication re freedom to speak Guardians (13) Staff:student ratio (7) Staff openly and not constructively critical of others (7) Protection for students felt lacking (1)	Confidence to speak up (6)
Induction	Clear in-person introduction to ward/trust (22) Differences between trusts and depts (2) Need to be proactive to get necessary information (2) Midwifery specific (1)	Staff-student ratio (2), Communication (9) Communication between uni and trust (4)	Unsure of ward and trust procedures (3) Unsure who to approach for help (7) Nervous/Anxious (6)
Practice supervision	Consistency of supervisor (10) Proactive supervision (7) Clear feedback (6) Exposure to different approaches (2) Clear expectations (1)	Staff teaching ability/workload (3)	Confidence (10)
Receiving feedback	Constructive feedback, tailored to student (13) Consistent supervision to monitor improvement (5)	Supervisor workload (7) Hard to get feedback (6) Non-measurable outcomes (2)	Students responsible for monitoring own progress, with supervisor sign-off (1)
Practice assessment	Proactive (11) Well-trained for the role (6)	Need for constructive feedback (5) Workload commitments (1)	Enhanced student experience (11)

	Clear direction (5) Flexibility (2) Good communication between placement and uni (1)		
University support	Welfare support (16) Academic/Practice differing requirements (2) Academic/Practice communication (1)	Academic skills (2) Lack of Academic skill support (2) Lack of tailored feedback (2) Staff/student ratio (1)	Anxiety about academic achievement (2) Academic achievement poorly reflecting effort and practical ability (1)
Health and wellbeing	Debrief after challenging experiences (8) Clear and efficient dealing with problems communicated between uni, placement, and students (7) Access to consistent support online (5) Wellbeing Day/Time (3) Ensuring breaks (3) Safe peer space for support (2)	Clear signposting to support (4) Workload/staff-student ratio (2) Time (1)	
Facilities (education, support, clinical, wider working environment)	Communication of available facilities (3)	Limited access to computers (6) No IT access (4) Delayed IT access (4) Inconsistent IT systems across trusts and lack of training opportunities at each (3) Lack of training (1)	Students having to use others IT accounts (1) Hard to remember multiple log ins (1) Confidence could be increased through access to simulation learning (1)
Educational opportunities	Proactive support (11) Midwives informed of student needs (9) Consistent supervision (3) Simulations helpful (2)	Limited time to access simulations (3) Poor facilities (2) Unable to attend simulations (1) Simulation poor preparation for real life (1)	Confidence (2) Knowledge base (2)
Respect and value in the placement environment	Feeling part of the team (22) Ability to work flexibly (13) Ability to provide continuity of care (11)		
Supporting future careers	Consistent positive role modelling of lifelong learning in practice (33) Supportive environment including pay and conditions (13) Ongoing positive feedback (8) Preceptorship programme (7) Resilience and confidence building within and beyond training (5)		

	Induction period for transition (3) Built-in interview preparation (2) Peer support (2) Academic support (1)		
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Appendix 5: North West Thematic Analysis

Theme	Operational	Obstacles	Outcome
Overall quality	Proactive supervision (13) Supervisor quality (12) Positive environment that values students (8) Training in good feedback practices (5) Good communication (4) Kindness (3) Access to staff training and PROMPT (3) Continuity of supervision (3) Protected feedback time (3) Confidential feedback (1) More sims (1) Induction (1) Gradual competence building (1) Role modelling (1) Clear expectation setting (1)	Access to enough experience to achieve competence (1) Staff workload (1) Working not learning (1) Lack of support when worried about failing (1)	
Safe learning and training	Clarity on competencies and expectations (8) Supportive supervisors (4) Supportive PEFs (1) Feeling valued as a team member (2) Continuity of assessor (1) Consistent support in delivering care (1) Gradual introduction to critical situations (1) Positive feedback (1) Certificates of recognition (1) Protected time for feedback and sign-off (1) Both student and supervisor responsible for skills sign off (not just student) (1)	Short staffing (7) Students used as workers not learners (7) Students left unsupervised with patients (3) Staff:student ratio (3) Workload (1) Bullying (1)	Untrained students left to deliver patient care alone, beyond competence (5)
Client and learner safety	Freedom to Speak up Guardian (16) Supportive supervisor (9) University support (8)	Not aware of Freedom to Speak up Guardians (13)	Worried about career impact (3) Midwives who don't want to teach (1) Staff workload (1)

	<p>Aware of concern raising process (8) Anonymous reporting (5) Available supervisor (4) PEF support (3) Pre-allocation of supervisor (2) Role modelling good behaviours and concern raising (2) Environment that encourages concern raising (2) Important to confidently act as advocate for patients (2) Debriefs (1) Continuity of supervisor (1) Respect for supernumerary status (1) Zero tolerance policy (1) Students valued (1) Staff trained in policy (1) Access to necessary medical equipment and IT resources (1)</p>	<p>Not aware Freedom to Speak Up Guardians can be anonymous (1) Not aware of concern procedures (2) Anxiety raising concerns due to training/career impact - anonymity hard to maintain in practice (3) Supervisors who don't want to teach (1) Staff:student ratio (1) Staff workload (1)</p>	
Induction	<p>In-depth and in-person tour of unit, equipment, and facilities (19) Induction packs in advance (13) Clear communication of staff roles and responsibilities (13) Clear chain of communication (10) Early access to IT systems (6) Progressive/refresher inductions appropriate to year of study (5) Opportunity to speak to more advanced students (2) Clear statement of placement expectations (5) Early access to trust policies and procedures (5) Forms to be filled in supplied in advance to free-up on induction (1) Small groups (1)</p>	<p>Inconsistent provision (5) Staff workload (2) Parking (1) Student numbers impact ability to hear important information (1)</p>	
Practice supervision	<p>Proactive and engaged supervision tailored to individual (19) Protected time for feedback (13)</p>	<p>Small pool of supervisors (7) Delay inputting to MORA/PARE (6) MORA training for supervisors (4)</p>	<p>Confidence (1)</p>

	<p>Consistent supervision (11) Encouraging and supportive environment (2) Clear and consistent communication of how to evidence competence (2) Supervisors aware of what is required to evidence competence (1) Midwifery specific PEFs (1) Practice assessment from experienced midwives (1)</p>	<p>Timely feedback (4) Staff:student ratio (2) Staff workload (2) Students not allocated supervisors at start of shift (2) Delayed response from PEF due to student numbers (1)</p>	
Receiving feedback	<p>Timely feedback on shift (15) Constructive feedback (12) Feedback which identifies learning needs and supports these (11) Protected time for feedback (10) Consistent supervision to track learner development (7) Tailored individual feedback (7) Feedback in private (5) Negative feedback discussed before logged (1)</p>	<p>Staff availability (7) Midwives need training in good feedback (6) Workload (5) Ability to get good feedback (4) Visibility of feedback in PARE encourages repetitive feedback (2) IT access on shift (2) PARE time consuming (1) Proficiencies are repetitive and inefficient (1) Unable to login to PARE (1) Hard to get MORA signed off (1) Unclear supervisor/assessor roles (1)</p>	
Practice assessment	<p>Engaged in student learning (14) Continuity (11) Clear expectations and goal setting (11) Face to face contact (10) Protected time (7) Consistency in expectations and teaching (5) Clear PEF support (3)</p>	<p>Accessible PAs (13) PAs insufficiently trained for role (8) Hard to raise concerns (2) Staffing means students taking on inappropriate tasks (1)</p>	<p>Vulnerability (1) Stress (1) Anxiety (1)</p>
University support	<p>Supportive and responsive PA/AA/Link (15) Link lecturers visible on placement (11) Communication between uni and placement (9) Clear points of contact (7) Dedicated peer support time (1)</p>	<p>Inconsistent support (2) Poor communication between uni and placement (2) Poor information (2) Placement and academic workloads conflict (2) Unknown PEF (1) Concerns not take seriously (1)</p>	<p>High dropout rate (1)</p>

		<p>Lack of willingness to respond to feedback over time (1) Hard to contact (1) No visible link (1) Hard to get reasonable adjustments (1) Feeling unsupported (1) Inadequate/unfair expenses system (1) Poor communication of available support (1) Staff workload (1)</p>	
Health and wellbeing	<p>Debriefs (14) Supportive midwives on shift (7) Wellbeing/quiet room (6) Proactive support (4) Peer support (4) Clear communication of support systems (4) Timely support (4) Supportive PEFs (4) Supportive uni staff (3) Formal support system (3) Signposting to PMA (3) Communication between uni and placement (3) Reasonable adjustments made (1) Protected break times (1) Pre-brief (1) Anonymous feedback collected from students at end of placement (1)</p>	<p>Debriefs requested by students but not happening (3) Concern reporting needs will make students vulnerable (2) Not aware of Freedom to Speak Up Guardian (2) Lack of information (1) Inconsistent support (1) Having to make up sick/bereavement leave (1) Lack of flexibility (1) Lack of mental health support in clinical environment (1) Hard to access PEF (1)</p>	
Facilities (education, support, clinical, wider working environment)	<p>Sim training (7) Skills room (7) Access to student iPad/laptop (7) Access to study space (5) Guide to using IT and Library (5) Lockers (5) Time to access to policies and guidelines on and off shift (4) Parking (3) Access to PROMPT training (2) Protected study time (2)</p>	<p>No intranet access (8) Access to computers (2) Workload (2) Need to be able to use breaks to complete work (1) Tech systems not user friendly (3) Inconsistent learning opportunities (2) Lack of staff rooms (2) Lack of accommodation (1) Distant from education centre on community (1)</p>	<p>Poorer feedback quality (1) Sleeping in car (1)</p>

	<p>Info re expense claims (1) Toilet and shower access (1)</p>	<p>Library available around shifts (1) No door access (1)</p>	
Educational opportunities	<p>Engaged staff who are invested in teaching and proactive in providing support for development (8) Staff consult student re learning needs and progress (5) Access to staff training (3) Access to PROMPT training (3) Working with different midwives (2) Clear communication of expectations for the placement (2) Learning in different areas of practice (2) Protected learning time (1) PARE helps practice record keeping (1) Opportunities to practice (1) Involvement in handovers (1) Own caseload (1) Opportunities to shadow advanced students (1)</p>	<p>Lack of information about training opportunities (2) Sims not used on placement (4) Skills lab not used (1) Student treated as worker not learner (1) Staff training not up to date (1)</p>	
Respect and value in the placement environment	<p>Valued team member (24) Positive feedback (15) Feeling valued as an individual learner (11) Shifts in advance to allow planning and flexibility (10) Shift swaps (8) Good practice supervision (6) Providing quality care (6) Feeling welcomed (5) Understanding between different professions (5) Family friendly working (5) Embedding learning by putting theory into practice, then reflecting on practice (3) Professional and respectful behaviour (3) Protected holiday/day off (3) Balancing shifts: working, placement, and caring (3)</p>	<p>No shift swaps allowed (3) Limited flexibility (3) Staff:student ration impacts flexibility (2) E-Roster system hard to use (2) Staffing levels (1) Staff workload (1) Shift patterns (1) No flexibility (1) Unclear shift swap process (1)</p>	

	<p>Clear and consistent communication of expectations (2)</p> <p>Access to staff training and PROMPT (2)</p> <p>Included in debriefs (2)</p> <p>Supportive team (1)</p> <p>Students able to feedback to PEFs (1)</p> <p>Shift-friendly childcare on site (1)</p> <p>E-Roster works well (1)</p>		
<p>Supporting future careers</p>	<p>Ongoing support (9)</p> <p>Safe staffing levels (8)</p> <p>Positive feedback (6)</p> <p>Information re different trusts (differing practices), career and training opportunities (5)</p> <p>Peer support (4)</p> <p>Flexible working (4)</p> <p>Protected supernumerary status (3)</p> <p>Clear info re preceptorship programme (3)</p> <p>Safe working within individual limits (2)</p> <p>Work-life balance (2)</p> <p>Pastoral support (1)</p> <p>Supportive colleagues (1)</p> <p>Positive working across teams (1)</p> <p>Role models (1)</p> <p>Constructive feedback (1)</p> <p>Making a difference (1)</p> <p>Opportunities to specialise (1)</p> <p>Exposure to different situations (1)</p> <p>Bereavement training (1)</p> <p>Access to working equipment (1)</p> <p>Better pay (1)</p>	<p>Financial pressures (1)</p> <p>Unfair expense system (1)</p> <p>MORA not helpful to learning (1)</p>	

Appendix 6: South East Thematic Analysis

Theme	Operational	Obstacles	Outcome
Overall quality	Teaching provided by midwives who are motivated, committed, and proactive (10) Daily briefing and debriefing (9) Continuity of supervision (3) Consistent training opportunities (2) Face to face supervision (1) Flexibility (1) Support for supervisors (1) Consistency of teaching across university and trusts (1) Ensuring very basic skills are taught (1)	Staff workload (6) Student:staff ratio (5) Poor quality teaching due to workload and ratio (1) Students not welcome at staff training in some trusts (1) Necessary equipment not available (1)	Fear on ward (1) Feeling unsafe on ward (1)
Safe learning and training - Q15	Consistent supervision (9) Continuity of care (5) Staff motivated to teach (5) Supported used of knowledge (4) Clear and agreed expectations (6) Feeling part of the team (1) Ensuring breaks are taken (1) Ability to attend training (1)	Staffing levels (10) Too busy to learn (9) Workload (7) Working unsupported/ unsupervised (5) Too tired to complete academic work after shift (1)	Lack of confidence (1)
Client and learner safety - Q16,17,18	Environment that encourages confidence to speak up (21) Freedom to speak up guardian (8) Leadership culture which encourages inclusion and supportive environment (7) PMA (7) Personal tutor/link lecturer (4) Private space/anonymous concern raising (3) Continuity of supervision (2) Knowing how to raise concerns (2) Available practice education facilitator (2) Regular scheduled check-ins with uni staff (1)	Fear of speaking up (9) Staff workload (8) Not aware of FTSPUG (4) Staff:student ratio (6) Unsure of procedures (3) Policy differs from reality (2) No one to help (1) Delay in response from unis when help sought (1) Unsupportive staff (1) Help inconsistent (1) Financial pressures (1) Workload (1)	Fear (4) Decreased confidence (1) Risk (2) Unsafe practice (2)

Induction	Tour of placement (15) Welcome pack including maps and clear lists of contacts (12) Feeling welcomed by all staff (8) Supported introduction over time (2) Introduction to Pad/eMORA (1)	Delayed IT access and badges (4) Inconsistent Induction processes (3) No induction process (2)	Confidence (1)
Practice supervision	Proactive and motivated supervisors (12) Continuity of supervision (10) Timely feedback (5) Constructive feedback (5) NQMs very supportive and aware of student needs (5) Exposure to a variety of supervisors (4) Coaching bays and guided peer support (1) Ability to debrief (1) Clear role and performance expectations (1)	Staff workloads (5)	Confidence (3) Anxiety (2) Trust (1)
Receiving feedback	Constructive feedback (10) Protected time (9) Private and one to one (8) Signposting development needs (7) Timely (7) Positive (4)	Hard to get - staff workload (9) Difficult OPEL/MORA system (2) OPEL training needed for midwives (1)	Confidence (2)
Practice assessment	Clear expectations (11) Clear feedback (9) Continuity of supervision (9) Protected time (8) Motivated PAs (5)	No time (4) Hard to contact (4) Inconsistent provision and support (3) Tech training needed on platforms used (1) PA aware of role requirements (1)	Not feeling valued (1)
University support	Support on placement (12) Good response times (8) Engaged personal tutor (6) Peer support (1)	Uni staff not visible on placement (7) Unresponsive staff (4) Inconsistent provision (4) Staff workload (3) Poor communication (3) Need to ask for support (2) Reasonable adjustment for learning needs (1)	Feeling unsupported (1), Confidence (1)
Health and wellbeing	Caring and supportive staff (14)	Staff workload (2) Accessibility of policy and guidelines (1)	

	Clearly signposted wellbeing contacts (10) Debriefs after trauma (8) Continuity of staff to build supportive relationships (6) Inclusive support; GEM, BAME, physical adaptations, return to work (5) Peer buddy schemes (1)	Don't want to be seen as struggling (1) Student workload (1) Financial concerns (1)	
Facilities (education, support, clinical, wider working environment)	Access to study areas with a tour to familiarise (8) Access to practice kits (3) Ability to study whilst on placement (2) Access to SIM suites (2) IT systems training (2)	Access to trust IT for study purposes e.g. policy and guidelines (6) Workload and time to study (5) Access to computers on placement (5) IT logins delayed/unreliable (4) Training in academic research skills (2) Lack of parking at library, feeling unsafe late at night (1)	
Educational opportunities	Flexible teaching tailored to student learning needs (8) Access to PROMPT training (6) Access to more sims training (6) Coaching bays (2) Protected training days (1) Coordination between university and trusts (1)	Seen as worker not student (1) Access to midwife study days (1) Need to be proactive re learning needs (1) Online teaching doesn't substitute for hands on (1)	
Respect and value in the placement environment	Feeling like a valued team member (19) Positive individual feedback from colleagues and families (12) A positive, supportive, work environment where everyone feels part of the same team (8) Supportive midwives (6) Flexible working (8) Constructive feedback (2) Coaching Bay (1) Continuity of care (1)	Addressed as 'student' (7) Lack of flexibility (4) Staffing levels (3) Staff morale (1) Lack of cultural diversity awareness (1) Need to work as placements not paid (1)	Confidence (1)
Supporting future careers	Preceptorship supervision and mentorship (8) Work-life balance (7) Refresher training (5) Interview preparation (5)	Remuneration (10) Staffing levels (9) Consistent supervision (2) Support on how to teach (1) Workload (1)	Confidence (2)

	<p>Clear communication of organisational structures and processes (4) Ability to develop independence and autonomy gradually whilst training (3) Access to further training when qualified (3) Access to staff training whilst student (2) More midwifery focus (1) Safe staffing levels (1) More sims training (1)</p>	<p>Unsupportive midwives (1) Retention of experienced staff (1)</p>	
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Appendix 7: South West Thematic Analysis

Theme	Operational	Obstacles	Outcome
Overall quality	Attitude of supervisor (4) Benefits & childcare allowances (2) Feel part of midwifery team (2) Student peer support (2) Continuity of supervision (2) Reimbursement of travel expenses (1)	Financial implications of being classed as non-working (2) Staff shortages (1)	Feel valued during placement (1) Financial concerns whilst training (1)
Safe learning and training	Increased workload due to staff shortages (2) Breaks missed due to workload (1) Workforce retention (1) Supernumerary (2) Confidence level of staff & students (1) Ockenden Report (1) Continuity of supervision (1) Role boundaries (1) Attitude of supervisors (1)	Maternity workforce under pressure (5) Staff shortages (3) Lack of continuity in supervision (1) Not treated as supernumerary (1)	Students experience pressure during placements (4) Anxiety about profession (1)
Client and learner safety	Confident to raise concerns (3) Freedom to Speak Up Guardians (2) Concerns not actioned by university (2) Positive culture (1) Attitude of midwives (1) Unclear process for raising concerns (1) Witnessed homophobic behaviour (1)	Unaware of Freedom to Speak Up Guardians (2) Negative culture/lack of support (2) Lack of clarity about process for raising concerns (1) Not treated as supernumerary (1) Feels unsafe to raise concerns (1)	Culture impacts on confidence to raise safety concerns (2)

Induction	3rd year students organise observational day (3) Maternity unit tour (2) Hospital orientation (1) Introductions to midwifery staff (1) E-learning (1) Midwifery specific induction (1) General induction (1) Training delayed after trust induction (1)	Not introduced to midwifery staff (2) No tour of maternity building & wards (2) No info about speak up guardians (2) Limited time for orientation (1) Lack of practical information (1) No trust induction (1) Delays in implementing training after induction (1) Limited info about trust resources (1)	Development of clinical skills delayed if training not timely (1)
Practice supervision	Continuity of supervision (5) Attitude of supervisors (4) Different working practices of supervisors (3) Lack of time for supervision (2) Delays with feedback & competencies (2) Working hours of supervisor (2) Supernumerary (1) Good relationship with supervisors (1) Training of supervisors (1) Role boundaries (1) Reputation of supervisor (1)	Lack of continuity for supervision (3) Lack of time for supervision & feedback (1) Staff shortages (1) Supervisors not trained (1) Not treated as supernumerary (1)	Lack of continuity in supervision hinders progression (2) Feel like burden on supervisors (1) Positive experience of supervision can increase student's confidence (1)
Receiving feedback	Difficult to get formal feedback (3) Time constraints (2) Limited access to computers (2) Informal feedback (compliments) received (1) Positive attitude of practice supervisor/assessor (1) Open discussion with practice supervisor/assessor (1)	Lack of time for supervisor to provide formal feedback (1) Buzzwords required (1)	Lack of supervisor feedback delays work being graded (1) Positive experience of feedback increases confidence & skills (1)
Practice assessment	Feedback linked to competencies (1) Attitude of practice supervisors/assessor (1) Lack of time for supervision (1) Delays with work being signed off (1)	Attitude of practice supervisor/assessor (1) Time constraints (1) Lack of time for supervision (1)	Practice assessment works best when specific feedback linked to competencies (1)

University support	<p>Advocates (1) Wellbeing Service (1) Crisis Line (1) Uni tutors (4) Buddy (student) (1) Uni support is flexible and responsive (1) Link lecturers (1)</p>	<p>Variable support (2) Slow response (2) Delays in receiving support (2) Lack of awareness about how to access support (1)</p>	
Health and wellbeing	<p>Lack of support from trust (2) Professional midwifery advocates (1) Poor relationship with personal tutor (1) Lack of awareness about support available (1) Inaccessible occupational health support (1) Timely support (1)</p>	<p>Inaccessible systems (2) Localised support not accessible to all (1)</p>	
Facilities (education, support, clinical, wider working environment)	<p>Lack of access to educational resources in Trust (4) Access to computers (2) Trust library (2) SIMs models at university (1) Poor resources at uni (1) Cornwall knowledge spa (1) Trust resources available (1)</p>	<p>Lack of training on trust computer systems (2) Time constraints (1) Trust funding (1)</p>	<p>Not value for money at university (1) Limited resources affects skills development (1)</p>
Educational opportunities	<p>Availability of training (2) Lack of awareness about training & resources (1) Internal communication about opportunities (1) Attitude of practitioner (1) Trust libraries (1)</p>	<p>Limited access to SIM sessions (3) Financial implications of being classed as non-working (1) Limited time to access opportunities (1)</p>	<p>Trusts need to raise awareness of available resources (1)</p>

Respect and value in the placement environment	Sense of belonging (6) Being acknowledged by colleagues and patients (3) Attitudes of colleagues (3) Epauettes for students (1) Previous experience valued (1) EDI workshops needed (1)	Students not appreciated 1) Lack of awareness of FTSUG (1) Lack of trust amongst team (1) Time constraints (1)	Feel valued when acknowledged (1) Feel valued when previous experience acknowledged (1) Feel valued when patients appreciate care (1)
Supporting future careers	Staffing shortages (4) Preceptorship programmes (3) Continuity of care (3) Rewarding job (3) Part time working (1) Buddy system (1) Acorn badge (1) Support (1)	Lack of support (1) Concerns about giving care (1) Job availability (1) Preceptorship not part time (1)	
Flexible working practices	Rotas (5) Flexible working (3) Placement location (2) Childcare (2) Working pattern aligns with supervisors (1) Two supervisors enhances flexibility (1)	Short notice for rotas (2) Placement location far from home (1) Student status limits childcare allowances (1) Lack of flexibility (1)	