Involving supervisors of midwives in student education

By Lisa Bacon

Abstract
As the complexities and challenges of practice and expectations of the midwifery role requirements increase then so will the support that midwives require from supervisors of midwives as part of their professional relationship.

It is well documented in the literature that the role of mentor can bring with it a particular series of challenges, one of the most difficult of these being when a midwife is faced with the situation of having to fail a student in practice. The Nursing and Midwifery Council clearly states that robust processes should be in place to ensure that where there are issues of concern with regard to a student’s practice, these should be dealt with swiftly.

Early and continued involvement of supervisors of midwives can make a significant contribution to these processes and the form these contributions can take merits further discussion. It is suggested that positive role modelling of supervisors of midwives will benefit students by helping them develop a positive concept of accountability. As leaders of the profession it is argued that supervisors of midwives must create opportunities to engage strategically in the development and delivery of midwifery education.

Life as a midwife is not getting any easier. It is argued that because of the care that midwives take in their roles and empathic relationships they develop with women they are placed at risk of experiencing secondary traumatic stress (Lienweber and Rowe, 2008). This is often set in an increasingly target and standard-driven context, where avoidance of risk dominates practice (Lankshear et al, 2005), described as being set within a ‘culture of contradiction’ (Caine, 2009). It could be argued that the framework of statutory midwifery supervision outlined in Rule 12 of the Midwives rules and standards (NMC, 2004), and in particular the support that is available from supervision, is needed now more than ever. This support is central to the professional relationships that midwives form as the complexities of practice and midwifery role expectations increase. Midwives in training need the support and empowerment that supervision can offer. However, would a supervisor of midwives necessarily be the first person a midwife would turn to if she was experiencing issues or challenges with mentorship?

Being a mentor brings with it a number of challenges. Fisher and Webb (2009) describe a ‘mentor pyramid of needs’ to be used by educators and managers to audit and prioritize mentor support. The role of mentor will inevitably be part of the contract of employment of most midwives; and all midwives, in whatever their role, must remember it is incumbent on the profession to guide, train and prepare future midwives to the very highest standards possible. This philosophy should be at the heart of every midwife, and even more so for supervisors of midwives. After all, the purpose of supervision of midwives is to protect women and babies by actively promoting a safe standard of midwifery practice (Nursing and Midwifery Council (NMC), 2008a) and it could be argued that this should start from the first day of the students’ programme of education, with supervisors of midwives at the forefront.

As a midwifery lecturer and a supervisor of midwives, the author is aware of the difficulties and challenges faced by midwives when working alongside students. The basic tenets of the modern regulatory practice of statutory supervision are set in the Standards for the preparation and practice of supervisors of midwives (NMC, 2006) (Table 1). These standards, in particular section 5, merit further discussion and analysis in relation to exploring and optimizing the interface between supervision and midwifery education. This article will discuss how opportunities can be created to develop and maximize relationships and synergy between supervision and education to ensure that students have met the level of competence for safe and effective practice.

Rule 16 of the Midwives Rules and Standards (NMC, 2004), standard 16 (Box 1) requires each local supervising authority (LSA) via their annual report, to provide evidence to the NMC of engagement with higher education institutions in relation to supervisory input into midwifery education. Some general and operational strategies that could be employed to meet this standard will be explored. Some of the difficulties faced by midwives when a student appears to be ‘failing’ in the clinical area and, specifically, how supervision has an important role to play, will also be considered.

Supervisors of midwives can, and do, work effectively and proactively to contribute toward ensuring that students have met the level of competence needed for safe and effective practice (NMC, 2009a). Supervisors of midwives can be even more active and proactive in supporting mentors and students; statutory supervision of midwifery practice has a lot to give and a crucial role to play, but how?
Mentors can often find themselves supporting students who are experiencing difficulties in other aspects of their lives that will affect their performance. They will also need to be able to identify the minority who are not able to meet the required competence level. Training takes 18 months or 3 years, a substantial amount of time in which many students will face challenges in their personal lives that impact on progress with their training. In many cases these can be successfully overcome with help from a wide range of student support services. Thankfully it does appear to be only a minority who are unable to meet the required competency level. The author has worked with some excellent students who have motivated and inspired, and gone on to be outstanding midwives, and yet the minority who do have issues with either professional or practice issues, or both, cannot be ignored.

Mentorship issues in context

The United Kingdom Central Council’s (1999) Fitness for Practice Report included evidence that newly registered nurses and midwives had significant skills deficits, and Fraser et al (1998) found that midwives raised concerns that unsuitable students might ‘get through’ and register as midwives. In 2004, Gosby, an NMC professional advisor, stated:

Midwives want the women and babies who they care for to receive the best possible standards of care. As a lecturer, it is possible to do this through ensuring robust and rigorous preparation of student midwives. This is underpinned by the role of supervisor of midwives in the provision of leadership and guidance, supporting best practice and ensuring evidence-based midwifery care. And yet there is room for further proactivity for supervisors of midwives in the education of students—the preparation of future generations of midwives.

When midwives are faced with a situation where they feel they need support or help with a practice or professional issue, they are encouraged to engage with their supervisor for advice and guidance. McKenzie (2009) states that since the NMC standards for supervisors of midwives (NMC, 2006) have placed a stronger emphasis on the developmental role of the supervisor, many more midwives have become comfortable in approaching their supervisor, who should act as a resource and guide in times of such need. A mentorship situation can often be one in which a midwife needs support. Being a mentor to a student is rewarding and challenging but it is important that the mentor takes this role seriously in order to provide the support needed to enable students to reach their potential and meet the requirements of professional practice.

### Table 1. Standards for the preparation and practice of supervisors of midwives

<table>
<thead>
<tr>
<th>Section 1: Standards for admission to approved preparation programmes and to the recordable qualification for supervisors of midwives</th>
<th>Section 2: Standards for initial and subsequent appointment as a supervisor of midwives</th>
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<tr>
<td>■ Eligibility to undertake a preparation programme</td>
<td>■ Initial appointment as a supervisor of midwives</td>
<td>■ The education provider</td>
<td>■ Theory, roles and responsibilities</td>
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<td>■ Recording the qualification of supervisor of midwives</td>
<td>■ Subsequent appointment as a supervisor of midwives</td>
<td>■ Academic standard of the programme</td>
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<td>■ Translational provision for appointed supervisor of midwives</td>
<td>■ Informing the Nursing and Midwifery Council</td>
<td>■ Length of the programme</td>
<td>■ Working in partnership with women</td>
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<td>■ Promote best practice and excellence</td>
<td>■ Student support</td>
<td>■ Interruptions in the programme</td>
<td>■ Leadership</td>
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<td>■ Prevent poor practice</td>
<td>■ Balance between theory and practice</td>
<td>■ Continued support following new appointment as a supervisor of midwives</td>
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The report will include but not necessarily be limited to:
- Numbers of supervisor of midwives appointments, resignations and removals
- Details of how midwives are provided with continuous access to a supervising function
- Details of how the practice of midwifery is supervised
- Evidence that service users have been involved in monitoring supervision of midwives and assisting the local supervising authority midwifery officer with the annual audits
- Evidence of engagement with higher education institutions in relation to supervisory input into midwifery education
- Details of any new policies related to the supervision of midwives
- Evidence of developing trends affecting midwifery practice in the local supervising authority
- Details of the number of complaints regarding the discharge of the supervisory function
- Reports on all local supervising authority.

Box 1. Local Supervising Authority Standard
A written, annual local supervising authority report will reach the Midwifery Committee of the NMC, in a form agreed by the Nursing and Midwifery Council, by 1 June each year. Each local supervising authority will ensure their report is made available to the public.

-Mentors are accountable for their decisions on fitness for practice that enable entry to the register, and it is the quality of these decisions that protects the public from incompetent practitioners.’

In an NMC commissioned study Duffy (2003) found that mentors were not prepared to fail students early in a programme. Weak students were often given the benefit of the doubt, including those with a past history of poor performance. The result of this may be that the weaknesses and doubts, instead of being addressed, travel with the student onto her next placement and beyond. Students were often passed even when doubts existed about their performance. The reasons given were that this was easier and mentors were too ready to allow students’ personal problems to influence their decision.

Following a number of consultations the NMC have since produced comprehensive standards for pre-registration midwifery education (NMC, 2009a). These standards include set essential skills clusters to support proficiencies for entry to the register, plus each student’s ongoing record of achievement, which will include comments from mentors and must be passed from one placement to the next to enable judgments to be made on the student’s progress. These education standards must be put into practice in conjunction with the NMC’s standards to support learning and assessment in practice (NMC, 2008b). This would ensure a robust set of standards to direct and support mentors, practice teachers and teachers, which include the very specific standards related to sign-off criteria for those who will mentor student midwives. It is the sign-off mentors who will make the final assessment of practice and, in doing so, ultimately confirm to the NMC that the required proficiencies for entry to the register have been achieved (NMC, 2009a). Within its standards, the NMC goes on to state that robust processes should be in place to ensure that issues or concerns about a student’s progress are promptly dealt with.

However, even with a comprehensive and robust framework with which the NMC aimed to inspire the confidence of stakeholders by ensuring that their registrants are fit to practice, and those who were not would be swiftly dealt with, issues of concern surrounding fitness to practice and general competence still remain. It is evident that a pattern can often emerge during a student’s programme of education and her early career as midwife. A student may struggle through a programme of education, possibly taking more than one attempt to pass several components of the course—components that could be theoretical or practical. On registration and subsequent employment the newly-qualified midwife will undertake a period of preceptorship. During this period an incident or incidents may occur, developmental support or supervised practice will ensue, the midwife is unable to fulfill the objectives of supervised practice and then referral to the NMC will be the ultimate inevitable outcome.

Recent cases of midwives from the North West LSA being referred to the NMC have in some incidences involved issues identified during training. One midwife involved uttered the sobering words: ‘I’ve never felt confident as a midwife, I should have never passed’. It is difficult to know how, if these issues had been addressed more robustly, or if there had been the early involvement of or further input from a supervisor of midwives, these outcomes would have been different and this merits further exploration.

Accountability, responsibility and ‘failing’ students

Statements from midwives such as the one included earlier demonstrating a lack of confidence raise the question of how well mentors have been fulfilling their role. There is evidence to suggest that mentors have found it difficult to fail students. Watson and Harris (1999) found that mentors felt it was not their responsibility to fail students, merely to record what they felt. It was then up to ‘the college’ to decide if the student had failed, and mentors often did not refer those students whose performance in the clinical setting was unsatisfactory. The author has witnessed that elements of this practice still occur.

Fowler (2009) discusses assessment and accountability being identified specifically as an outcome domain, where mentors are directly accountable to the NMC for fostering professional growth, evaluating safe practice and providing constructive feedback to students. Giving constructive feedback, which may need to focus on an area where a person appears to be failing to achieve a desired outcome or attaining a skill, can be very challenging (London, 2003). This can add to the midwife’s already high, complex and potentially stressful workload. However, to think that it is not the responsibility of the university to ‘fail’ students is not satisfactory, and it must be remembered that programmes of education are a 50:50 split between theory and practice. In fact, after consultation in July 2006 the NMC stated...
practice-to-theory ratio should be no less than 50% practice and no less than 40% theory, and this has been in place since September 2008. So students could legitimately be prepared with programmes where 60% of their time is spent in practice—giving even more weight to clinical activity.

Thompson (2002) discusses the need for competent mentors to be competent midwives with a clear understanding of their professional accountability. Clinical midwifery mentors are as accountable as any midwifery lecturer in the decisions they make with regard to students’ general progress and overall competence, and this responsibility and accountability cannot be devolved. Supervisors of midwives who themselves will have in-depth, grounded working knowledge of professional accountability and its inherent complexities across a variety of practice and education settings are ideally placed to support midwife mentors in exercising their accountability with regard to decisions they make about students and to fully understand the far-reaching consequences of those decisions.

Mentors must therefore take their responsibilities seriously and many higher education institutions have since greatly improved mentor preparation to support mentors in this aspect of their role. Mentors are encouraged to contact lecturing staff with their concerns at an early stage and to document the issues in writing within the student’s clinical portfolio as failure to raise concerns in this way could potentially mean no action would be taken.

As part of her role a supervisor of midwives will have an in-depth understanding, and application to practice, of the essential and integral part that records and record keeping play in midwifery. She will have a working knowledge of the legal and professional requirements related to record keeping and experience of undertaking audits of midwifery records. These are valuable skills that can be of great help and support to a midwife who may have to document concerns or issues about a student midwife. The supervisor of midwives will be able to reiterate to the midwife that the approach taken to record keeping when documenting issues about students should follow the same robust standards and expectations as in clinical practice. The latest principles of good record keeping published by the NMC (2009b) must apply when documenting any information—positive or not—about a student midwife. This must include recording and signing poor performance or concerns and documentation of all discussions. Dates, important points and specific actions must be clearly and unambiguously documented. Working with a supervisor, a midwife mentor will have the support and confidence that she has met these rigorous requirements.

Midwifery lecturers too must be more active in supporting mentors through the process of referring students using strategies such as being visible in the clinical area and meaningfully engaged with students’ clinical progress, possibly using tri-partite end of placement interviews, in which the supervisor of midwives should play a key role. Any university has an obligation and a duty to support the students as well as the midwives mentoring the student. At the very heart of supervision of midwifery, in the interests of public protection, it is essential that concerns are made known and clinicians and educationalists work together in partnership.

**Supervisors supporting mentors**
To be proactively and supportively involved, supervisors of midwives must encourage the midwives they supervise to discuss mentorship with them in general terms and at the first sign of any potential issue. It is important to encourage supervisees to maintain contact with the university and relevant lecturers throughout the process of dealing with a student who is failing in practice. Midwives may feel they have let the student down in some way and will need the support and reassurance of their supervisor, who can remind the midwife of the significance of their accountability and the importance of such crucial decisions.

Occasionally a student’s reactions to what she perceives has been a negative judgment of her practice may make the mentor feel harassed or vulnerable. The supervisor has an important role here as a professional sounding-board and confident advocate for the midwife—actively supporting her in her decision, and discussing with her the professional capacity of midwives as role models and educators for student midwives, as discussed by Raynor and Bluff (2005). Depending on the outcome of the issues this support from the supervisor could take one of several guises; the midwife may feel isolated or could feel that her decision-making has been overly critically scrutinized. Even though in the majority of cases the decision on the student’s progress will, or should have been, supported by the university, it may not prevent the midwife from feeling vulnerable in her role as a mentor. Where a supervisor of midwives can really make a difference is to remind the midwife of the ultimate mutual aim of protection of the public, the safety of women and babies and the importance of midwifery care to be able to withstand external scrutiny.

Supervisors should consider discussing and documenting general mentorship issues at the annual review with every midwife they supervise. This discussion could include auditing sets of notes where the midwife has been acting as a mentor. It is often customary for a midwife to bring sets of notes to the annual review as one of the ways of monitoring standards of midwifery practice through audit of records and assessment of clinical outcomes (NMC, 2008a). It would be good practice, where appropriate, to ask the midwife to bring a set of notes where she has mentored and undertaken care...
with a student in order to discuss issues of accountability, evidence-based practice and record keeping in the context of being a midwife mentor.

The North West LSA annual review form includes the question ‘are you a mentor?’ and ‘if so how do you feel about this role?’. These questions aim to prompt valuable discussion about the midwife’s personal experience of mentorship and also potential organizational constraints on students’ experience and level of support from mentors in practice, which has been the experience of at least two LSAs (NMC, 2008c). From such discussion, supervisors of midwives will be in a position to feed back information to those in the trust with responsibility for staffing levels and appropriate skill mix, as well as raising the issue with the relevant higher education institution or lead midwife for education.

Supervisors of midwives as role models

Supervisors of midwives have a duty to support best practice and ensure evidence-based midwifery care (NMC, 2008a). It is documented and accepted that student midwives role model those they work with. Mentorship literature inside and out of the nursing and midwifery domain is littered with references to positive role modelling. Role modelling is an accepted method of teaching (Fowler, 2009), and it is hoped that when students are exposed to best practice and evidence-based care they will become part of it. More supervisors of midwives than ever before are working in clinical practice, possibly as mentors to students themselves. Students will be able to witness them working within the competencies for a supervisor of midwives—promoting normality, displaying leadership, working in partnership with women. This will contribute towards positive role modelling.

Positive role modelling of supervisors of midwives will focus on what midwives do but will also contribute toward developing a positive concept of accountability during midwifery training (Fowler, 2009). For students to learn about accountability they undertake theoretical sessions, they are taught about it so they know in theory that a midwife is personally accountable for her practice and that this means they will be:

‘answerable for their actions and omissions or advice or directions from another professional and that they must always be able to justify their decisions’ (NMC, 2008d).

In addition to this theoretical knowledge, clinically-based mentors who are supervisors of midwives are best placed to act as good role models of a positive concept of accountability. This can then be taken a step further, to enable students to understand this concept, to see it working in practice within the framework of supervision and what this will mean as they make the transition to a registered midwife.
Supervisor of midwives and student relationship?

The potential relationship between supervisors of midwives and students has been highlighted in Modern Supervision in Action (NMC, 2008a). This document emphasizes the importance of students in the supervision process and in the interface between supervision and midwifery practice. The document states that supervisors of midwives must encourage midwives and student midwives to make the most of supervision by working in partnership with their supervisor. It discusses the need to inform midwives and student midwives about the changing role of the supervisor of midwives. Although the supervision framework has made great headway in the last 10 years in the relationships between supervisors and midwives, the same cannot always be said for supervisors in the last 10 years in the relationships between supervisors and midwives.

Rule 12 of the Midwives rules and standards (NMC, 2004) states that the role of the supervisor of midwives is to protect the public by empowering midwives and midwifery students to practice safely and effectively. It is not yet a statutory requirement for supervision of students and it is not certain that it ever will be, but Rule 12 clearly states that students must be supported by the supervisory framework, and this is an area that merits further discussion. Teaching students about statutory supervision and all its functions, standards, competencies and everything it has to offer individual midwives, the profession, and to women and babies, must not be just a theoretical hour at the beginning of the course and annual updates thereafter—although that is helpful to set the framework for knowledge. Supervision must be alive, highly visible and integrated meaningfully throughout the entire curriculum. Students must be able to locate it at the centre of their learning, for example, in sessions such as problem-based learning scenarios, evidence-based practice, midwifery emergencies and case holding.

Student midwives must be made aware of the framework for supervision at the beginning of their training, and local arrangements and systems must be in place within trusts so that students can access supervision with the same ease that midwives can. There is more than one way that this can happen and several options exist to facilitate this (Box 2). The North West LSA considers it best practice for a student to have a named supervisor of midwives who she meets within the first month of clinical practice at the beginning of her training. This named supervisor of midwives will then remain as her named supervisor and contact point for the duration of her programme of education. This does not, of course, prevent a student contacting any supervisor—named or otherwise—just as is the case for registered midwives. At some trusts, the preferred option is to add students to the caseloads of supervisors of midwives, rather than have one supervisor who is the contact for all students. By adding students to existing caseloads, all supervisors will have the opportunity to supervise students, and this option makes for an enriched and varied caseload. The students will meet their named supervisors when they have a tour of the unit at the beginning of their training, and the students are actively encouraged to seek guidance and support from supervisors of midwives—in partnership with university staff.

Box 2. A suggested framework to provide support to student midwives in practice

- A nominated supervisor of midwives within the unit acts as a contact point for students
- A nominated supervisor of midwives within the student’s clinical placement area acts as a contact point for students
- A nominated supervisor of midwives acts as a named supervisor for each cohort of students
- Students midwives are added to the caseloads of all supervisors

It is crucial, too, that student midwives are actively encouraged to take part in LSA audits of supervision in a trust. Meeting with students in this context will add useful information to the data and evidence gathered as part of the audit. Students are often a ‘barometer’ of a unit, and experiencing challenges or difficulties with their practice can often indicate wider problems within the organization. Of course the opposite is also true that happy, well-supported students often reflect a unit where standards and quality of care are high. Students can meet with the LSA auditors as focus groups if numbers allow, or be seen in the same way as the midwives would be if not. Either way, their presence is important as it will ensure that students understand and know who and what the LSA is and how it functions.

Supervisors of midwives must ensure that statutory supervision becomes a meaningful, lived concept for the student midwife. It will enable her to engage with supervision in practice and it is hoped will contribute towards a seamless transition into a mutually respectful relationship when the student becomes a practising midwife.

Scope for strategic collaboration

Strategic collaboration between all interested parties and stakeholders involved in the development of midwives is an essential aim and one that will be addressed in LSA audits. The aim of these audits is to promote high-quality, effective midwifery education. There will be an interview with a representative of the LSA audit team. This interview will provide a contemporaneous account of the audit process and the outcomes of the audit.

It is the hope of the LSA that the student midwife will have a named supervisor of midwives who she meets within the first month of clinical practice. This named supervisor of midwives will then remain as her named supervisor and contact point for the duration of her programme of education. This does not, of course, prevent a student contacting any supervisor—named or otherwise—just as is the case for registered midwives. At some trusts, the preferred option is to add students to the caseloads of supervisors of midwives, rather than have one supervisor who is the contact for all students. By adding students to existing caseloads, all supervisors will have the opportunity to supervise students, and this option makes for an enriched and varied caseload. The students will meet their named supervisors when they have a tour of the unit at the beginning of their training, and the students are actively encouraged to seek guidance and support from supervisors of midwives—in partnership with university staff.
Key Points

- Scope exists for further development of links between statutory supervision and education.
- Supervisors of midwives must be proactive in discussing mentorship issues with the midwives they supervise and midwives must in turn seek support from their supervisors in their role as a mentor.
- Positive role modelling of Supervisors of midwives will benefit the students by developing a positive concept of accountability and better understanding of complex practice issues.
- The relationship between supervisors of midwives and students must be proactively enabled.
- Supervisors of midwives must in turn take and create opportunities to engage strategically in the development and delivery of midwifery education programmes.

Fowler D (2008) Student midwives and accountability: are mentors good role models? British Journal of Midwifery 16(2): 100–4
Nursing and Midwifery Council (2008a) Modern supervision in action: a practical guide for midwives. NMC, London
Nursing and Midwifery Council (2008b) Standards to support learning and assessment in practice. NMC, London
Nursing and Midwifery Council (2008c) Supervision, Support and Safety. Analysis of the 2007/08 Local Supervising Authority annual reports to the NMC. NMC, London
Nursing and Midwifery Council (2008d) Accountability advice sheet. NMC, London
Nursing and Midwifery Council (2009a) Standards for pre-registration midwifery education. NMC, London
Nursing and Midwifery Council (2009b) Record keeping: Guidance for nurses and midwives. NMC, London
United Kingdom Central Council (1999) Fitness for Practice. UKCC, London

curricula which, again, will inform and contribute to the strategic development of midwifery education. It is important that this is not seen as a token—that the 'box has been ticked'—to have a supervisor present at these meetings. There should be representation from several supervisors of midwives, all with different backgrounds and all bringing valuable experience and ideas to the table. Recent examples of proactiveness in the area of curriculum development in Manchester include a student case holding course unit written and developed in collaboration with local supervisors of midwives.

From an administrative perspective it is helpful to have attendance minuted as supervisors of midwives and not just the midwife’s name, as this will contribute towards the provision of evidence of having met LSA audit standards and with higher education institution approval and monitoring quality review events.

It is good practice to include supervisors of midwives on interview panels for midwifery courses and open day events alongside midwifery lecturers in selecting students from the Offset. Universities should consider inviting supervisors of midwives who may or may not also be clinical midwives to interview students, whether that is in the format of groups, taster days, problem-based learning or individually. This is a good development role for clinical midwives and supervisors of midwives with the benefit that potential students can see theory, practice and supervision working in partnership and gives rise to practice discussions even before their midwifery education formally begins.

Conclusion

The benefits of education within supervision, and supervision within education, have been immeasurable and incalculable from the author’s perspective. Midwifery lecturers taking on the role of supervisors of midwives is becoming more common and acceptable, and should be part of the wider context of aiming for as many types of supervisors as possible within a supervision team. This adds to the skill mix, diversity and available expertise within a supervision team and is a strategy strongly supported by the North West LSA. It is the author’s view that there are huge benefits for the trust, the higher education institution, the midwives and the students, some of which have been discussed in this article.

Student midwives are the future of the profession and need to be supported in both academic and practice learning backgrounds. Supervision of midwifery can make a major contribution to the continued safety and wellbeing of women and babies by being proactively involved in all aspects of midwifery education, both strategically and operationally, in large groups or in a one-to-one situation with an individual student midwife. Supervision does matter, and McKenzie (2009) states that every supervisor of midwives can influence the path of statutory supervision and midwifery practice. Every supervisor of midwives can influence the path of midwifery education; it is up to supervision and supervisors of midwives to maximize every available opportunity to do this.