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Reconsidering the term 'Training': Language, professional identity, and systemic accountability in European midwifery education

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Midwifery across Europe has transitioned from apprenticeship-based routes into rigorous university-level education, yet the term *training* continues to be widely used to describe this preparation. This commentary argues that the persistence of the term misrepresents the scientific, academic, and regulatory complexity of modern midwifery education, reinforces outdated perceptions of the profession, and risks contributing to the scapegoating of midwives amid broader systemic failures. Drawing on recent UK maternity inquiries, ongoing revisions of EU Directive 2005/36/EC, and the expanding scope of midwifery practice across the reproductive life course, this editorial highlights the need for more precise and respectful terminology to strengthen public trust, support professional identity, and inform policy development.

Language is an often-overlooked determinant of how health professions are perceived, regulated, and valued. Within midwifery, the term 'training' remains frequently used in public and policy discussions, despite the substantial academic, clinical, and regulatory demands now placed on pre-registration education. While seemingly benign, this terminology carries implications for how competence is judged, how responsibility is allocated, and how midwives are positioned within maternity systems. As Europe revisits key regulatory frameworks and responds to renewed concerns about maternity safety, this is an important moment to critically examine the accuracy and consequences of the language used to describe midwifery education.

From apprenticeship to university-based professional formation

Modern midwifery education in Europe bears little resemblance to its historical apprenticeship roots. Today, student midwives complete extensive programs that include more than 4600 hours of theoretical instruction, simulation, and supervised clinical practice[1]. Curricula incorporate anatomy, physiology, pharmacology, ethics, psychology, human factors, research methods, public health, and increasingly, digital and planetary health. While there are inconsistencies in the nature and content of midwifery programs[2], these programs are grounded in competency frameworks developed by national regulators and international organizations such as the International Confederation of Midwives[3].

The breadth and depth of these programs extend far beyond the functional or procedural connotations of 'training'. The term inadequately reflects the complexity and intellectual demands of midwifery education, which prepares graduates for autonomous practice, clinical decision-making, and professional accountability. Use of the term risks perpetuating outdated stereotypes of midwives as technical workers rather than highly skilled health professionals.

Maternity safety in the UK: Education in a broader systemic context

The United Kingdom has seen several high-profile maternity inquiries in the past decade, including the Morecambe Bay Investigation[4], the East Kent Report[5], the Ockenden Review[6] and the All-Party Parliamentary Group Birth Trauma Inquiry[7]. These investigations have heightened public scrutiny of maternity services and, by extension, midwifery education.

However, a consistent finding across these reports is that adverse outcomes are rarely the result of deficiencies in initial education. Instead, the inquiries highlight systemic factors such as chronic workforce shortages, limited supervision capacity, organizational culture challenges, communication failures, and inadequate governance[8-10]. The Royal College of Obstetricians and Gynaecologists[11] has also emphasized the role of burnout and staffing pressures in compromising safety.

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Despite this, public and political discourse often gravitates towards calls for 'better training', implying that individual competence, rather than system-level failings, is the primary issue. The casual use of the term 'training' thus reinforces simplistic narratives that risk unfairly placing responsibility on midwives rather than addressing structural contributors to poor outcomes.

EU Directive 2005/36/EC: Variation and the need for standardization

Within Europe, midwifery education is regulated by Directive 2005/36/EC, which is currently under revision as part of broader efforts to modernize professional mobility across the EU[12,13]. One significant challenge is the substantial variability in program length and educational pathways across member states. Courses range from three years in the UK and Ireland, to four years in many EU countries, to five or six years in France and several Eastern European nations[13].

Although such variability is underpinned by national accreditation processes that ensure graduate competence, the diversity highlights the complexity of defining and regulating midwifery education at a European level. The term 'training' does not adequately represent the layered regulatory environment, nor does it capture the rigorous, research-informed academic nature of these programs.

As the EU revisits the Directive, this moment presents an opportunity to align the language used in policy documents with contemporary expectations for midwifery practice.

An expanding scope across the reproductive life course

International organizations increasingly endorse a broader scope of midwifery practice, emphasizing the midwife's role in providing care across the reproductive and gynecological lifespan – from menarche to menopause[14,15]. This expanded scope includes sexual and reproductive health, contraception, preconception counselling, perimenopause and menopause support, and leadership in continuity-of-care models known to improve outcomes[16].

Such responsibilities require advanced clinical reasoning, relational skills, public health understanding, and diagnostic capability. These reflect professional-level competencies that extend well beyond what is implied by 'training', which typically denotes limited procedural instruction rather than comprehensive professional formation.

Table 1. Safeguarding professional language in midwifery: Key actions

Protecting accurate terminology is a matter of professional integrity and societal safety **A call to action: reclaim the language of midwifery** • Advocate for using *'education', 'program', 'degree',* or *'professional formation'*. • Challenge reductive terminology that diminishes the profession. • Encourage consistency across EU policy documents, academia, and public discourse.

The risk of scapegoating midwives

In many European contexts, midwives report increasing experiences of being scapegoated for system-level shortcomings in maternity services. Evidence from national inquiries shows that failures are overwhelmingly linked to staffing shortages, burnout, inadequate supervision structures, and organizational culture[9,11]. When the term 'training' is used in public and political discourse, it can inadvertently reinforce narratives that attribute poor outcomes to perceived deficits in midwifery preparation rather than the structural conditions within which care is delivered.

This not only undermines professional identity but may also have consequences for recruitment, retention, and workforce morale.

Conclusion

As EU Directive revisions progress and as the UK continues to respond to maternity safety findings, linguistic precision becomes increasingly important. Midwifery is a regulated, graduate-level profession underpinned by scientific evidence, research literacy, and extensive clinical preparation. Continued reference to pre-registration education as 'training' misrepresents its complexity and risks perpetuating problematic narratives that contribute to the scapegoating of midwives.

The terminology used to describe midwifery education carries significant implications for public understanding, professional identity, and policy development. As midwifery continues to evolve as a graduate-level, evidence-based profession, the term 'training' is increasingly inadequate and misleading. It fails to reflect the academic rigor, clinical complexity, and regulatory oversight that underpin modern midwifery education across Europe.

In the context of ongoing EU Directive revisions and persistent system-level challenges in maternity services, adopting more accurate terminology – such as *education*, *degree-level preparation*, or *professional formation* – is essential (Table 1). Doing so can help strengthen public trust in Midwifery across Europe, support workforce sustainability, and ensure that discussions about maternity safety focus on the systemic reforms needed to improve outcomes for women, babies, and families.

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