



The role of the Professional Midwifery Advocate to support quality improvement in and through practice learning

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## Aims of the presentation

To explore the rationale for developing the Professional Midwifery Advocate bridging course

To examine how the A-Equip model of clinical supervision supports quality improvement in midwifery practice

### **Background to midwifery regulation and legislation**

#### **The Midwives Act 1902**

Established systems for licensing midwifery practice.

Prohibited unqualified practice

Established national regulatory authority Central Midwives Board, governed midwifery training and practice.

Introduction of Statutory Supervision of Midwives (SOM)



### **Drivers for Change to midwifery legislation**

- Statutory requirement for SOM since 1902 outdated, archaic
- 'Muddling of roles'
  - Manager / Supervisor
- Morecambe Bay NHS Foundation Trust
  - A number of significant failures over several years
- Parliamentary and Health Service Ombudsman (PHSO 2013)
- Kirkup Report (2015)
- NMC Commissioned the Kings Fund to undertake independent review of midwifery regulation (2015)
- The two key principles identified in the reports were accepted by the Nursing and Midwifery Council (NMC) and agreed by the Secretary of State. These were:
  - Midwifery supervision and regulation should be separated
  - The NMC should be in direct control of regulatory activity

## New model of midwifery supervision in England

### • The Professional Midwifery Advocate (PMA)

- The PMA is a new and fundamental leadership and advocacy role designed to deploy the A-EQUIP model.
- The role supports staff through a continuous improvement process that aims to build personal and professional resilience, enhance quality of care and support preparedness for professional revalidation



## **The A-Equip Model**





- Advocating and Educating for Quality Improvement
- Four distinctive functions
- Ultimate aim is that through staff empowerment and development, action to improve quality of care becomes an intrinsic part of everyone's role in every part of the maternity system
- The model supports the choice, education and safety aspects of the vision set out in the National Maternity Review report, Better Births (2016) and the Maternity Transformation Programme (2016)



## **Designing the course**

- Aim was to produce a 3-day bridging course to prepare existing Supervisors of Midwives to undertake the role of the PMA.
- The programme was specifically designed to enhance knowledge, expertise and transferable skills and apply this to the A-Equip model for Supervision
- Scoping exercise with Heads of Midwifery across the UK
- Business case to University of Nottingham, School of Health Sciences
- Operational guidance provided by NHS England as to suggested content of course

### Programme

#### Day 1

Day 2

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- Reflection on SOM and moving forward to new model of Supervision
- Background to A-Equip Model
- The A-Equip Model
  - Education and Development (Formative)
  - How do adults learn?
  - Monitoring, Evaluation and Quality Control (Normative)
  - PMA and Personal Action for Quality Improvement
  - The PMA as a Leader

- Introduction to Restorative Clinical Supervision (RCS)
- The Principles of RCS
- The Stages of RCS
- Tools for Help
- Scenarios and Feedback

#### Day 3

- Feedback from Restorative Clinical Supervision
- Group Restorative Clinical Supervision
- Implementing the role of the Professional Midwifery Advocate into practice
- Summaries and Conclusions
- Course Evaluation

## **Restorative Clinical Supervision**



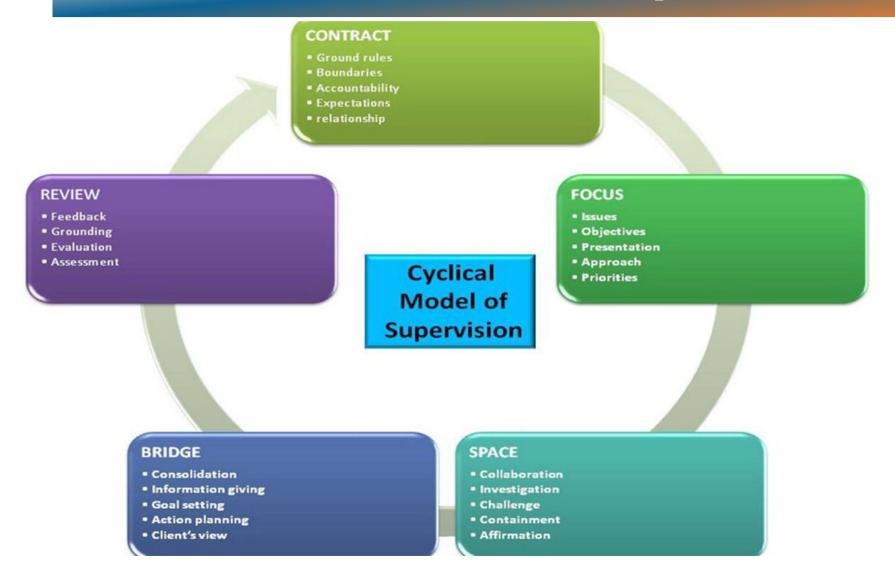
"...is concerned with how participants respond emotionally to the work of caring for others. It fosters resilience through nurturing supportive relationships that offer motivation and encouragement and that can also be drawn upon in times of stress."

### No agenda

Space to think and reflect

Beneficial to those professionals who work in a stressful environment

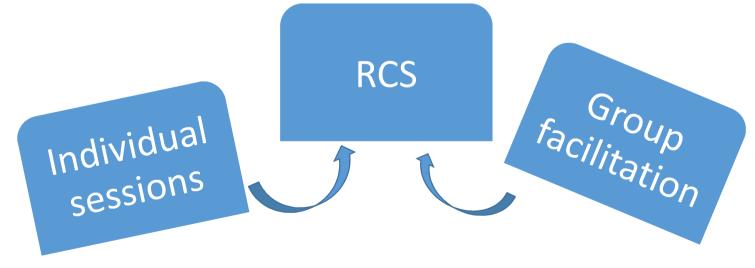
# **Restorative Clinical Supervision**



## Moving established skills into new territory

- Reflection and action learning
- Appreciative Inquiry
- Motivational Interviewing techniques
- Containment skills
- Acceptance discussions
- Circle of influence

- Active listening techniques
- Microskills
- Empathic curiosity
- Self awareness



## **Quality Improvement**

#### Previously

- Measured through Supervision of Midwives
- Intention to Practice
- Midwives supervisory annual review
- Investigation of poor practice / incidents
- Supervisors' attendance at all Trust meetings
- Support for women wishing to birth outside Trust guidance
- 24 hour on call

#### **Identified challenges**

- How will A-Equip model measure quality improvement?
  - Still in local planning stages.
  - The measurement and drivers for this model will need to be measured nationally.
  - Role of Care Quality Commission to measure effectiveness
- Changing midwifery landscape
- Employer-led model
- Dependent on number of Supervisors of Midwives who intend to take up the PMA role
- Funding for bridging course and full course
- Time to meet and support midwives
- Measuring and auditing RCS
- Informing, supporting and involving women
- Long term sustainability of the PMA role

## **Evaluations**

I loved this course. It has changed the way I think about the PMA and given me great understanding – thank you Great bridging course. Very informative to give me the tools to get up and running. Thank you for your time and giving us relevant information

I feel motivated to get out there and PMA!

A valuable course that has given all lots us food for thought in how to progress this role and how in future we can attract other participants to the role.

Excellent course, excited to start putting it into practice

## **University of Nottingham PMA Bridging Course 2018**



During 2017/18, Health Education England (HEE) has supported the maternity system to establish nearly 800 Professional Midwifery Advocates (PMA) nationally.

This has been via the combined funding assistance of the HEE central and regional maternity teams.