A-EQUIP - A new model of Midwifery Supervision for England

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Statutory Supervision of Midwifery ends

Prompted by complaints raised by three families that related to local midwifery supervision & regulation

“\textit{In all three cases, the midwifery supervision and regulatory arrangements at the local level failed to identify poor midwifery practice}” (PHSO 2013, page 2).
Statutory Supervision of Midwifery ends

• UHMB investigation was critical of the additional tier of midwifery regulation provided by Statutory Supervision of Midwives

• The Kings Fund review (January 2015) recommended that the supervision & regulation of midwives should be separated and the NMC should be in direct control of all regulatory activity

• The governing legislation (the Nursing and Midwifery Order 2001) was subject to a Section 60 order and the function of LSAs and statutory supervision of midwifery was removed on the 31\textsuperscript{st} March 2017
England Supervision Taskforce

Responsibility of the Chief Nursing Officer to:

- Convene a task force to develop a new model of supervision
- Oversee the transition from a statutory model of supervision to an employer led model
- Taskforce supported by work streams: models, education, commissioning, editorial and HR

Stakeholder engagement

We have listened to staff and women who use maternity services who have told us:

- What the new model of supervision should include
- What it should be called
- The name of the new supervisor and how they should be prepared for their role.
Engagement

Over ten months of engagement with over 2,400 people, across the healthcare system including:

- Survey responses - 1,400
- Online platform used by 280 people to comment on the replacement model
- Contributions from over 400 delegates at the 2016 RCM conference where we tested the evolving A-EQUIP model
- Contributions from over 800 delegates at various conferences
- ‘Think Tank’ event of stakeholders
What did midwives say...

- Supervision will become punitive and not restorative”
- “Midwives will be referred to the NMC at the drop of a hat”
- “Without the law supervision will be difficult to enforce”
- “Midwives need to feel valued, to do a good job”
- “Cheaper health care roles will replace midwives”
- “Women will lose support”
- “Supervision does nothing”
- “Invest in staff, the current model pays lip service to this”
- “With good leaders no supervisors needed”
- “Introduce a model that builds staff”
- “Who will support self-employed and agency midwives?”
- “How will we benchmark if there are no audits? “
- “Who’s going to provide professional midwifery advice across England?” Select wisely don’t set midwives up to fail”
- “Expertise for providing advocacy for women will go, include it in new model” “stop midwives from leaving by providing something better”
What did women say?

- “Not sure what supervision is”
- “Who will we contact for support?”
- “Who will have fresh eyes?”
- “I am concerned about being medicalised”
- “Supervisors advocate for women, midwives don’t”
- “Who will I speak to about my choices?”
You said and we listened - The A-EQUIP Model

- The A-EQUIP model is made up of four distinct functions: restorative, normative, personal action for quality improvement and education and development.

The model supports a continuous improvement process that builds personal and professional resilience, enhances quality of care and supports preparedness for appraisal and professional revalidation.

- The ultimate aim of using the A-EQUIP model is that through staff empowerment and development, action to improve quality of care becomes an intrinsic part of everyone’s job, every day in all parts of the system.
• The new model of clinical supervision is employer led and not statutory

• It does not involve regulatory matters: investigating concerns; imposing interim orders; specifying and monitoring local programmes or making referrals to the NMC.
Our Pilot Sites

41 SoMs trained to be PMAs
- Now delivering the new model to 205 Midwives
The Professional Midwifery Advocate (PMA)

- New role that replaces the supervisor of midwives
- A midwife must successfully complete a PMA preparation programme provided by the HEI
- Shortened PMA programme (no more than 4 days, may be taught in-house by your HEI) – designed to prepare midwives who have completed the PoSoM course to become PMAs
- Long PMA programme (length to be confirmed and will be outlined in the operational guidance) – designed to prepare midwives who have never completed the PoSoM or associated programme
- A-EQUIP e learning module – 30 minute module that will compliment and replace aspects of the short and long PMA programme
- Selection of PMAs is the responsibility of the Head/Director of midwifery
- Selection process & job profile - operational guidance NHS England 2017
Guidance is in **four** parts

**Part one** - the impact of the legislative change on midwifery regulation and the changes to midwifery supervision

**Part two** - the A-EQUIP model and its benefit to midwives and users of maternity services

**Part three** - case studies show how the model can be deployed to support staff working in clinical, non-clinical roles and the multidisciplinary team

**Part four** - guidance for: Midwives, providers of maternity services, CCGs and HEIs

**Twitter:** #a_equip
- The number of **committed HEIs has risen to 23** and other institutions are considering course delivery.
- Providers should consult the interactive map on the A-EQUIP education page (NHS England website) and contact their local committed HEI directly.
- The **e-learning package is now available** free to all and is a pre-requisite to all PMA training courses and a useful aid to all midwives.
- **Funding assistance for the short and long course** is being progressed - every trust in England will be supported with funding for places at one of the committed HEIs.
23 Committed Higher Education Institutes

Delivering the Short & Long PMA Training Courses

This e-learning session, supporting the A-EQUIP model, is both important and timely. It's designed to provide further information and links into the A-EQUIP Operational Guidance for midwives, leaders, managers, maternity providers, commissioners and Higher Education Institutes requiring NHS maternity services to have the A-EQUIP model in place. This is also a useful prerequisite for anyone undertaking the short or long PMA training course.

The session (around 30 minutes) will enable you to gain a greater understanding by exploring the model from a conceptual and practical perspective, enabling you to embrace and reflect on the opportunities for the future; a model that supports and empowers midwives to provide safe, high quality, kind, compassionate care to women and their families. There's also an opportunity to self-assess your knowledge and reflect on this throughout the session through case studies, it highlights how the model can support you in practice and how it adds value for providers of maternity services.

Access to the package is free and you will be offered evidence of completion at the end, which can be included in your revalidation portfolio.

AVAILABLE NOW:

http://www.e-lfh.org.uk/programmes/midwifery-supervision/
How do you become a PMA?

- Two routes once you have gained agreement from your Head of Midwifery:
  - If you have received POSOM training, access the e-learning package and apply to local HEI to complete the PMA short programme
  - If no previous supervision training, discuss the selection process with your Head of Midwifery and if selected, apply to the local HEI to complete the PMA full/long education programme
National PMA Training Support

This support will seek to fund two previous supervisor of midwives to complete the short/bridging PMA course or contribute to one midwife undertaking the longer PMA training. The funds are available to all NHS maternity providers in England equally, offering two £400 contributions to the short course or one £800 contribution to the longer course.
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