



**NI Public Health Agency
Local Supervising Authority
(LSA Code: 77)**

**Guidance
for the
Supervision of Midwifery Practice Reviews**

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Index	Page
• Foreword	4
• Background	5
• Statutory Structure of Supervision of Midwifery	5
• Local Supervising Authority	6
• Supervision Framework	6
• Limitations on Supervision	7
• LSA Midwifery Officer	7
• Supervisor of Midwives	7
• Midwives Responsibilities	9
• Explanation of the Review process	10
• NI Regional Documentation Review Record Sections 1 – 4	12
• References	15

Appendix 1 – Audit Guidelines

This document has been produced for the Local Supervising Authority Midwifery Officer (Public Health Agency) by the Northern Ireland Practice and Education Council for Nursing and Midwifery (NIPEC). We would like to acknowledge the contribution of the work of the steering and focus groups in the development of this documentation.

Foreword

Northern Ireland (NI)'s Public Health Agency (PHA) in its role as the Local Supervising Authority (LSA) has responsibility for ensuring that statutory supervision of all midwives is exercised to a satisfactory standard within its geographical boundary. Statutory supervision provides a mechanism of support and guidance to every midwife registered in the United Kingdom (UK) and helps to achieve an environment for midwives to deliver care that is safe and effective to mothers and their babies. Registered midwives are accountable to the Nursing and Midwifery Council (NMC) and are professionally responsible for the assessment of needs, the delivery of care and managing the expectations of mothers and babies, whilst maintaining their fitness to practise.

In 2009, nominated supervisors of midwives (SoM) and midwives from around NI were invited to take part in this initiative with the LSA which was facilitated by Northern Ireland Practice and Education Council for Nursing and Midwifery (NIPEC). A steering committee and focus groups were established to develop and agree a regional document for the supervision of midwifery practice for use between midwives and their supervisors. As part of this initiative, consideration was given to elements from the previous documents used in the four legacy LSAs and those used in other parts of the UK.

By developing this regional document our aim is to provide midwives and their supervisors with a useful tool that helps midwives to maintain, enhance and develop their skills and seek support, advice and guidance from their supervisor of midwives (SoM) as required. This document is designed to be inclusive of all midwives including those who work in midwifery management, education and other senior posts.

All midwives are expected to meet at least annually with their named supervisor of midwives. We believe that this guidance and the review document will be useful, informative and will assist in supporting the core purpose of supervision of midwives which is to protect women and babies by actively promoting a safe standard of midwifery practice.



Dr Eddie Rooney

Chief Executive

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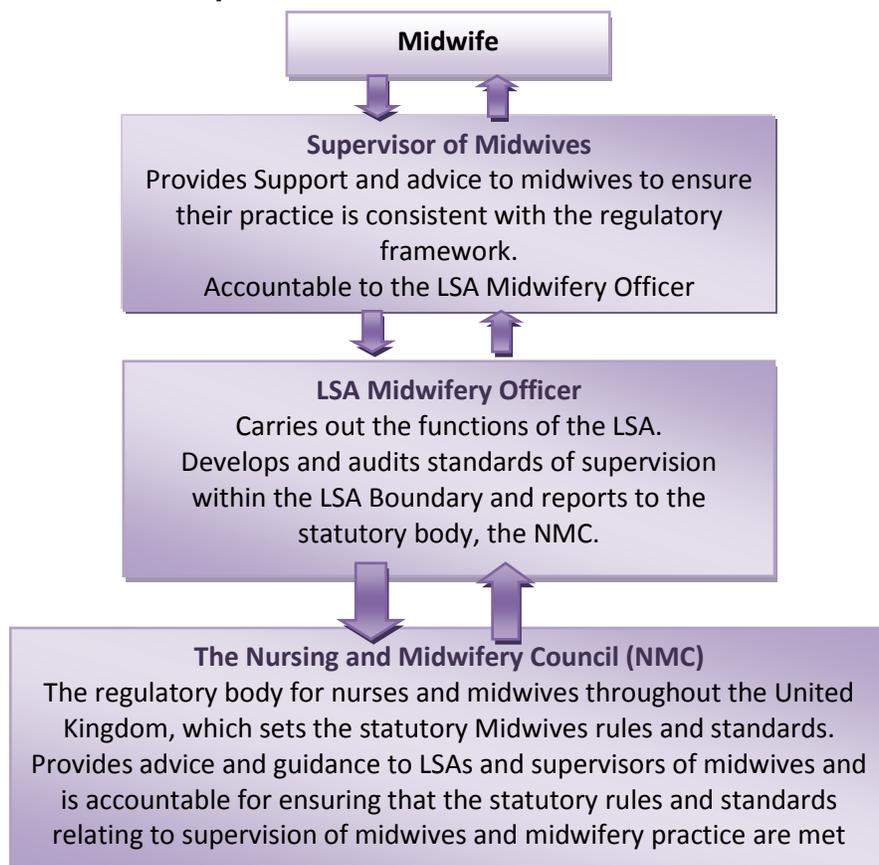
Background

Supervision is a statutory responsibility which provides a mechanism for support and guidance to every midwife practising in the United Kingdom. The purpose of supervision of midwives is to protect women and babies by actively promoting a safe standard of midwifery practice. Supervision is a means of promoting excellence in midwifery care by supporting midwives to practise with confidence, with the aim of preventing poor practice.

The culture of supervision has undergone a major change in recent years. Supervisors are keen to promote and develop the supportive, open and developmental aspects of the role rather than a punitive approach, which could damage personal and professional confidence.

The relationship midwives have with their named supervisor of midwives is fundamental. A supervisor of the midwife's choice is the best way to achieve this. In making this decision the midwife should consider whether they are able to have an open and honest dialogue with this person and whether this person has an appreciation of the role in the environment in which the midwife practises.

Statutory Structure of Supervision of Midwives



Modern Supervision in Action (2008)

Supervision of Midwifery Practice

Local Supervising Authority (LSA)

Local Supervising Authority arrangements differ across the United Kingdom. In Northern Ireland the LSA is the Public Health Agency (PHA). **The LSA code is 77**

The PHA in its role as the LSA is responsible for ensuring that statutory supervision of all midwives, as required in the Nursing and Midwifery Order (2001) and the Nursing and Midwifery Council's (NMC) Midwives rules and standards (2004) is exercised to a satisfactory standard within its geographical boundary which is the whole of Northern Ireland.

All practising midwives must submit their intention to practise (ITP) to the LSA each year via their named supervisor of midwives (SoM). SoM's use the pre-printed ITP form which is sent directly to each midwife by the NMC and enter the details onto the LSA database for upload to the NMC.

The functions of the LSA, as discharged by the LSA's Midwifery Officer include:

- being available to women if they wish to discuss any aspect of their midwifery care that they do not feel had been addressed through other channels
- providing a framework of support for supervisory and midwifery practice
- receiving intention to practise data for every midwife practising in that LSA
- ensuring that each midwife meets the statutory requirements for practice
- accessing initial and continuing education and training for supervisors
- leading the development of standards and audit of supervision
- determining whether to suspend a midwife from practice, in accordance with Rule 5 of the Midwives rules and standards (NMC 2004)
- investigating cases of alleged misconduct or lack of competence.

Supervision Framework

There is no hierarchy among supervisors of midwives within a maternity service. Supervisors of midwives have a variety of backgrounds: they may be midwives in clinical practice, in managerial roles, in research or in education. This rich mix ensures balance in the group of supervisors within a Trust.

It is possible to approach any of the supervisors of midwives. A particular issue may need the input of a supervisor who has experience in a particular field, such as, clinical practice in a labour ward or in continuing professional education.

Limitations on supervision

It is important to be realistic about the role of the supervisor of midwives. SoM's cannot do everything but, importantly, they can influence policy. Working together as SoMs increases the influence of the supervisory structure to achieve a safe practice environment for mothers and their babies.

LSA Midwifery Officer (LSAMO)

The LSA midwifery officer (LSAMO) is an experienced practising midwife with a leadership role. The LSAMO are able to give advice on the supervision of midwives as well as on midwifery practice and on maternity services in general. The LSAMO appoints supervisors of midwives.

Each LSAMO compiles an annual report for the NMC, in accordance with Rule 16 of the Midwives rules and standards (NMC 2004), which outlines supervisory activities over the past year, key issues, audit outcomes and emerging trends affecting maternity services. This report is signed off by the LSA and is available to a wide range of stakeholders, including all supervisors of midwives, to facilitate effective commissioning and delivery of maternity services.

If appropriate advice is not available locally, midwives may also contact the LSAMO directly.

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Supervisor of Midwives (SoM)

SoMs are experienced practising midwives who have undertaken additional education and training to support, guide and supervise midwives. Every midwife in the UK must have a named supervisor of midwives.

Supervisors of midwives develop and maintain safe practice to ensure protection of the public, namely women and their babies. They meet regularly with midwives and ensure a high standard of care is provided. The supervisors work in a team and their role is different from the midwifery manager who is responsible to the employer to

make sure that maternity services run effectively. Supervisors of midwives are accountable to the local supervising authority (LSA) and are supported in their role by the local supervising authority midwifery officer (LSAMO).

SoM's give guidance and support to both midwives and women. They support the practice of midwives and ensure that the care offered is right for each woman, is given in the right place, by the right person and that it will benefit women and their babies. They act as positive role models for midwives, guiding and supporting them in developing skills and expertise. If a midwife requires additional education, training and support in practice, a supervisor can recommend a variety of support including if necessary a formal programme of supervised practice.

What can you expect of supervisors of midwives?

Each SoM has **administrative, interactive and developmental responsibilities:**

Qualities of a supervisor of midwives

Midwives should expect their supervisors of midwives to have a number of qualities that will support and empower them.

Ideally a SoM should be:

- approachable
- committed to woman-centred care
- a source of professional knowledge and expertise
- visionary and inspiring
- able to resolve conflict
- motivated and thorough
- articulate
- trustworthy
- sympathetic and encouraging
- fair/impartial

Confidentiality

Midwives should feel confident that discussions with their supervisors will remain confidential. However, it may become apparent while discussing a particular incident that action is called for in the interests of safety. In this case, supervisors may either recommend that the midwife/midwives take the initiative to raise the issue with their managers or if the SoM intends to take action, that this is made clear to the midwives.

Activities of a supervisor

A SoM will perform a wide range of different functions and roles. Midwives can expect their SoM to promote safety by:

- providing leadership and guidance to midwives
- supporting best practice and ensuring evidence-based midwifery care
- being a confident advocate for midwives and mothers
- acting as an effective change agent
- acting as a role model
- undertaking the role of mentor
- empowering women and midwives
- facilitating a supportive partnership with midwives
- supporting midwives through dilemmas
- helping midwives' identify and meet personal and professional development requirements
- facilitating midwives' reflection on critical incidents
- supervising midwives through developmental/supportive practice
- maintaining an awareness of local, regional and national NHS issues
- giving advice on ethical issues
- liaising with clinicians, management and education
- maintaining records of all supervisory activities
- supporting bank and/or agency midwives
- checking each midwives 'intention to practice' form and taking details updated on the LSA Database

Midwives Responsibilities

As an accountable practitioner

A practising midwife's primary responsibilities are to:

- ensure the safe and effective care of mothers and babies
- maintain fitness for practice
- maintain registration with the NMC

Partnerships between midwives and their named SoM's should be enabling and supportive so that midwives can fulfil their responsibilities. Relationships between midwives and their SoM's are unique that should enable the midwives to focus on their professional and personal responsibilities.

Accountability within practice

Registered midwives are professionally accountable to the NMC and, unless self-employed as independent midwives, also have contractual accountability to their employer. There are occasions when this may give rise to a dilemma in practice and it is at such a time that a midwife's SoM may be a valuable source of support and guidance.

Meeting the needs and expectations of mothers and babies

- identify, notify and report issues that adversely affect the safety of mother and/or baby
- report critical incidents to a supervisor of midwives
- act as an advocate for women
- contribute to risk management and clinical governance

Maintaining fitness to practise

- access and use evidence to inform practice
- reflect on practice outcomes
- evaluate own practice to ensure competence is maintained
- identify own education needs in relation to developing new areas of competence

Maintaining current registration with the NMC

- identify and meet the NMC requirements for PREP (check NMC Prep handbook or Annual Review document)
- meet, at least annually, with named supervisor of midwives (SoM)
- notify intention to practise (ITP) annually to the LSA via named supervisor of midwives
- have a working knowledge of current NMC and LSA publications

Explanation of the Review process

The supervisory review is an important meeting which should be valued by both the midwife and supervisor. Confidentiality is implicit. In this secure environment, practice can be evaluated, areas for development discussed and appropriate opportunities identified. Any practice issues causing concern can be discussed.

It may be that a midwife feels she/he is losing particular skills working in the current placement, and may need SoM's help in gaining experience in another area and receiving professional updating to support that experience. A midwife may wish to undertake further study/development and to discuss the various options available with the named supervisor, prior to further discussion with line manager or Higher Educational Institute. Similarly, a midwife may wish to either undertake or support a local research project and the supervisor can be a sounding board and adviser. A named SoM should encourage on-going personal and professional development and lifelong learning.

There may be some aspects of midwifery practice in the midwife's maternity services that cause concern. These should also be shared with the midwife's named supervisor who will investigate the matter in confidence and take the appropriate action. The named SoM can give guidance on the maintenance of midwifery registration and identify opportunities for updating in relation to the statutory requirements. It is recommended that midwives share their professional portfolio with their SoMs and seek advice in its development.

Supervisors undertake regular audits of records and therefore any concerns midwives may have about their standard of record keeping can be discussed with their named SoM. It is always valuable to have a second person regularly review and audit record keeping to ensure compliance with current NMC, LSA and local standards.

In addition SoM's will also conduct audits in the use, control and management of controlled drugs.

Review Meetings

It is important that the Supervisor gives the midwife prior notice of the date and time of the review. These meetings should take place in an area where privacy is assured.

If a midwife cannot make the allocated date and time then the midwife must notify the Supervisor in ample time to have it rearranged. Both midwife and Supervisor must have their preparatory areas of the review completed before the meeting takes place.

Northern Ireland Regional Documentation Annual Toolkit Record

Section One

(To be completed by the midwife prior to the review meeting with the Supervisor)

This section is fairly self explanatory and requires midwives to update their supervision review record, to demonstrate to their Supervisor, how they are meeting the NMC's PREP requirements that enables to them to re-register as midwives and to remain on that part of the NMC register.

Midwives are encouraged to bring along their personal portfolio to the meeting. To assist in the development of a portfolio please visit <https://www.nipecdf.org/portfolio/>

Included in this section of the supervision review there is a list of resource material and websites that will assist in keeping midwives updated in their area of practice. Supervisors will want to know that that midwives can access and navigate these sites and to ensure that they have a copy of those guidelines/standards listed.

There may be a number of other documents that Supervisors feel would be beneficial for midwives to read and these should be discussed at the review.

Section Two

(To be completed by the midwife prior to the review meeting with the Supervisor)

Training and Development Record

In this section midwives have the opportunity to reflect on the mandatory training for midwives and other learning activities. These activities may be the attendance at study days or conference but equally could come from the midwife's experience or through 'in service training'.

For example the day-to-day activities in the workplace are a superb example of learning that happens without the midwife even thinking of it as such. For example, a midwife can learn by:

- Simply being at work and working with colleagues
- Talking to the women about their care or to their families.
- Discussing and debating with colleagues issues that concern or interest them.
- Developing a new skill or gaining new knowledge.

To assist further in understanding these learning activities and the different styles of learning, please visit <https://www.nipecdf.org/learn/whyLearn2>

Section Three – Pre- Supervision Review Midwife’s Record

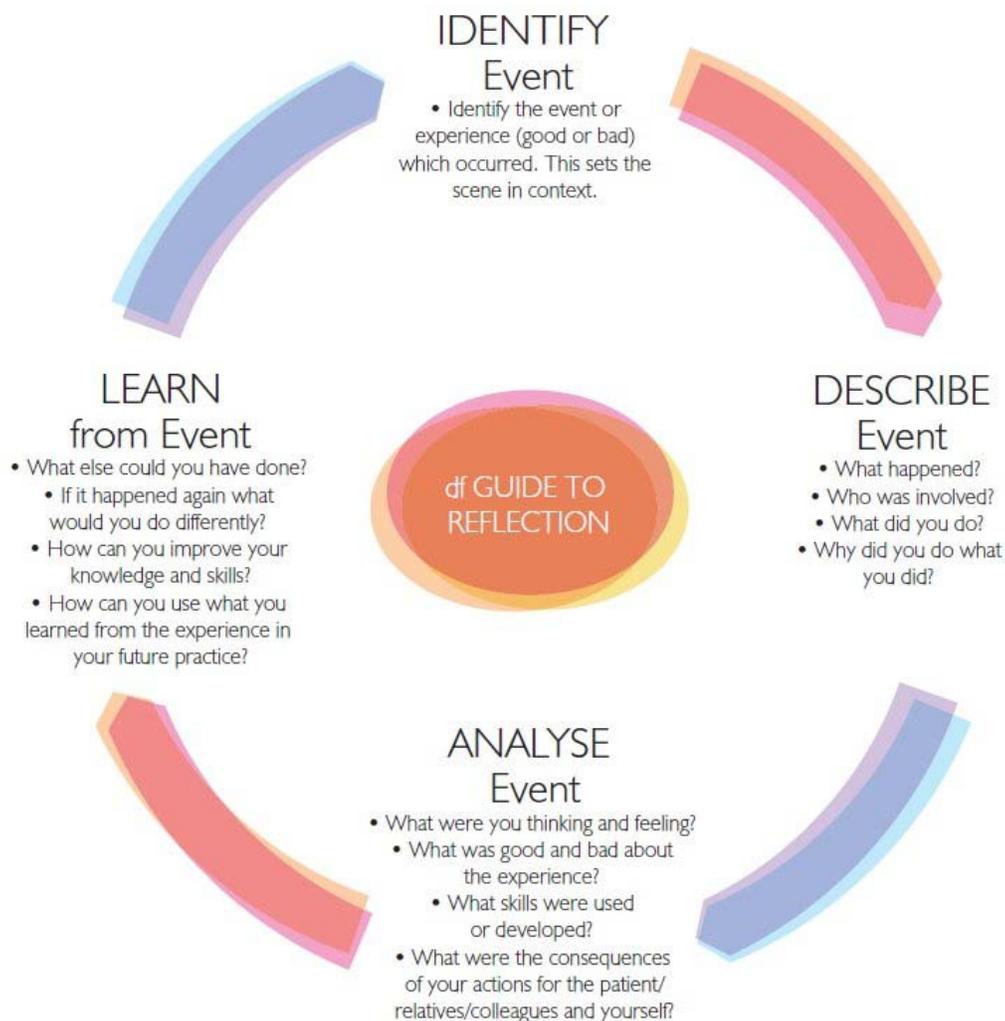
(To be completed by the midwife prior to the review meeting with the Supervisor)

Reflection

In this section it is important to encourage midwives to reflect on their experiences countered in the past year. Midwifery can posed some positive or very challenging experiences therefore, it is significant to reflect and learn from these. In addition there may be some aspects that need further discussion with the Supervisor of Midwives at the annual review.

Take some time to reflect on these using the diagram below

Professional Development - Reflection and Update NIPEC (2005) Guide to Reflection



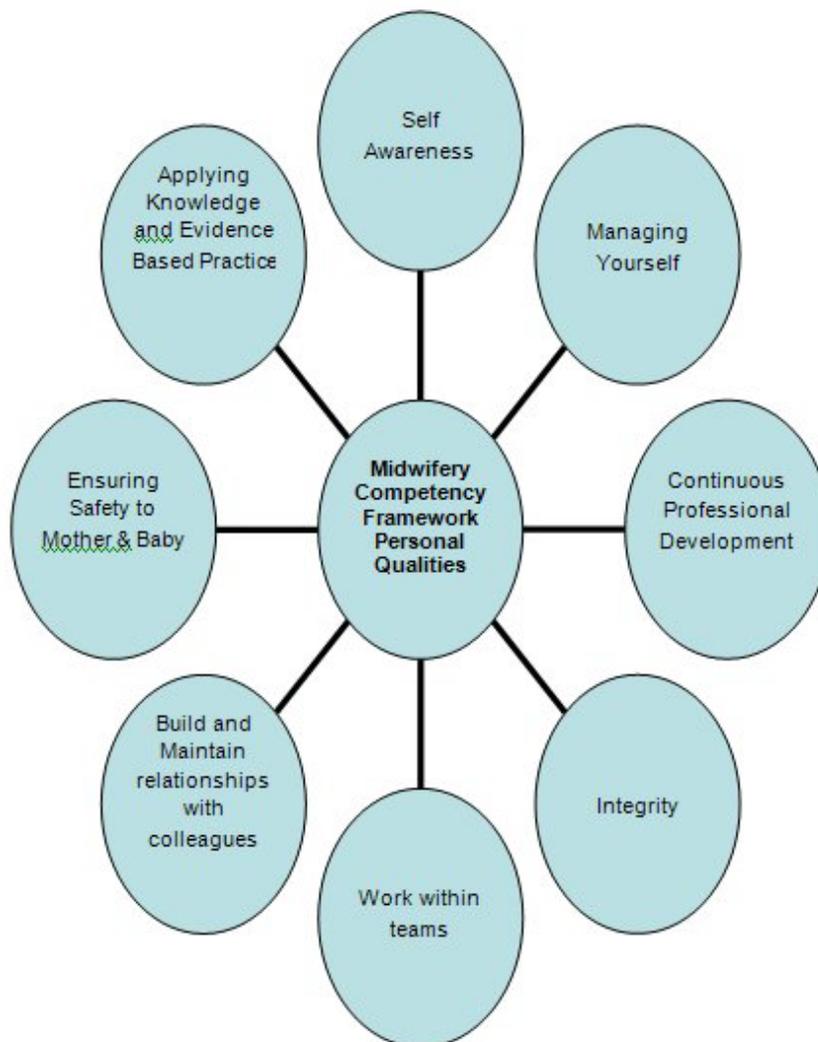
Midwifery Competencies

This section gives midwives an opportunity to self assess themselves relevant to their area of practice. The majority of midwives is employed as clinical practitioners and must demonstrate to their supervisor that they are competent and fit to practice.

The term **COMPETENCE** refers to the overarching set of **knowledge, skills** and **attitudes** required to practice safely and effectively without supervision (NMC 2010). Using the Midwifery Competency Framework below, self assess your competencies against your current area of practice.

This self assessment tool gives midwives further opportunity to discuss their competencies and whether or not they need updating or training. Essential skills expected of a midwife at registration are found in NMC's *Standards for pre-registration midwifery education*. (2009).

Download at <http://www.nmcuk.org/aDisplayDocument.aspx?DocumentID=5700>



Some midwives are employed as lecturers, professional advisors, midwife managers or other senior posts. These midwives must demonstrate to their Supervisors that through engagement and learning activities they are meeting their NMC PREP requirements as midwives (Rule 2b *Midwives rules and standards* NMC 2004) in the area in which they are employed.

Section Four

The Supervision Review

This section must be completed and signed by both the Supervisor and the midwife. It includes an action plan and timescales that have been agreed with an opportunity to evaluate the review meeting. These pages of the review can be photocopied for the supervisor's records.

References

LSA (2008) *Local Supervising Authority Midwifery Officers Forum* – United Kingdom Strategic Direction 2008-2011

LSAMO Forum –UK /NMC (2008) *Modern supervision in action – a practical guide for midwives*

Nursing and Midwifery Council (NMC 2004) *Midwives rules and standards* –London

Nursing and Midwifery Council (NMC 2005) *The Prep handbook*– London

Nursing and Midwifery Council (NMC 2008) *Standards for medicines management* – London

Nursing and Midwifery Council (NMC 2009) *Record keeping – Guidance for nurses and midwives* – London

Nursing and Midwifery Council (NMC 2009) *Standards for pre-registration midwifery education* – London

Nursing and Midwifery Council (NMC 2009) *The Code - Standards of conduct, performance and ethics for nurses and midwives* – London

Useful Webpages

<http://www.midwife.org.uk/>.

<http://www.nmcuk.org/aDisplayDocument.aspx?DocumentID=5700>

<https://www.nipecdf.org/learn/whyLearn2>

<https://www.nipecdf.org/portfolio/>

www.publichealth.hscni.net

Audits

Part of a supervisor of midwives (SoM) role is to monitor standards of midwifery practice through audit of record and assessments of clinical outcomes (Modern Supervision in Action, LSA Midwifery Officer's Forum/NMC 2009).

In the Midwives Rules and Standards (NMC 2004) SoM's are expected to audit records relating to drug administration and records of same by the midwife. Health & Social Care Trusts carry out audits of medicines which SoM's should be involved in developing to ensure the audit reflects the latest NMC guidance. In addition SoM's should specially audit the use of controlled drugs in the acute and community areas of midwifery.

Audit 1

Prior to the Supervision Review, an audit of a midwifery records should be carried out for discussion at the review. A Midwifery Record Keeping Audit Tool has been developed to provide a consistent approach to audit across Northern Ireland which reflects the NMC Record Keeping Guidance 2009.

Audit 2

Prior to the Supervision Review, an audit of controlled drugs records should be carried out for discussion at the review. A controlled drug audit tool has been developed to provide a consistent approach to audit across Northern Ireland which reflects the latest NMC *Midwife Rules and Standards* and NMC (2008) *Standards for medicines management*.



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