# Supply and demand of the consultant midwife

Over the past few decades advanced practitioner posts have emerged in the USA, Australia, Canada, New Zealand, Ireland and the UK. In the UK, consultant nurse and midwife posts were first introduced in 1998 at The Labour Party Conference by the then newly elected Prime Minister Tony Blair (Byrom et al, 2009). Despite advanced practice roles becoming a global phenomenon, a number of different definitions for 'advanced practice' have emerged from professional bodies (Sookhoo and Butler, 1999). Many of these definitions have led multiprofessionals to view advanced practice as predominantly a nursing issue rather than as a multiprofessional concept, which affects the whole of healthcare.

Perhaps one of the strongest arguments for defining advanced clinical practice in midwifery can be best explained with the example of the consultant midwife. When the consultant post was first introduced in the UK in 2000, there were not enough candidates who had the required level of professional development to undertake the role (Rogers, 2010). This under-fulfillment of consultant post holders demonstrates that advanced practice roles cannot work if an organisation has not prepared for the role, or if the post holder is not fully prepared for it (Rogers, 2010). There have been a number of studies that have considered the positive impact of consultant roles on health service provision, evidence-based practice and holistic individualised woman-centred care (Coster et al, 2006; Humphrey et al, 2007; Rogers, 2010). In a study by Coster et al (2006) the majority of midwife consultants (80%) believed they had a positive impact on making services more client focused.

In 2008, a new trainee programme for consultant midwives was launched. This was the first programme to be developed and implemented in the UK; it provided 'a pathway to aspiring consultant midwives' (Rogers, 2010). Despite the midwifery profession's traditional view that advanced practice is exclusively a nursing issue, nursing was the profession which led the way and was 'a forerunner to the midwives programme' as a consultant practitioner traineeship had already been developed in emergency care (Rogers, 2010).

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There was, and still remains, a professional need for practice leaders 'of a high calibre'; the midwives programme was designed to fill this void in practice (Rogers, 2010). The programme was the first of its kind to acknowledge and support the development of advanced practice roles in midwifery. The midwives' programme was funded by the regional education budget and was supported by four of the regions' consultant midwives (Rogers, 2010).

During these challenging financial times, Trusts need to see the value in their investments. The consultant midwife post is 11 years old and there has been little research (Guest et al, 2004; Coster et al, 2006) into whether consultant midwives make a real difference (Rogers, 2010). Rogers (2010) suggests that due to this apparent lack of evidence into whether consultant midwives work, we run the risk of the supply not balancing out with future demand, as Trusts will be reluctant to invest in the role despite it being a national target and supported by *Towards Safer Childbirth* (Royal College of Obstetricians and Gynaecologists, Royal College of Midwives, 2007). Both Coster et al (2006) and Humphrey et al (2007) highlight the difficulties with measuring the impact of such 'variable and complex roles'. However, there is a vast amount of research within nursing fields that explores the value of, and need for, advanced practitioners (Manley, 1997). If the midwifery profession was more concerned with clarifying and defining advanced midwifery practice, then they would have the evidence to support Trusts' investment into consultant midwives and other advanced practice roles. However, the profession needs to proceed with caution as there is a belief that expanding practice leads to the dilution of a midwife's core values and that professional boundaries between degree and diploma educated midwives will be reinforced (Andrews, 2004). **BJM**

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