

# Restorative supervision for student midwives: The professional midwifery advocate in the classroom

## Abstract

Women and their families are entitled to high quality, safe and effective maternity care, yet reports have identified failings in areas of care such as risk assessment and care planning. As a result, there have been fundamental changes in the way midwives are regulated in the UK. With these changes came the development of a new model for midwifery clinical supervision, aligned to the aims of the Department of Health and Social Care and NHS England to provide a high quality service, delivered by resilient, highly valued, well-supported midwives. This article will consider the role of a Professional Midwifery Advocate in a university setting to explore how the early introduction of the role and implementation of group-based restorative supervision may positively impact on student midwives' training, reduce attrition rates, encourage the development of resilience and foster an ethos of peer support.

## Keywords

PMA | Restorative clinical supervision | Pre-registration midwifery education | A-EQUIP | Resilience

The function of Local Supervising Authorities (LSAs) and statutory supervision of midwives have now been removed as a result of the findings of the Parliamentary and Health Service Ombudsman (2013), the Francis (2013) and Kirkup (2015) reports and the subsequent King's Fund Review (Baird et al, 2015), which recommended the separation of midwifery supervision and regulation, since the peer investigation model was considered potentially biased and

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this tier of investigatory process was not present in other health professions. The Nursing and Midwifery Council (NMC) now have direct control of all regulatory activity and a new employer-led model of clinical supervision has been introduced.

## What is A-EQUIP?

The new non-regulatory model of midwifery supervision, A-EQUIP (Advocating and Educating for QUality ImProvement) aims to support staff and improve the quality of maternity care, in a way that is nationally consistent, strategic and integrated at local level (Gillman, 2015). It has four distinct roles: education and development; personal action for quality improvement; restorative clinical supervision (a support network to enhance staff health and wellbeing); and normative function (focusing on evaluating the standards of quality control in practice) (Department of Health and Social Care, 2016; National Maternity Review, 2016; NHS England, 2016). The concept of clinical supervision is still highly regarded:

*'The legislative changes do not mean an end to supervision, only to its statutory components. The developmental and supportive nature of supervision is important to the midwifery profession and for outcomes to women and babies. This culture of developmental and supportive supervision should be preserved.'* (NHS England, 2017:4)

In this new framework, the professional midwifery advocate (PMA) role replaces the statutory supervisor of midwives to support staff to build resilience; enhance the quality of care and prepare for revalidation (NMC, 2018). PMAs will facilitate restorative clinical supervision to support midwives' emotional wellbeing and encourage the development of resilience, which research has found to be a common trait of effective midwives (Hunter and Warren, 2013).

Pettit and Stephen (2015) have found that restorative clinical supervision has many benefits, such as:



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Students will be encouraged to find their own solutions to open-ended questions posed by a lecturer/PMA

- A positive impact on the immediate wellbeing of staff
- Reducing stress and burnout
- Increasing levels of compassion, job satisfaction and staff retention
- Improving work/life balance and team dynamics.

The midwifery workforce in the UK is ageing, with 33% now in their fifties or sixties (Royal College of Midwives (RCM) (2016). As a result of this impending 'retirement time bomb', it is important that student midwives are supported through their studies to reduce attrition and ensure successful entrance to the workforce with the skills to meet the complex demands of the service. While strategies such as reflection have been discussed in relation to preparing student midwives for practice (Power, 2016), restorative clinical supervision could be an additional tool in student support, which is why Cheryl Thomas, formerly a matron and supervisor of midwives, has undertaken the PMA bridging module/shortened programme to prepare for this important role.

### Attributes of a PMA

According to NHS England (2017:36), PMAs should have the following values:

- Be perceptive to the needs of others and able to develop supportive relationships
- Possess good communication skills including the ability to listen
- Promote a culture of collaborative working
- Be self-aware and able to acknowledge own limitations
- Inspire through leadership and role modelling
- Have integrity and insight.

PMAs must also achieve the following competencies which are aligned with the five Care Quality Commission (CQC) (2013) key lines of enquiry:

- Safety and quality improvement
- Effective
- Caring
- Responsive
- Well-led.

### The role of the PMA in pre-registration midwifery education

While the literature mainly focuses on the role of the PMA in clinical practice supporting practising midwives (NHS England, 2017), A-EQUIP should be embedded in the pre-registration midwifery programme, to ensure that theory and clinical practice continue to be linked. At the University of Northampton, Cheryl Thomas, the lecturer/PMA, will educate student midwives on the significance and importance of the PMA role, to raise its profile and ensure that they are familiar with the concept before going into practice. She will liaise closely with clinical placement providers to clarify how A-EQUIP is being implemented locally, and by attending regional quarterly PMA meetings, she will be exposed to a variety of approaches, which will ensure that theoretical input mirrors contemporary practice.

The benefits of restorative supervision highlighted by Pettit and Stephen (2015) are clearly transferable to student midwives. While reflection is already a core element of the curriculum (NMC, 2009), the lecturer/PMA will implement group-based restorative supervision

in the university setting to offer peer support and stress relief (restorative function), promote professional accountability (normative function), and develop skills and knowledge (formative function) in line with Proctor's (1986) model. The restorative function of Proctor's model will include listening to and challenging group members, to encourage the development of coping strategies for stressful and difficult situations (i.e. to develop resilience). Hunter and Warren's (2013) findings support this approach, and have suggested that the clinical skills focus of the traditional model of midwifery supervision failed to meet midwives' emotional and psychological needs. For restorative supervision to be effective, group members must be equipped with the tools to find their own solutions to their questions and issues. To achieve this, Cheryl in her role as lecturer/PMA will ask open questions, to allow individuals time and space to try and resolve the problem themselves or to seek advice from their peers.

## Action plan for successful implementation

The University of Northampton will adopt the following approach to ensure A-EQUIP, the role of the PMA and restorative supervision are meaningfully embedded throughout the curriculum:

- To ensure that student midwives understand A-EQUIP and clinical supervision, and are aware of the role of the PMA
- To enable student midwives to engage with restorative supervision from the start of their programme of study in preparation for qualification and beyond
- To adopt a collaborative approach to education and supervision between the university and local clinical placement providers
- To assure professional credibility of the PMA role in the educational setting, with lecturer/PMA attendance at monthly meetings with each local clinical placement provider to promote communication, collaboration and co-learning from clinical incidents/practice
- To offer student midwives monthly optional group restorative supervision sessions with the lecturer/PMA. Additional one to one sessions will be available on request.

## Conclusion

The midwifery workforce in the UK is ageing, with an impending 'retirement time bomb' set to further negatively affect practising midwives, who are already compromised due to staff shortages and the significant demands of caring for ever more complex cases. Now, more than ever, it is vital that student midwives are adequately prepared emotionally and physically to join their chosen profession as preceptor midwives.

By embracing the concept of A-EQUIP and having a PMA as a member of its academic staff, the University of Northampton will work closely with its PMAs in practice and with clinical placement providers to link theory with practice. It will also embed restorative supervision into its curriculum to promote emotional wellbeing, resilience and the value of peer support. **BJM**

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