A new era for supervision: A generation of midwives without statutory supervision?

Abstract

There has recently been great discussion regarding the role of the Supervisor of Midwives (SoM). Following on from the Parliamentary and Health Service Ombudsman's (2013) concerns, the King's Fund report (2015) concluded that the role of the SoM was not to be coupled with regulation. On 28 January 2015 this was accepted by the Nursing and Midwifery Council and changes were instigated. Many student midwives will have never experienced the role of the SoM first-hand and some are beginning to worry about their vulnerability come point of qualification, without this extra layer of protection.

Keywords: Supervisor of Midwives, Statutory supervision, Whistleblowing, Local Supervising Authority, Newly qualified

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There has been great controversy surrounding the Nursing and Midwifery Council's (NMC) decision to review the role of the Supervisor of Midwives (SoM). From a student's perspective, we do not have much involvement with SoMs, and tend to have a basic understanding of their role. However, after attending a brilliant workshop regarding workplace ethics, I was reminded of the reality of how midwives have benefited from this extra layer of protection for years, and yet it was possible it was soon to be removed. What can we expect coming into a profession where you are trained with warnings of maternity services having 'the greatest amount of legal action' resonating in our yet-to-be-qualified ears?

With the publication of the Francis report on whistleblowing in the NHS (Francis, 2015), one cannot help but be afraid of the imminent reality of qualification. I wanted to consider how, as student midwives, we can prepare ourselves for entering this new era of midwifery.

What it all means

The Parliamentary and Health Service Ombudsman (PHSO, 2013: 2) has suggested that following the incidents at the Morecambe Bay Foundation Trust, there has been 'muddling of the supervisory and regulatory roles of Supervisors of Midwives'. When incidents occur, investigations are performed by both a SoM who is responsible to the Local Supervising Authority (LSA), and the employer, often independent of each other (Baird et al, 2015). The investigation by the SoM and LSA acts as a preliminary filter as to whether or not the midwife or midwives in question need to be investigated by the NMC (Baird et al, 2015). Potential conflicts of interest have been highlighted by the PHSO as the SoMs have been peers of the midwives in question, and this has potentially been dampening their abilities to assess and investigate lack of competency or misconduct in practice. There is concern that without statutory supervision all midwives under investigation could be referred to the NMC for a lengthy and stressful process. Under the current provision, the LSA midwifery officer (LSAMO) would not have had to immediately refer midwives to the NMC unless there were serious allegations warranting immediate suspension or failures of practice programmes. Additionally, many midwives are concerned that they will lose the support the SoMs offer and women will not receive the backing to make informed decisions on their care (Baird et al, 2015) if the role of the supervisor is not statutory (Westcott, 2015).

What are we worried about?

The main concern raised in discussion with my peers, is that newly qualified midwives are a vulnerable group of practitioners who want to appear competent and capable under pressure yet need that extra level of support. Alongside this is the fear of litigation, and the more vulnerable we feel, the more likely we are to make mistakes and face legal action (Kirkham, 2007). Previously, SoMs would advocate for us and would help assess our needs for further training or education to prevent these mistakes from happening. However, if this role of the supervisor is now not statutory, and we are all painfully aware of the time restraints and lack of resources in the NHS, will this simply go by the wayside?

As the new generation of midwives, we are

encouraged to enter into the NHS with a new outlook to raising concern, simply as a matter of safety rather than animosity. The Francis report (2015), reviewing the rights of employees to raise concern without discrimination, sets out 20 principles that should be abided by in the new culture of whistleblowing in the NHS. In the past, midwives would have had the support of SoMs with raising concerns, and equally their support if an issue was raised against themselves. While I agree that a transparent NHS, where employees can report concerns without negative consequences, should exist, I believe that this will lead to an inevitable increase in peer-to-peer complaints and the effect this can have on staff members, particularly without the support of their SoM.

How can we prepare ourselves

As third-year student midwives who are keeping our heads above water through the last few months of our degree, we should be soaking up as much reliable guidance as possible. A particular piece of advice, from the workplace ethics workshop I attended, is avoiding 'expertitis'—a term explained by a lecturer of speech and language therapy. She, albeit jokingly, spoke of how newly qualified health professionals often get a delusion of grandeur and believe that their university careers have equipped them to be experts in their field. This is not reality, nor is it expected at the point of qualification. The role of a newly qualified professional is to be a safe practitioner, who provides care within their own scope of practice (NMC, 2012). We should be openly encouraged to seek advice from colleagues who have the experience needed to make certain decisions, yet recognise that even 20 years from now, we will continually be learning and developing to strive towards excellence. While we may not have SoMs in the same capacity as our colleagues before us did, we will have a preceptor in our first 18 months–2 years of practice, whose role we should utilise by exploring their knowledge and experience to better our own.

Another, more concrete piece of advice we should take is to make ourselves familiar with local and national guidance on raising and escalating concerns, whether formally or informally (NMC, 2013; Francis, 2015). By being equipped with the knowledge of the correct way to go about this, not only can we be prepared for doing so, but we will also avoid human errors that might lead to additional concerns.

We will have a responsibility to keep up-to-date with the latest versions of documents published by the NMC such as the *Midwives Rules and Standards* (NMC, 2012) and *The Code* (NMC, 2015), as well as local policies and guidance from National Institute for Health Care and Excellence (NICE) and the Royal Colleges. These help us to practise using the best available evidence, and should help to protect us from what could have potentially concluded in a reason to seek advice from the SoM.

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Conclusion

When we qualify as midwives, we will be in a privileged position as we will be entering the NHS at a very exciting time where things are changing—hopefully for the better. We will have the skills and knowledge to cultivate a better work environment, whether that be regarding patient safety or midwives' satisfaction levels within their workplace. Let us take this removal of SoMs in the capacity in which they are known, not as another aspect of qualification to be fearful of, but as an opportunity to enter the NHS in an era of change that we should encourage yet challenge, to ensure we are being the best health service that we can be, and providing the best care possible. **BJM**

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