NHS England

A-EQUIP Frequently Asked Questions (FAQ)

Q: What Is A-EQUIP?
A: Advocating and educating for quality improvement (A-EQUIP) is a new model and framework of midwifery supervision that aims to: facilitate a continuous improvement process that values midwives, enhances health and well-being, builds their personal and professional resilience and contributes to the provision of high quality of care and quality improvement.

Q: Who will deploy the A-EQUIP model?
A: A midwife who has undertaken the Professional Midwifery Advocate (PMA) education programme will deploy the A-EQUIP model.

Q: How long is the PMA education programme and can a supervisor of midwives (SoM) become a PMA?
A: A three day bridging programme has been designed to prepare midwives who have previously completed the preparation of supervisors of midwives (PoSoM) course to become PMAs. This programme is currently being evaluated. A longer PMA preparation programme is being developed for midwives who have never completed a PoSoM course or an equivalent programme of education.

Q: Who will undertake investigations and investigate concerns about midwives if there is no SoM?
A: Local Supervising Authorities are responsible for undertaking regulatory investigations of concerns relating to the performance of midwives. These are additional to any investigations employers undertake as part of their accountability for the safety and quality of their services. When the proposed changes became law, concerns about midwives must be handled in the same manner as concerns about other health professionals. If a midwife is employed then her employer will undertake a preliminary investigation, and if the concern is upheld the employer will put measures in place to remediate it. If the concern is sufficient to meet the threshold for regulatory action it should be referred to the NMC.

Q: In the absence of the LSA who will oversee concerns about independent midwives?
A: Independent midwives can be referred to the NMC by a service user, a member of the public, or a member of the profession. There is no change to the threshold for midwifery referrals to the NMC.

Q: As a PMA will I be asked to investigate poor practice or clinical incidents?
A: If you have the skills to investigate an incident in your substantive role as a midwife, you may be asked by your employer to do so. The A-EQUIP model ***does not*** involve investigation of incidents. When the proposed changes become law, incidents involving midwives will be handled in the same manner as incidents that involve other health professionals.

Q: What will replace the notification of intention to practise?
A: Whilst the NMC will no longer require midwives to notify the LSA or the NMC of their intention to practise in any given year, the NMC will collect information about midwives' scope of practice and other matters through the revalidation process. The latter will be every three years, not annually. The NMC has committed to sharing

revalidation data widely with those in the sector who may find it helpful in their work to support high standards of maternity care.

Q: Does the PMA role involve being on call?
A: No, the PMA role does not involve being on call. However your employer may request that you do this in line with on call arrangements within your place of work.

Q: When deploying the PMA role how often should I meet midwives?
A: The outcome of the evaluation of the PMA role and the A-EQUIP model, will inform the frequency of meetings. At present there is a suggestion that an annual meeting should take place with midwives with further access to a PMA being available during daytime hours as the need arises.

Q: I don't have the expertise or the time so how can I as a midwife contribute to quality improvement?
A: The PMA preparation programme will prepare you for this. Quality improvement using a recognised method is simply looking at the care or service you provide and seeing if it can be improved. This might involve you thinking about how you can improve your skills, or it could involve changing something in the environment or system in which care is provided or the area that you teach or advise. It is not always about big system change but small improvements that make a difference to the maternity experiences of women and their families as well as students and academic colleagues. By critically examining your practice and initiating evidence based changes, you are immediately involved in quality improvement. ***Quality improvement is everybody's business.***

Q: As a PMA, will I continue to be involved in making individual care plans for women (especially women with complex needs)?
A: All midwives are responsible for giving women the information they need to make informed choices, and to support them in planning care which supports their individual needs. As a PMA, your role is to help midwives develop the skills to be able to plan personalised care for each woman.

Q: Was it a statutory requirement for women to approach a supervisor of midwives to support them with their birth options?
A: There was ***no*** statutory basis for the provision of women approaching a supervisor of midwives when accessing maternity services and providing support about birth options and how to pursue them. This became custom and practice and providers must now assure themselves that women, particularly vulnerable women, have access to informed, impartial advice on maternity options.

Q: In my Trust we have supervision clinics will these stop when the law changes?
A: Whilst statutory supervision will cease when the law changes, employers can choose to support these clinics to run in a non-statutory capacity. In addition however, the PMA will use the A-EQUIP model to support midwives to strengthen their advocacy role.

Q: In my Trust SoMs wear a uniform/badge/tabard to show they are SoMs and available that day. Do I still do this as a PMA?
A: When the LSA function ends SoM identification becomes redundant. Maternity providers can decide how they may want to identify the PMA.

Q: I deliver training as a SoM. Can I still do this as a PMA?
A: Yes, training and education is part of the PMA role.

Q: I am a re-validation confirmer as a SoM. Can I still do this as a PMA?
A: Yes, you can, unless your employer says otherwise.

Q: As a PMA, can midwives come to me to discuss a difficult experience?
A: Yes, you can use the A-EQUIP model for this purpose.

Q: Is remuneration compulsory?
A: No, your employer will make this decision.

Q: Has the A-EQUIP model been evaluated?
A: The model is being evaluated in seven pilot sites. The findings will be used to improve the model, its implementation and the education preparation programme.

Q: In the absence of the Local Supervising Authority Midwifery Officers, what will replace the regional midwifery leadership role?
A: A new structure of regional midwifery leaders has been developed. There will be a Regional Maternity Lead, and a Deputy Regional Maternity Lead in each NHS England region. These roles will provide midwifery leadership and professional guidance regionally, and across the health system, ensuring that the NHS ambitions are realised and deployed appropriately through commissioning of high quality, safe maternity services. These new roles will also support maternity providers to embed the PMA roles and support the development of process and outcome measures.

Q: Will PMAs provide 24hr on call?
A: No, statutory supervision of midwifery ensured that every midwife had 24 hour access to a Supervisor of Midwives. The NMC no longer requires this and therefore this is not a requirement of the PMA role unless it forms part of employment processes. Employers need to consider how 24 hour access to midwifery advice is provided. The organisation may provide this access through existing mechanisms such as a dedicated 24 hr advice line, 24hr case loading midwives on call and the maternity escalation process (senior midwifery manager on call).