



A-EQUIP

Advocating for Education and Quality Improvement, England's Model of Midwifery Supervision - 'One Year On'

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Document Status

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- Given regard to the need to reduce inequalities between patients in access to, and outcomes from healthcare services and to ensure services are provided in an integrated way where this might reduce health inequalities.

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1. Background

On 1 April 2017, A-EQUIP, was introduced as a model of midwifery supervision in England. The new model was developed as a response to the removal of statutory supervision from the Nursing and Midwifery Order 2001 on 31 March 2017.

The removal meant that midwifery roles and functions associated with Local Supervising Authorities (LSAs), Local Supervising Midwifery Officers (LSAMOs) and Supervisors of Midwives (SoMs) would no longer be a required function. These changes to the Nursing and Midwifery 2001 order were debated in the House of Commons¹ and House of Lords² There was a call to ensure that some form of midwifery leadership replaced the existing LSA structures. This was supported by the Royal College of Midwives in their letter to the House of Lords Scrutiny Committee³.

A multi-stakeholder taskforce⁴ oversaw the development of A-EQUIP and the PMA role, which was informed by contributions from over 2,400 people. The PMA role, was designed to provide midwifery supervision by deploying the A-EQUIP model. A-EQUIP and the PMA role is employer led, and it is the responsibility of NHS providers to decide how this role will be implemented in their organisation.

1.1 Role of the PMA

The PMA is a qualified midwife, who has undertaken further recognised training provided by a Higher Education Institute (HEI) (NHS England 2017). Once selected and trained, the PMA can undertake the following duties as part of their substantive midwifery role, this can be in a full-time capacity or on a sessional basis. The following is taken from the A-EQUIP Operational Guidance (NHS England 2017) which provides detailed information and guidance on the role of a PMA.

- Use the A-EQUIP model to support supervision of midwives.
- Act as a role model promoting safe and effective evidence based care for women, babies and their families.
- Support midwives to identify how personal actions can improve the quality of care provided to women and families.
- Use a process known as “Restorative Clinical Supervision” (RCS) to support midwives to focus and develop professional and career aspirations.
- Support midwives in emotionally difficult and challenging situations.
- Provide visible leadership in the workplace.
- Further details on suggested activities which could be undertaken by PMAs and case studies are available from regional maternity leads⁵.

¹ [https://hansard.parliament.uk/Commons/2017-02-22/debates/9eb49581-14be-480b-adc2-d66ec8ad5629/DraftNursingAndMidwifery\(Amendment\)Order2017](https://hansard.parliament.uk/Commons/2017-02-22/debates/9eb49581-14be-480b-adc2-d66ec8ad5629/DraftNursingAndMidwifery(Amendment)Order2017)

² [https://hansard.parliament.uk/Lords/2017-02-28/debates/1B4AAA1D-1823-4038-B24D-7523943A9F37/NursingAndMidwifery\(Amendment\)Order2017](https://hansard.parliament.uk/Lords/2017-02-28/debates/1B4AAA1D-1823-4038-B24D-7523943A9F37/NursingAndMidwifery(Amendment)Order2017)

³ <http://www.parliament.uk/documents/lords-committees/Secondary-Legislation-Scrutiny-Committee/RCM-Submission-to-SLSC.pdf>

⁴ <https://www.england.nhs.uk/mat-transformation/implementing-better-births/midwifery-task-force/>

⁵ Activity list compiled by Claire Capito, Deputy Regional Maternity Lead, London Region

2. Training and key achievements

2.1. Training Development & HEI Engagement

Prior to the implementation of the PMA Education Programme, the course was piloted and evaluated⁶. Further support from NHSE was requested in the teaching and understanding of the A-EQUIP model, especially with regards to the Restorative Clinical Supervision (RCS) element of the model. Academic staff who were providing the PMA training programme, attended a two day 'Train the Trainer' programme. This programme was designed to develop educators to teach RCS⁷. A total of 37 midwifery lecturers were trained. Following this, 23 HEIs provided training for midwives to become a PMA.

Two e-learning modules developed by NHSE and Health Education England (HEE) supported the implementation of the programme. The first module⁸ is a pre-requisite to the PMA programme. The second eLearning module was developed in response to a national survey which sought the views of midwives regarding the role of the PMA and A-EQUIP.

2.2. Training support & Delivery

Funding during the first year of the PMA training programme was supported through regional HEE funding. A common approach adopted by the NHS England regions was the formulation of a service level agreement (SLA) with HEIs, this was either directly from the Regional Maternity Team [RMT] or through existing arrangements which were already in place. Central funding was successfully distributed to all providers who applied to the fund in October 2017. This established at least one PMA in every maternity provider in England.

North	218
Midlands & East	127
South	278
London	145
Total number of PMAs Trained in 2017/18	768

Table 1 - Number of PMAs trained per region 2017/2018

During the first year of implementation NHS England raised awareness and supported the rollout of the PMA and A-EQUIP model. This was achieved through

⁶ Evaluation of the education programme completed by Sheffield University in March 2017

⁷ Restorative clinical supervision restores 'thinking' capacity, enabling the professional to 'understand' and process thoughts which 'frees' them to contemplate different perspectives, and inform their decision making

⁸ <http://www.e-lfh.org.uk/programmes/midwifery-supervision/>

communication regionally and nationally, webex and social media activity led by NHS England, twitter chats and blogs by the Head of Maternity NHS England⁹.

Furthermore with effect from 1 January 2018¹⁰, A-EQUIP was specifically referred to in the 17/18 NHS Standard Contract, a more detailed descriptor than the reference to midwifery supervision in the 16/17 NHS Standard Contract.

3. Monitoring

NHS England was asked to support a set of outcome measures which could be used to evaluate and measure the impact of A-EQUIP. A task and finish group was established to design a set of measures [see appendix 1]. The group had representation from NHSE, clinical commissioners, Royal College of Midwives (RCM), NHS Improvement (NHS I) and the Care Quality Commission (CQC) together with provider representation and regional maternity leads. The outcome measures guidance can be used by providers to benchmark the implementation and delivery of the A-EQUIP model.

3.1. Ongoing education and training

To ensure that PMA education programmes continue, Regional Maternity leads are supporting maternity providers to include the PMA bridging modules/shortened programme and the long PMA programme in Continuing Professional Development planning, ensuring that any request for support is embedded in a HEE Training Needs Analysis submission.

In January 2018, it was proposed to HEE by the agreed views of several HEIs that a single long training programme could be delivered by one agreed designated HEI per region per year. This would maximise full attendance at one regional centre. A number of HEIs are beginning to address these issues themselves; they have considered delivering the PMA training module within a midwifery master's degree. This module would form part of current leadership and management modules.

⁹ <https://www.england.nhs.uk/blog/moving-forward-while-looking-back-at-2017/>

¹⁰ January 2018 edition 5.4 - <https://www.england.nhs.uk/wp-content/uploads/2018/01/7-contract-technical-guidance-v5.pdf>

4. Recommendations and next steps

At the end of the first year of the implementation of A-EQUIP, recommendations fall into two categories, namely training and, monitoring and evaluation.

4.1. Training

Regional Maternity Teams have ownership and will be responsible for supporting local maternity provider plans for PMA provision and ensure that succession plans are in line with the NHS standard contract (2018).

4.2. Monitoring and Evaluation

Monitoring, evaluation and the impact of the new model should be undertaken at a local level. This can be undertaken using the outcomes measures guidance [Appendix 1]. The RCS function of the model is associated with the following [box 1]

- Positive impact on the immediate wellbeing of staff
- Help staff feel 'valued' by their employers for investing in them and their wellbeing
- Influence a significant reduction in stress
- Influence a significant reduction in burnout
- Improve the compassion and job satisfaction of staff
- Improve the retention of staff
- Reduce stress levels whilst maintaining compassion
- Improve working relationships and team dynamics
- Help staff to manage work/life balance more effectively
- Increase enjoyment and satisfaction related to work

Box 1 Outcomes found following implementation of Restorative Clinical Supervision Petit and Stephen 2015¹¹

Going forward the next step by NHSE is an evaluation of A-EQUIP and the role of the PMA. This will take place in Spring 2019.

¹¹ Petit, A. Stephen, R (2015) Supporting Health Visitors and Fostering Resilience. London, Institute of Health Visiting

Appendix 1 - Outcomes Guidance

A-EQUIP Outcome Measures Development Group Sources of Outcome Measure Metrics – Recommended Set

Activities	Output	Source	Intended Outcomes
Effective deliverers of the model	Number of PMAs per provider	Local Maternity System dashboard or equivalent	All Trusts in England implement and operationalise the A-EQUIP model
	Identified implementation lead	Self-declaration	
	Evidence that a pathway is in place to access a PMA	Self-declaration	
	No. of trusts implementing A-EQUIP model in England	Regional maternity lead implementation data	
	Evidence that the A-EQUIP local provider model has been shared with the Trust Board	Self-declaration	
	No. of trusts with A-EQUIP in their quality account/local reporting system.	Self-declaration and can be confirmed with commissioners	
Training & Succession	The named Trust lead for A-EQUIP has undertaken a reasonable level of training to support the model implementation i.e. e-learning module completion	Local - reported to and collated to regional LMS level	Supported learning & succession plan

	Identified training needs analysis for the role out and continuation of A-EQUIP.	TNA	
	PMA Succession plan in place at all providers	HOM records and workforce plan data TNA for individual units	
Awareness raising	Information available to midwives	LMS data Communication survey (examples included), results collated either locally/ regionally/LMS	A-EQUIP included in revalidation (future ambition)
Implementation Support	PMA Succession plan in place at all providers	HOM records and workforce plan TNA for individual units	<ul style="list-style-type: none"> ↑ Improved staff survey results ↑ Improved retention ↓ Reduction of attrition