



Modern supervision in action

a practical guide for midwives

Replacing the previous ENB publication *Supervision in Action*, this booklet has been revised and updated by the LSA Midwifery Officers' (UK) Forum and the Nursing and Midwifery Council.

Nursing & Midwifery
Council

NMC

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Introduction

Welcome to Modern supervision in action: a practical guide for midwives. The LSA Midwifery Officers' Forum (UK) and the Nursing and Midwifery Council have produced this publication by reviewing and updating the previous landmark publication *Supervision in Action*, which was written by the English National Board in 1999, following the findings of a Board-commissioned research study (Stapleton et al., 1998). This study highlighted the need for midwives and student midwives to be better informed about supervision and supervisory issues. We hope this booklet will do just that.

During the last few years supervision and the role of the supervisor of midwives have changed and they now have a much higher profile.

The aims of this publication are to:

- encourage midwives and student midwives to make the most of supervision by working in partnership with their supervisor
- provide clear information about the supervisory process and the interface between supervision and midwifery practice
- inform midwives and student midwives about the changing role of the supervisor of midwives.

Protecting mothers and babies

Supervision is a statutory responsibility which provides a mechanism for support and guidance to every midwife practising in the United Kingdom. The purpose of supervision of midwives is to protect women and babies by actively promoting a safe standard of midwifery practice.

Supervision is a means of promoting excellence in midwifery care, by supporting midwives to practise with confidence, therefore preventing poor practice.

Supervisors of midwives have a duty to promote childbirth as a normal physiological event and to work in partnership with women; creating opportunities for them to engage actively with maternity services (NMC 2006).

Supervisors must demonstrate how they ensure that women influence the development of maternity services and also ensure that midwifery care is responsive to local needs.

Supervisors also have a role in advising and supporting women who use midwifery services; advocating for the right of all women to make informed choices and providing additional advice to women who are experiencing difficulty in achieving care choices.

The NHS agenda

The Government's NHS modernisation programme aims to deliver consistent and high quality care to all service users, with an increasing focus on client choice and also on user involvement.

The main elements are:

- clear national standards for services and treatment; for example through National Service Frameworks and the National Institute for Health and Clinical Excellence (NICE) guidance and in Scotland, through Quality Improvement Standards
- evidence-based guidance to enable equity of care and sensitivity to meet the needs of individuals and local communities

- local delivery of high quality health care supported by the clinical governance framework which includes professional self regulation and lifelong learning
- effective monitoring of progress and quality - including through the Care Quality Commission and national surveys of service user experiences

Midwives have a head start in this process with an established, effective system of statutory supervision and a framework for the regulation of midwifery practice.

Modern supervision in action identifies how effective supervision can be for you and for the women and babies for whom you care, it is a self-contained publication, which we hope you enjoy reading and find valuable as you further develop your practice.

The statutory structure of supervision

Midwife

Supervisor of midwives

Provides support and advice to midwives to ensure their practice is consistent with the regulatory framework.
Accountable to the LSA Midwifery Officer.

LSA Midwifery Officer

Carries out the functions of the LSA.
Develops and audits standards of supervision within the LSA boundary and reports to the statutory body, the NMC.

The Nurses and Midwives Council (NMC)

The regulatory body for nurses and midwives throughout the United Kingdom, which sets the statutory Midwives rules and standards. Provides advice and guidance to LSAs and supervisors of midwives and is accountable for ensuring that the statutory rules and standards relating to supervision of midwives and midwifery practice are met.

The Local Supervising Authority

Local Supervising Authority arrangements differ across the United Kingdom. In England the LSAs are the Strategic Health Authorities, in Scotland they are the Health Boards, in Wales the Health Inspectorate and in Northern Ireland, the Public Health Agency.

The LSA Midwifery Officer

Each LSA has an appointed LSA Midwifery Officer (LSAMO) to carry out the LSA function. They are all practising midwives with experience in statutory supervision and provide a focus for issues relating to midwifery practice within each area. They also contribute to the wider NHS agenda by supporting public health and inter-professional activities at Strategic Health Authority, Board, Inspectorate or PHA level.

The role of the LSAMO is unique: it does not represent the interests of either the commissioners or providers of NHS maternity services. Regular contact with all supervisors of midwives and with the UK forum of LSA Midwifery Officers ensures that they have detailed knowledge of contemporary issues.

Responsibilities of the LSA

Each LSA is responsible for ensuring that statutory supervision of all midwives, as required in the Nursing and Midwifery Order (2001) and the Nursing and Midwifery Council's (NMC) Midwives rules and standards (2004) is exercised to a satisfactory standard within its geographical boundary.

All practising midwives must submit their intention to practise (ITP) to the LSA each year via their named supervisor of midwives. They should use the pre-printed ITP form which is sent directly to each midwife by the NMC.

If appropriate advice is not available locally,

midwives may also contact the LSAMO.

The functions of the LSA, as discharged by the Midwifery Officer include:

- being available to women if they wish to discuss any aspect of their midwifery care that they do not feel had been addressed through other channels
- providing a framework of support for supervisory and midwifery practice
- receiving intention to practise data for every midwife practising in that LSA
- ensuring that each midwife meets the statutory requirements for practice
- accessing initial and continuing education and training for supervisors
- leading the development of standards and audit of supervision
- determining whether to suspend a midwife from practice, in accordance with Rule 5 of the Midwives rules and standards (NMC 2004)
- investigating cases of alleged misconduct or lack of competence.

Each LSAMO compiles an annual report for the NMC, in accordance with Rule 16 of the Midwives rules and standards (NMC 2004), which outlines supervisory activities over the past year, key issues, audit outcomes and emerging trends affecting maternity services. This report is signed off by the LSA and is available to a wide range of stakeholders, including all supervisors of midwives, to facilitate effective commissioning and delivery of maternity services.

The diagram (opposite) shows the relationship between the midwife, the supervisor of midwives, the LSA and the NMC.

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What can your supervisor expect of you?

As a practising midwife your primary responsibilities are to:

- ensure the safe and effective care of mothers and babies
- maintain your fitness for practice
- maintain your registration with the NMC

The partnership between you and your named supervisor should be enabling and supportive so that you can fulfil your responsibilities. The diagram (opposite) shows how statutory supervision can support and empower you. It identifies your responsibilities as a midwife and your relationship with supervision.

The relationship you have with your supervisor of midwives is unique and will enable you to focus on your professional and personal responsibilities.

Accountability within practice

As a registered midwife you are professionally accountable to the NMC and, unless you are self-employed, you may also have a contractual accountability to an employer. There are occasions when this may give rise to a dilemma in your practice and it is at such a time that your supervisor may be a valuable source of support and guidance.

CASE STUDY

Fetal monitoring

Clare is a midwife who has recently commenced working in a consultant unit. She knows from the NICE clinical guideline (2007) that fetal monitoring, using cardiotocograph (CTG), for healthy women who have had a normal pregnancy is not advised in labour.

She is aware that intermittent auscultation is recommended to monitor fetal wellbeing in a labour with no complications and that electronic monitoring may increase the need for intervention. However, there is a policy in this unit which states that admission traces should be carried out on all women.

The woman she is caring for is certain that she does not want to have a CTG and Clare feels that she can support this. But when she asks for support from the senior midwife she is told that she must do a CTG.

A supervisor can help Clare by:

- supporting her in caring for this woman in labour
- giving her advice about documentation in relation to giving care against the agreed policy
- initiating a review of the policy
- educating midwives about evidence-based care for women in normal labour.
- ensuring that all relevant current NICE guidance is available on the unit.

The midwife and supervision

YOUR RESPONSIBILITY in meeting the needs and expectations of mothers and babies

- identify, notify and report issues that adversely affect the safety of mother and/or baby
- report critical incidents to a supervisor of midwives
- act as an advocate for women
- contribute to risk management and clinical governance

YOUR RESPONSIBILITY in maintaining your fitness to practise

- access and use evidence to inform your practice
- reflect on practice outcomes
- evaluate your own practice to ensure competence is maintained
- identify your education needs in relation to developing new areas of competence

YOUR RESPONSIBILITY in maintaining current registration with the NMC

- identify and meet the NMC requirements for PREP
- meet, at least annually, with your named supervisor of midwives
- notify your intention to practise annually to the LSA via your named supervisor of midwives
- have a working knowledge of how the following guide your practice:

NMC publications:

- NMC Midwives rules and standards (2004)
- NMC The Code: Standards of conduct, performance and ethics for nurses and midwives (2008)
- NMC Record keeping: Guidance for nurses and midwives (2009)
- NMC Standards for medicines management (2008)

LSA publications:

- National LSA Standards for Supervision
- Local LSA Guidance

**Midwife as an
accountable
practitioner**

SUPERVISION, SUPPORTING AND EMPOWERING

Supporting a woman's choice

As a practising midwife, you are responsible for facilitating women's choices. For the majority of women and for midwives this can be a rewarding process; there are, however, times when the choices available to women are limited by locally agreed policies or the availability of services. This can lead to women making choices that challenge your responsibilities as a midwife and employee. You may find it helpful to talk through issues like this with your supervisor.

EXAMPLE

Supervisory responsibility and home births

Within the scope of autonomous midwifery practice, midwives are empowered to support women in the decisions they make on the suitability of the chosen place of birth. When this choice is for a home birth, the midwife is responsible for ensuring that all safety and back-up measures are established, and there is effective communication with professional colleagues.

There are many ways in which the supervisor of midwives can help, particularly if risks or problems are identified. This does not imply, however, that the supervisor should assess all women requesting a home birth as this could undermine the autonomy of the midwife, does not facilitate women's choice, or empower women or midwives.

You may find it helpful to read the NMC position paper on home birth and the RCM Home Birth Handbook; Chapter 3, "A practical guide to the role of statutory supervision of midwives and home birth".

Professional development

You have a responsibility to identify your professional education needs so that you can meet the NMC PREP requirements. These requirements have to be met before you can re-register and submit your intention to practise. You can approach your supervisor for help with identifying your needs.

Use supervision positively

The culture of supervision has undergone a major change in recent years. Supervisors have been keen to promote and develop the supportive, open and developmental aspects of the role rather than a punitive approach, which could damage personal and professional confidence.

The relationship you have with your named supervisor of midwives is central to you being able to access the support you need.

A supervisor of your own choice is the best way to achieve this. In making this decision you should consider whether you are able to have an open and honest dialogue with this person and whether this person has an appreciation of your role in the environment in which you practise as a midwife.

3

What can you expect of your supervisor?

Qualities of a supervisor

As a midwife you can, and should, expect your supervisor of midwives to have a number of qualities that will support and empower you. Ideally your supervisor should be:

- approachable
- committed to woman-centred care
- a source of professional knowledge and expertise
- visionary and inspiring
- able to resolve conflict
- motivated and thorough
- articulate
- trustworthy
- sympathetic and encouraging
- fair and equitable

Confidentiality

You should feel confident that discussions with your supervisor will remain confidential. If, for example, you discuss the need to update your skills in interpreting CTG traces, this would not be made known to a selection panel for a post you had applied for.

However, it may become apparent while discussing a particular incident that action is called for in the interests of safety. In this case, the supervisor may either recommend that you take the initiative to raise the issue with your manager or if your supervisor intends to take action, that this is made clear to you.

Activities of a supervisor

Your supervisor will perform a wide range of different functions and roles. You can expect your supervisor to promote safety by:

- providing leadership and guidance to midwives
- supporting best practice and ensuring evidence-based midwifery care
- being a confident advocate for midwives and mothers
- acting as an effective change agent
- acting as a role model
- undertaking the role of mentor
- empowering women and midwives
- facilitating a supportive partnership with midwives
- supporting midwives through dilemmas
- helping midwives identify and meet personal and professional development requirements
- facilitating midwives' reflection on critical incidents
- supporting midwives through supervised practice
- maintaining an awareness of local, regional and national NHS issues
- giving advice on ethical issues
- liaising with clinicians, management and education
- maintaining records of all supervisory activities.

Responsibilities of a supervisor

Each supervisor is expected to carry out a number of responsibilities:

Administrative

- receive intention to practise forms and process the data to the LSA
- ensure that midwives have access to the statutory rules and guidance, and local policies to inform their practice
- report to the LSA serious cases involving professional conduct where NMC rules and codes have been contravened and when it is considered that local action has failed to achieve safe practice
- contribute to activities such as confidential enquiries, risk management strategies, clinical audit and clinical governance

Interactive

- provide guidance on maintenance of registration, identify opportunities for updating in relation to statutory requirements
- create an environment which supports the midwife's role and empowers practice through evidence based decision making
- monitor standards of midwifery practice through audit of records and assessment of clinical outcomes
- monitor local maternity services to ensure that appropriate care is available to all women and babies
- be available to offer guidance and support to women accessing maternity services

- investigate critical incidents and identify any action required, whilst seeking to achieve a positive learning experience for the midwives involved, liaising with the LSA as appropriate

Developmental

- be available for midwives to discuss issues relating to their practice and provide appropriate support
- ensure that every practising midwife has a named supervisor and that systems are in place for this to be changed by either party when appropriate
- arrange regular meetings with individual midwives, at least once a year, to help them to evaluate their practice and identify areas of development
- participate in the identification and preparation of new supervisors of midwives
- identify when peer supervisors are not undertaking the role to a satisfactory standard and take appropriate action

Your supervisor of midwives can act as a change agent. For example, in times of reorganisation of local maternity services, such as taking the decision to revise systems of care from midwives practising in one clinical area to total caseload midwifery.

The supervisor can be an advocate. If, for example, there is debate between professional groups or where there is a discrepancy between the wishes of the woman and maternity unit policy, your supervisor can support you in best practice if others are advocating an approach to care which is not supported by the evidence.

The supervisor acts as a protector of the public. If, for example, you have concerns regarding another midwife's practice, the supervisor can discuss the issue with that midwife and agree appropriate action.

CASE STUDY

Supervised practice, a positive benefit

A critical incident on the labour ward led to a supervisory investigation, which identified several areas of concern regarding midwifery practice. Jo, the midwife, who had cared for a woman throughout labour, had failed to act appropriately when deviations from the normal had occurred. Her practice appeared to be unsafe.

Jo, together with her named supervisor of midwives, met the supervisor who had investigated the incident to discuss the issues identified. During these discussions it became clear that a period of formal supervised practice was needed to enable Jo to develop the relevant skills and knowledge.

Jo was unhappy with this proposal because she saw supervised practice as a punishment for having made mistakes. Her named supervisor helped her to reflect on the incident and to see the potential benefits of updating her skills and knowledge for the benefit of her future clients.

Jo realised that she found it difficult to admit that she had made mistakes and recognised that she was being offered support and mentorship. She was then able to accept the offer of supervised practice.

Together Jo and her named supervisor agreed an individual learning contract which included keeping a reflective diary, an assignment of related evidence-based work and clinical learning outcomes. An appropriate clinical mentor was identified, a midwifery lecturer was involved as an academic mentor – so that Jo could gain support for undertaking her assignment and ongoing supervisory support was arranged.

Regular meetings took place with Jo, her mentor and her named supervisor of midwives to monitor progress and identify any difficulties that needed resolving. Jo also met regularly with her academic mentor and was able to demonstrate that learning was taking place by using her reflective diary.

Jo met all her learning outcomes. Her experience enabled her to see supervision in a positive light. The skills she learnt during supervised practice included the value of evidence-based practice and the need to challenge issues she initially found difficult to accept.

4

Making the most of supervision

Mutual respect

Research has shown that midwives who feel empowered by their supervisor feel able to empower their clients (Stapleton et al., 1998). This is central to achieving the aims of woman centred care. Where midwives feel valued by their supervisor and are supported and their achievements recognised, their professional confidence is enhanced. Supervisory decisions are perceived as empowering where they are made by consensus between the supervisor and midwife.

The relationship between you as a midwife and your named supervisor is therefore of vital importance, and the crucial factor is mutual respect. Both you and your supervisor of midwives should value confidentiality so that you can work together within a framework of trust.

If you feel such a relationship is impossible with your current named supervisor of midwives, then you can ask to change. You will need to find out about the local arrangements for this process. You may wish to consider changing your supervisor every few years to gain a new perspective on your practice. In some cases, however, this may not be appropriate. For example, continuity from your named supervisor of midwives would be important during a period of practice development.

Relationships involve two people and require equal contribution for success. Your supervisor is not there to serve your every need and to seek you out all the time, but to be available to you for support, advice and guidance and should be easily approachable and accessible. Supervisors have to fulfil the duties of their substantive roles,

as well as those of their supervisory duties, so it is important that arrangements are made that are mutually convenient.

The midwifery profession is full of challenges and changes. These can be less stressful if shared and debated. It could be that, to participate in the next change or challenge set for you, you need some specific professional development.

Your supervisor may be able to facilitate this with you.

Support from your supervisor

You may be involved in a critical incident. Your named supervisor is there to support you and help you to reflect. Your supervisor's responsibility is to you and the LSA, not to your employer. If necessary, a separate investigation of the incident will be undertaken on behalf of management in the Trust, Health Board or Local Health Board.

When a critical incident has occurred it may be investigated through more than one mechanism. Each investigation has a different focus and may lead to a different outcome.

Sometimes there are practice issues which need an immediate response from a supervisor, such as when a woman requests care which you believe is inappropriate or unsafe. There is always a supervisor of midwives available to you 24-hours a day, although this will not always be your own named supervisor.

The supervisor also has support from the LSAMO. In some areas there are also link supervisors who support the LSAMOs in their roles and contact supervisors or co-ordinating supervisors, who act as a conduit between maternity services and the LSA.

CASE STUDY

Failure to respond to fetal distress

In the case of a midwife's failure to respond to fetal distress, there could be three different investigations which may be conducted simultaneously:

Supervisor of midwives

Investigates to determine:

- was the midwife's practice safe?
- were the NMC Midwives rules and standards (2004) and/or the NMC Code: Standards of conduct, performance and ethics for nurses and midwives (2008) followed?

Dependant on severity may lead to:

- development plan for the midwife
- supervised practice
- being reported to the NMC
- LSA suspending the midwife from practice

Risk management

Investigates to determine:

- were the mother and baby placed at risk?
- would the Trust/Health Board/Local Health Board be found liable if sued?

May lead to:

- review of unit protocols

Trust/Health Board/Local Health Board disciplinary policy

Investigates to determine:

- were Trust/Health Board/Local Health Board standards and policy followed?
- did the midwife fulfil her job description?

May lead to:

- suspension from duty during the investigation
- disciplinary action.

There is no hierarchy among supervisors within a maternity service. You will also find that supervisors have a variety of backgrounds: they may be midwives in clinical practice, in managerial roles, in research or in education. This rich mix ensures balance in the group of supervisors within a Trust/Health Board/Local Health Board.

Remember that you can approach any of the supervisors in your organisation. You may feel that a particular issue needs the input of a supervisor who has experience in that particular field, such as, clinical practice in a labour ward, in independent practice or in continuing professional education.

Supervisory reviews

The supervisory review is an important meeting which should be valued by both midwife and supervisor. Confidentiality is implicit. In this secure environment, your practice can be evaluated, areas for development discussed and appropriate opportunities identified. Any practice issues causing you concern can be discussed.

It may be that you feel you are losing particular skills working in your current placement, and you may need your supervisor's help in gaining experience in another area and receiving professional updating to support that experience.

You may wish to undertake further academic study and to consider the various options available with your supervisor. Similarly, you may wish to either undertake, or support, a local research project and use your supervisor as a sounding board and seek direction. Your supervisor should encourage your on-going personal and professional development and lifelong learning.

There may be some aspects of midwifery practice in your maternity service that cause you concern. These should also be shared with your supervisor who will investigate the matter in confidence and take the appropriate action.

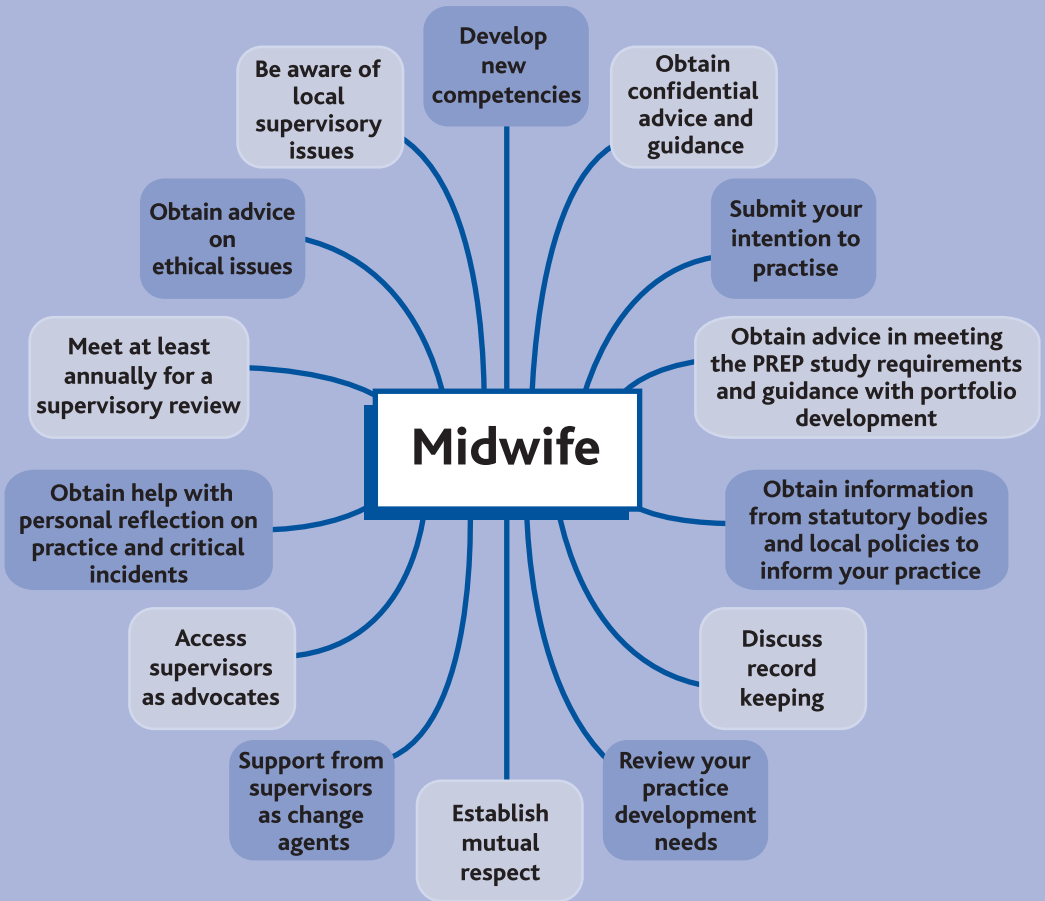
Your supervisor can give you guidance on the maintenance of your registration and identify opportunities for your updating in relation to the statutory requirements. It is recommended that you share your professional portfolio and seek advice in its development.

Supervisors undertake regular audits of records and therefore any concerns you may have about your standard of record keeping can be discussed with your supervisor. It is always valuable to have a second person regularly review and audit your record keeping to ensure you comply with NMC, LSA and local standards.

Limitations on supervision

It is important to be realistic about the role of the supervisor of midwives. You may have been disappointed on occasions at what you perceived as the supervisor's lack of power or influence within the Trust/Health Board/Local Health Board hierarchy. Remember that supervisors cannot do everything but, importantly, they can influence policy even when they may not be able to enforce it. By working together with your supervisor you will be able to increase the influence of the supervisory structure to achieve a safe practice environment for mothers and their babies.

Making the most of supervision



Ask yourself these questions:

- How can I contact my named supervisor?
- How often do I seek out my named supervisor?
 - Do I make the most of supervision?
- Would I consider becoming a supervisor of midwives?

Conclusion

We have published Modern supervision in action at a time when the changes in the NHS, and in health care more generally, mean that health professionals' practice is open to increased scrutiny by users and by those who provide and manage health care resources. The modern health service is characterised by increased accountability for those who provide care both within and outside the NHS.

The emphasis is on evidence-based practice and service delivery is influenced by client choices and preferences. Clinical governance in the NHS, linked with robust professional regulation, is seen as pivotal to increasing public protection. The midwifery profession, with its long-established framework for supervision of midwives and midwifery practice, should enable midwives to contribute effectively to clinical governance mechanisms and to the development of frameworks which ensure high quality service delivery.

It is for the profession to continue to demonstrate that statutory supervision of midwives makes a major contribution to ensuring protection of mothers and their babies. To achieve this midwives must use supervision to its full potential. They must be aware of the statutory requirements and of national and local operational frameworks and standards to capitalise on supervision and contribute to wider developments in the modern NHS.

We hope that Modern supervision in action will be used by midwives to develop a greater understanding of the value of statutory supervision of midwives and midwifery practice. As a result, midwives will be empowered to gain more from their experiences of supervision, in particular from their supervisory review.

As this happens, we believe that the midwifery profession will benefit. The benefits will include increased mutual respect between supervisors and those they supervise and greater understanding of what each can offer in their unique roles. Our ultimate aim is to focus on ensuring that mothers and babies receive high quality, evidence-based and sensitive midwifery care, which is continually developing and can withstand external scrutiny.

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Further reading and sources of information

- Netting the Evidence: The SCHARR Guide to Evidence Based Practice
<http://www.shef.ac.uk/~scharr/ir/netting.html>
- NHS Centre for Reviews and Dissemination (University of York)
<http://www.york.ac.uk/inst/crd/>
- The Cochrane Library
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www.midwives.org.uk

Glossary

Clinical Governance

The framework through which NHS organisations and the professionals employed in practice are accountable for the quality of service, and the safeguarding of high standards of care.

The Healthcare Commission

Exists to promote improvements in the quality of healthcare and public health in England and Wales. In England, they are responsible for assessing and reporting on the performance of both NHS and independent healthcare organisations, to ensure that they are providing a high standard of care. They also encourage providers to continually improve their services and the way they work. In Wales, the role relates mainly to working on national reviews that cover both England and Wales, as well as an annual report on the state of healthcare.

NHS Quality Improvement Scotland undertakes a similar function to the HCC.

Confidential Enquiries

The established National Confidential Enquiries of particular relevance to midwifery practice are those undertaken by the Centre for Maternal and Child Enquiries (CMACE). These enquiries look at clinical performance in relation to reported deaths and identify lapses in care and where clinical standards can, and should, be reviewed and developed. Periodic reports are produced and these inform the work of NICE and the development of best clinical practice through clinical governance.

Critical Incident

An incident in which there was an element of risk for mother and/or baby and which necessitates investigation.

Evidence-based Practice

Midwifery practice which is supported by and based on evidence from research, clinical audit findings, and locally devised guidelines for practice.

Local Supervising Authority

The body designated in the Nursing and Midwifery Order (2001) as responsible for exercising general supervision over all midwives practising within its area.

LSA Midwifery Officer

A practising midwife experienced in statutory supervision of midwives, who is responsible for undertaking the work of the LSA function on behalf of the LSA.

Mentor

An experienced midwife with an understanding of the context and focus of the midwife's role and who meets the NMC Standards to support learning and assessment in practice (2008). In addition she will have an understanding of supervision and statutory regulations. This midwife can provide guidance and support and act as a role model during periods of supervised practice. The mentor may or may not be a supervisor of midwives.

National Service Framework (NSF)

Standards of service for particular client groups. An NSF sets out what user groups can expect of a service. Standard 11 of the NSF for children, young people and maternity services is particularly relevant to maternity services.

Preceptor

Acts as a supporter and source of professional and personal help to a midwife in the first few months of practice, being either newly registered or newly employed.

PREP: Post-Registration Education and Practice

The statutory framework through which individuals develop their professional knowledge and competence in order to maintain their registration with the NMC. The requirements for maintaining registration comprise:

- every three years undertake 35 hours of learning and 450 hours of practice relevant to registration
- compiling a personal professional profile
- completing a notification of practise form every three years
- completing a return to practice programme if 450 hours of practice during the previous three years has not been achieved

Professional Regulation

The statutory framework which regulates the professional education, practice and conduct of nurses and midwives for the purpose of protection of the public from harm which could be caused from the activities of an unregulated professional.

Regulatory Body / Statutory Body

A body designated in The Nursing and Midwifery Order (2001) as responsible for the regulation of professional education, practice and conduct, to secure protection of the public. Currently the statutory/regulatory body for England, Wales, Scotland and Northern Ireland is the Nursing and Midwifery Council.

Supervised Practice

A formal, assessed and evaluated period of clinical experience agreed with the LSA Midwifery Officer for an individual midwife. It is part of an action plan to support a midwife in developing competence. It usually follows the investigation of an incident where a need for improving the midwife's competence has been identified. Access to, and support from appropriate mentors is arranged for the for the duration of the supervised practice period, alongside academic support.

Statutory Supervision

The mechanism designated in The Nursing and Midwifery Order (2001) and the NMC Midwives rules and standards (2004), to promote safe standards of midwifery practice by providing professional support and guidance to all practising midwives for the purpose of protecting women and babies.

Supervisory Review

An activity undertaken between a midwife and supervisor on a regular basis to evaluate practice and identify areas for development.



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