Thinking Big in Midwifery

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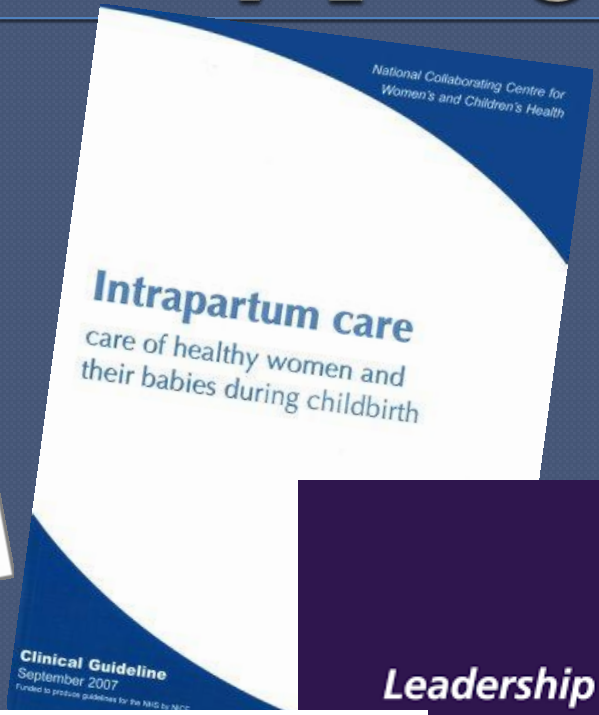
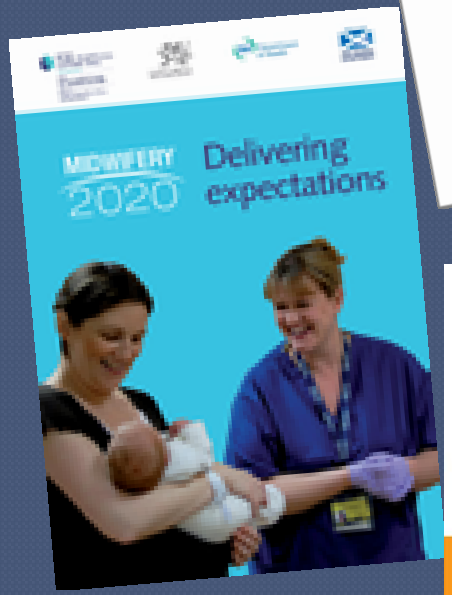
Midwifery 2020

- Lead professionals for all healthy women with straightforward pregnancies
- Key coordinators of care for women with complex pregnancies – working with the multidisciplinary team
- Aspiring to and being prepared for strategic roles at Board level
- Clinical academic careers

(DH, 2011)

Policy progress





NHS
Leadership Academy

ICA
HEE/NIHR Integrated Clinical Academic Programme
for non-medical healthcare professionals

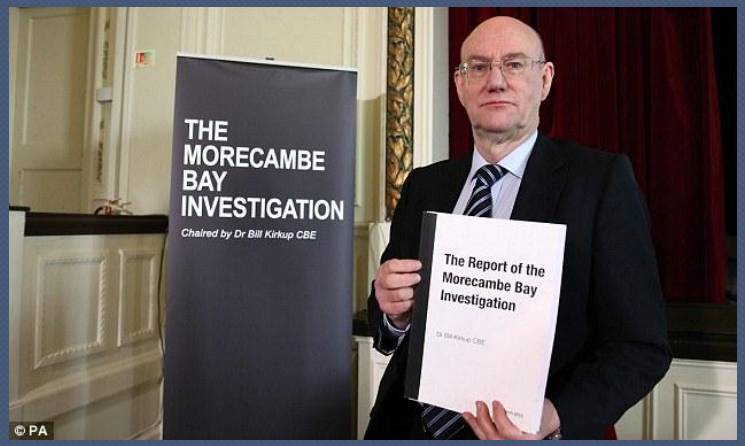
NHS

Internships → Masters in Clinical Research Studentships → Clinical Doctoral Research Fellowships → Clinical Lectureships → Senior Clinical Lectureships

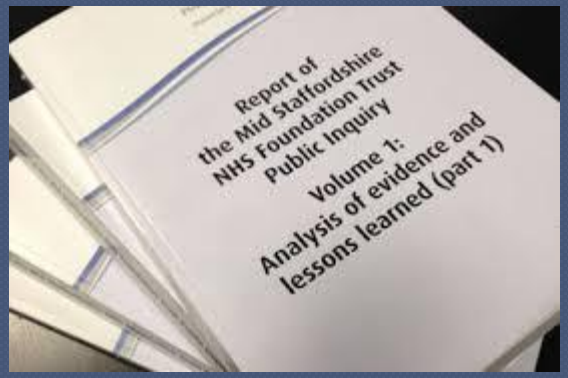
What the public think we do

A popular profession

…but it's not all rosy, is it?



Healthcare Commission



Heads Above the Parapet: Midwifery Leadership Development

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E·S·R·C ECONOMIC & SOCIAL RESEARCH COUNCIL

THE UNIVERSITY OF WARWICK

I am still a midwife

'I filled the census in, actually, the other day, and I thought, what shall I put down? I said, 'I'm a midwife!' And then it asks you for more description, so I put NHS manager. But ultimately, yes, I'm a midwife. It governs what I do… Somebody once said to me, when you're making decisions, if you always think of the woman and the baby as the focus of those decisions, then you can't go wrong. And to me, that's what it's all about'

Lesley, matron

… Or am I?

'I think the issue for me is how divorced senior managers seem to be from clinical practice. For the most part they don't work clinically any more and some haven't worked clinically for a very long time. It is a real barrier to understanding some of the practical, logistical issues… and perhaps also means they lack empathy with the staff. In short, the general attitude (deserved or undeserved) from the 'ranks' seems to be that they don't have a clue'

Online respondent

Echoing others

'The Committee regrets the fact that the work of NHS management is sometimes the subject of unjustified populist criticism'

- Commons Health Select Committee

- 'Pen pushers'
  - Anne Milton
- 'Men in grey suits'
  - Alan Milburn
- 'a bureaucrat with a clipboard'
  - David Cameron

What makes a midwife?

NMC registration

- 450 hours of registered practice in the previous 3 years
- 35 hours of CPD
- 'The practice standard can be met through administrative, supervisory, teaching, research and managerial roles as well as providing direct patient care'

Self-definition

'I absolutely am a midwife through and through. I am a midwife who recognises her scope of practice, and I mean an enhanced scope of practice. My expertise is no longer in the actual delivery of individualised clinical care. My expertise is in the macro-midwifery. And I think that's one of the things we get hung up on, and why people say they don't want to be heads of midwifery, because they're not doing midwifery any more. And actually, they are'

Susan, LSA MO

ICM definition

Midwifery scope of practice:

The midwife is recognised as a responsible and accountable professional who works in partnership with women to give the necessary support, care and advice during pregnancy, labour and the postpartum period, to conduct births on the midwife's own responsibility and to provide care for the newborn and the infant

Clinical credibility

'It doesn't take long to be away from the clinical area to start to forget the realities of working… I think this can affect the managers as well – when staff complain about excessive workloads for example, they often sympathise but imply 'Well, I did it, it's manageable – get on with it' – however, if they worked clinically I think they would be more realistic about just how relentless it is and maybe more proactive'

Online respondent

…from both sides of the chasm

'They see me as a manager dipping into midwifery, I think… I'll often be looking after somebody, and I'll get a phone call from the head of midwifery, or one of the consultants from clinic, and I'll have to come out of caring for somebody to answer the phone to deal with [it]. It could sometimes be just a five minute phone call, and then I'm back, or – or members of staff will stop me in the corridor and say, can I come in and see you?'

Heather, matron

Not an attractive career option!

- ‘There could not be any improvement that could tempt me to be a manager’
- ‘I do not aspire to midwifery management, I’m not interested in that side of things. My interests lie more within the quality and teaching area’
- ‘I’m not saying I wouldn’t do a non-clinical job… Just not the actual manager bit’

Online respondents

Organisational pressures

'They wanted us to work clinically, but there was too much to do, to work clinically… You couldn't really – couldn't be part of the rota, because of the demands of the service, and the remit I was covering – you couldn't really do a whole shift clinically, it was as and when you could'

Pauline, matron

Why managers matter

'It is important, now more than ever, to promote the value of good NHS managers and leaders. Denigration of managers and the role they play in delivering high-quality health care will be damaging to the NHS and to patient care in the short and long term'

The King's Fund, 2011

A midwifery perspective

'Our leaders need to have a genuine and current understanding of maternity care and what needs to change but also to understand the pressures faced by the midwives'

'My argument is fundamentally, if we are to transform the future of maternity services we need to transform midwifery leadership'

Cathy Warwick, 2015

Conclusions

- Midwifery moving forwards
- Developing a strong professional identity
- Increasing our understanding of roles
- Supporting and valuing each other
- Midwifery at a strategic level

Thank you for listening

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