A Critical Analysis of the Role of the Consultant Midwife: Perspectives from Consultant Midwives and Stakeholders

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- **The Aim and Objectives of the Study**

  The primary aim was to consider the effect that consultant midwives were having on the provision of care to childbearing women.

  - To establish consultant midwife participants' expectations and understanding of their role as a consultant midwife;
  - To place the consultant midwife role in its political and professional context during a period of ongoing professional change;
  - To ascertain how consultant midwives are developing the body of midwifery knowledge;
  - To examine how consultant midwives have influenced midwifery practice, as viewed by the consultant midwives and members of the multi-professional team.

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- Rationale for the Study
  - Research studies had been undertaken on the first generation of consultant nurses and midwives (Guest et al 2001, 2004), but nursing consultants had been the predominate focus.
  - Midwives continue to focus on increasing excellence in practice through broadening their role and visibly leading practice development (DH 2009).

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Background

- Nurse, Midwife and Health Visiting Consultant roles were implemented in the latter part of the last decade (NHS Executive, HSC1998/045);
- A new strategy was sought which reflected a more flexible, innovative and collaborative workforce, where senior practitioners were given authority to develop practice and strengthen their leadership (NHS Executive, HSC1998/045),
- Detailed proposals were finally published in the document Making a Difference: Strengthening the Nursing, Midwifery and Health Visiting Contribution to Health and Healthcare (DH, 1999).

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Background Continued:

- The NHS Plan had, amongst its core principles, a promise to "reward and invest in individuals and organizations, providing opportunities for individual staff to progress in their education, training and personal development" (DH 2000:4).

- As with Lord Darzi's (DH 2008) recommendations, problems identified included poor interprofessional relationships, leadership difficulties and communication breakdown. Improved organisation, leadership, management and skill-mix were seen as essential for collaborative working to be effective.

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- The four key features of the consultant role are -
  - expert practice;
  - professional leadership and consultancy;
  - education, training and development;
  - practice and service development;
  - research and evaluation (NHS Executive, HSC1999/217).

- It was envisaged that these practitioners would be practice based and “that partnerships between the NHS and local universities would be set up to enhance education and research functions” (Redfern et al, 2003:154).

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Strategic Health Authority
Number of Consultant Midwives in England (Nov. 09)

East of England	**2**
East Midlands	**2**
London	**17**
North East	**0**
North West	**7**
South Central	**5**
South East Coast	**4**
South West	**0**
West Midlands	**5**
Yorkshire and The Humber	**6**
Total	**48**

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- **Conceptual Framework**
  - A qualitative paradigm using a constructivist approach closely represented the objectives and ideas relating to research design.
    - The constructivist believes that knowledge is constructed out of experience and believes the view that reality is socially constructed.

- **Ontological Position**
  - Reality is subjective and based on multiple perspectives.

- **Epistemological Assumption**
  - The researcher interacts with that being researched.

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- Methodology
  - Qualitative
- Research Approach
  - Case Study
- Sampling
  - Purposive
- Methods of Data Collection
  - Interviews
  - Observation
  - Documentary analysis
- Method of Analysis
  - Thematic

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- Case Study
  - facilitates systematic inquiry, whereby an unexplained phenomena may be described;
  - enables a complete description of the case and is usually used prospectively (Yin, 2003);
  - Case study may support focus on an individual or individuals and facilitates comprehensive understanding (Stake, 2000);
  - Data comes from a variety of sources e.g. archival records, interviews, observation (Yin,2003);
  - Case study questions are central to the method and to the phenomena under examination (Yin, 2003).

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- Participants fell into the following three categories:
  - **Consultant Midwives (8)**
  - **Heads of Maternity Services (8)**
  - **Medical Practitioners (7)**

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The application of preliminary descriptors to an extract of data

Part No	ID No	Data Extract	Preliminary Descriptors
8	2	You do need to be a competent midwife, to be credible in the eyes of your clinical colleagues. To have academic achievement and to be credible is a real achievement. As an individual you need to be self motivated, you have to organise yourself.	Competency Credibility Academic Achievement Self Motivation

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An example of how preliminary descriptors across interview transcripts were colour coded and grouped

Part No	ID No	Data Extract	Broader Descriptors
2	2	I think its vital if the consultant midwife has a considerable amount of clinical experience, to have credibility as a clinical practitioner	Clinical Credibility
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8	2	You do need to be a competent midwife, to be credible in the eyes of your clinical colleagues, to have academic achievement and to be credible is a real achievement.	Clinical Credibility

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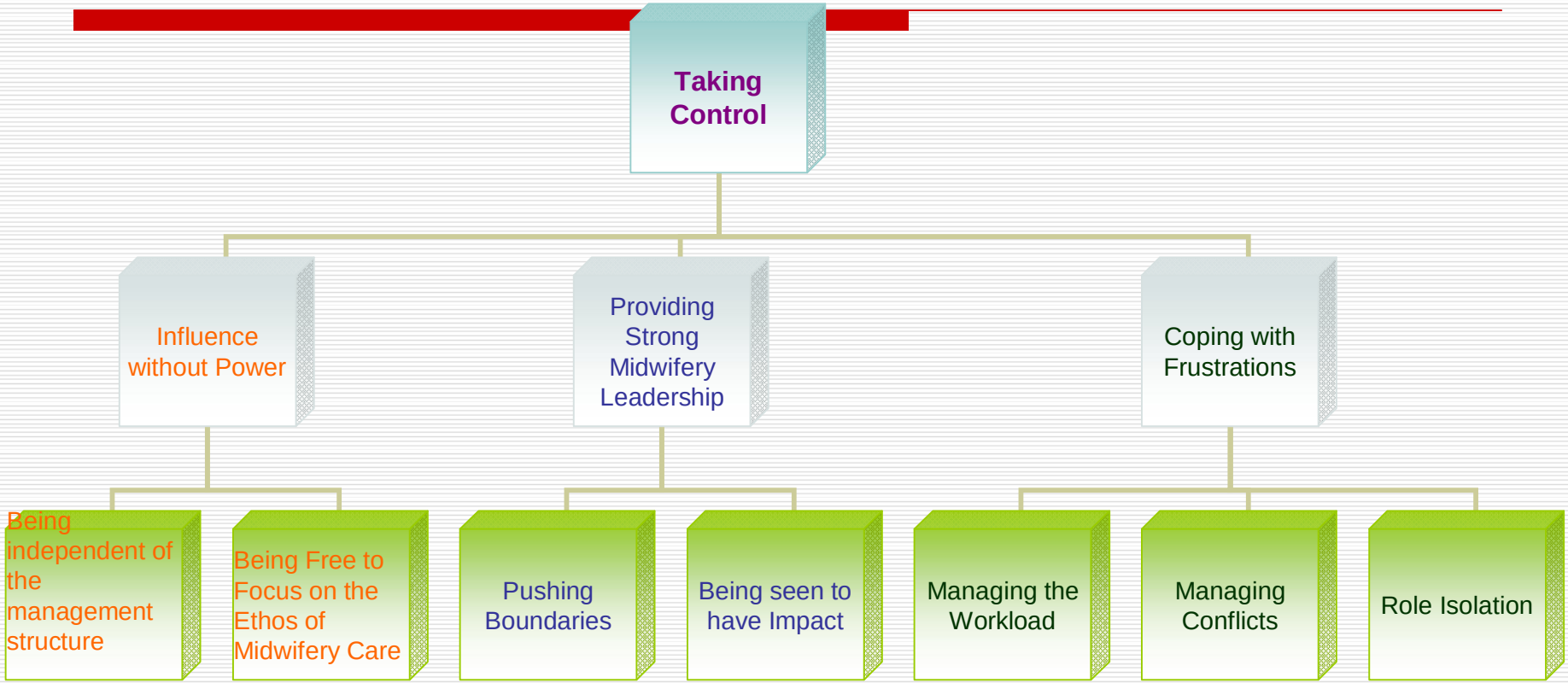

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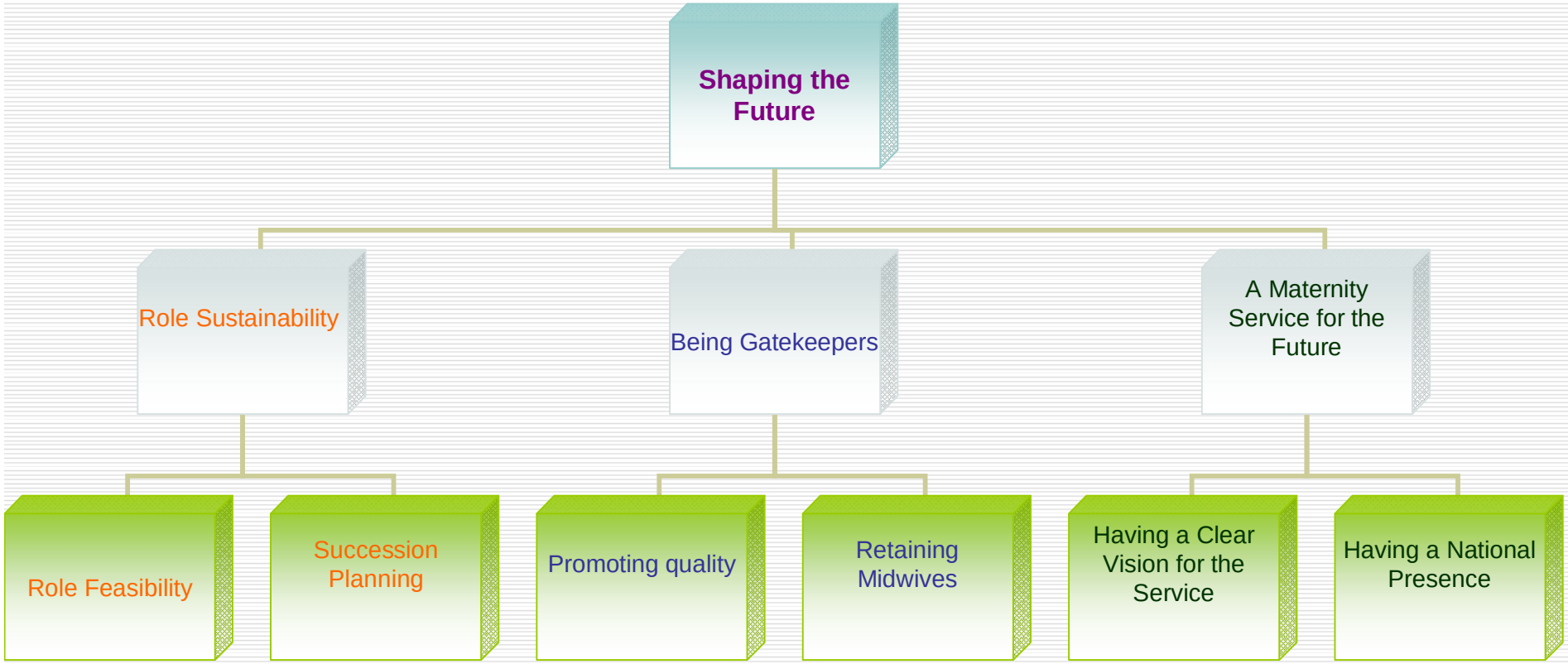

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