SUPERVISION OF MIDWIVES

Evaluation of time spent by Supervisors of Midwives on supervisory activities

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Abstract

Recent workload analysis has suggested that supervisors of midwives spend one day a fortnight on supervisory activities, but this assumption did not rest on hard data. A survey of all supervisors in England, facilitated by the LSA Midwifery Officers (England), demonstrated that supervisors were more likely to spend a day a week on supervision, but it also identified major differences in the perception of the role: most supervisors identified specific times spent on supervisory tasks while a minority was more likely to identify supervision as an intrinsic part of their midwifery activities. This phenomenon was not affected by length of qualification or number of hours worked, but was more common in H grade midwives as well as in some LSA regions. Further research would be useful to identify potential differences in the style and characteristics of these different groups of supervisors.

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Background

Statutory supervision of midwives was established in 1902. Over the intervening 100 years, it has been strengthened and enhanced and now forms an integral part of the framework for the professional regulation of midwives in the United Kingdom. Whilst public protection remains at the heart of statutory supervision, the role of the supervisor of midwives has undergone significant change in the past decade. The increased value that statutory supervision of midwives offers is now recognised and a great deal of work has been undertaken to strengthen and support the supervisor of midwives' role (Kirby, 2003).

Historically, supervisors of midwives have undertaken the role in conjunction with their substantive post: many were midwifery managers employed by an NHS Trust who were also appointed as supervisor of midwives. In the past, the supervisor of midwives' role may have entailed little more than the occasional meeting with her supervisees and accepting the annual Notification of Intention to Practice forms; this was indeed how supervisors of midwives were perceived by the majority of midwives (Stapleton et al, 1998). Recently, more clinically

based midwives have been appointed as supervisors of midwives. The role is being expanded and extended, so that supervisors of midwives are now expected to become involved in an increasing range of activities (Duerden, 2000). Whilst development of the role has been seen to improve the quality of care for women (ENB, 1999), historically supervisors of midwives have received no extra remuneration for undertaking this important role, although there is anecdotal evidence that this might be changing in ~~of~~ some NHS Trusts.

Birthrate Plus (BR+), a workforce planning project funded by the Department of Health, was designed to provide individual maternity services with a detailed analysis of their workload and case mix, and resulting staffing requirements. Among other issues, it highlighted the need to provide appropriate provision for the statutory supervision of midwives (Ball and Washbrook, 1996). Supervision has traditionally been fitted around normal clinical or managerial duties, making it difficult to assess the time involved and how it can be built into staffing requirements. In the context of the BR+ project, senior midwives were asked to estimate as accurately as possible the time they believed supervisors of midwives needed to undertake the role. They suggested that one day per fortnight was needed for supervisors of midwives to fulfil their role (Ball and Washbrook, 1996). However, this estimation was not based on any available or reliable data.

Following four years of negotiation, proposals for modernising the NHS pay system have been agreed (NHS, 2005), but there is no reference to statutory supervision of midwives within Agenda for Change and the Royal College of Midwives has suggested that local negotiations should be undertaken (O'Sullivan, 2003). However, the dilemma remains that there is no substantive evidence to support the negotiations in terms of how much time supervisors spend undertaking the role. This study was therefore undertaken to determine the amount of time supervisors spend on supervision of midwives in England.

Methods

A questionnaire and an activity diary were developed in collaboration with the LSA Midwifery Officers for England (LSAMOs) and the University of Hertfordshire. They were based on the key activities of supervisors as detailed in the Preparation of Supervisors of Midwives Pack 2002 (NMC, 2002) and the LSA Standards for England (LSAMO England, 2002). Making reference to each activity in either the NMC Preparation pack or the LSA Standards enabled the supervisors of midwives to have the exact definition of each activity. All supervisors in England were asked to complete an activity diary by filling in the number of minutes spent on each activity for one week commencing 28th June 2004.

The questionnaire was sent to each LSAMO who organised for Contact supervisors of midwives to distribute it to all local supervisors. The study was

funded by the Eastern Region West LSA Consortium and approved by the relevant research ethics committee at the University of Hertfordshire.

The questionnaires were returned to MM, coded and entered onto SPSS for Windows, version 11.0. Descriptive statistics, chi-squares, Fisher's Exact Tests and ANOVA were used to describe findings and to examine differences between categorical and ratio scales variables.

Findings

By Friday 13th August, 2004, 758 of the 1817 questionnaires had been returned from the then eleven LSA regions in England, a 44.2% response rate. The number of supervisors of midwives varies greatly between the LSA regions and the response rates varied between 24% and 68% in the eleven LSA regions.

The overwhelming majority of respondents (727/755, 96%) were employed within the National Health Service (NHS), 21 (3%) in education, 3 (0.4%) in the private sector and 4 (0.6%) in the British Forces Hospital in Germany. The majority of NHS supervisors of midwives were on G (338, 47%) or H grade (198, 28%), with a further 82 (11%) on I grade and 35 (5%) on F grade. A further 56 (8%) supervisors of midwives were on Senior Management Pay (SMP) grades and 7 (1%) were Consultant midwives. The majority of supervisors of midwives were employed on a full-time basis (604/754, 80%), and the part-time supervisors of midwives worked between 15 and 36 hours, with a median of 30 hours.

Clinical grading varied significantly between the eleven LSA regions (χ^2 = 88.217, df 50, p = 0.001). The differences remained highly significant after the exclusion of the SMP and consultant grades, and the dichotomisation of the clinical grades as F&G and H&I (χ^2 = 33.423, df 10, p < 0.001) (see Table 1).

Some supervisors of midwives were allocated time to fulfil the role (240/724 - 33%), and/or received an additional lump sum payment (104/721 - 14%), and/or improved pay scale (66/718 - 9%), and/or additional annual leave (42/717 - 6%). Managers were more likely to state that the supervisor of midwives' role was part of their overall contract and there was indeed a significant difference between the various grades (χ^2 = 38.310, df 8, p < 0.001) (see Table 2).

On average, respondents had been registered midwives (RM) for 15 years (50^{th} percentile = 14.5 years and 75^{th} percentile = 19 years) before being appointed as supervisors. The length of time between RM and supervisor of midwives qualification was inversely proportioned to the midwives' clinical/pay grades(Grade F/G 16 years, Grade H/I 15 years, and SMP/Consultant 12 years) and these differences were statistically significant (F = 13.381, df 2,678, p < 0.001). Supervisors of midwives were named supervisors for an average of 15 midwives. This varied significantly between LSA Regions - from 13 to 20 (F = 11.249, df 10, 673, p < 0.001), and between grades: F&G grades - 14.8 midwives,

H&I grades - 16.2 midwives and SPM & Consultant midwives - 16 midwives (F = 6.053, df 2, 721, p = 0.002).

Respondents were asked to complete a supervisor of midwives' activity diary for the week beginning 28th July 2004. Ninety-nine respondents (13%) did not work that week because of annual leave (80), sick/compassionate leave (8), in service training (2) and others (9). The majority of the respondents (369/604 - 61%) thought that the range of issues dealt with during the diary week was within the normal range; 62 (10%) thought it was above the normal range, but 173 (29%) thought it was below the normal range. Supervisors of midwives at lower clinical grades were more likely to state that the range of supervision issues was lower than normal (34.0%), than supervisors of midwives at clinical grades H or I (23.9%) or managers/consultants (24.0%), but the differences did not reach statistical significance (χ^2 = 7.792, df 4, p = 0.100). Ninety-six midwives identified that they had dealt with one major event during the audit week, 31 with two major events, two with three major events and one with seven. The questionnaire did not ask the respondents to identify the nature of the major events, but some written comments identified events such as maternal death, stillbirth, home births, but also delayed delivery of hospital furniture. This finding must therefore be taken with some caution.

The information provided enabled the calculation of the number of hours spent on duty during that week for 545 supervisors of midwives, and therefore the

overall as well as the individual respondents' proportion of supervisory activity per worked hour. Some activities were identified more frequently than others and activities linked with the NMC modules were generally more likely to be identified as taking a higher proportion of the supervisory activity time than those identified in the LSA standards (see Table 3).

The absolute amount and the proportion of work time allocated to each activity during the audit week were measured for each respondent. The minimum time spent on all supervisory activities was identified as 12 minutes and the maximum as 16380 minutes, equivalent to 0.007 to 7.280 of individuals' duty time. This demonstrated two alternative interpretations of supervision by the respondents and identified two types of supervisors: those who "do supervision" ("to do supervisor of midwives") and those who "are supervisors" ("to be supervisor of midwives"). The "to do supervisors of midwives" allocated a defined number of minutes to some activities whereas the "to be supervisor of midwives" allocated every minute of their time on duty as time spent undertaking supervisory activities. Some activities were more likely to be identified by the "to be supervisor of midwives" as activities automatically undertaken for all the time they were on duty: Providing support for midwives, Providing professional leadership, Developing Evidence Based guidelines and policies, Standard setting, Monitoring integrity of service, Supporting peer supervisor of midwives, Discussing practice issues, Clinical audit, Identifying updating opportunities, Investigating serious untoward incidents, Evidence based decision making.

The calculation of the total time identified as spent on supervisory activities revealed that 275/545 supervisors of midwives (51%) had spent up to 20% of their time on supervisory matters; a further 219 (40%) identified spending between 21% and 100% of their time on supervisory matters, and finally 51 supervisors of midwives (9%) identified undertaking supervisory activities for more than 100% of their working time. Six of these supervisors reported spending between four and seven times the time spent on duty on supervisory activities. This was apparently achieved by counting the same number of minutes for several activities, i.e. demonstrating that one activity could be fulfilling several supervisory responsibilities. The "to be supervisor of midwives" were more likely to identify one aspect of the role as being relevant to several activities in the diary. These findings demonstrated that the perception of supervision varied substantially between respondents. Even when only considering the data of the supervisors who had not reported any major untoward incident or had stated that the level of activity was normal for the audit week, some respondents still identified that they spent all or more than all of their working time on supervisory activities.

Spending a greater proportion of duty time on supervisory activities was associated with specific factors. Supervisors who reported dealing with a normal or below normal range of issues were more likely to spend 20% of their duty time on supervisory activities than those dealing with a higher ranger of

issues (normal 49%, < normal 71%, > normal 37% - χ^2 = 17.714, df = 4, p < 0.001). Clinical/pay scales were also associated with significant differences: H grade supervisors of midwives reported that 55% of their duty time was spent on supervisory activities compared to 46% for SMP grades, 36% for G grades, 28% for F and I grades, and 23% for consultant midwives (F = 2.299, df 5,507, p = 0.044). Full- or part-time contracts or the length of time respondents had been qualified as midwives or supervisors of midwives were not associated with any significant differences in the proportion of time spent on midwifery supervision. However, the proportion of supervisors of midwives spending up to 20%, 21-100% and > 100% of their time of supervisory activities varied significantly between LSA regions (χ^2 = 33.874, df 20, p = 0.027) (see Table 4). In the light of the fact that full- or part-time contracts, or the length of qualification were not associated with significant changes, this suggests that the LSAMOs may exercise an hitherto unknown but significant influence.

If supervision is to be appropriately remunerated, it is important to identify realistically a level of time that supervisors spent on supervision as distinct from the time spent on their substantive role. Although it is likely that the differences between the responses of the "to be supervisors of midwives" and the "to do supervisors of midwives" may have been associated with differences in the perception of the role, it was important to identify the "to be supervisor of midwives" respondents to be able to define more realistically the time spent on supervision, as distinct from the supervisors' substantive midwifery duties.

The 28 activities were examined: those very clearly linked to specific activities (Attending supervisor of midwives meetings, Attending meetings as supervisor of midwives, Reporting alleged misconduct, Confidential inquiries, Curriculum meetings, Guidance on maintaining registration, Receiving notification of intention to practise, Administration, destruction and issuing of drugs) seemed to have been associated with more precise timing. The other variables were examined to identify the cut-offs points that would both exclude the "to be supervisor of midwives" responses whilst at the same time reducing the number of excluded cases to a minimum to ensure that the calculation of the time devoted to supervisory activities was as accurate as possible.

At this point the decision was made to use the 50th percentile of each activity as a basis for a realistic calculation of the time spent on supervision. The median measurement provided information on the time identified by 50% of the respondents. Bearing in mind that 9% of the respondents had identified spending all or more than all of their time on supervisory activities, the 75th percentile was also identified to provided information on the variations in the times identified as spent on supervisory activities. Where the three measurements are closer together, they could be interpreted as a more accurate reflection of the time spent on tasks associated with supervision. The 28 activities were also categorised as either originating from LSA Standards or the Modules for preparation of Supervisors of Midwives. The LSA Standard

activities took on average 4.3 hours per week (50th percentile = 2.75 & 75th percentile = 5 hours, whereas the NMC Module Activities took on average 9.9 hours (50th percentile = 3.75 hours & 75th percentile = 9.17 hours). The total mean activity time was measured at 7.2 hours (50th percentile = 7.2 hours & 75th percentile = 14.4 hours) (see Table 5).

The majority of the time was spent on specific activities: professional support, professional leadership and discussing practice issues, followed by annual reviews, evidence based decision making, monitoring the integrity of the service, developing evidence-based guidelines and policies and investigating serious untoward incidents. Minimum time was spent on reporting malpractice to the LSAMO, issuing or destroying drugs and receiving notification of intention to practise, although the latter would not be expected to take a large amount of time at the time of the study since this is an activity usually undertaken earlier in the year.

Discussion

The aim of the audit was to provide information of the time spent on supervisory activities and so help supervisors of midwives negotiate local packages of remuneration in the context of Agenda for Change (NHS, 2005). The overall response rate was relatively high (42%), but with significant variations between LSA regions. This may be partially explained by the short time between distribution of the questionnaires and the beginning of the audit week. If

Contact supervisors of midwives did not have access to e-mail or were on leave, this may have affected the distribution and therefore the return rate.

The time constraints meant that it was not possible to pilot the questionnaire. The activities were based on two documents that are familiar to supervisors of midwives, and it was therefore expected that most respondents would understand the questions in a systematic way. This proved not to be the case and must be seen as a potential shortcoming of this evaluation. However, the variations in the understanding of the questions that would have been eliminated by sound piloting did reveal some interesting interpretation of the role and the identification of the "to do" and "to be" supervisors of midwives.

Some clear facts have emerged from the analysis:

(1) Supervisors were responsible for an average of 15.5 midwives, with variations between the LSA regions. This figure is close to the ratio of 15:1 recommended by the statutory authorities (NMC, 2004).

(2) The proportion of supervisory time was not affected by patterns of either full-time or part-time work. However, 80% of supervisors of midwives were employed on a full time basis compared to a 61% rate for the UK (NMC, 2004). Greater effort may be required if the recruitment of part-time supervisors of midwives is to increase the representation of all midwives. A greater proportion of part-time supervisors has suggested that the 15/1 ratio should be reduced to 10:1 (Ball et al, 2003).

(3) About a third of the respondents had dealt with one or more major event during the audit week, and this was associated with increased supervisory activity. It is indeed the role of the supervisor of midwives to provide adequate support, encouragement and advice when a midwife is involved in an untoward incident and this will often necessitate an increase in her workload when dealing with one or more serious untoward incident in one week (LSAMO England, 2002).
(4) Up to 50% of supervisors of midwives indicated spending no more than 20% of their working time on supervisory activities, but about 10% indicated that all or more than all of their working time was spent on supervisory activities. Some of the activities were easier to time, e.g. annual reviews, auditing records, attendance at meetings, receiving notification of intention to practise, administration and destruction of drugs, issuing controlled drug authorities, curriculum development meetings. For other activities, mostly associated with the Modules for preparation of supervisor of midwives, e.g. professional support and leadership, discussing practice issues, monitoring integrity of the service, evidence based decision making, it was more difficult to identify specific time.
(5) LSA Regions were associated with significant variations in the perception of the time allocated to supervisory activities. Further study would be useful to identify the extent to which the LSAMOs' individual perception of the role, may play a more influential role than hitherto identified on supervisors of midwives.

The wide variations in the amount of time supervisors of midwives stated they dedicated to supervisory activities suggested major differences in the

perception of the role, with a clear distinction between the "to be supervisor of midwives" and the "to do supervisor of midwives" categories. The "to be supervisors of midwives" were more likely to identify that by virtue of being on duty, they fulfilled a number of supervisor of midwives purposes, whereas the "to do supervisors of midwives" were more likely to identify specific tasks as part of supervision. There was no obvious explanation for the fact that H grade supervisors were more likely to fit the "to be supervisor of midwives" pattern; further study may provide some insight into the variations in the perception of the role or the perception of the time these supervisors of midwives dedicate to the role.

The previous recommendation of allocating one day per fortnight for supervision was not based on research (Ball and Washbrook, 1996). The 50th percentile cut-off point used in this study suggests that supervisors spent twice as much time on supervision. This figure took into account all levels of supervisory activity. The "to be supervision of midwives" respondents clearly tended to identify a role rather than specifically timed tasks associated with the role. This may complicate the precise calculation of the funding that ought to accompany sound financial support of supervision.

Further research is therefore required to investigate whether the "to do" and the "to be " supervisors of midwives fulfil their role differently or are perceived differently by their supervisees.

Key Points

- Previous estimations have suggested that supervisors of midwives spent a day a fortnight on supervisory activities, but this has not previously been measured.
- This study suggests that supervision is more likely to take a day a week.
- Two types of supervisors can be described: those who can associate supervision with specific activities and those who associate some activities as intrinsic part of the role.
- Further research is necessary to explore potential differences between these two types of supervisors.

Table 1 - Clinical grading/Pay scales by LSA Regions - n (%)

	Grade F/G	Grade H/I	n
Northern Consortium	30 (61.2)	19 (38.8)	49
North West	78 (59.1)	54 (40.9)	132
South Yorkshire, Trent, Leics., Rutland & Northants.	21 (46.7)	24 (53.3)	45
Yorkshire & Northern Lincs.	54 (73.0)	20 (27.0)	74
West Midlands	50 (71.4)	20 (28.6)	70
East Anglia	22 (44.0)	28 (56.0)	50
Essex, Beds. & Herts.	11 (34.4)	21 (65.6)	32
London	28 (53.8)	24 (46.2)	52
Kent, Surrey & Sussex	21 (39.6)	32 (60.4)	53
Thames V., Hants. & Isle of Wight	16 (61.5)	10 (38.5)	26
South West	35 (59.3)	24 (40.7)	59
Total	366 (57.0)	276 (43.0)	642

Table 2 - Clinical/management grading and number of supervisor of midwives benefits - n(%)

Benefits	Grade F/G	Grade H/I	SMP/Consultant	Total
0	87 (25.1%)	104 (39.1%)	38 (62.3%)	229 (34.0%)
1	150 (43.2%)	111 (41.7%)	15 (24.6%)	276 (40.9%)
2	91 (26.2%)	42 (15.8%)	7 (11.5%)	140 (20.8%)
3	18 (5.2%)	8 (3.0%)	1 (1.6%)	27 (4.0%)
4	1 (0.3%)	1 (0.4%)		2 (0.3%)
Total	347	266	61	674

Table 3 - Activities in order of time allocated during audit week - n = 545

(NMC = modules, LSA = standards)

	Sum - hours	Mean - hours
Providing professional leadership (NMC)	1660.15	3.05
Providing support for midwives (NMC)	1472.65	2.70
Discussing practice issues (NMC)	686.25	1.26
Annual supervisory reviews (LSA)	497.22	0.91
Evidence based decision making (NMC)	432.23	0.79
Monitoring integrity of service (LSA)	383.25	0.70
Developing EB guidelines and policies (NMC)	347.47	0.64
Investigating serious untoward incidents (NMC)	274.83	0.50
Attending supervisory meetings (LSA)	244.08	0.45
Attending meetings as SoM (LSA)	223.25	0.41
Auditing records (LSA)	194.67	0.36
Maintaining supervisory records (LSA)	185.75	0.34
Supporting peer SoM (LSA)	180.85	0.33
Identifying updating opportunities (NMC)	154.72	0.28
Standard setting (NMC)	149.17	0.27
Attendance at professional development events to meet statutory requirements as SoM (LSA)	121.33	0.22
Clinical audit (NMC)	117.58	0.22
Preparation of new SoM (LSA)	81.13	0.15
Contributing to confidential enquiries (LSA)	79.57	0.15
Auditing standards of supervision (NMC)	71.83	0.13

Curriculum - pre-registration	50.00	0.09
Preparation of new SoM (LSA)	36.88	0.07
Guidance on maintenance of registration (LSA)	31.87	0.06
Curriculum - post-registration (LSA)	31.58	0.06
Receiving notification of intention to practise (LSA)	14.93	0.03
Administration and destruction of drugs (NMC)	9.50	0.02
Issuing controlled drug authorities (NMC)	4.13	0.01
Reporting alleged misconduct to LSA (NMC)	1.25	0.00
Total	7738.12	14.20

Table 4 - Proportion of supervisor of midwives activity by hour worked by LSA Regions - n(%)

LSA Region	up to 20%	21-100%	> 100%	Total
Northern Consortium	19 (63.3)	10 (33.3)	1 (3.3)	30
North West	72 (61.0)	37 (31.4)	9 (7.6)	118
South Yorkshire, Trent, Leics., Rutland & Northants.	20 (48.8)	15 (36.6)	6 (14.6)	41
Yorkshire & Northern Lincs.	40 (64.5)	18 (29.0)	4 (6.5)	62
West Midlands	29 (47.5)	23 (37.7)	9 (14.8)	61
East Anglia	19 (52.8)	11 (30.6)	6 (16.7)	36
Essex, Beds. & Herts.	10 (35.7)	13 (46.4)	5 (17.9)	28
London	20 (45.5)	22 (50.5)	2 (4.5)	44
Kent, Surrey & Sussex	16 (34.8)	25 (54.3)	5 (10.9)	46
Thames V., Hants. & Isle of Wight	12 (40.0)	15 (50.0)	3 (10.0)	30
South West	24 (51.1)	22 (46.8)	1 (2.1)	47
	281 (51.7)	211 (38.9)	51 (9.4)	543

Table 5 - Hours of supervisory activities, by LSA Standards and Modules (mean hours, 50th & 75th percentiles)

LSA Standards	Mean hours	50th percentile hours	75th percentile hours
1. Annual reviews	0.912	0	1.00
2/4. Contributing to Confidential Enquiries	0.146	0	0
3. Maintaining supervisory records	0.340	0	0.50
Guidance on maintenance of registration	0.058	0	0
Receiving notification of intention to practise	0.027	0	0
4. Auditing records	0.132	0	0.50
5. Curriculum development - pre-registration	0.092	0	0
Curriculum development - post-registration	0.058	0	0
6. Preparation of new supervisor of midwives	0.149	0	0
Monitoring of new supervisor of midwives	0.068	0	0
8. Monitoring integrity of service	0.703	0	0
Supporting peer supervisor of midwives	0.332	0	0.33
Attending supervisory meetings	0.448	0	0
9. Attendance of professional development events	0.223	0	0
Attending meetings as supervisor of midwives	0.410	0	0
Total LSA Standards	**4.324**	**2.75**	**5.00**
Modules			
1. Professional support	2.702	0.92	2.00
Professional leadership	3.046	0	2.00

Discussing practice issues	1.259	0.50	1.51
Evidence-based decision making	0.793	0	0
2. Administration and destruction of drugs	0.017	0	0
Issuing controlled drug authorities	0.008	0	0
3. Developing evidence-based guidelines/policies	0.638	0	0.63
Standard setting	0.274	0	0
Auditing standards for supervision	0.132	0	0
Clinical audit	0.216	0	0
Identifying updating opportunities	0.284	0	0.17
4. Investigating serious untoward incident	0.504	0	0
Reporting alleged misconduct to LSA	0.002	0	0
Total Modules	**9.875**	**3.75**	**9.17**
Total - all	**7.167**	**7.17**	**14.42**

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