University of East Anglia

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Health Education England

Advanced Clinical Practice (ACP) in Midwifery

A deep dive analysis into the use and development of ACP in Maternity Services: commissioned by Health Education England (HEE) and conducted by University of East Anglia (UEA).

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Introduction

The Maternity Workforce Strategy (2019) sets out the requirements for staffing maternity services over the next five years. The report highlights not only the need for more midwives but also specialist and consultant midwives to lead and support implementation and delivery of new models of working. This strengthens the case for advanced level of skills to provide services to meet the health needs of the population. In 2017 Health Education England (HEE) produced the multiprofessional framework for advanced clinical practice in England (HEE 2017) with the following definition:

Advanced clinical practice is delivered by experienced, registered health and care practitioners. It is a level of practice characterised by a high degree of autonomy and complex decision making. This is underpinned by a master's level award or equivalent that encompasses the four pillars of clinical practice, leadership and management, education and research, with demonstration of core capabilities and area specific clinical competence. Advanced clinical practice embodies the ability to manage clinical care in partnership with individuals, families and carers. It includes the analysis and synthesis of complex problems across a range of settings, enabling innovative solutions to enhance people's experience and improve outcomes.

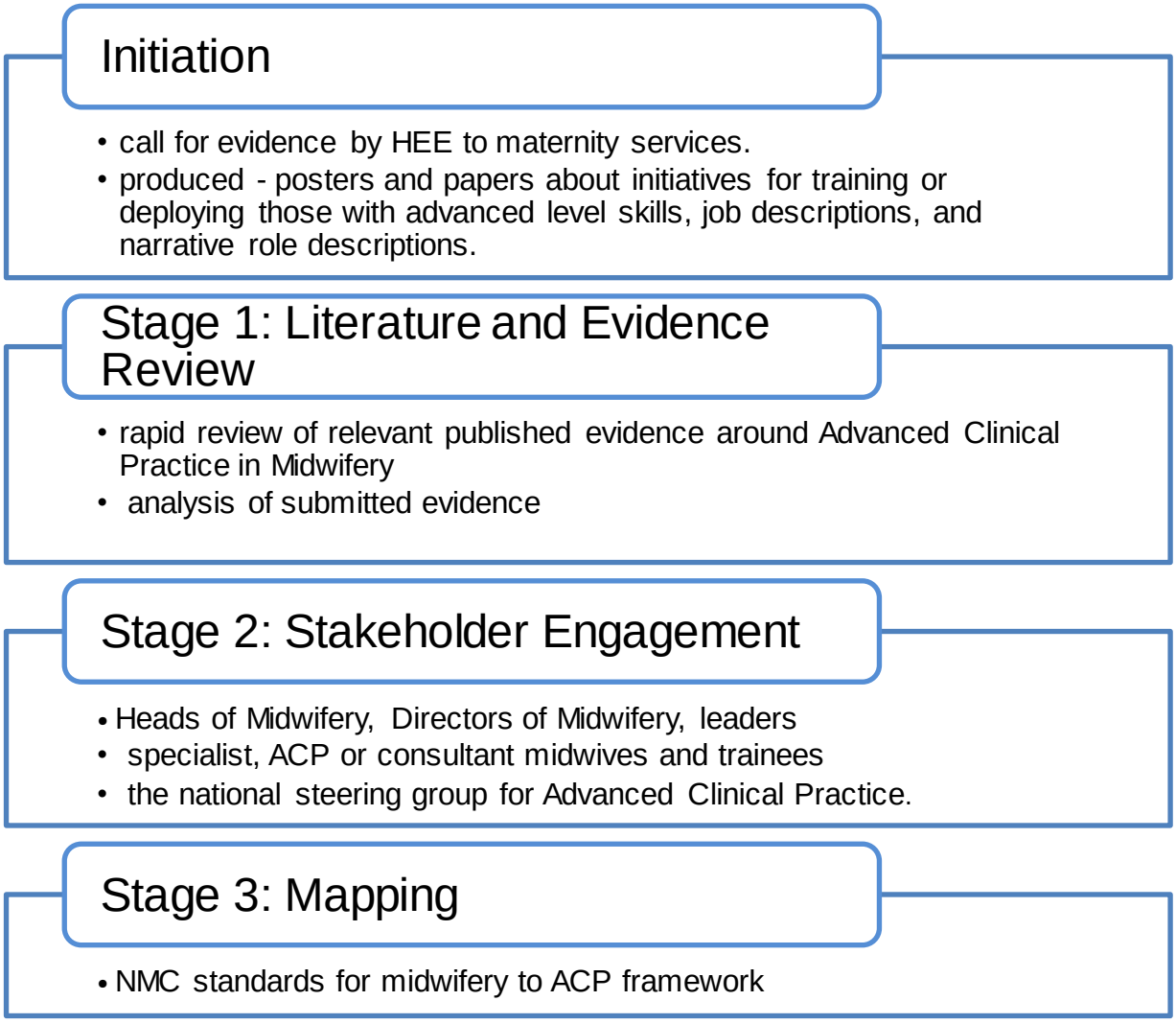
Since publication of the framework, there has been concerted effort by HEE to develop pathways and educational routes into advanced clinical practice (ACP) with support from Council of Deans of Health and Higher Education Institutions (HEIs). The Institute of Apprenticeships and Technical Education has approved an apprenticeship standard (Advanced Clinical Practitioner ST0564) for Masters' level education. This provides an opportunity for NHS employers to use the apprenticeship levy to support staff to gain a recognised qualification while remaining in the workforce. Universities are developing the advanced practice programmes to support these learners including end point assessment. Advanced practitioners in nursing are becoming a familiar part of specialist services and care pathways, mainly associated with managing complex cases, diagnosing, managing testing and assessment, prescribing treatment and monitoring care. Midwifery has supported the development of consultant level midwives for about ten years but there is a lack of clarity about where ACP capabilities might fit within service or within a career framework. The Royal College of Midwives Career framework makes mention of specialist midwifery roles and provides more detailed examples of consultant midwife but does not allude to the national framework for ACP.

In response to Better Births (2016) the Health Education England Maternity Programme established a project to develop midwifery standards via a Framework relating to ACP in midwifery to support the high-quality care envisioned in Better Births. This report describes an analysis of the way advanced clinical practice has been developing in maternity services in England conducted by University of East Anglia and commissioned by Health Education England.

Preparing this Report

In preparing this report the University of East Anglia (UEA) team gathered evidence from a range of sources and stakeholders to establish a picture of ACP in midwifery based on current knowledge from literature and service leaders as well as midwives in specialist and consultant midwife roles. The initial stage of the work was initiated by HEE calling for evidence about ACP programmes and examples or roles. We reviewed this evidence alongside the published literature as a scoping review from which we derived questions to ask of key stakeholders. The

final stage of the project involved mapping the Nursing and Midwifery Council (NMC) standards for midwifery (2009 and 2019) against the Multiprofessional ACP framework.



The UEA team who carried out this project on behalf of HEE were: Prof Kenda Crozier; Dr Georgina Sosa; Ruth Sanders; Jayne Needham; Helen Meehan.

Stage 1 Literature and Evidence Review

Key evidence considered within this first stage scoping review included a rapid review of available published literature which could provide evidence of midwifery advanced practice roles, as well as the evidence received by HEE following a call in February 2020. This resulted in a review of nine key papers including one wide ranging literature review as well as six role descriptors, three examples of pathways or programmes leading to advanced practice roles and some examples linked to the Royal College of Midwives (RCM) careers framework. The scoping review provides contextual background to support discussions and decisions on midwifery advanced practice in England (see appendix 1 for table of papers).

Key themes from the review of evidence

- Specialist and Consultant roles in Midwifery
- Standards for ACP in Midwifery
- Training pathways to Advanced Practice
- Roles and Role Descriptors for Specialist and Consultant roles

Specialist and Consultant roles in Midwifery

In midwifery there is limited international consensus on advanced clinical practice (Goemeas 2018) and international literature specific to midwifery is sparse (Casey 2017) because the number of midwives who hold advanced practice in the title of their posts is small, whilst there appears to be a range of clinical specialist roles in the profession. In Australia there was recognition of advanced midwifery practice in 2009 but the Australian College of Midwives stated that advanced practice was an illustration of midwives working within their full scope of practice and not advanced skill level (Smith et al 2010). However, in 2009 the Royal College of Midwives recognised advanced capabilities when it described 4 areas of responsibility for consultant midwives i.e.: expert clinical practice; clinical and professional leadership; research and education; practice and service development. There is potential for confusion created by role titles including specialist midwife, advanced practice midwife or advanced midwife practitioner and consultant midwife and it is important to remember that advanced practice is a level of expertise rather than a role title.

The Irish studies (Begley et al 2013; O'Connor et al, 2018; Casey et al 2019) described mainly roles held by clinical specialist midwives and these roles incorporated many elements of advanced practice including facilitating education for multi-disciplinary teams, co-ordinating research, leadership of care including complex care as well as publishing and dissemination of research and evaluative studies. These studies collectively formed a body of evidence which informed the development of the standards for advanced practice in Midwifery by National Board for Nursing and Midwifery, Ireland (NMBI 2018). Casey et al (2017) conducted a rapid review of 86 papers which mainly focused on advanced practice in nursing, with only limited evidence of midwifery advanced or specialist roles drawn from earlier work by Begley and colleagues in Dublin. Advanced practice roles in midwifery in Ireland now span primary care, and acute settings.

The competencies described by the NMBI include the following broad areas: using advanced assessment and intervention strategies; using research when making clinical decisions; analysing complex interactions; guiding decision-making; and developing client focused care.

There is recognition even within the standards document that governance, leadership and infrastructure are needed to implement and support the roles in organisations. The need for an educational pathway with support from higher education and employers is also highlighted to ensure sustainability.

The Belgian study (Goemeas, 2018) described a lack of cohesion among senior midwives about the roles that should be performed in advanced midwifery practice. Their study identified some resistance to the concept of advanced practice in midwifery because midwives are expected to work autonomously. Nursing leaders were much clearer on the benefits of advanced practice roles. The study is limited in that it provides no statistical breakdown in relation to distribution of midwifery roles. The focus on the legal and policy context in Belgian also highlights the differences in policy and practice to the UK therefore limiting its value in informing UK midwifery advanced practice.

The 2018 paper by Van Hecke et al examines the performance of advanced nurse practitioners and advanced midwife practitioners in Flanders, Belgium. The study sample comprised 58 APNs and only 5 AMPs. The roles performance depended on whether the practitioners were located in a university hospital or a peripheral hospital. Of those in peripheral hospitals there was 25% non-execution of a research role. Research was associated with ability to translate research literature into evidence-based practice guidelines. Professional leadership was associated mainly with guideline development. The small numbers of participating midwives is a limitation of the study.

The UK surveys conducted by Wilson and colleagues (2017, 2019) were able to access the Royal College of Midwives consultant midwife network and also targeted heads of midwifery to obtain data on consultant roles in UK organisation. This provides the largest source of data on advanced practice in midwifery. The surveys identified 84 consultant midwife posts in the earlier study and 93 in the most recent. The papers are lacking in specific detail of the roles, responsibilities and educational preparation of those post holders. It appears that many of the roles are centred on supporting normal birth, for example development and leadership of birth centres. There appears to be a significant management aspect to many of the roles and also a focus on innovation and service improvement. This operational management element appears to be at odds with the descriptor of consultant midwives as strategic leaders. There is no information within the survey papers about the level of education held by the role holders.

The survey focussed on scope of the roles, although there is limited detail, the authors judge that the consultant midwives are working across the four domains described in the RCM careers framework for consultant midwives, but these elements are not all weighted equally. There is some concern among the consultant midwives surveyed, about the degree of management responsibility held by those in consultant roles. The level of leadership is often related to leading midwife led services, while some roles involve complex care. Of the respondents (and the paper is not entirely clear on how many survey responses were received) 77% stated that they were involved in education of students and education of multidisciplinary teams but only 4% had formal contractual arrangements with universities. The research elements of the role are less well described, some of this relates to creation of evidence-based policy and audit of services. The 2019 paper concludes that there is a need for succession planning and provision of training pathways for these roles to be sustained.

Standards for ACP in Midwifery

In addition to the published papers, we have also identified grey literature which includes the standards for advanced midwifery practice published by the Nursing and Midwifery Board in Ireland (NMBI 2018). These standards were produced following ten years of work in identifying specialist and advanced practice roles. The advanced clinical practitioner higher degree apprenticeship standards were also downloaded for inclusion in the review alongside the framework for advanced practice. The RCM careers framework and the consultant midwife role descriptors were identified as potential sources of useful information.

Training Pathways to Advanced Practice

There were three descriptors of training pathways within the literature.

Two of these were linked clearly to universities. The university of Salford pathway provides a Masters programme which focusses on ultrasound examination and non-medical prescribing and clearly links to the ACP framework. The Liverpool John Moores, education programme is also a Masters programme (ACP apprenticeship) which provides clinical focus on advanced examination and management of minor and acute illness, non-medical prescribing and third trimester ultrasound. This programme is supporting the development of new models of working in Chester and Merseyside.

One UK study (Gaskell and Beaton 2015) describes the experiences of students undertaking an advanced practice pathway for midwives. This focusses on skills in ultrasound examination and non-medical prescribing.

Roles and Role Descriptors for Specialist and Consultant roles

In order to discover the types of specialist and advanced practice roles being carried out by midwives, HEE called for evidence from across trusts in England in February and March 2020. Response rates were not high, but the call came at a time when most organisations were preparing their teams for Covid-19. A total of six role descriptors were received by HEE, consultant midwives' role descriptors were accessed by the project team via the consultant midwives' network. Following interviews with heads of midwifery (HOMs) and ACPs, more role descriptors were provided for established and trainee posts. These demonstrated the areas of practice being supported by midwives with advanced clinical skills. All role descriptors applied to posts in England.

The roles descriptors were examined using content analysis, to establish the extent to which described capabilities linked to the ACP framework (see table 1). There were four types of role descriptor: consultant midwife posts, specialist midwifery posts, Advanced clinical practitioner and trainee advanced practitioner.

It is clear that within the personal descriptions that some of the pillars of advanced practice are weighted more heavily than others as would be expected in any ACP role. Clinical practice, and management and leadership skills seem to be at the forefront although the breastfeeding specialist role also emphasises educational activity. The research elements of the roles are rather less obvious. This was also clear in the consultant midwife survey paper by Wilson and Brigante (2019).

The role descriptors give insight into the local requirements for advanced practice and demonstrate in agreement with the literature reviewed that local organisations develop ACP roles to meet specific needs. These may be related to service delivery, population health and in association with other organisations e.g., free standing birth centres within a trust or local links to universities. The advanced clinical practice framework was identifiable to some extent in the majority of role descriptors although rarely was it explicitly named. In some cases, reference is made to 1999/2000 Department of Health descriptors for consultant posts in nursing and midwifery. These are no longer accessible on Gov.UK websites.

Education requirements for specialist and advanced practice roles

The levels of education required for the roles are not always specified though the roles that name advanced practice in the title all require Masters study. Those for trainee ACP posts make it clear that undertaking an advanced practice education pathway is expected. Of the others, ten require Masters level study (essential or desirable). A small number indicate that the role holder should be willing to undertake Doctoral study within the role. Other qualifications include mentorship or courses specific to the responsibilities of the role such as leadership training or specialist knowledge in diabetes or breastfeeding.

The types of roles described include specialists in breastfeeding, diabetes, vaginal birth after caesarean, normality and ultrasound. More recent role descriptors are for advanced midwife practitioners or advanced practitioners and include a requirement for masters advanced practice and prescribing qualifications. Table 1 demonstrates the range of roles and analysis of the role descriptors categorised using the four pillars of advanced practice.

Clinical

Where there was a description of time required in clinical practice this was 50% except in one joint clinical academic case where the split was 60% for the clinical element and 40% in university role comprising lectures and support of student midwives.

Clinical expertise in consultant midwife roles was described in relation to two key aspects:

- Accepting referrals and holding face to face consultations with women. This was related to Vaginal Birth after Caesarean section or clinics dedicated to supporting women with antenatal choices over midwife led care or in response to a previous traumatic birth.

- Providing expert clinical leadership particularly in normality and supporting junior midwives to develop specific confidence and skills with settings such as midwife led units or in high-risk areas in obstetric units.

In specialist roles the clinical expertise was used to provide particular aspects of service delivery such as third trimester ultrasound scanning, triage and assessment of minor illness or services for women with diabetes. One specialist role in breastfeeding included aspects of educating and ensuring maintenance of skills within the midwives. Non-medical prescribing is a requirement of some more recent role descriptors.

Other aspects of clinical practice overlapped with leadership, research and education. So, under the headings of leadership and management expectations of role holders included leadership in clinical expertise, research engagement and educational leadership in specific aspects of care delivery or clinical skills. Clinical governance was a strong aspect of all consultant midwife roles, including development of guidelines and working collaboratively with obstetricians.

Leadership and Management

In some role descriptors there was indication of the position of the consultant midwife in the leadership of a midwifery department. In four cases the role was positioned under the director of midwifery and the head of midwifery. The role was described as reporting to the director of midwifery or head of midwifery. In some cases, there were links to education departments and to research departments.

In some trusts there was a strong indicator that the consultant role was linked to specific maternity care pathways and leadership was expected in relation to setting up, monitoring and assuring high quality care within for example birthing centres.

Education

Where there were clear links to universities the education focus for pre-registration education was fairly specific including lecturing and involvement in curriculum development. In others the role included education of all grades of staff in obstetrics and midwifery related to areas of expertise. There was an element of support for junior midwives and some educational aspects related to providing information for women and families to enable choices of care pathways. Much of the educational focus was linked to development of particular care pathways in the organisations so was closely linked to the leadership element of the role.

Research

This element of the role along with education was the most diverse among the role descriptors. In some, research related to audit, service evaluation and the use of evidence to inform guideline development. A number indicated that the role holder should pursue academic study at Master of Philosophy (MPhil) or doctoral level but there was no steer on how much time would be allocated. In more recent role descriptors, there was an expectation that a consultant midwife would ensure involvement in national studies. There was some mention of dissemination and publication.

Gaps in Evidence

Whilst recognising the limitations of the current body of evidence it is clear that there is a range of roles that have claim to advanced clinical practice. The pathways to advanced practice are not clear either within a career framework or education. This led us to gather further evidence from stakeholders to understand the national picture through the experiences of senior midwives, midwives in specialist and advanced practice roles and consultant midwives.

Table 1: Role descriptors reviewed

Role	Education requirements	Advanced Practice framework	Clinical practice statements	Management & leadership statements	Education statements	Research statements
Complex high risk maternity care	Masters Prescribing	Advanced Aligned to ACP framework	9 statements	6 leadership 5 management	3	7
Infant Feeding Lead	International Board Certified Lactation Consultants (IBCLC) Evidence of Postgraduate Certificate (PG Cert) (D)	Specialist Not aligned ACP framework	1	3	1	2
Diabetes	Neonatal examination (Desired) Mentorship Bachelor Development towards PG cert	Specialist Little alignment to ACP framework		1 leadership 10 management mentions	3	0
Public health focus on obesity and Vaginal Birth after Caesarean (VBAC)	First degree PG cert (D) or M level study Mentorship essential	Specialist Little alignment to ACP framework	3	1	5	1
Advanced practitioner sonographer	First degree (E) PGCert in diagnostic imaging (D)	Partially Aligns with ACP framework	10	4	3	1

Role	Education requirements	Advanced Practice framework	Clinical practice statements	Management & leadership statements	Education statements	Research statements
Trainee Advanced clinical practitioner High risk antenatal care	Working towards Masters	Does not use framework but some statements align. Training post	12	2	7 labelled leading others. Also, education of self	5 plus others in different categories relate to audit, Evidence Based Practice (EBP)
Trainee Advanced clinical practitioner High dependency care	Working towards Masters	Does not state framework but some statement aligns. Training post	12	2	7 labelled leading others. Also, education of self	5 plus others in different categories relate to audit, EBP
Advanced Clinical practitioner – enhanced maternity care	Masters	Aligned	5 + others labelled communication and relationships	9 leadership	4	4
Advanced Clinical Practitioner – complex maternity care	Masters	Aligned	5 + others labelled communication and relationships	9 leadership	4	4

Role	Education requirements	Advanced Practice framework	Clinical practice statements	Management & leadership statements	Education statements	Research statements
Advanced Midwifery Practitioner	First degree, mentorship, Practical Obstetric Multi-Professional Training (PROMPT)	Aligns	10	5	4	2 (under governance)
Advanced Midwife Practitioner ACP	Masters ACP, non-medical prescribing	Aligns	5	8	4	4 evaluation and research
Consultant Midwife Narrative role descriptor	First degree	RCM career Aligns with ACP framework		4	2	2
Consultant Midwife Increasing normal birth rate and reducing interventions on a high-risk unit	Must be willing to work towards MPhil/ PhD	1999/2000 DH framework Expert Midwifery Practice & Practice Development Professional Leadership and Service Development Education & Training Research, audit and evaluation	5 key statements Including 1:1 consultations 50% clinical	10	10 Clear university link	6
Consultant Midwife Non specific 60 trust/40 university	Evidence of ongoing professional development	None	50% clinical	4 focussed on leading innovation	1 40% university	3

Role	Education requirements	Advanced Practice framework	Clinical practice statements	Management & leadership statements	Education statements	Research statements
Consultant Midwife normal birth pathway antenatal care and choices for home and birth centre	Masters Leadership qualification Must be willing to undertake PhD	No reference to framework	50% clinical 6 (empowering, leading, supporting midwives working with consultant Obstetricians)	10	6 Includes providing lectures at HEI	6 includes guideline development
Consultant Midwife Low and high-risk intrapartum care	Masters Advanced knowledge and experience Prescribing Project management	No reference to framework	40% in clinical practice including specialist antenatal clinics. Expert clinical lead	8 managerial including budget holding. Working across multiple sites	11 No university link	8 Coordinate and implement research activity as a job requirement.

Role	Education requirements	Advanced Practice framework	Clinical practice statements	Management & leadership statements	Education statements	Research statements
Consultant Midwife Midwife Led care	Masters	1999/2000 framework Expert Midwifery Practice & Practice Development Professional Leadership and Service Development Education & Training function Research, audit and evaluation function.	50% expert midwifery clinical practice 5 statements Specialist clinic for VBAC and women who have previous traumatic birth experience	9 including change management	9 Honorary contract with a university	6 Guidelines and audit included
Consultant Midwife Public health Research and quality standards	Bachelors Masters (d)	Expert practice, Leadership Training and Education and Research and Audit	5 including receiving referrals	8	4 Includes working with HEIs on curricular developmen t	5 Includes initiating national research

Stage 2 Stakeholders

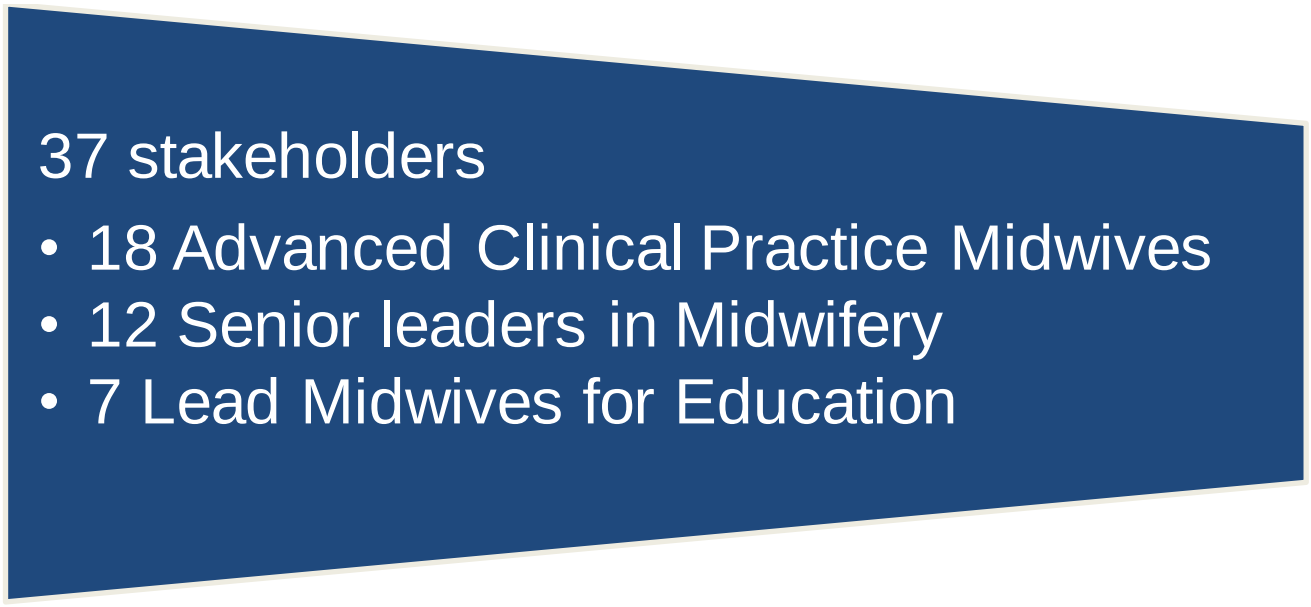
The second phase followed up on the gaps identified in the scoping review. There was a need for a clearer picture of how advanced levels of clinical practice are being used to support delivery of maternity care. We therefore aimed to explore the experiences of three groups.

1. Heads and Directors of Midwifery were able to provide their views and experiences especially in relation to some of the newly organised services developing from the maternity transformation programme taking shape across the country.

2. ACP and Consultant Midwives who are currently in post. We were interested to explore the career development and routes to advanced practice taken by those who were holders of advanced practice roles or existing on training programmes.

3. Lead Midwives for Education. This group was identified as an expert group able to provide insight into educational routes to advanced clinical practice in midwifery and the relationships between HEIs and healthcare trusts.

Figure 1 stakeholder engagement



All interviews and discussions took place either online via video conference or by phone due to restrictions on travel and face to face meetings. We gathered data between 29th June and 29th September 2020. Questions focussed on ACP roles in maternity, educational requirements, organisational support and experiences of ACPs in organisations.

Heads of Midwifery and Directors

To access heads of midwifery (HOMs) and directors of midwifery (DOMs), the Royal College of Midwives, Head of Education and Learning organised for all HOMs and DOMs in England to be contacted via email to invite them to attend an interview with us to explore their views and experiences regarding midwifery advanced clinical practitioners. Twelve interviews were conducted (eight HOMs and four DOMs).

The heads and directors demonstrated that there was a wide variety of views on advanced practice in midwifery. Those developing new services in which there was a clear need for midwives with advanced levels of skills and knowledge had vision for the roles but concern about funding for both education and establishment. There was some understanding of how advanced practice was being used in nursing and concern about medical substitution. Figure 2 illustrates the confusion.

Figure 2 Text from Heads and Directors of midwifery

Themes identified within data from the heads and directors of midwifery

- Advanced clinical practice roles in midwifery
- The place of ACP in maternity organisations
- Academic level of training
- Barriers to progressing midwifery ACP
- Funding

Advanced clinical practice roles in midwifery

There was a lack of clarity regarding what constitutes advanced clinical practice in midwifery from some of the HOMs/DOMs. Those trusts that have developed midwifery ACP roles had gained knowledge from the trajectory of nursing ACPs. Such knowledge was interpreted as valuable. Examples of nursing ACP roles and functions that were working well, were provided by some of the Senior midwives such as: colonoscopy, non-medical prescribing, radiologists, nursing therapies, neonatal nurse practitioner, paediatric nurse practitioners. Table 2 shows the job descriptions that were obtained during phase 1 and phase 2.

HOMs/DOMs who have created midwifery ACP roles, viewed midwifery progress as being slow compared to nursing in the development of ACPs. Those that had not created midwifery roles, were uneasy translating the experience of ACP in nursing to midwifery. The majority of HOMs/DOMs who were trusts that did not have a midwifery ACP were unclear about the midwifery ACP job role and their career trajectory.

The nursing and midwifery professions were considered very different and not comparable due to the level of autonomy for midwives. Described as the 'elephant in the room' some HOMs/DOMs felt that unlike nurses, midwives are already advanced practitioners:

> What does an ACP look like? DOM 2.

> [Midwifery] ACPs have not progressed as not clear what the role is and why they are needed. DOM 9.

> Unsure [of the] meaning of an ACP. HOM 4.

> when creating the midwifery ACP [job description] it was important to follow the nursing modelling to ensure the four pillars were included. HOM 3.

> the issue is not that ACPs are not wanted or not considered… the issue is that the pathway to midwifery ACP is not clear…DOM 8.

> When talking to … other HOMs, they said if you re-banded midwifery roles now, you would find they are already at an advanced practice level. DOM 8

> Midwives are [a] different profession to nursing, it is frustrating that it is expected that midwives replicate what they do. DOM 9.

> [Regarding ACPs] Midwifery is a little slow when compared to nursing. HOM 6.

> Midwives are already working at advanced level, even when they are junior. HOM 4.

Although there was confusion about the role of the ACP, HOMs/DOMs did suggest areas in midwifery that could be explored for developing midwifery ACPs:

Table 2: Potential and existing services where ACP could be used

Potential roles for ACP in midwifery suggested by HOMs/DOMs	Existing ACP identified by HOMS/DOMs
Perinatal mental health	Ultrasound
Diabetes	Non-medical prescriber
Complex care e.g. BAME and vulnerable women	Maternity critical care
Continuity of care	Complex care in collaboration with cardiologists, renal and fetal medicine
Screening	Enhanced maternal care working with High Dependency Unit (HDU) and midwifery team.
Birth planning clinics	
Female genital mutilation	
Maternity assessment unit/triage	
Breech/ External Cephalic version	
Fetal surveillance skills	
Traditional obstetric practice e.g. Ventouse	
Assist at Caesarean Section	
Supporting pelvic floor health including women with 3rd/4th degree tears	
Public health perspective	
Infant feeding/lactation	
Frenulectomy	

The place of ACP in maternity organisations

There were concerns about how midwifery ACP roles would fit in the organogram of individual organisations. This related to the ACP role being a Band 8, the same banding as the consultant midwife and matron. There was also confusion about who would line manage midwifery ACPs due to their banding. Despite the confusion, some HOMs/DOMs shared successful midwifery ACPs roles that are in operation (table 2). There was no consensus however regarding the application of the four pillars within the midwifery ACP role.

The trust is very clear about their structure, [I] do not know how ACPs will fit in, how they will be paid… and what they will actually be doing? Are they [ACPs] as well as matrons, or consultant midwives or do they replace them? DOM 9.

Would the ACP role be part of my senior midwifery team as opposed to somebody doing an operational management role? DOM 2.

... cannot have an 8a managing an 8a ACP… [considering consultant midwife as line manager] From professional perspective correct ACP line managed by consultant midwife but the operational part of their role should be line managed by Matron or operational manager. HOM 12.

Midwifery ACP posts were frequently compared to consultant midwives. The requirement of ACPs was questioned when onsultant midwives were part of the establishment as the difference in roles were not understood. Some Heads of Midwifery and Directors felt that the role of the Consultant was more strategic when compared to the ACPs who were viewed as more clinically based. Consultant midwives were viewed as higher in the organisational hierarchy. HOMs and DOMs shared how the midwifery ACPs could aspire to being promoted to a consultant midwife. One HOM provided an example of an ACP being promoted to a consultant midwife:

[Midwifery ACPs] Debated at length. Not sure where they sit. Not clear about why ACP [are] needed as have consultant midwife roles. … what is the difference? Need it in plain English so team can understand. DOM 9.

The consultant midwife is very different as strategic. It is not hands-on clinical care. HOM 6.

Yes [in relation to consultant midwives being a higher grade] they [consultant midwives] are banded at 8b or 8c. Would see ACP as band ... 8a. HOM 7.

...ACP is put in at 8a … with the ultimate goal of becoming a consultant midwife … the current consultant midwives are 8cs. HOM 6.

Had two ACPs, but one now promoted to consultant midwife. HOM 3.

Medical substitution

There was concern that overall, the midwifery role is being eroded and not staying within the realm of midwifery or being adapted to fill medical gaps. These concerns were voiced by those with no experience of creating midwifery ACP posts. Those HOMs/DOMs who have experience of ACPs working in their organisations were clear that midwifery ACPs do not provide medical care:

> …tasks keep being put on the midwives that somehow become the midwives' role e.g. NIPE and BCG. HOM 6.

> Would want ACP to be advancing midwifery skills rather than creating a mini-doctor. HOM 4.

> …could all get into a debate whether ACPs are truly advanced practice or obstetric tasks. HOM 6.

> The midwives' role is being diluted. HOM 4.

> when thinking of ACP, thinking very specialised skills stepping into medical domain. HOM 11.

> There is concern from a midwifery perspective, are ACP taking on medical roles, but they are not …They [ACPs] do not provide medical care. HOM 3.

> The numbers going into medical education is going down. The elephant in the room is not being discussed. DOM 9.

> [ACPs are a] very clinical role, with additional skills. Not supporting the medical workforce, in terms of replacing them. ACPs bridges the gaps between midwives and doctors. HOM 3.

Academic level of training

All HOM/DOMs were unanimous that training for ACP roles should be at least at the academic level of MSc.

MSc level definitely. HOM 5.

There was concern however, that the academic level of MSc may create a barrier for many clinical based midwives:

ACP should be MSc level to professionalise qualification. This may limit those who are not academic, but midwifery needs creditability. DOM 1.

There was recognition that midwifery ACP roles create an alternative career pathway for midwives to that of management:

…current choices available [include] strategic and operational … as a consultant midwife or … matron. HOM 3.

Limited choices for midwives wanting to progress clinically unless you want to be a matron, HOM, DOM, go into education or research. HOM 10.

There was also agreement that banding should be at least an 8a when the ACP training is complete:

Maybe banded somewhere in-between 8a-8b. HOM 10.

ACPs need to be 8b or 8c. HOM 11.

Barriers to progressing midwifery ACPs

Midwives themselves are seen as the greatest barrier to progressing the role of the midwifery ACP. The lack of evidence available regarding the benefits of midwifery ACPs was also seen as a major barrier. Such evidence is seen as vital when creating a business plan to fund new roles such as the midwifery ACP role:

… People are defensive about midwifery, trying to protect the role and not progressing it sometimes. HOM 3.

[I have] found it difficult to find information about ACPs. HOM 4.

'Some of the difficulty trying to get ACPs is that there is no evidence to argue the case that … [ACPs] are needed… To get funding you need tangible outcomes …What are the benefits of [midwifery] ACPs? HOM 6.

Not all HOMs/DOMs realised that the apprenticeship fund could be used to finance the midwifery ACP pathway:

No not [considered apprenticeship funding] for ACP roles. DOM 9.

To be honest, apprenticeship funding has not been widely explored in midwifery… had not thought about the [apprenticeship] funding … very good idea. DOM 8.

There were concerns about the funding of midwifery ACPs firstly because of the cost to cover the ACP while training:

The first stumbling block is the backfill. Who will cover the organisation when they [ACPs] are studying? HOM 4.

Secondly, if funding is found for training, a midwifery ACP position is not guaranteed once the midwifery ACP has successfully completed their course:

[I] have two midwives on ACP pathway. There is no job … that exists for them. HOM 12.

Lastly, the sustainability of midwifery ACPs was questioned as the role was seen as being potentially expensive if ACP work unsociable hours:

They are going to be earning huge salaries that are going to supersede DOM/HOM. DOM 9.

There was a clear difference regarding knowledge and insight of the HOMs/DOMs when comparing those organisations that have midwifery ACPs to those which have not. Those HOMs/DOMs who have created midwifery ACP roles appear to have a good understanding of the midwifery ACP role boundaries regarding accountability and responsibility and how the ACP role encompasses the four pillars. This knowledge is also identifiable within the job descriptions shared. Such governance knowledge is stipulated by the multi-professional framework for advanced clinical practice in England (HEE 2017). These HOMs/DOMs were also adamant that ACPs provide benefits to the organisation in terms of their advanced knowledge and skills, the feedback from women and the positive educational support for staff they are working with.

Really positive feedback from women for both [midwifery] ACPs … The feedback is amazing from a personal perspective and organisational level … the staff respect the ACP midwives. HOM 3.

Summary

Those HOMs/DOMs who have not had experience working in organisations that have midwifery ACPs or created ACPs roles, lacked governance knowledge and insight regarding the role of the ACPs and the benefits. This group called for clear definition of ACP for midwifery, information on roles, funding routes and providers of education. The Heads and Directors identified that without clear national guidelines and examples of best practice they would find it difficult to justify the fit of these levels of practice in their organisations. They would like to see guidance from the chief midwife and Health Education England. Going forward HOMs/DOMs requested opportunities for dissemination and sharing of information about midwifery ACPs including job descriptions, banding, benefits of midwifery ACPs and career trajectories. They

also identified the need for evidence of effectiveness of the roles and functions of ACPs to benefit maternity service users.

ACP, specialist and consultant midwives

To access specialist midwives, ACPs and consultant midwives we sought information through networks and groups of midwives in a snowball approach. We interviewed 18 midwives who currently or recently held roles using advanced levels of practice capabilities about their own experience of advanced clinical practice. There were two midwives who identified themselves as clinical academics; five midwives currently in consultant midwife posts; seven specialist clinical midwives who held advanced practice masters or were in the training process. Two clinical research midwives described their roles and two midwives who taught or led programmes for advanced practice or consultant midwife training also told us about their programmes. There were another 3 midwives with whom we made contact but were unable to interview before the end of the data collection period.

The participants were drawn from across England including South West, London, the Midlands and East of England and North West. Two were from Wales but could identify education routes that they had undertaken in England.

Among the consultant midwives and clinical academics, four held a doctoral degree, one was studying for PhD and one was in the process of applying for a PhD programme. Of the other advanced practitioners 13 participants held or were undertaking a Masters qualification in advanced practice.

The key themes that emerged from our conversations with advanced practice midwives, specialist midwives and consultant midwives were:

- Career journey
- Advanced clinical practice - a desire to remain clinical
- Opportunistic or planned career progression.
- Distinction between ACP midwives and consultant midwives

Career journey

The routes to advanced practice were briefly described by participants (table 3). Half of them had a nursing background and this had equipped them with a level of specialist knowledge in critical care, emergency care, cardiology or neurology for example that provided a basis for their desire to improve services for women they encountered in maternity services. Others told us that they developed interest in specialist areas of care through secondment or other opportunities in their practice. All had experienced rotation through a range of midwifery practice areas including hospital and community and stressed the importance of this period of consolidating and developing their midwifery knowledge and skills before moving into specialism. Among the specialist and advanced clinical practice midwives there was emphasis on the importance to their development of community and midwife-led care.

Table 3: Brief career route and highest educational award from contributors

Current Role	Highest qualifications	Career route
Clinical academic midwife	Doctorate	Nursing to midwifery, rotation, consultant midwife, HOM, clinical academic
Clinical academic midwife	Doctorate	Nursing to midwifery, co-ordinator roles. Specialism, practice development, lecturer practitioner. Head of research
Consultant midwife	Doctorate	Nursing, midwifery, clinical education, quality improvement projects, consultant midwife
Consultant midwife complex continuity team	Masters in ACP	Nursing to midwifery
Consultant midwife	Masters	Midwifery, rotation then intrapartum then consultant midwife
Consultant midwife	Studying Masters	Midwifery, rotation practice development, Midwifery led unit, project midwife
Consultant midwife	PhD	Midwifery, clinical practice in various areas, research part time, part time lecturer. Consultant midwife (MW)
Consultant midwife maternal medicine	Masters	Nurse, specialist area, midwifery, used specialist nursing knowledge to develop role
Trainee consultant practitioner	Masters in ACP currently on PhD programme	Working through midwifery rotation, specialist roles, birth centre
ACP specialist midwife maternal medicine	Masters	Nursing, midwifery, specialist role
ACP	Masters in advanced practice	Nursing, midwifery, community, labour ward co-ordinator, ACP educator, project lead
ACP	Studying Masters ACP	Midwifery, rotational,
Specialist midwife ACP	Degree, studying ACP Masters	Midwifery rotation, community, co-ordinator roles in hospital. Wanted clinical role found ACP advertised in the trust
ACP specialist midwife	Masters	Midwifery, rotation, specialist role
Advanced midwife practitioner	Masters ACP	Nursing in High Dependency Unit (HDU) and Intensive Treatment Unit (ITU) to midwifery, rotation through maternity then specialist midwife care of ill women
Practice development lead	Masters	Nursing, midwifery, advanced neonatal nurse practitioner (ANNP), neonatal examination Practice development
Clinical research midwife	About to start Masters	Midwifery then research midwife role part time alongside clinical midwife full time research management and leadership

Current Role	Highest qualifications	Career route
Research clinical midwife	Masters modules	Midwifery rotation, moved into research part time then full time

Advanced Clinical practice - A desire to remain clinical

All the ACP or ACP trainees identified that their desire to move up in their career journey but looked for opportunities enabling them to remain clinical and close to women in their roles. Some had aimed to deliberately avoid a management route in career development.

I wanted to progress but I did not want a band 8 management role. ACP 12.

We need to nurture those who want a career pathway but don't want to be managers. ACP 3.

There is a need for HDU skills, and midwives are seeing the need and educating themselves or applying for standalone courses. ACP 6.

The roles held were different in each case although there was a common theme of them having a clear clinical focus with responsibilities for clinics, particular groups identified by risk or condition. Some were created to enable a model of practice to run effectively and to improve the care of women and families in a particular locality. For example, in Chester and Merseyside a model of community hubs is being developed that will act as 'one stop shops' for assessment and treatment of pregnant women in the antenatal and postnatal period. The ACPs were being developed with skills in physiological assessment, non-medical prescribing and ultrasonography to enable them to effectively assess, diagnose and treat women who did not need to be hospitalised. This 'care closer to home' approach is designed to maintain health of women in pregnancy and reduce burden on hospital services, maintaining a continuity of care model. Women assessed as requiring obstetric input are referred to hospital. The model is supported with an apprenticeship programme to develop ACPs (see appendix 2).

The trust has a vision for using ACP in community hubs for a 'treat and street' service. The hospital use ACPs to triage in maternity assessment units. So that might be a bit more like a junior doctor but it allows women to stay in a midwife led pathway. ACP 9.

ACPs described the need for advanced skills to meet the changing physiological needs of the pregnant population.

The cohort of women in maternity is changing. When we trained, we were taught about young, healthy women undergoing a normal physiological process. There are now significant medical problems. As a midwife you don't have experience of working on medical wards or seeing medical conditions. It has opened my eyes. ACP 12.

Integrating advanced clinical practice skills to assess, examine and manage complex pregnancy including prescribing a range of medications for hypertension, reducing Venous Thromboembolism (VTE), Urinary Tract Infections (UTI) and thyroid disease. ACP 17.

You could do a physical assessment of a woman, listen to her chest when you are in community rather than having to find someone to do it - that's a good thing. Non-medical prescribing is important too. ACP 6.

Another described the role as part of a service improvement initiative to develop a continuity team for women requiring complex care for cardiac or renal conditions as well as inputting to the multiple birth clinic. The need for midwifery involvement was described thus:

…women with complexities are coming to hospital every two weeks, seeing lots of different professionals and not seeing a community midwife. …The aim is to improve women's journey. ACP 4 (ACP now Consultant Midwife).

Only one ACP described being part of the medical rota, two others had initially been part of a medical rota as midwives, one other as an advanced neonatal nurse practitioner but were no longer expected to undertake medical rota duties.

ACPs here worked on the rota (triage) but in the future they will not. ACP 11.

The ACPs stressed the importance of working with medical colleagues and many explained the need for skilled negotiation and communication to gain the trust and respect of all colleagues. Some had encountered difficulties with lack of understanding of the role and those who were trailblazing a new role found this aspect challenging.

All ACPs and consultant midwives were clear that the role they undertook was a midwifery one.

I lead a team providing high quality care to a specific patient population. ACP 2.

The aim is not to be a doctor but to enhance midwifery care using years of experience and ACP training. ACP 4.

Women need midwives who have advanced knowledge to support them as pregnant women with complex conditions. It enhances the midwives' role to have advanced skills. ACP 16 Consultant Midwife.

We asked ACPs about the view that midwives are already advanced practitioners when they qualify. One explained this in terms of Benner's novice to expert nursing pathway, explaining newly qualified midwives could be viewed as novice, and through experience, exposure and education midwives develop expertise. Generally, ACPs considered that midwives start their careers with skills and knowledge to practice independently which is different to nurses.

Midwives are autonomous independent practitioners. What is advanced compared to normal? ACP 13 Consultant Midwife.

There is a real issue in midwifery with the word 'advanced' but there is a need for career progression for midwives. There is no real progression route to consultant midwife. ACP 6.

Midwives have pigeonholed themselves into normality. Women with medical conditions are not abnormal and they need midwifery support and care. ACP 17.

Figure 3 ACP Midwives' descriptions of their roles

Opportunistic or planned career progression

All midwives had undertaken clinical rotations through all areas expected of a newly qualified midwife, usually community, delivery unit, antenatal and postnatal ward and midwife led units. They had worked in a range of areas, but all wanted to keep developing clinical skills and to use these for the benefit of women and families. Most had undertaken considerable professional development through short courses, leadership training and Masters education. Consultant midwives were more likely to have studied or be studying at doctoral level.

Many had not planned their careers and there was little indication of mentorship or guidance in developing a career route. Many of the specialist and consultant practitioners saw their clinical expertise as the leading element of the four pillars of advanced clinical practice but could also identify elements of education. For many, evaluation and audit of services fell within their remit although some worked with research departments and contributed to clinical research. Only the

research midwives and one consultant midwife identified leading on externally funded research studies. The ACPs saw themselves as leading developments in care, managing delivery of specialist services. In this way they also provided evidence of meeting all four pillars of advanced practice. Apart from those in research departments there was limited involvement in research by those in specialist or ACP roles.

Two of the ACP midwives explained that they had from the outset intended to use their specialist nursing knowledge to improve care of women in their midwifery careers. They used their knowledge to challenge ways of working and existing systems.

I was lucky to work with a consultant in maternal medicine who recognised that midwives could bring something. My body of knowledge meant that I could understand cardiac conditions and was familiar with cardiac nursing and surgery. I could read blood gases and understood critical care. ACP 16 Consultant Midwife.

Figures 4, 5 and 6 show examples of career routes taken by ACPs.

Education and training

The training programmes which ACPs had undertaken were varied. The majority contained modules on physical assessment and prescribing but some had undertaken a full Masters programme then needed to undertake a separate prescribing module, sometimes in another university. Those on HEE funded ACP apprenticeship routes described history taking, physical assessment and prescribing as key modules. Some courses also offered third trimester ultrasound as an option module. Most of the courses described to us were generic and the ACPs welcomed the opportunity to learn alongside other disciplines.

It was a generic programme so alongside nurses. It took 2.5 years because the ethical approval process through NHS took such a long time. I'm glad I did it. One day each week clinical training and one day university. I had to do an extra six month course afterwards to get the non-medical prescribing because it was not in the course at the time. ACP 11.

A consultant midwife trainee had undertaken a Masters in advanced practice but the trust did not have a role that recognised the skills.

…financially supported to complete MSc, which was required to develop within a band 7 role. However, there is no real role for ACP in midwifery. There is an ACP role in nursing. So, at the end of the course there was no role. ACP 10.

One of the midwives we spoke to explained that the trust had funding for ACP training places but that this was 'not really supposed to include maternity'. Practice development midwives described the difficulty of trying to support the career aspirations of colleagues while not being in a position to grant funding for Masters pathways in advanced practice. Some were creating module by module opportunities but this was cumbersome and created uncertainty.

ACP 11 told us about the trust which supported the midwives through a training programme but then because of a change in senior management the posts for qualified ACPs did not materialise on completion of training.

Those in research roles identified champions or mentors within their organisations who had supported their development.

The trust was supportive but as education levels increased there was confusion along management as to what role someone with a doctorate could hold in a trust. Some organisations are not supportive of consultant midwife roles. A new HOM with a doctorate changed that and helped to carve out the research role. ACP 3.

All research specialist midwives were aware of the National Institute for Health Research (NIHR) clinical academic training routes options. One of the ACPs was leading a research department and a programme of development through different stages towards clinical academic career from pre- masters level internship opportunities. Those in research had often come into the role on a part-time or short-term secondment, discovered an area of passion and continued to develop the role. There was a clear desire to educate others and to champion research as essential to improving midwifery care.

I am a clinical research midwife. I give people opportunities to work with me to experience how research impacts and influences practice and how practice drives research. I run a part of the induction programme for newly qualified midwives called role of research in clinical midwifery. ACP 15.

This level is about moving practice forward, finding out answers to questions…must have a strategic role. It is important that we focus on research skills because these skills help to improve quality in practice. [in] Many organisations research is seen as 'nice to have but not essential'. ACP 3.

In discussion, the research specialist midwives described undertaking all elements of the ACP pillars by using their clinical expertise within the research role, educating others on the benefits and value of research and leading research studies and teams of researchers to the benefit of women and families. However, two were reluctant to identify themselves as advanced clinical practitioners despite having been selected by another senior colleague as examples of ACP. Even within the midwifery research specialists there was no real career planning and although the offer of the NIHR clinical academic routes were there, the 'job' sometimes appeared to get in the way of taking up opportunities for further career development through Masters or PhD. In some cases, midwives reported great satisfaction with their roles and the short course training opportunities and expressed no desire to develop the clinical academic route.

Negotiating their own role is an element of practice that many ACPs and consultant midwives spoke of, in terms of how they worked within teams, led developments and gained respect of colleagues for the services they provide.

You have to negotiate your own role in the organisation. I lead a team providing outreach services to improve patient journey and move women out of HDU as soon as possible. ACP 2.

I had to do some public relations with doctors. I have good links with consultants. They have supported my development, giving me access to clinics like the

colposcopy clinic so I can see and know what I might be identifying when I do speculum examinations. I keep explaining myself. A lot of people won't understand. ACP 12.

One midwife (ACP 4) described a difficult reception to her presentation at a conference where she was challenged by other midwives about the legitimacy of ACP in midwifery. Yet also met newly qualified midwives who were keen to find out more to develop their own career paths.

Distinction between ACP and Consultant Midwife

Those in ACP or ACP trainee roles were very clear that the consultant midwife role was different and less closely aligned with 'hands on' care of women. Some of the ACPs and specialist midwives aspired to Consultant midwife status. Two of the interviewees had undertaken advanced practice Masters pathways but were now in consultant midwife roles. The ACPs saw Consultant midwives as different, in that they led new developments and were involved in services that provided choice for women.

There was clear distinction between the roles of Consultant Midwives who worked at strategic level and ACPs who were more operational:

My leadership cuts across everything I do, and I am part of the senior leadership team which includes midwifery, obstetrics and anaesthetics. ACP 8 Consultant Midwife.

ACP role is patient facing. The team which I lead is providing high quality care to a specific patient population. …in contrast consultant midwife role may support projects like Better Births. ACP 2.

ACP is on the ground, visible, operational. The consultant midwife is more remote, not visible does not work with other midwives but very busy behind the scenes. Notes from interview. ACP 9.

Clinical presence is important in the role of consultant midwife supporting women in complex care planning. The role is a go between for obstetrics and midwifery. It is visible but not necessarily working clinically. ACP 10 Consultant Midwife.

Most consultant midwives had come into their roles through the practice development route after practising in a range of clinical areas. This led them to project leadership in evaluation and audit of practice. The route into consultant midwifery was sometimes guided by others, sometimes supported by Heads of Midwifery although in some cases lack of support prompted the practitioners to seek consultant posts in other trusts.

There is only one consultant midwife programme in England run through HEE Wessex. Those undertaking the training are expected to register for a Masters or PhD programme separately. The course leader described the consultants who have come through the programme as change agents, developers of service and expert midwives who can act as a resource in their trusts. This was distinct from ACP roles which were regarded as operational and 'hands on' providing specialist knowledge and services but not involved in the strategic decisions of service development. One consultant midwife (ACP 14) was clear about how the role should be

distributed across the areas of responsibility. They explained leadership and management as spanning all the areas of responsibility.

40% clinical, 30% quality improvement, 20% research, 10% education. ACP 14 Consultant Midwife.

Another explained the level of practice in a different way:

Originally there was an expectation that consultant midwives would do 50% clinical. Of course that is open to interpretation. Clinical can be lots of things. But you should not be paying a consultant midwife to do the same role that is being done by a band 6. My role means that I see women in my clinics. ACP 7 Consultant Midwife.

All the consultant midwives shared a common view of quality improvement as a key part of the role. However, in interviews although all consultant midwives had been keen to avoid the management route and pointed out that their roles were not managerial, often they had deputised on behalf of the head of midwifery and all were able to identify other consultant midwives who had subsequently moved into head of midwifery posts.

HOMS see the consultant midwife as the go to person for clinical influence, not necessarily doing clinical work. ACP 9.

The relationship between HOMs and consultant midwives was an important element of the role.

I work very collaboratively with the head of midwifery and we are a mutually supportive partnership. ACP 7 Consultant Midwife.

There were some trusts that had consultant midwives in post but had no plans for ACP development in other roles. There were consultant midwives who expressed the view that ACP was not understood in the trust and this was the reason for no plans being in place. One consultant midwife stated that it would be good to have advanced clinical practitioners in the service, but that ACP was not in the plans of the trust (ACP 7). Another consultant midwife told us there was confusion about ACP in that it concentrated on skills that are not midwifery skills for example ultrasound and prescribing which she explained were doctor's roles. Her view was that ACP courses focus only on skills.

There were examples of Consultants and ACP roles co-existing with different areas of responsibility.

You can have both ACPs and consultant midwives in the same organisation. We have both. We all have different roles. ACP 12.

The model of maternal medicine at St Georges, London which has a consultant midwife championing the development of ACP skills and capabilities in midwives to develop and improve the service for women with complex medical conditions.

ACPs were very clear that their role was a midwifery one and supported the care of women, many of whom have complex care needs. This additional training and skills set enables them to provide high quality care.

Consultant midwives were leading service developments and care pathways. Some ACP and specialist midwives aspired to the consultant midwife role as a career goal. The route to ACP roles was not easy to explain and we asked midwives what advice they would give to midwives planning career development to ACP. Most said that it was important to gain grounding in all areas of midwifery to consolidate knowledge and skills.

Go round all the clinical areas, work everywhere so that you have a good range of experience. You cannot be an ACP on triage if you have not had labour ward experience. You can't work in a Hub unless you have worked in community. ACP 11.

Midwives are saying they want an ACP route. I heard a third year student say that at the RCM education conference. She wanted to know how to get there. ACP 6.

They recommended taking all opportunities for continuing professional development, then to follow a specialist area of interest and gain exposure and experience in that before undertaking Masters level education.

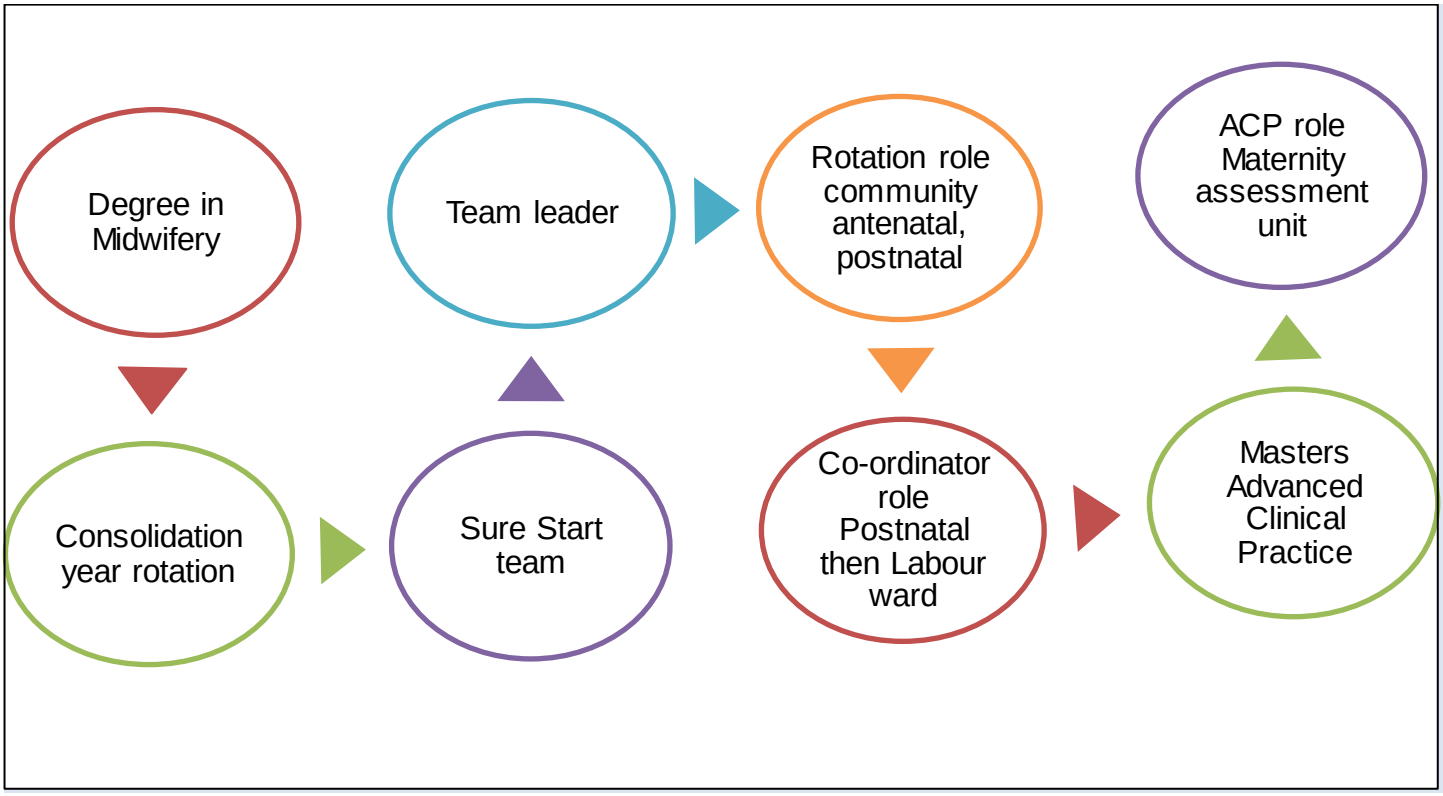
...surprised by the numbers of students that just qualified and want to embark straight away on an MSC. It is really tough working FT and doing MSc. Need grounded knowledge below getting extra skills. ACP MSc is difficult, as most midwives are direct entry now and do not have nursing background. ACP 4.

Some said it was a difficult path and they could not explain how to get there because the support for career development was not always clear.

Examples of career journeys

The following are three case examples of career journeys to advanced practice illustrating the pathways and education.

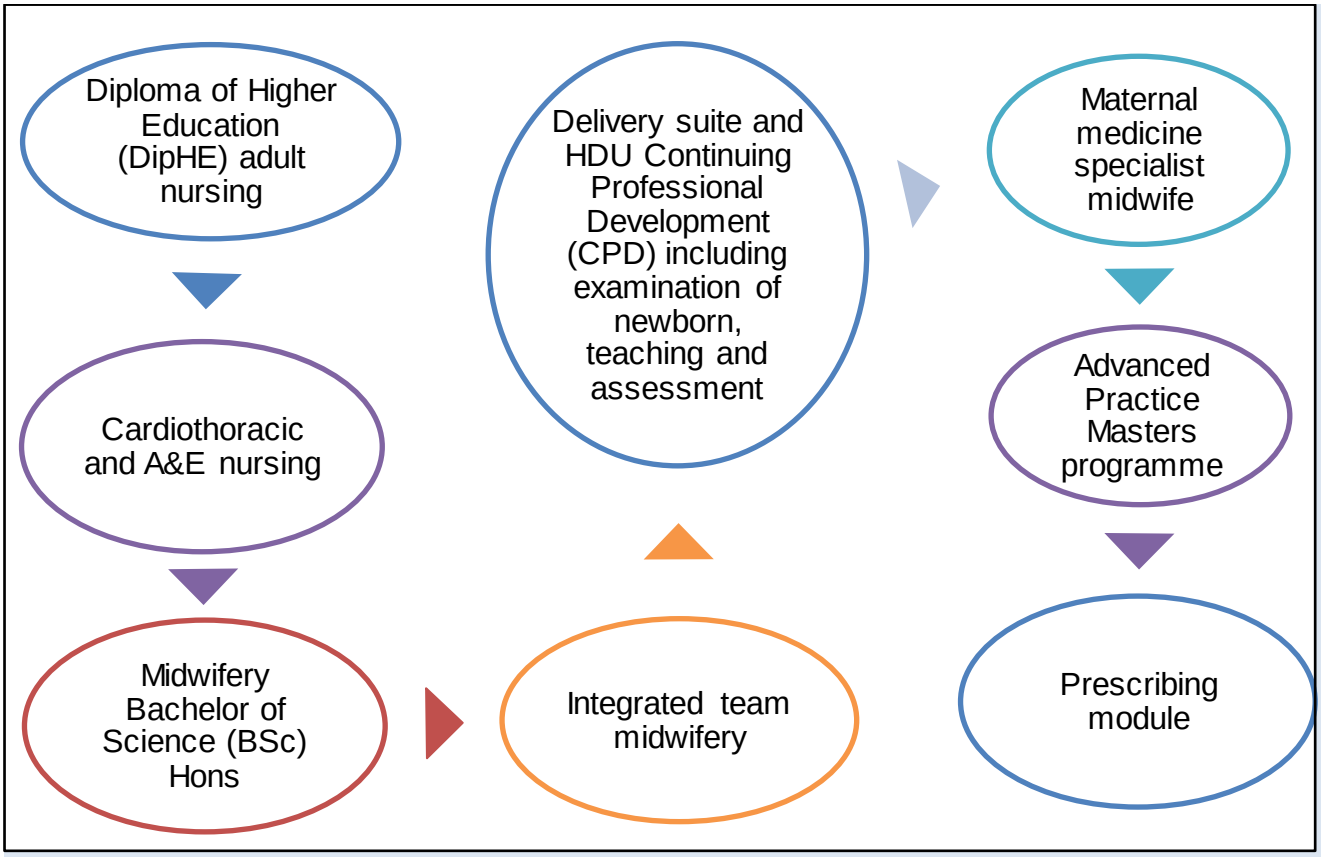
Figure 4 Career route to ACP role from direct entry midwifery



Outline of Figure 4 Career route to ACP role from direct entry midwifery

Top of diagram: 'Degree in Midwifery'
2. 'Consolidation year rotation'
3. 'Sure Start team'
4. 'Team leader'
5. 'Rotation role community antenatal, postnatal'
6. 'Co-ordinator role. Postnatal then Labour ward'
7. 'Masters Advanced Clinical Practice'
8. 'ACP role. Maternity Assessment Unit'

Figure 5 ACP route via nursing



Outline of Figure 5 ACP route via nursing

Top of diagram: 'Diploma of Higher Education (DipHE) adult nursing'
2. 'Cardiothoracic and A&E nursing'
3. 'Midwifery Bachelor of Science (BSc) Hons'
4.'Integrated team midwifery'
5. 'Delivery suite and HDU Continuing Professional Development (CPD) including examination of newborn, teaching and assessment'
6. 'Maternal medicine specialist midwife'
7. 'Advanced Practice Masters programme'
8. 'Prescribing module'

Figure 6 Route to Consultant Midwife role

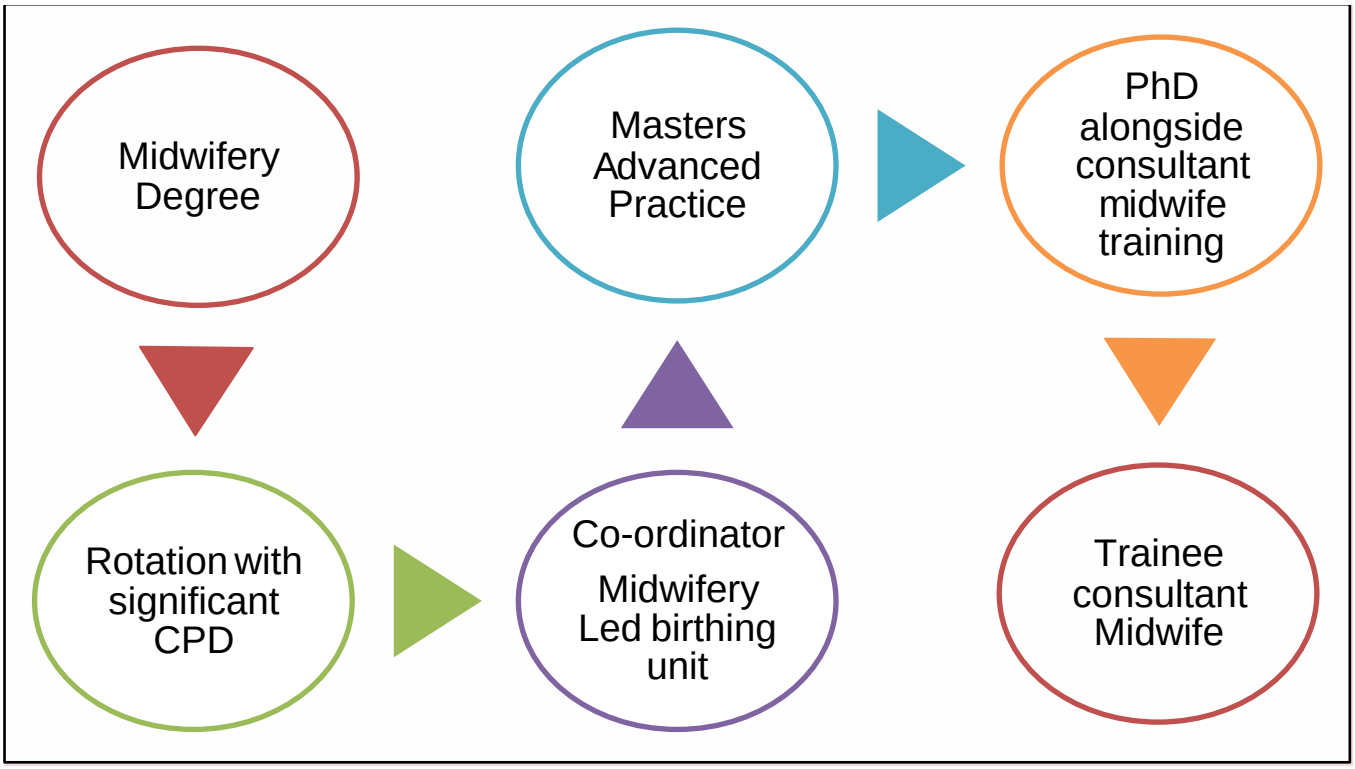


Figure 6 Route to Consultant Midwife role

Top of diagram: 'Midwifery Degree'
2.'Rotation with significant CPD'
3.'Co-ordinator. Midwifery Led birthing unit'
4. 'Masters Advanced Practice'
5. 'PhD alongside consultant midwife training'
6. 'Trainee consultant Midwife'

Lead Midwives for Education

The Lead Midwives National Group was invited to provide input but this group was heavily engaged in managing the process of midwifery preregistration education emergency planning over the data collection period. A planned focus group could not be held so a short questionnaire with an invitation to individual interviews was distributed. Seven LMEs responded with short answers to the questionnaire. It was not possible to arrange interviews during the time frame. Of those who responded two stated there was ACP programme applicable to midwives in their own HEI.

We asked if the universities had ACP or consultant midwives who contributed teaching in their pre-registration programmes. Five of the seven institutions had advanced practitioners who taught on their pre-registration programmes, three of these had a joint contract between trust and HEI, one provided unpaid ad hoc lectures, but had no teaching qualification, and another had associate lecturer status. It is difficult to draw any conclusions with limited information, but it appears that ACP education does not fall in the purview of the Lead Midwives for Education.

Stage 3 Mapping

The argument that midwives are already working at advanced clinical practice level was captured in the data from HOM/DOMS and consultant midwives. The specialist midwives and ACPs we spoke to were clear that the higher level of practice in their roles required further clinical skills development acquired through advanced level study and higher-level capabilities in leadership, management, education and research. The final piece of work undertaken was therefore to conduct an exercise mapping the NMC (2009, 2019) midwifery standards to the national framework for advanced practice. The level of practice and skills described in the proficiencies were taken into account.

The NMC 2009 standards for competence for midwives, states that midwives should be autonomous practitioners and lead carers to women experiencing normal childbirth. The 2019 NMC Standards document gives a detailed account of the expected role of the midwife based on the Lancet definition of midwifery and framework.

One of the key aspects we took account of was the following passage from preamble in the 2019 standards, describing the scope of the midwife:

> Critical thinking, problem solving, positive role modelling, and leadership development are fundamental components of safe and effective midwifery practice. Midwives play a leading role in enabling effective management and team working, promoting continuous improvement, and encouraging a learning culture. Midwives recognise their own strengths, as well as the strengths of others. They take responsibility for their own continuing professional development and know how they can contribute to others' development and education, including students and colleagues.
>
> They have the ability to develop in their careers in directions that can include practice, education, research, management, leadership, and policy settings. They continue to develop and refine their knowledge, skills, resourcefulness, flexibility and strength, self-care, critical and strategic thinking, emotional intelligence, and leadership skills throughout their career (NMC 2019 p4 emphasis and underlining added).

This passage appears to indicate that within the scope of midwifery practice there is room for midwives to develop their skills and knowledge in a range of directions. While the midwife is recognised as the 'lead professional for care and support of women and newborn infants', the standards suggest that there is room for development and growth across the career span of a midwife. So, the proficiencies therefore act as a baseline and do not, in any way, restrict development. It seems to indicate that development can take place across any or all of the four domains of advanced practice.

The list of proficiencies in the 2019 document is long and detailed, explicating skills and knowledge required at the point of registration. In the mapping exercise we explored in detail the language used to describe the proficiencies when mapping against the multiprofessional advanced clinical practice framework. We have used a Red, Amber, Green approach to indicate where the proficiencies do not match, partially match or match (Table 4). We recognise that this mapping exercise is not an exact science and midwives working in different organisations will

have opportunities to use different skills set. We drew on our experience as educators to consider the proficiencies at the point of registration.

Some proficiencies stated the midwife should demonstrate skills whilst others suggested that they need to have knowledge, rather than specific skills. For example, although the 2019 standards suggest that registrants will have knowledge to support prescribing, they will not have the skills to prescribe medicines until they have completed all the requirements in practice supported by evidence. Therefore, although they can give lifestyle advice, and supply some drugs under midwifery exemptions they do not meet the advanced practice level of assessing, diagnosing and prescribing i.e.

1.7 Initiate, evaluate and modify a range of interventions which may include prescribing medicines, therapies, lifestyle advice and care.

As a consequence, we rated this as amber in table 4. Indicating that the ACP attribute is partially fulfilled by the 2019 proficiencies. It was clear that many of the clinical attributes in the ACP framework document could be met by midwives, at least to some extent, particularly those who will in the future graduate with the proficiencies in the latest NMC standards.

Many of the management and leadership, research and education attributes in the ACP framework will require exposure, experience and education to enable midwives to work at the required level. Following analysis, it seems clear that the multiprofessional framework is suitable for midwives to use in developing the skills and knowledge to reach the advanced clinical practice level within the scope of midwifery. Table 4 therefore demonstrates our analysis.

Table 4 Mapping NMC proficiencies against ACP framework

Red (R)	Does not meet criteria
Amber (A)	Partially meets criteria
Green (G)	Fully meets criteria

1. Clinical Practice. Health and care professionals working at the level of advanced clinical practice should be able to:	**NMC 2009**	**NMC 2019**
1.1 Practise in compliance with their respective code of professional conduct and within their scope of practice, being responsible and accountable for their decisions, actions and omissions at this level of practice.	**G**	**G**
1.2 Demonstrate a critical understanding of their broadened level of responsibility and autonomy and the limits of own competence and professional scope of practice, including when working with complexity, risk, uncertainty and incomplete information.	**A**	**G**
1.3 Act on professional judgement about when to seek help, demonstrating critical reflection on own practice, self-awareness, emotional intelligence, and openness to change.	**G**	**G**
1.4 Work in partnership with individuals, families and carers, using a range of assessment methods as appropriate (e.g., of history-taking; holistic assessment; identifying risk factors; mental health assessments; requesting, undertaking and/or interpreting diagnostic tests; and conducting health needs assessments).	**A**	**G**
1.5 Demonstrate effective communication skills, supporting people in making decisions, planning care or seeking to make positive changes, using **Health Education England's framework to promote person-centred approaches in health and care.**	**A**	**G**
1.6 Use expertise and decision-making skills to inform clinical reasoning approaches when dealing with differentiated and undifferentiated individual presentations and complex situations, synthesising information from multiple sources to make appropriate, evidence-based judgements and/or diagnoses.	**A**	**A**
1.7 Initiate, evaluate and modify a range of interventions which may include prescribing medicines, therapies, lifestyle advice and care.	**A**	**A**
1.8 Exercise professional judgement to manage risk appropriately, especially where there may be complex and unpredictable events and supporting teams to do likewise to ensure safety of individuals, families and carers.	**R**	**G**
1.9 Work collaboratively with an appropriate range of multi-agency and inter-professional resources, developing, maintaining and evaluating links to manage risk and issues across organisations and settings.	**R**	**G**
1.10 Act as a clinical role model/advocate for developing and delivering care that is responsive to changing requirements, informed by an understanding of local population health needs, agencies and networks.	**R**	**G**
1.11 Evidence the underpinning subject-specific competencies i.e., knowledge, skills and behaviours relevant to the role setting and scope, and demonstrate application of the capabilities to these, in an approach that is appropriate to the individual role, setting and scope.	**G**	**G**

2. Leadership and Management. Health and care professionals working at the level of advanced clinical practice should be able to:	**NMC 2009**	**NMC 2019**
2.1 Pro-actively initiate and develop effective relationships, fostering clarity of roles within teams, to encourage productive working.	**R**	**A**
2.2 Role model the values of their organisation/place of work, demonstrating a person-centred approach to service delivery and development.	**R**	**A**
2.3 Evaluate own practice, and participate in multi-disciplinary service and team evaluation, demonstrating the impact of advanced clinical practice on service function and effectiveness, and quality (i.e., outcomes of care, experience and safety).	**R**	**R**
2.4 Actively engage in peer review to inform own and other's practice, formulating and implementing **strategies to act on learning** and make improvements.	**R**	**R**
2.**5 Lead new practice and service redesign solutions** in response to feedback, evaluation and need, working across boundaries and broadening sphere of influence.	**R**	**R**
2.6 Actively seek feedback and involvement from individuals, families, carers, communities and colleagues in **the co-production of service** improvements.	**A**	**R**
2.7 Critically apply advanced clinical expertise in appropriate faciliatory ways to provide consultancy across professional and service boundaries, influencing clinical practice to enhance quality, reduce unwarranted variation and promote the sharing and adoption of best practice.	**R**	**R**
2.8 Demonstrate team leadership, resilience and determination, managing situations that are unfamiliar, complex or unpredictable and seeking to build confidence in others.	**R**	**R**
2.9 Continually develop practice in response to changing population health need, engaging in horizon scanning for future developments (e.g., impacts of genomics, new treatments and changing social challenges).	**R**	**R**
2.10 Demonstrate **receptiveness to challenge and preparedness to constructively challenge others,** escalating concerns that affect individuals', families', carers', communities' and colleagues' safety and well-being when necessary.	**A**	**A**
2.11 **Negotiate an individual scope of practice** within legal, ethical, professional and organisational policies, governance and procedures, with a focus on managing risk and upholding safety.	**A**	**A**

3. Education. Health and care professionals working at the level of advanced clinical practice should be able to:	**NMC 2009**	**NMC 2019**
3.1 Critically assess and address own learning needs, negotiating a personal development plan that reflects the breadth of ongoing professional development across the four pillars of advanced clinical practice.	**R**	**A**
3.2 Engage in self-directed learning, critically reflecting to maximise clinical skills and knowledge, as well as own potential to lead and develop both care and services.	**R**	**G**
3.3 Engage with, appraise and respond to individuals' motivation, development stage and capacity, working collaboratively to support health literacy and empower individuals to participate in decisions about their care and to maximise their health and well-being.	**R**	**G**
3.4 Advocate for and contribute to a culture of organisational learning to inspire future and existing staff.	**R**	**R**
3.5 Facilitate collaboration of the wider team and support peer review processes to identify individual and team learning.	**A**	**R**
3.6 Identify further developmental needs for the individual and the wider team and supporting them to address these.	**R**	**R**
3.7 Supporting the wider team to build capacity and capability through work-based and interprofessional learning, and the application of learning to practice.	**R**	**R**
3.8 Act as a role model, educator, supervisor, coach and mentor, seeking to instill and develop the confidence of others.	**R**	**G**

4. Research. Health and care professionals working at the level of advanced clinical practice should be able to:	NMC 2009	NMC 2019
4.1 Critically engage in research activity, adhering to good research practice guidance, so that evidence-based strategies are developed and applied to enhance quality, safety, productivity and value for money.	R	R
4.2 Evaluate and audit own and others' clinical practice, selecting and applying valid, reliable methods, then acting on the findings.	A	R
4.3 Critically appraise and synthesise the outcome of relevant research, evaluation and audit, using the results to underpin own practice and to inform that of others.	A	A
4.4 Take a critical approach to identify gaps in the evidence base and its application to practice, alerting appropriate individuals and organisations to these and how they might be addressed in a safe and pragmatic way.	R	R
4.5 Actively identify potential need for further research to strengthen evidence for best practice. This may involve acting as an educator, leader, innovator and contributor to research activity and/or seeking out and applying for research funding.	R	R
4.6 Develop and implement robust governance systems and systematic documentation processes, keeping the need for modifications under critical review.	R	R
4.7 Disseminate best practice research findings and quality improvement projects through appropriate media and fora (e.g., presentations and peer review research publications).	R	A
4.8 Facilitate collaborative links between clinical practice and research through proactive engagement, networking with academic, clinical and other active researchers	R	R

Conclusion

It is clear that the multiprofessional advanced clinical practice framework (HEE 2017) describes a level of practice and capabilities for managing complex care and decision making across a range of settings to meet the needs of local populations. The purpose of the framework is to enable a level of practice to be described allowing professionals to optimise their full potential within multiprofessional teams.

Key point 1. The multiprofessional advanced clinical practice framework describes a level of practice.

There is an appetite for career development that enables midwives to stay close to women and those who spoke to us all echoed this passion for the meaning of 'with women' as central to their professional ethos. Midwives are taking advantage of opportunities for education and training where they are presented, and this works best where employers have a clear vision for service innovation requiring the skills and capabilities that the ACP framework provides. However, this is not a universal approach due to a lack of information about the level of practice among senior leaders.

Key Point 2. Lack of information for midwifery leaders is a potential barrier to development of ACP in midwifery.

The Lancet Framework describes a progressive universal framework for maternity care that is inclusive of all women regardless of their health or social status. Midwives with advanced clinical skills are able to provide continuity of care to women with complex needs, in some cases through new multiprofessional models of care. This personalised care fits with the vision of Betters Births. The Heads and Directors of midwifery using ACP are doing so to ensure equity of care provision across complex populations where health and social challenges require innovative approaches.

The common thread across all the stakeholders is that midwives are growing their knowledge and skills base through education and practice experience to support new ways of working in maternity services. The higher level of skills is accompanied by more complex sophisticated levels of knowledge to support clinical decision making. The midwives we spoke to were clear that they are providing care through innovative service models to meet the needs of local populations. They were working in complex multidisciplinary teams, leading and contributing to education, audit and evaluation. A small number of consultant midwives were involved in research. Those in specialist research roles were leading on projects and supporting research implementation and knowledge development in a wider context.

Key Point 3. Midwives are seeking out opportunities to become advanced clinical practitioners.

Leary et al (2017) found that the plethora of nursing specialist roles highlighted the difficulties of lack of clarity over level of practice and called for a national standardisation approach to ensure professional clarity. The ACP framework provides this in a way that can be applied across a range of professions. The midwifery profession already supports the advanced practice level of the consultant midwife role. The RCM career framework identifies specialist midwife and consultant midwife roles as options within a career pathway. The description of specialist midwife requires further work as there is no descriptor within the framework describing advanced clinical practice in the sense of the HEE framework. Our evidence from midwifery leaders and advanced practitioners shows there is confusion over role titles, levels of practice and applicability within models of maternity care. Each role that uses the level of advanced clinical practice is unique as it meets and organisational or service requirement of the local population. However, opportunities for leaders to share their experience of local role development will enable greater understanding of the applicability of the ACP framework to enhance multiprofessional working.

The ACP framework could be used to enable clarity of professional development and support job matching to specific midwifery roles based on the four pillars: clinical; leadership and management; education and research. The use of the framework would benefit those who are already using the attributes of the four pillars through a potential for credentialling. HEIs offering advanced clinical practice masters programmes should be able to map their courses and modules to the ACP framework.

The mapping exercise which examined NMC midwifery standards against the ACP national framework indicates that midwives' clinical skills map to some extent onto the framework for advanced clinical practice. Midwives are working independently and supporting women through the whole journey of pregnancy. Therefore, it is not inaccurate to state that midwives demonstrate some advanced level of capability, so it could be assumed their starting point on

an advanced clinical practitioner pathway may have a foundation based on their existing NMC proficiencies. Those who graduate on programmes underpinned by the NMC 2019 midwifery standards will have further skills at point of qualification (for example newborn infant physical examination and partial preparation for prescribing). However, the skills associated with complex decision making, assessment and diagnosis as well as prescribing treatment are not met by midwives at the beginning of their career journey. Therefore, it would be inaccurate to describe newly qualified midwives as advanced clinical practitioners. Further, the requirements for education, research and leadership and management are not all met by midwives with reference to the NMC midwifery standards. The ACP framework makes explicit that this advanced level of practice and decision making requires exposure, experience and education. Midwives in specialist roles, leading new innovative services and working as expert practitioners in clinical and community settings may indeed be able to map their knowledge and capabilities to the ACP framework and should have the opportunity to do so with support from within the profession.

Key point 4. Mapping of NMC proficiencies against ACP framework shows that it would be inaccurate to describe newly qualified midwives as advanced clinical practitioners.

There is a drive from early career midwives for clinical career development opportunities and an enthusiasm for change in service delivery models in maternity care. The call from midwifery leaders for national guidance and support is very clear. The development by Health Education England of the Centre for Advancing Practice provides an opportunity for midwifery to find guidance, support and recognised accredited courses for development of advanced clinical practice. The leaders of the profession and the individual organisations must decide on the capabilities required within specific roles that are created to use the higher-level skills to benefit the care of people during pregnancy, childbirth and early weeks of parenthood.

Recommendations

1. A national campaign to dispel the myths around Advanced Clinical Practice and to explain the difference between midwives as autonomous practitioners and the higher level of practice described in ACP framework.

2. Consider the development of an education and career pathway linked to the multiprofessional ACP Framework to enable midwives to plan career routes.

3. Information on the use of the apprenticeship levy for Master's level ACP should be made available to HOMs and DOMs and practice development teams in midwifery.

4. Workshops should take place at regional and national level for midwifery leaders to dispel myths around ACP and showcase ways that ACP is working in maternity services with opportunities for leaders to share ideas and best practice.

5. Training and education routes and funding opportunities to ACP should be accessible to midwives across England through trust education departments and local HEIs.

6. Local support should be provided to assess those who have a claim to advanced practice through credentialling.

7. HEIs with multiprofessional ACP programmes should consult with local midwifery practice and education leads to develop midwifery applicable modules to meet local service need.

8. The RCM should consider showcasing advanced clinical practitioners in midwifery within the RCM framework. Whilst this framework uses the same overarching attributes as the ACP multiprofessional framework, it does not explicitly reference advanced practice. Doing so would help illustrate new emerging roles, and the educational routes available through apprenticeship and traditional master's programmes in advanced practice as well as progression via this route to consultant midwife to support their midwifery career framework descriptions**.**

9. Employers should consider using ACP framework to map role descriptors to ensure recognition of the advanced levels of clinical practice.

10. Research and evaluation of ACP innovations in midwifery should be undertaken to provide evidence of effectiveness.

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List of contributing organisations

These organisations agreed to be listed. Other organisations contributed but were not asked for agreement to be listed.

Birmingham City University
Bradford Teaching Hospitals NHS Foundation Trust
Cheshire and Merseyside Health and Care Partnership
East Sussex Healthcare NHS Trust
Frimley NHS Foundation Trust
Health Education England -Wessex
Liverpool John Moores University
Poole NHS Foundation Trust
East and North Hertfordshire NHS Trust
St George's University Hospitals NHS Foundation Trust
Royal College of Midwives
Royal Berkshire NHS
University Hospital Southampton NHS Foundation Trust
University Hospital Coventry and Warwick
Warrington & Halton Teaching Hospitals NHS Trust
Western Sussex NHS Hospitals Foundation Trust

Appendix 1 Table of Studies

Author And ID	Year country	Title and Question or aim	Study sample	Method	Limitations	Key findings
Begley et al **SR001**	2013 Ireland	Differences between clinical specialist and advanced practitioner clinical practice, leadership, and research roles, responsibilities, and perceived outcomes (the SCAPE study) *Journal of Advanced Nursing* Begley, Cecily; Elliott, Naomi; Lalor, Joan; Coyne, Imelda; Higgins, Agnes; Comiskey, Catherine M. Vol. 69 Issue 6, pp. 1323–1337, 2013. Aim Comparison of roles, responsibilities and outcomes between specialists and advanced practitioners	23 clinical specialists and Advanced Nurse Practitioners (ANPs)	Mixed methods case study Observation of specialists and nurse practitioners Interviews with 21 clinicians 3 clinical midwifery specialists (CMS) and 13 directors of Nursing or midwifery Survey of 154 service users	Very small number of midwives no AMPs only 3 midwifery Clinical specialists	Clinical leadership addressing queries for patients and staff. Coordinating multidisciplinary teams (particularly CMS and Advanced Nurse Practitioner (ANP)). Education – educating multiprofessional teams. Professional leadership ANPs on national and international committees responsible for updating clinical guidance. Research – evidence-based practice in all groups. Audit for Clinical Nurse Specialists (CNS) and CMS., ANPs and CMS more likely to coordinate research.

Author And ID	Year country	Title and Question or aim	Study sample	Method	Limitations	Key findings
Gaskell & Beaton SR002	2015 UK linked to University of Salford	Developing clinical competency: experiences and perceptions of advanced midwifery practitioners in training. Nurse Education in Practice Gaskell L, Beaton S. 2015 15 266 – 270 Aim To explore experiences of AMP students in developing competencies on a MSC APP course	5 midwives	Focus group interviews Grounded theory	Focussed on the skills developed within the training programme	Clinical care – development of autonomy in complex case management and instrumental births. Diagnostic skills and referral including blood sampling, perineal repair and kiwi delivery. Leadership and collaborative practice – more involved in collaborative interprofessional discussions. Service improvements and developments keen to develop policies mainly related to competency in others. Developing self and others – developing mandatory training for others.

Author And ID	Year country	Title and Question or aim	Study sample	Method	Limitations	Key findings
Casey et al SR003	2017 Ireland	Review the outcomes and impact of specialist and advanced practice nursing practice on quality of care cost and access to services. Casey , O'Connor L, Cashin A, Smith R, O'Brien D, Nicholson E, O'Leary D, Fealy G, McNamara M, Glasgow M E, Stokes D, Egan C 2017 Nurse Education Today 56, September 2017, Pages 35-40 Aim To review international literature on impact	86 papers	Raid Narrative review Mixed methods	Limited focus on midwifery roles	Limited evidence internationally that focussed on advanced midwifery roles (seemed to draw mainly on only one paper by Begley in 2010).

Author And ID	Year country	Title and Question or aim	Study sample	Method	Limitations	Key findings
O'Connor et al **SR004**	2018 Ireland	The universal and collaborative and dynamic model of specialist and advanced nursing practice: a way forward? O'Connor L, Casey M, Smith R, Fealy G, O'Brien D, O'Leary D, , Stokes D, McNamara M, Glasgow M E. Cashin A J Clin Nurs 2018 27 e882-894 Aim Inform development of a model for specialist and advanced practice.	15 Mainly nurses in specialist and AP roles.	Qualitative study using interviews	Little specific reference to midwifery activities	

Van Hecke **SR005**	2019 Belgium	Leadership in Nursing and midwifery: activities and associated competencies of advanced practice nurses and midwives. Van Hecke A. Goemaes R, Verhaeghe, S, Beyer W, , Decoene E, Beeckham D J Nurse managemen t 2019 27 1261 - 1274 Aim To examine performance and competencies of advanced PNs and AMPs	66	Cross sectional questionnaire related to 78 tasks for ANPs and 82 for AMPs 58 APNs and 5 AMPs 92 questionnaires returned but 29 not fit for analysis	Not all hospitals took part	Domains Clinical and professional leadership; Change management and innovation; Research – 25% non-execution – this associated with Clinical setting; Clinical expertise as above. Non execution - More common in peripheral hospital than university hospital. Consultation and consultancy Multidisciplinary cooperation. Ethical decision making 95% of clinical and professional leadership focussed on guideline development. Minority were involved in policy meetings at hospital level despite 2/3 feeling competent to do so. 23% ANPs and 10%AMPs were participating in national or international advisory boards. 85% of practitioners were involved in innovation and change management at local level. More than 80% were able to translate and disseminate research literature into evidence-based practice.

Author And ID	Year country	Title and Question or aim	Study sample	Method	Limitations	Key findings
						2/3 cooperated in research in their specialisation. 30% published in International journals, Mainly those from university hospitals.
Goemeaes SR006	2018 Belgium	Factors influencing the implementation of advanced midwife practitioners in healthcare settings: a qualitative study. Goemaes R, Shaw J, Beeckham D, Decoene E, Verhaeghe S, Van Hecke A. 2018 Midwifery 66 88 - 96 Aim To explore factors influencing implementation of midwife practitioner roles	Purposive sampling 32 chief nurses, middle managers heads of midwifery	Focus group and individual interviews Framework analysis. Using framework of nursing AP competencies	Qualitative only study. No stats included to indicate number or distribution of midwifery roles. Much focus on the legal and policy context of Belgium	Definition of AMP is clear. Nursing leads more clear on the benefits of advanced practice roles. Midwifery middle management much more negative about benefits**.**

Author And ID	Year country	Title and Question or aim	Study sample	Method	Limitations	Key findings
Casey et al SR007	2019 Ireland	Enablers and challenges to advanced nursing and midwifery practice roles Casey M, O'Connor L, Cashin A, Fealy G, Smith R, O'Brien D, Stokes D, McNamara M, O'Leary D, Glasgow M E. J Nurs Manag 2019. 27, 271 - 277 Aim To describe enablers and challenges to advanced practice roles in nursing and midwifery	15 nurses and midwives working in specialist and advanced practice roles		Small numbers of midwives	Regulated role now in Ireland with standards for advanced nursing in 2017 and standards for advanced midwifery practice 2018. Conceptualised roles in education, research, clinical decision-making system support and leadership. Key themes Collegial interprofessional and interpersonal support. Role clarity, economic and regulatory context. Managerial support for the role is key, with alignment of resources and responsibility. Evidence of need to support services is important to continued development of the roles in local services
Wilson et al 2016 SR009	2017 UK	Consultant crisis Wilson C, Hall L, Chilvers R 2016. Midwives winter 2017 62-63 Aim To scope the role of consultant midwives	84	Survey through RCM consultant midwives forum	Limited detail	84 midwives employed in Consultant role. Crisis looming due to a retirement bulge pending. Consultant roles should be based on 4 levels of advanced practice. Described in 2009 by RCM

Author And ID	Year country	Title and Question or aim	Study sample	Method	Limitations	Key findings
Wilson & Brigante **SR008**	2019 UK	Consultant midwives in the United Kingdom, the Channel Islands and the Isle of Man: what has changed? A two year follow up of the Consultant Midwife Mapping Project Aim To survey consultant midwives about scope of roles Wilson C and Brigante L MIDIRS Midwifery Digest 2019 29:3	93	Survey	Limited detail	Focussed on scope of the roles. Appear to work across the 4 pillars of advanced practice but these elements not all weighted equally. Includes managerial and leadership functions. Complex care in clinical practice 77% involved in education of students and Education of multidisciplinary teams but only 4% had formal contractual arrangements with universities. Research element of the role appears less well embedded. Focus on succession planning and challenges of working at consultant midwife level depended on local picture.

Appendix 2 Case Examples

University Hospitals Coventry and Warwickshire

Complex maternity care

- Team of 8.4WTE Band 6 midwives led by the Band 8a ACP.
- The team focus on women who attend the combined obstetric cardiology clinic, renal obstetric clinic, and the multiple pregnancy clinic. It will also include women with perinatal mental health concerns, those with a history of drug and alcohol misuse and those who disclose domestic violence at booking.
- These women will attend the ACP/Midwife led clinic the team midwives primarily work on the Labour ward providing 24/7 cover and rotate to work alongside the ACP in both the consultant clinics and midwife clinics.

Poole Hospital

Antenatal day assessment unit

- Led by Advanced midwifery practitioner.
- Aims to reduce length of visit to assessment unit by improving patient experience.
- Reduce hospital admissions.
- Improve education of staff on the unit to conduct thorough assessments.
- Reduce the need for a doctor decision.

Cheshire and Merseyside apprenticeship

Cheshire and Merseyside community Hubs

- Midwives working in community hubs. Midwives may refer women to ACPs who are able to assess, diagnose and treat minor illness on a care closer to home model.
- Training provided through apprenticeship route.