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ALLOCATION OF SUPERVISORS TO MIDWIVES

Guideline produced by: West of Scotland Supervisors of Midwives
Guideline Development Group

Consultation process:

Current version (1) Reviewed by the West of Scotland Supervisors of Midwives Guideline Development Group and all Supervisors of Midwives via Link Supervisors and Heads of Midwifery

Approved by: Supervisors of Midwives Guideline Development Group and the Local Supervising Authority Midwifery Officer

Date: 15th July 2009

Implementation date: 14th September 2009

Review Date: June 2012



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ALLOCATION OF SUPERVISORS TO MIDWIVES

1. On commencing employment or if changing LSA every practising midwife will be allocated a named Supervisor of Midwives (NMC 2004 Midwives rules and standards – Rule 12).

Where practice is undertaken in more than one LSA, a copy of the Intention to Practise form is given to a Supervisor of Midwives in each area. However, one named Supervisor of Midwives should be identified to provide overall professional support and guidance.

- In the case of midwives who have a substantive contract with a particular unit and are employed on the bank of other NHS Boards, the named Supervisor of Midwives should be within the employing NHS Board where the substantive post is held.
- In the case of midwives practising cross boundary the named Supervisor of Midwives should be within the employing NHS Board where the substantive contract is held.
- For self employed midwives the allocation of a named Supervisor of Midwives is normally from within the midwife's main area of practice. In addition the self employed midwife should maintain contact with the Supervisor of Midwife within the LSA she is providing care. This also applies to bank only midwives without a substantive post.

These arrangements will facilitate continuity of support, effective liaison and a consistent approach for supervision of midwifery practice.

2. It is recommended that within the NHS midwives are allocated a named Supervisor of Midwives within the employing NHS Board for the following reasons/advantages:
 - To ensure continuous access to a named Supervisor of Midwives and availability for support and guidance, including "on call" arrangements for Supervisors of Midwives.
 - For organisation and continuity of annual supervisory interviews, receiving and verification of Intention to Practise forms, ensuring requirements of NMC (2008) PREP are fulfilled.
 - Familiarity with the provision of maternity services within the NHS Board boundary, including local policies, procedures and guidelines of the NHS Board, local arrangements for medical aid, emergency



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services, statutory documentation, supplies and equipment, home births, etc.

- To facilitate effective channels of communication and liaison with midwives, managers, Supervisors of Midwives and the LSA Midwifery Officer and also with medical personnel and GPs.
- Familiarity with the practice environments in which the midwife is working.
- Familiarity with local drug policies and record keeping in accordance with statutory instruments and LSA guidance.
- Continuity of records of supervisory activities, maintaining confidentiality, safe storage of records.
- To facilitate professional development in relation to education, practice and the acquisition of new skills or competencies and updating in accordance with NMC (2008) PREP requirements and NMC (2004) Midwives rules and standards.
- To provide arrangements for implementing and supporting change related to practice issues based on research and evidence based practices, thereby enabling local strategies for developing key areas of practice.
- Supervision within an employing NHS Board will provide a significant contribution to risk management within the NHS Board, through standard setting, policies and guidelines, quality assurance, clinical audit and audit of records as well as critical incident investigations and analysis.
- Planning, monitoring and evaluating of supervised practice, with provision of support for the midwife.
- Dissemination of information from the LSA, NMC, Scottish Government, NHS QIS, NES and NHS Board.

It is recommended that within Higher Education Institutions, midwifery lecturers are supervised by a Supervisor of Midwives within a NHS Board affiliated to the HEI.



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A suggested pro forma, for informing midwives new to the NHS Board of local arrangements, follows this guidance.

3. On appointment, midwives will be allocated to their named Supervisor by a variety of methods, which are designed to meet local needs and individual preferences. For example:
 - Temporary allocation for a short period of time after which the midwife may elect to change her Supervisor.
4. Considering the diverse activities Supervisors of Midwives must undertake, it is useful if the Supervisors in a local team represent a variety of backgrounds and experiences within the midwifery services, e.g. clinician, manager, educationalist. Each Supervisor of Midwives can bring different skills and perspectives to the role.
5. The midwife must be given the choice of changing her named Supervisor of Midwives. If a midwife wishes to change she may approach any Supervisor, however, it is recommended that the process be managed by one identified Supervisor of Midwives. Midwives wishing to change their Supervisor should be encouraged to indicate the reasons for doing so e.g. the expertise of a particular Supervisor in relation to that midwife regarding personal, clinical, managerial or educational issues. (A sample form is included at the end of this section).
6. The Link Supervisors of Midwives should be aware of any midwife who changes her named Supervisor frequently and try to establish the reasons why.
7. If re-allocation of midwives to Supervisors becomes necessary, due to the appointment or resignation of a Supervisor of Midwives, midwives being re-allocated should be offered a choice of a new Supervisor.
8. It must be emphasised to the midwife that she can approach any Supervisor of Midwives at any time if a problem arises. Thus, although midwives will have a named Supervisor of Midwives, other Supervisors should make themselves available to all midwives within the local team so that midwives can draw upon their particular expertise or qualities.
9. A Supervisor of Midwives also has the right to change the midwife/midwives she supervises.



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10. In exceptional circumstances, it may be appropriate for a period of time, for a midwife to be allocated a Supervisor of Midwives in another LSA e.g. where there are insufficient Supervisors of Midwives available.

The LSA Midwifery Officer, in conjunction with local Supervisors of Midwives, will make the decision regarding arrangements for a midwife to have a Supervisor of Midwives outside the employing NHS Board.

11. When the LSA or a NHS Board requests that a Supervisor of Midwives undertakes activities in an area other than her employing NHS Board, arrangements regarding vicarious liability should be made by the NHS Board.