

## Meeting of the Midwifery Committee

to be held between 10:00 and 12:00 followed by lunch (from 12:30) on 26 July 2016  
in the Council Chamber, 23 Portland Place, London W1B 1PZ.

### Agenda

Dr Anne Wright  
Chair of the Midwifery Committee

Jennifer Turner  
Secretary to the Committee

### Preliminary items

1	<b>Welcome from the Chair</b>	M/16/30	10:00
2	<b>Apologies for absence</b>	M/16/31	
3	<b>Declarations of interest</b>	M/16/32	
4	<b>Minutes of the last meeting</b>	M/16/33	
	Chair		
5	<b>Summary of actions</b>	M/16/34	
	Secretary		

### Matters for discussion

6	<b>Midwifery regulation change: Update paper</b>	M/16/35	10:05
	Assistant Director, Strategy and Insight		
7	<b>Midwifery regulation change: Risk register</b>	M/16/36	10:15
	Assistant Director, Strategy and Insight		
8	<b>Revalidation update</b>	M/16/37	10:20
	Deputy Director, Education, Standards and Policy		<b>(Presentation)</b>
9	<b>Education update</b>	M/16/38	10:40
	Assistant Director, Education and Standards		<b>(Oral)</b>
10	<b>National maternity review</b>	M/16/39	10:55
	Assistant Director, Strategy and Insight		<b>(Oral)</b>

- |    |  |  |       |
|----|--|--|-------|
| 11 | <b>Regulating midwifery in the future</b>        | M/16/40                                    | 11:10 |
|    | Deputy Director, Education, Standards and Policy | <b>(Presentation<br/>&amp; discussion)</b> |       |

### **Matters for information**

- |    |   |               |       |
|----|---|---------------|-------|
| 12 | <b>Midwifery Panel Update</b>           | M/16/41       | 11:50 |
|    | Chief Executive and Registrar           | <b>(Oral)</b> |       |
| 13 | <b>Schedule of business 2016 – 2017</b> | M/16/42       |       |
|    | Chair / Secretary                       |               |       |
| 14 | <b>Any other business</b>               | M/16/43       |       |
|    | Chair                                   |               |       |

The next meeting will be held on Wednesday 26 October 2016 at 23 Portland Place, London.

Meeting of the Midwifery Committee  
 Held at 11:00 on 27 April 2016  
 at 23 Portland Place, London W1B 1PZ

## Minutes

### Present

#### Members:

Dr Anne Wright	Chair of the Midwifery Committee
Pradeep Agrawal	Member
Dr Patricia Gillen	Member
Dr Tina Harris	Member
Farrah Pradhan	Member
Susanne Roff	Member
Lorna Tinsley	Member

#### NMC officers:

Jackie Smith (M/16/25 only)	Chief Executive and Registrar
Alison Sansome	Chief Operating Officer
Anne Trotter	Assistant Director, Education and Standards
Emma Westcott	Assistant Director, Strategy and Insight
Rachel Dufton	Assistant Director, Communications
Chris Jenkinson (M/16/29 only)	Strategic Relationships Manager
Jennifer Turner	Governance and Committee Manager (Secretary)
Alex Davies (M/16/29 only)	Senior Account Director, Tonic Life Communications

#### Observers:

David Foster	Department of Health
Jess Read	LSAMO Forum
Louise Silverton	Royal College of Midwives
Nicky Clark	LME Forum
Verena Wallace	Department of Health, Northern Ireland
Professor Jacqueline Dunkley-Bent	NHS England

*Secretary's note: Some items were discussed out of order. The minutes reflect the order of the agenda.*

## **Minutes**

### **M/16/13 Welcome from the Chair**

1. The Chair welcomed members of the Committee, NMC staff and observers to the meeting.

### **M/16/14 Apologies**

1. No apologies were received.

### **M/16/15 Declarations of Interest**

1. No declarations of interest were made.

### **M/16/16 Minutes of the previous meeting**

1. The Committee noted the draft minutes of the previous meeting and asked that the following changes be made:
  - a) M/16/05 (1). Delete the statement that NHS England would be making an official response to the report into the maternity review in England.
  - b) M/16/06 (6f). 140 years of supervision be changed to 114.
  - c) M/16/09 (2e). Second sentence was confusing. The Committee asked that this be changed to be clearer.
2. The minutes of the meeting of the Committee held on 24 February 2016 were confirmed as a correct record, subject to the changes above.

### **M/16/17 Summary of actions**

1. The Committee noted the summary of actions. All items were complete.
2. For the benefit of the observers, the Chair explained that action M/16/07 was discussed in a confidential session of the Committee earlier in the day, as was an item relating to a draft guidance document for midwives for use after the anticipated legislative change. Both of these items would be brought to a future open meeting when the documentation was far enough advanced for public viewing.

### **M/16/18 Midwifery regulation change: Transition paper**

1. The Committee noted the paper which contained a preliminary draft of a proposed document designed to prompt midwifery sector partners to think about the activities and functions that were anticipated to change as part

of the regulatory review.

2. In discussion, the Committee provided the following comments and suggestions:
  - a) The Council had previously noted that it has a moral responsibility to support the smooth transition of activities during the regulatory change. The draft transition document was an initial tool to achieve this.
  - b) Regarding data on midwives intention to practise, the Committee stressed the importance of receiving assurance that a replacement had been considered. It was important that there be a mechanism for accurately identifying midwives. For its own regulatory purpose the NMC would rely on data collected every three years from revalidation. It was for sector partners to consider whether they needed annual data about practising midwives.
  - c) Regarding the section on independent midwives, it was suggested that a statement or question be added at as a prompt on how public protection was going to be addressed.
  - d) The NMC was confident that revalidation would place appropriate requirements on independent midwives. However, the sector had the option to regulate independent practice, as it does with other aspects of health and social care, should further assurance be required. The Committee asked that this issue be brought to the attention of Council.
  - e) The Committee asked that consideration be given to exploring whether some historical data on midwifery supervision should be provided to the National Archives, given the unique nature and long history of supervision in the profession.
  - f) The various prompts for action addressed to the sector and employers in the document were apposite and well-framed. However, additional assurance would be gained if the transition boards provided a formal response to the transition document indicating the actions that had been put in place.
  - g) Some specific changes to the transition document were suggested by the Committee and observers. These would be incorporated into the document.

**M/16/19 Midwifery regulation change: Risk register**

1. The Committee noted the progress that had been made since the last meeting.
2. In particular, the Committee noted that a number of planned actions had

been undertaken and were now mitigations in place.

**M/16/20      Next steps with the Preparation of Supervisors of Midwives Programmes**

1. The Committee noted the paper on the Preparation of Supervisors of Midwives (PoSoM) programmes. The paper presented the timeframe for change and a number of options available for the next steps. The recommended option was that the NMC withdraw approval for providers to offer PoSoM programmes from late 2016. The Committee noted the NMC's intention to consult with PoSoM programme providers and allow them to make representations.
2. In discussion, the following points were made:
  - a) Regardless of the final decision, the NMC would not be making any formal announcement about PoSoM programmes until the Department of Health responded to the outcome of the Section 60 consultation.
  - b) General consensus in the education and midwifery community was that the PoSoM programme would still be considered valuable learning, even if the statutory element of supervision was removed. Institutions would not like to see the courses completely discontinued and some were preparing to create a new version of the PoSoM programme for the post-legislative change landscape.
  - c) The recommendation was based on legal advice and the understanding that there needed to be a formal end to accredited programmes at an appropriate time.
  - d) The Committee expressed a preference for the NMC not to withdraw approval for providers to offer PoSoM programmes, and to let providers know that the NMC would not stand in the way of sensible modifications to programmes that moved away from the statutory role and anticipated the role of supervision after the change.

**M/16/21      Update on the maternity reviews in England and Scotland**

1. The Committee received a verbal update on the current status of the maternity reviews.
2. The Committee noted that the NMC wrote to the Royal College of Obstetricians and Gynaecologists regarding the recommendation from the English review about inter-professional education and training. NMC has been told to expect further engagement with the Scottish review in due course.

**M/16/22 Quality Assurance of Local Supervising Authorities**

1. The Committee noted the report which provided an update on the agreed plan and the outcome of the discussion with Council.
2. The Committee noted that the Council had adopted the recommended approach and the changes had come into effect on 1 April 2016.
3. The NMC would have no further involvement in Jersey and Guernsey islands or the Isle of Man, as statutory supervision was terminated on 31 March 2016. It was noted that the three islands were working to implement non-statutory models of supervision.

**M/16/23 Update on EU Directive 2005/36/EC on the recognition of professional qualifications**

1. The Committee noted the report which provided an overview of the changes arising from the EU Directive which were put in place in January 2016.
2. The Committee noted that upcoming work on Annexe V, relating to the minimum training standards for midwives, did not have a timeframe, but was expected to begin in 2017.
3. The Committee asked for an update to be provided at a future meeting.

**Action: Update the Committee on progress regarding work on Annexe V of EU Directive 2005/36/EC.**

**For: Assistant Director, Strategy and Insight**

**By: 26 July 2016**

**M/16/24 Revalidation update**

1. The Committee received a verbal update on revalidation.
2. In discussion, the Committee was advised the following:
  - a) Detailed quarterly reports on revalidation would be produced starting from the end of June 2016.
  - b) The quarterly reports would include the following information: number of registrants who complete revalidation by scope of practice and work setting; number of registrants selected for verification; number of registrants who have lapsed-actively and passively; number of registrants who have a regular appraisal; breakdown of registrants by work setting; number of registrants subject to cautions/convictions and sanctions; and equality and diversity characteristics.

- c) At the conclusion of the first month of revalidation, the vast majority of registrants (90%) submitted successful revalidation applications. Lapsing figures for April 2016 were lower than in April 2015, and feedback received from both registrants and other stakeholders was positive. A small number of registrants had asked either for an extension of time or for exceptional circumstances to be considered.

**M/16/25 Midwifery Panel update**

1. The Committee received a verbal update on the recent activity of the Midwifery Panel.
2. In discussion, the Committee noted the following:
  - a) The Panel met on 21 April 2016. This was the Panel's third meeting.
  - b) At the meeting, the Panel discussed how to most effectively encourage the Chief Nursing Officers in the four countries to attend future meetings of the Panel.
  - c) The purpose of the Panel, to think about and plan for the future of the NMC and midwives, was reiterated. The Panel was looking at what needs to be done in the future, post the proposed legislative change. The Panel was also considering adding a lay member to its membership, and ways in which to bring in other expertise when needed without inordinately expanding the Panel membership.
  - d) The Chief Executive would engage the Communications team to publicise the purpose of the Panel.

**M/16/26 Member appraisals 2015-2016**

1. The Committee noted the paper announcing that member appraisals for 2015-2016 would be distributed to members for their completion.
2. The Committee members asked whether appraisal meetings with the Chair could be done by telephone rather than face to face. The Secretary would confirm and communicate this to members.

**M/16/27 Midwifery Committee schedule of business 2016-2017**

1. The Committee noted the forward schedule of business.

**M/16/28 Any Other Business**

1. There was no other business raised.

**M/16/29      Communications workshop**

1. Mr Alex Davies, Senior Account Director from Tonic Life Communications joined the meeting to facilitate the workshop and present the draft communications plan for the midwifery regulatory change programme to the members and observers.
2. The Committee was asked to provide comments and suggestions in two particular areas; key messages for midwives, and key questions that the communication plan should answer.
3. The following key messages and questions were presented in the draft communications plan:

**Key Messages**

- Midwifery is, and will continue to be, a distinct profession.
- The NMC and Council values advice and wants to receive it.
- Midwives will be kept up to date throughout the regulatory change process.
- The new system will remain effective and safe for midwives, pregnant women and new mothers.

**Key Questions**

- What will replace the Midwifery Rules and Standards?
- Where can midwives go to get advice to help me support a pregnant woman appropriately?
- Will midwives still be able to access 24 hour advice to help during a birth?
- What is the future process for midwives who are subject to an investigation?
- Who will carry out midwives annual reviews?

4. The following comments and suggestions were provided by Committee members and observers:

**Key Messages**

- The NMC's continued role as the regulator includes registration, revalidation, setting standards for education, and disciplinary matters, all of which remain under the NMC's control.

- Would like the messages to more definite about what the NMC will be doing – that is: will be in direct control of investigations; will issue new guidance for midwives; will provide advice and guidance to the sector; will review education standards; and Council will decide how it will receive advice in the future.

### **Key Questions**

- What is going to replace the Midwifery Committee?
- Are all relevant parties expected to have every element in place on the first day that the new legislation takes effect or will there be a contingency/buffer period?
- How will the effectiveness of the new model be evaluated and by whom?
- The key question on midwives accessing 24 hour advice should be expanded to include any challenging situation in the anti-natal and post-natal periods, not just during childbirth.

### **Other Considerations or Issues of Note**

- Need to decide how to evaluate the changes, what the separate strands are, and who will evaluate the changes to the system.
- Speaking engagements could include presentations at conferences, or the NMC could consider a seminar or workshop on midwifery change.
- The language throughout all communications must reflect the four countries.
- The list of stakeholders should contain the Chief Regional Nurses, Directors of Nursing and delegates.
- Make it clear that the NMC will provide midwife-specific advice when necessary – for example, guidance that supports midwives in their ongoing practice.
- Decide and communicate how the midwifery voice will be heard by the Council.
- Explain how the new regime is going to enhance public safety. Revisit the Kings Fund review to identify the flaws and errors that were drawn out and say how the NMC will be making-good on those.
- Must be able to explain how this proposed change is a good thing – for example, it will create a streamlined complaints process, and it will allow the learning from disciplinary matters to be held by one entity.

The date of the next meeting is 26 July 2016.

The meeting ended at 13:15.

**Confirmed by the Committee as a correct record and signed by the Chair:**

**SIGNATURE:**      *DRAFT*  
\_\_\_\_\_

**DATE:**              *DRAFT*  
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## Midwifery Committee

### Summary of actions

**Action:** For discussion.

**Issue:** Summarises the progress of actions agreed at previous meetings

**Core regulatory function:** Supporting functions.

**Strategic priority:** Strategic priority 4: An effective organisation.

**Decision required:** To note the progress on completing the actions agreed by the Midwifery Committee at previous meetings.

**Annexes:** There are no annexes attached to this paper.

**Further information:** If you require clarification about any point in the paper or would like further information please contact the author or the director named below.

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### Summary of the actions arising out of the Midwifery Committee meeting on 27 April 2016

Minute	Action	For	Report back to: Date:	Progress
M/16/23	Update the Committee on progress of work on Annexe V of EU Directive 2005/35/EC.	Assistant Director, Strategy and Insight	26 July 2016	No progress to report. Work on Annexe V is expected to begin in 2017. Report back date will be changed to February 2017.

### Summary of the actions arising out of the Midwifery Committee meeting on 29 October 2015

Minute	Action	For	Report back to: Date:	Progress
M/15/48	Provide Midwifery Committee with an update on the maternity reviews in England and Scotland.	Assistant Director, Strategy and Insight	27 April 2016	No progress to report. NMC is awaiting the opportunity to provide input into the Scottish review.

## Midwifery Committee

### Midwifery regulation change: Update paper

**Action:** For information.

**Issue:** This paper provides an update on progress with midwifery legislative change. A revised draft of the new regulatory framework for midwifery document is attached for the Committee's consideration.

**Core regulatory function:** Fitness to Practise/Registration/Education/Setting standards

**Strategic priority:** Strategic priority 1: Effective regulation

**Decision required:** The Committee is invited to comment on the draft new regulatory framework for midwifery (Annexe 1).

**Annexes:** The following annexe is attached to this paper:

- Annexe 1: DRAFT: The new regulatory framework for midwifery

**Further information:** If you require clarification about any point in the paper or would like further information please contact the author or the deputy director named below.

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- Context:**
- 1 In January 2015 the Council accepted the recommendations of an independent review of midwifery regulation by the King's Fund and asked the government to legislate to amend our legislation. Following the election in May 2015, and responding to a further maternity review into failings at University Hospitals of Morecambe Bay NHS Foundation Trust, the Secretary of State said in a statement to the House of Commons that supervision would be removed from the NMC's statute and the additional tier of regulation applying to midwifery would be also be removed.
  - 2 The Committee has received regular updates on the progress with our midwifery legislative change, and has kept Council informed about its oversight of the work.

**Discussion and options appraisal:**

**Progress with the Section 60**

- 3 The Department of Health (DH) consultation on the proposed changes to our midwifery framework (and improvements to our fitness to practise processes) closed on 17 June 2016.
- 4 There were approximately 1,400 responses including a high number of responses from individual midwives.
- 5 According to the DH timetable, a response to the consultation outcomes is planned in the autumn of 2016.
- 6 We do not yet know what impact the EU referendum outcome will have on the Section 60 but there is no indication of any delay at present.
- 7 DH is currently revising its impact assessment for the Section 60 and we are making inputs to that process as requested.

**Sector developments**

- 8 The Department of Health convenes a group on the future of supervision 'decoupled' from regulation involving representatives of the four CNOs, the LSAMO Forum, the RCM and DH.
- 9 This group continues to meet fortnightly and is planning a day workshop on 31 July 2016 to conduct a full stock take of progress with the new model of supervision and preparedness for changes to midwifery regulation. We will report on the outcomes of this workshop at the next Midwifery Committee meeting.
- 10 The transition paper commented on by Midwifery Committee at its April 2016 meeting was sent to the four UK transition boards in early July.

### **The new regulatory framework for midwifery**

- 11 The NMC has committed to producing a source document for midwives on their regulation after the legislative change, in response to concerns about the withdrawal of the Midwives Rules and Standards. This document does not itself have statutory force; it signposts aspects of the statutory framework for midwives.
- 12 The first draft of this document was discussed in confidential session at the last meeting of the Midwifery Committee. We subsequently met with RCM to share a further draft, and the latest iteration is appended as annexe 1 for consideration by the Committee.

### **Operational readiness – NMC**

- 13 The Section 60 Programme Board continues to meet regularly to oversee and co-ordinate activity in preparation for the legislative change. Our June meeting focused principally on the fitness to practise dimensions of the Section 60. There was an update on data transfer following discussions with the LSAMOs, and draft guidance on data transfer will be reviewed at the July meeting of the Board.

### **Communications and engagement**

- 14 The external communications supplier has completed its work on a communications and engagement plan for the midwifery change.
- 15 In line with the plan, we wrote to all midwives on our register encouraging them to respond to the DH consultation on changes to our legislation. We also encouraged key stakeholders to respond to the consultation and requested that they share their responses with us. Several stakeholders that have commented on the proposed changes have shared their responses with us including the Royal College of Midwives, the Parliamentary and Health Service Ombudsman, the Patients Association and NHS Improvement.
- 16 The communications plan did not include proactive engagement during the consultation period in order to allow stakeholders to focus on responding to the consultation. Now that this period is over, we will continue to work to the plan by:
  - 16.1 continuing to communicate with all audiences on the legislative changes;
  - 16.2 engaging stakeholders in resolving outstanding issues within our remit;
  - 16.3 cascading information to directly-affected audiences; and
  - 16.4 ensuring key messages are tailored and mindful of the need

to support transition.

<b>Public protection implications:</b>	17	The change described in this paper is explicitly concerned with public protection. It is a consequence of three authoritative reviews into concerns about statutory midwifery supervision from a public protection and public confidence perspective.
<b>Resource implications:</b>	18	The Section 60 Programme is resourced within the 2016-17 budget.
<b>Equality and diversity implications:</b>	19	An equality impact assessment of the midwifery legislation changes has been completed.
<b>Stakeholder engagement:</b>	20	This is covered in the paper.
<b>Risk implications:</b>	21	A separate paper on the agenda addresses risks associated with the project.
<b>Legal implications:</b>	22	This paper is concerned with a process of legislative change and the consequential changes that follow for our regulatory framework.

Item 6: **Annexe 1**  
M/16/XX  
26 July 2016

## **Practising as a midwife in the UK: an overview of midwifery regulation**

### **Introduction**

1. The Nursing and Midwifery Council (NMC) is the independent statutory regulator of nurses and midwives for England, Northern Ireland, Scotland and Wales.
2. Our governing legislation is the Nursing and Midwifery Order 2001 (“the Order”)<sup>1</sup>. The Order requires us to hold a register of those qualified and eligible to practise as nurses and midwives in the UK. We set the standards that midwives must meet to join and remain on the register. The Order provides for the NMC to investigate when a midwife’s fitness to practise is called into question and to take action if required to protect the public. We are accountable to the UK Parliament.
3. Midwifery is a distinct profession, with its own entry standards and parts of the NMC register. ‘Midwife’ is a protected title and there are functions that can only be carried out by a midwife. Midwives are responsible and accountable for the care they give women and babies, and there are limits to their scope for delegation.
4. Midwives also have a distinctive client group. The care of pregnant women requires specific expertise, as there are health conditions that manifest differently in pregnant women and specific considerations around prescribing and other treatment decisions.
5. This document provides information about regulation for midwives. It may also be of use to the employers and educators of midwives, and to those who use the services of midwives. It contains sections relating to each of the NMC’s statutory functions: the education of midwives, registration and revalidation, standards and guidance for midwives, and fitness to practise. It also provides links to key documents and external sources of information.

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<sup>1</sup> Statutory Instrument 2002/253 as amended

# DRAFT

## SECTION 1: EDUCATION

### Education standards

6. We set standards for programmes leading to the award of midwifery qualifications which can be found at

<https://www.nmc.org.uk/globalassets/sitedocuments/standards/nmc-standards-for-preregistration-midwifery-education.pdf>.

7. At the time of writing the UK is a member state of the EU and we are required to comply with all applicable EU requirements pertaining to healthcare and regulation. The minimum standards for the training of midwives are set down in EU law, and the NMC's standards comply with this legislation<sup>2</sup>.

8. We set standards of competence for registered midwives. These set out the standards that midwives must meet when they qualify and continue to meet throughout their careers. These standards can be found here:

<https://www.nmc.org.uk/globalassets/sitedocuments/standards/nmc-standards-for-competence-for-registered-midwives.pdf>.

### Student midwives and fitness to practise

9. Students are working towards competence as midwives and the expectation is that they meet our standards by the time they complete their programmes. If a student's competence is a matter of concern, the education provider is responsible for offering support. If a student has been provided with support it is for the education provider to make a decision about whether their progress is sufficient and they can continue on the programme. We require our approved education institutions (AEIs) to have policies in place to deal with issues such as conduct and health that may affect a student's ultimate fitness to practise as a midwife. AEIs will use the NMC Code as a reference point. We check that AEIs do this effectively through our quality assurance of midwifery programmes.
10. Student midwives, particularly on practice placements, may witness or become aware of something that gives them cause for concern. We therefore recommend they familiarise themselves with our guidance on raising concerns:

<https://www.nmc.org.uk/standards/guidance/raising-concerns-guidance-for-nurses-and-midwives>

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<sup>2</sup> Article 40 of EU Directive 2005/36/EC on the recognition of professional qualifications, as amended by Directive 2013/55/EU of the European Parliament and of the Council

## DRAFT

### SECTION 2: JOINING THE REGISTER AND MAINTAINING REGISTRATION

#### Joining the register

11. There are a number of different ways for qualified midwives to join the NMC register. All must meet our statutory requirements in terms of holding a qualification which meets our standards, being capable of safe and effective practice (including meeting our Council's requirements relating to health and character), holding an appropriate indemnity arrangement, having the necessary knowledge of English, and paying a registration fee.
12. UK trained midwives who have successfully qualified will be uploaded by their education institution onto our registration database. The education provider will also make a declaration in relation to the midwife's health and character which includes declaring that they have in place an appropriate indemnity arrangement. Once this has taken place the midwife will make an application to enter the register. UK trained midwives can make an application, monitor their application, and maintain their registration through an NMC Online account, which is our online portal. Further information can be found here: <https://www.nmc.org.uk/registration/joining-the-register/trained-in-the-uk/>.
13. Midwives trained outside the UK, be that from European Economic Area (EEA) or non-EEA countries can also apply for registration. Depending on whether their qualification meets our standards, and whether they meet our other requirements, including in relation to English language, they may be eligible for direct entry to the register or be asked to undertake a period of adaptation or an aptitude test before we can register them. Further information can be found here: <https://www.nmc.org.uk/registration/joining-the-register/>.

#### The midwifery part of the register and further entries in the register

1. Midwifery is recognised in statute as a distinct profession with its own separate part of the NMC register.
2. Midwives may hold registration in a number of ways. For example the register records whether the midwife trained in the UK, EU or overseas and whether they previously held or continue to hold a registration as a nurse. Post-registration qualifications, such as a prescribing qualification, are also recorded on the register. If you require further information about registration please go to the registration section of the NMC website: <https://www.nmc.org.uk/registration/>
3. Once registered all midwives must meet continuing requirements to maintain their registration.
4. Midwives who have let their registration lapse will need to rejoin the register if they wish to return to practise as a midwife in the UK. They may need to complete a return to practice (RtP) programme in order to demonstrate that they can meet the requirements of registration at the point of re-entry.

## DRAFT

### Revalidation

5. Revalidation is a mandatory process by which midwives maintain their registration with the NMC. It is a process that allows midwives to demonstrate their continued ability to practise safely and effectively throughout their career. Revalidation is not an assessment of a midwife's fitness to practise nor is it an alternate route for the raising of concerns. Midwives must revalidate every three years from the date of joining (or re-joining) the register. Further information about revalidation can be found here <http://revalidation.nmc.org.uk/>.
6. Every year midwives must pay an annual registration fee. A failure to pay could lead to a lapse in registration and prevent midwives from practising.

### Protected title

7. Midwifery is regulated as a distinct profession and the title of 'midwife' is protected by legislation that makes it a criminal offence<sup>3</sup> for someone to practise as a midwife while not registered, or to falsely claim to have a midwifery qualification or use the title when not entitled to do so.
8. Those holding a qualification in midwifery are not entitled to use the title of 'midwife' unless they are registered with the NMC. The title of 'midwife' is not conferred solely by qualification in midwifery but also by registration with the NMC. It ceases to apply at the point a person ceases to hold a current registration for any reason.

### Scope of Practice

9. Healthcare professionals in the UK are not regulated against a defined scope of practice. The midwifery scope of practice is shaped by our standards of competence for midwives and our Code. This scope does not only relate to the period of labour but extends to the antenatal and post natal periods, during which midwives provide care for women and their families. Providers of midwifery services should design services mindful of the full scope of midwifery practice, and the particular safeguards that apply to who can attend a woman in childbirth (see below).

### Protected function

10. Attending a woman in childbirth is a protected function in law. Only the following people may attend a woman in childbirth<sup>4</sup> :
  - 10.1 A registered midwife;
  - 10.2 A registered medical practitioner; and
  - 10.3 A student undergoing training to become a midwife or a medical practitioner.
11. The only exception to this is in a case of sudden or urgent necessity.

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<sup>3</sup> Article 44 of the Order

<sup>4</sup> Article 45 of the Order

**DRAFT**

12. “Attendance on a woman in childbirth” in this instance means taking part in the delivery of a baby.

**Indemnity insurance**

13. In order to hold registration midwives must declare that they have an indemnity arrangement appropriate for their role and the risks associated with their practice. The cover must be relevant to their scope of practice, so that it is sufficient if a claim is successfully made against them. For most midwives the indemnity arrangement requirement will be met by virtue of their employment with, for example, a Trust, Board or company who has such arrangements in place for all its employees. However, the responsibility to ensure that such an arrangement exists remains with the individual midwife. Further information can be found here: <https://www.nmc.org.uk/registration/staying-on-the-register/professional-indemnity-arrangement/>.

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### SECTION 3: STANDARDS AND GUIDANCE

14. There are a number of standards and pieces of guidance that apply to registered midwives. These can all be found on our website at:  
<https://www.nmc.org.uk/standards/>.

#### The Code

15. The Code is our principle practice standard, and therefore a very important reference point for all midwives. It is the responsibility of every midwife to familiarise themselves with the Code. It sets out the professional standards that midwives must uphold in order to remain registered to practise in the UK. It sets out core standards of practice and behaviour and is central to our statutory duty to protect the public. A copy of the Code can be downloaded or viewed here:  
<https://www.nmc.org.uk/globalassets/sitedocuments/nmc-publications/nmc-code.pdf>.
16. The Code is structured around four themes: prioritise people; practise effectively; preserve safety; and, promote professionalism and trust. Midwives' fitness to practise is measured against the requirements of the Code, and the Code also sits at the heart of the NMC's revalidation requirements.

#### The professional duty of candour

17. The NMC has jointly produced guidance on the professional duty of candour with the UK regulator of doctors, the General Medical Council. This important guidance underpins the Code requirement to preserve safety and should be followed at all times. It requires that midwives are open and honest with women and their families when something that goes wrong with their treatment, or their care causes, or has the potential to cause, harm or distress.
18. Midwives should also be open and honest with their colleagues, employers and relevant organisations, and take part in reviews and investigations when requested. Midwives should support and encourage each other to be open and honest, and must not attempt to prevent someone from raising concerns. A copy of the duty of candour guidance can be downloaded or viewed here:  
<https://www.nmc.org.uk/standards/guidance/the-professional-duty-of-candour/>.

#### Raising and escalating concerns

19. The NMC has developed related guidance for midwives on raising and escalating concerns about poor care and poor practice. It sets out broad principles that will help midwives think through the issues and take appropriate action in the public interest.
20. It includes details about legislation that protects whistleblowers and also contains information on organisations that midwives can go to for further advice. The guidance can be found here: <https://www.nmc.org.uk/standards/guidance/raising-concerns-guidance-for-nurses-and-midwives/>.

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### Record Keeping

21. Record keeping is covered by the Code in paragraph 10. The Code has intentionally been drafted at a sufficiently high level to apply in diverse working environments. A link to the Code can be found here: <https://www.nmc.org.uk/globalassets/sitedocuments/nmc-publications/nmc-code.pdf>.
22. Midwives should also be aware of the legislative provisions that apply to the creation, handling, storage, retention and sharing of service users' personal information, such as the Data Protection Act 1988, Access to Health Records Act 1990 and the Freedom of Information Act 2000. In particular the [Data Protection Act 1998](#) regulates the processing of personal data relating to living individuals, including the obtaining, holding, use or disclosure of such information. Access to the health records of living service users is governed by this Act. The [Access to Health Records Act 1990](#) regulates access to the health records of deceased persons.
23. Standards of maternity care can be the subject of legal action. Good record-keeping is in the interests of women and babies, and it also ensures that if called upon to do so, midwives can give a full and accurate account of their actions. If a midwife is delivering care under the auspices of a Trust, Board or organisation, maternity records will typically be held by the service provider. Midwives working outside of such a structure should ensure that they take appropriate advice and ensure that they comply with their legal obligations.<sup>5</sup>

### Prescribing and Medicines Management

24. The Code covers prescribing at paragraph 18 and requires that all midwife prescribers follow 'appropriate guidelines' in prescribing and act only within the limits of their training and competence. It is the responsibility of individual midwives to ensure that they remain up to date with any change to legislation, to the British National Formulary and best practice in prescribing.
25. Only midwives whose entry on our register has been annotated to reflect that they have satisfactorily completed the required NMC approved independent and supplementary prescribing training course<sup>6</sup> meet the requirements of section 58 (1)(d) of the Medicines Act 1968 as updated, allowing them to prescribe. It is a criminal offence<sup>7</sup> if a midwife who has not met the specified requirements prescribes medication.

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<sup>5</sup> Should a baby be born with impairment, whether physical or cognitive, and if the impairment is attributable to the alleged negligence of a person involved in the mother's care, the Congenital Disabilities (Civil Liability) Act 1976 enables a child, or its parent, to bring a claim against an individual and their employer. Ordinarily such claims are made before the child attains the age of 21 years. In the light of the risk of litigation, records relating to care in pregnancy and childbirth should typically be retained for a period of no less than 22 years. Any liability would usually be for the provider of maternity care and therefore records should be maintained by the provider. There will be a small number of exceptions in the case of independent midwives who are not practising as part of any organisation.

<sup>6</sup> V300: Independent and supplementary prescribing

<sup>7</sup> Section 58 of the Medicines Act 1968 as amended

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26. Midwives can and do supply and/ or administer medicines by means of what are known as the ‘midwives’ exemptions<sup>8</sup>. It is important to distinguish midwives’ exemptions (an exemption from the provisions of identified pieces of medicines legislation<sup>9</sup>), from an authorisation to prescribe (a separate qualification). It is the responsibility of any midwife relying on an exemption to ensure that they understand the scope of the limitation and practise within the scope of their qualifications and expertise. Following changes to midwifery exemptions a circular we issued in July 2011 and can be found here: [Midwifery Standards and Circulars](#)

27. A link to the NMC’s standards for prescribers can be found here: <https://www.nmc.org.uk/standards/additional-standards/standards-of-proficiency-for-nurse-and-midwife-prescribers/>.

**Guidance on using social media responsibly**

28. The NMC has published guidance, which underpins the Code, on the responsible use of social media. The guidance can be found here: <https://www.nmc.org.uk/globalassets/sitedocuments/nmc-publications/social-media-guidance.pdf>.

**Conscientious objection by midwives**

29. Midwives must at all times keep to the principles contained within the Code. Paragraph 4.4 of the Code states that midwives who have a conscientious objection must tell colleagues, their manager and the person receiving care that they have a conscientious objection to a particular procedure. They must also arrange for a suitably qualified colleague to take over responsibility for that person’s care. It is the responsibility of individual midwives to ensure that they are familiar with the law on conscientious objection in the country in which they practise<sup>10</sup>. Further information can be found here: <https://www.nmc.org.uk/standards/code/conscientious-objection-by-nurses-and-midwives/>.

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<sup>8</sup> Midwifery exemptions set out circumstances in which a registered midwife can supply and/ or administer medicines that but for the exemption would not be allowed. Any medicine not specifically included in a midwifery specific exemption can only be supplied with a prescription, a Patient-Specific Direction (PSD) from a medical practitioner or a Patient Group Direction (PGD).

<sup>9</sup> Midwifery exemptions are included in the Prescription Only Medicine (Human Use Order) 1997 SI 1997/1830 (as amended by the Prescription only Medicines (Human Use) Amendment Order 2010); the Medicines (Sale or Supply) (Miscellaneous Provisions) Regulations 1980, SI/1923, and the Medicines (Pharmacy & General Sale Exemption) Order 1980 SI 1980/1924.

<sup>10</sup> The law on conscientious objection and specifically termination is not consistent and it is the responsibility of midwives to ensure that they are aware of the relevant law in the country in which they are practising.

**DRAFT****SECTION 4: FITNESS TO PRACTISE**

30. Registered Midwives<sup>11</sup> can be referred to the NMC where concerns arise about their fitness to practise. Referrals can be made by an employer, another healthcare professional, a member of the public, or a midwife themselves. The NMC has a statutory duty to consider every referral and where necessary take appropriate action. Allegations may relate to:
- 39.1 Misconduct – behaviour that falls short of what can be reasonably expected of a professional midwife. Such cases may relate to conduct in work, or outside of work.
  - 39.2 Lack of competence – evidence of a lack of knowledge, skills or professional judgment that raises a question as to whether the midwife is capable of meeting the required standards for safe and effective practice.
  - 39.3 Health – a question as to the midwife’s ability to discharge their professional duties arising from a serious, long-term, untreated or unacknowledged health condition.
  - 39.4 Convictions or cautions – where a midwife has received a criminal conviction or caution that calls into question their fitness to practise or has the potential to undermine public confidence in the midwifery profession.
  - 39.5 Not having the necessary knowledge of English – evidence that a midwife does not have the necessary knowledge of English to practise safely and effectively in the United Kingdom.
  - 39.6 Determinations of other regulatory bodies – where a midwife has had a finding of impairment made against them by another regulator of a health and social care profession, within or beyond the UK.
31. All sanctions are subject to a right of appeal. Further information about our fitness to practise process can be found here: <https://www.nmc.org.uk/concerns-nurses-midwives/>.

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<sup>11</sup> Student midwives do not appear on the register and do not fall within the regulatory reach of our fitness to practise process. It is a function of education institutions to identify and address any concerns about the conduct or health of a student midwife

**DRAFT****SECTION 5: WIDER LEGISLATIVE ISSUES**

32. All midwives must uphold the Code in order to remain on the register and practise as a midwife in the UK. The Code also requires midwives uphold the laws of the country in which they practise. The NMC is responsible for setting out its own statutory requirements of midwives but it does not produce a list of other relevant legislation but some of the most relevant frameworks are mentioned below. This is not an exhaustive list and it will be subject to change over time.

**Useful wider legislative resources**[Abortion Act 1967 \(Scotland, England and Wales\)](#)

- primary legislation governing the provision of abortion in Scotland, England and Wales. This Act does not extend to Northern Ireland

[Access to Health Records Act 1990](#)

- regulates access to the health records of deceased persons.

[Births and Deaths Registration Act 1953](#)

- provides for the notification and registration of births and still births in England and Wales

[Births and Deaths Registration \(Northern Ireland\) Order 1976](#)

- provides for the notification and registration of births and still births in Northern Ireland

[The Civil Registration Regulations \(Northern Ireland\) 2012](#)

- the 2012 regulations significantly amended the 1976 regulations.

[Data Protection Act 1998](#)

- regulates the processing of personal data relating to living individuals

[Freedom of Information Act 2000](#)

- enables individuals to seek the disclosure of information held by public authorities, for example and NHS Trust, or by persons providing services for them.

[Human and Fertilisation and Embryology Act 1990](#)

- Article 38 allows midwives the right to refuse to participate in technological procedures to achieve conception and pregnancy because they have a conscientious objection.

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### [Medicines Act 1968](#)

- governs the prescribing and administration of medicinal products and related matters.

### [The Mental Capacity Act 2005](#)

- provides for the care and protection of the interests of people who are permanently or temporarily lack capacity to make their own decisions.

### [The Mental Health Act 1983](#)

- includes provision for the involuntary detention of mentally disordered person who pose a risk to themselves or others. Midwives may encounter patients detained under the Act who require their professional services.

### [Offences Against the Person Act 1861](#)

- S.60 of the Act makes it an offence to conceal the birth of a child

### [Perjury Act 1911](#)

- S.4 of the Act deals with offences linked to the making of a false statement to registrar of births

### [Registration of Births, Deaths and Marriages \(Scotland\) Act 1965](#)

- provides for the notification and registration of births and still births in Scotland

## **NMC Legislation and Rules**

### [The Nursing and Midwifery Order 2001 \(SI 2002/253\)](#)

### [The Nursing and Midwifery Council \(Fitness to Practise\) Rules 2004 \(SI 2004/1791\)](#)

## **NMC Standards and Guidance**

### [The NMC Code of Professional standards of practice and behaviour for nurses and midwives](#)

### [Joint NMC and GMC guidance on the professional duty of candour](#)

### [How to revalidate guidance](#)

### [Fitness to practise legislation guidance](#)

### [Character and health decision-making guidance](#)

### [Guidance on using social media responsibly](#)

### [Raising and escalating concerns](#)



## Midwifery Committee

### Midwifery regulation change: Risk register

**Action:** For discussion.

**Issue:** The three key risks in relation to the changes in midwifery regulation.

**Core regulatory function:** Education  
Setting standards  
Supporting functions

**Corporate objectives:** Strategic priority 1: Effective regulation.

**Decision required:** None.

**Annexes:** The following annexe is attached to this paper:

- Annexe 1: Risk register

**Further information:** If you require clarification about any point in the paper or would like further information please contact the author or deputy director named below.

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- Context:**
- 1 Following Council's decision around the review of midwifery regulation, a project board has been established to see through the delivery of the changes to the NMC's midwifery regulation framework. The Committee is undertaking regular reviews of the risk register.
  - 2 The project has been designed around three key work streams which include the changes to legislation, delivery of the change internally to the NMC (process and systems) and the delivery of the communications and engagement plan.
  - 3 The project plan includes a detailed risk register and the three areas that have been identified as key for the Committee's focus fall under strategic, legislative and operational risks.
  - 4 The three key risks are:
    - 4.1 Strategic communications risk: focused on engaging and communicating effectively around the transition, planning for the transition and the uncertainty in the midwifery community about the effect of the changes.
    - 4.2 Legislative risk: focused on the potential failure to secure the legislative change to remove midwifery supervision from our legislation.
    - 4.3 Operational risk: focused on the delivery of the required changes to NMC operations, processes and systems and the potential failure to handover operations effectively.
  - 5 Since the previous Committee meeting, the RAG rating for the legislative risk has been slightly increased. This rating was revised following the outcome of the EU referendum which increases the risk of changing priorities and available time and resources for government and parliament. We are seeking clarity from the Department of Health on what the consequences of the referendum are for the proposed legislative changes for midwifery.
  - 6 The strategic communications risk has been revised to align it with the corporate risk register. The RAG rating for this risk has been reduced slightly to reflect the mitigation that is now in place following the completion and implementation of the communications plan. Our other mitigations and progress remain on track, with no further amendments to the RAG ratings.
  - 7 The Department of Health consultation on proposed midwifery regulatory changes has closed since the previous Committee meeting. We await further details from the Department in due course on the nature of responses and the government's conclusion on the proposals consulted on in light of those responses.

<b>Public protection implications:</b>	8	This project addresses public protection concerns raised about the current framework for midwifery regulation.
<b>Resource implications:</b>	9	None.
<b>Equality and diversity implications:</b>	10	An equality impact assessment has been completed for the midwifery change project.
<b>Stakeholder engagement:</b>	11	The stakeholder and engagement plan forms part of the important mitigations to the strategic risks.
<b>Risk implications:</b>	12	As set out in annexe 1, the risks associated with our strategic communications around midwifery change and transition also feature in the corporate risk register (corporate risk 23).
<b>Legal implications:</b>	13	The risk and impact of legislative change form part of the key risks. Legal advice has been sought as required within the project.



**Risk register**

**Note:** The 'inherent risk scoring' column does not take into account any mitigation. The 'post-mitigation scoring' involves taking into account the mitigation in place but not the planned action.

Midwifery legislative change programme			Date: 27.06.16	Issue No: 3													
No.	Date of origin	Risk Scenario			Inherent risk scoring			Mitigation in place / Planned action			Post-mitigation scoring		Risk Owner (and Mitigation Owner)	Dates updated	Status (open / closed plus whether on track / not on track to reduce scoring)	Direction (of risk score)	
		Root cause(s) (RC)	Potential situation	Consequences	Likelihood	Impact	Score	Likelihood	Impact	Score							
1	02.02.16	<b>Strategic communications risk: Communicating about the transition</b>			4	5	20	<b>Mitigation in place:</b> 1. Strategic level engagement across the four countries - ongoing since 2015 (RC 1,2,3). 2. Communications specialist partner engaged and a comprehensive communications plan has been finalised and is now being implemented (RC 1,2,3). 3. Draft transition document and draft future midwifery regulation reference document drafted and shared with Midwifery Committee (RC 2,3).			3	4	12	AD Strategy	12/07/16 Updated to reflect corporate risk register post Brexit vote	Open and on track	No change
		<p>1. The sector needs to plan for the transition</p> <p>2. There could potentially be confusion around key roles and responsibilities of the regulator, employers and the wider system</p> <p>3. There is uncertainty in the midwifery community about the effect of the changes</p>						<p>We may fail to engage and communicate effectively with the sector about the changes</p> <p>1,2. Transition is not effective</p> <p>1,2,3 Public protection is undermined</p> <p>1,2,3 Negative impact on service users</p>									
2	02.02.16 (transfer from previous risk register)	<b>Legislative risk: Securing the right legislative change</b>			4	4	16	<b>Mitigation in place:</b> 1, 3. Create political momentum for change through evidence and work with strategic partners (RC 1, 2, 3) 2, 3. Establish and maintain close working relationship with the Department of Health's S.60 team (RC 1,2,3) 1,2. Obtaining timely legal advice to confirm approach (RC 1, 3)			3	4	12	AD Strategy	27/06/2016	Open and on track	Increasing
		<p>1. Legislative change is not yet finalised</p> <p>2. Consultation outcomes and parliamentary phase may influence content of section 60 order</p> <p>3. EU referendum result diverting government and parliamentary time priorities, time and resources</p>						<p>We may fail to secure the legislative change to remove midwifery supervision from our legislation which might lead to increased uncertainty and challenge for the sector</p> <p>1, 2. Current outdated arrangements continue to apply</p> <p>1,2. Public protection is undermined</p>									
3	02.02.16	<b>Operational risk: Operationalisation and implementation of change</b>			3	4	12	<b>Mitigation in place:</b> 1,2. Detailed impact assessment completed (February 2016-March 2016) and approved by programme Board (RC 1, 2, 3) 1, 2. Use of best practice policy development (RC 1, 2, 3) 1,2. Project board appointed and fully operational (April 2016) (RC 1, 2, 3) 3 Co-production work with LSAMO Forum to ensure 'right touch' oversight of LSA for 2016-17 (RC 1, 2) 1, 2 Initial full Equality Analysis completed and approved by project board (RC 1, 2, 3)			2	4	8	Sponsor Director	27/06/2016	Open and on track	No change
		<p>1. There are a number of interdependencies between our regulatory processes and aspects of the current framework which require system and process changes(e.g. ItP, LSA investigations, data transfer)</p> <p>2. Preparation for change is complex involving NMC staff, panellists and external stakeholders</p> <p>3. Challenges of maintaining public protection during inevitable deterioration in the current infrastructure</p>						<p>1, 2 We might fail to handover operations effectively</p> <p>1, 2. The operational approaches we develop for the future may be sub-optimal</p>									



## Midwifery Committee

### National Maternity Review

**Action:** For information.

**Issue:** This paper summarises the key findings of the recent National Maternity Review in England

**Core regulatory function:** Education/Setting standards

**Strategic priority:** Strategic priority 1: Effective regulation

**Decision required:** The Committee is invited to review the paper in preparation for the seminar session with the independent chair of the review, Baroness Julia Cumberlege.

**Further information:** If you require clarification about any point in the paper or would like further information please contact the author or the deputy director named below.

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- Context:**
- 1 The Midwifery Committee is routinely provided with information about reviews and initiatives in any of the countries of the UK that may have a bearing on midwifery. This year the Committee has been overseeing our involvement in maternity reviews underway in England and Scotland.
  - 2 The Scottish review, which is concerned with maternity and neo-natal care, is still underway. The Scottish review team has undertaken an extensive period of engagement, visiting each of the health boards in turn and hearing from a range of stakeholders. The NMC has had a preliminary discussion with the review team, and has offered a more detailed discussion.
  - 3 There have also been setting-specific and national reviews of maternity and/or neonatal care in Wales and Northern Ireland. The most recent national review in Wales was the 2013 strategic vision for maternity. Midwifery Committee discusses relevant reviews and where relevant oversees NMC involvement as appropriate.
  - 4 The chair of the English review is speaking at the joint seminar of Midwifery Committee and Council in July, and this paper is intended to support the participation of Midwifery Committee members in that seminar.
  - 5 In England, the NHS Five Year Forward View committed to a review of maternity services in England to ensure that they are and continue to be delivered in a safe, responsive and efficient manner.
  - 6 Baroness Julia Cumberlege CBE was appointed in early 2015 to lead this review and a 'core team'<sup>1</sup> of 17 external stakeholders were appointed in April 2015.
  - 7 The terms of reference<sup>2</sup> of the review aim to seek the following three objectives:
    - 7.1 Review the UK and international evidence and make recommendations on safe and efficient models of maternity services, including midwife-led units.
    - 7.2 Ensure that the NHS supports and enables women to make safe and appropriate choices of maternity care for them and their babies.
    - 7.3 Support NHS staff, including midwives, to provide responsive care.
  - 8 The national maternity review in England reported in February 2016. The report of the review was entitled 'Better Births: Improving outcomes of maternity services in England'<sup>3</sup> and it was presented as a

<sup>1</sup> <https://www.england.nhs.uk/2015/04/julia-cumberlege/>

<sup>2</sup> <https://www.england.nhs.uk/wp-content/uploads/2015/03/maternity-rev-tor.pdf>

<sup>3</sup> <https://www.england.nhs.uk/wp-content/uploads/2016/02/national-maternity-review-report.pdf>

five year plan for maternity services. The Chair identified two principles at the heart of the deliberations: safety and choice.

- 9 In response to the publication of the review, Sarah-Jane Marsh was appointed to chair the Maternity Transformation Programme Board at NHS England. It met for the first time in June. NHS England will also establish a Maternity Transformation Council to support and challenge the design and delivery of the programme, which will be chaired by Baroness Cumberlege.

## Discussion

### Key recommendations

- 10 The recommendations of the review fell under a series of themes:
- 10.1 Personalised care
  - 10.2 Continuity of care
  - 10.3 Safer care
  - 10.4 Better mental health provision
  - 10.5 Multi professional working
  - 10.6 Working across boundaries (in service commissioning)
  - 10.7 A fair payment system for providers of maternity services
- 11 The review stated that every woman should have the information to develop her own personalised care plan and that she should be able to exercise choice of provider through an NHS Personal Maternity Care Budget. In May the Chief Executive of NHSE Simon Stevens launched the Maternity Choice and Personalisation Pioneers<sup>4</sup>. This is an initiative to enable women to hold their personal maternity care budget as set out in the report. NHS England called for pilot sites and there were 18 applications from clinical commissioning group clusters across the country.
- 12 The review placed considerable emphasis on continuity of care, provided by a midwife within a small team. The team should have access to a named obstetrician.
- 13 Recommendations related to safety included the requirement for providers to have a board level champion for maternity services. Boards should monitor quality and safety in maternity provision and ensure there is a culture and practice of learning when things go wrong.
- 14 The review echoed the recommendation of the NHSE independent Mental Health Taskforce which recommended action to address the

<sup>4</sup> <https://www.england.nhs.uk/ourwork/futurenhs/mat-review/mat-pioneers/>

historic underfunding of perinatal and postnatal provision.

- 15 Community hubs for maternity and related provision were recommended, covering populations of 500,000 to 1.5 million.
- 16 There was recognition that maternity care funding could adversely affect women's choice as some birth choices were more costly than others, and it was harder to offer affordable choice in remote/rural areas.

### **Recommendation for the NMC**

- 17 One recommendation under the theme of multi-professional working was directed at the NMC and the Royal College of Obstetricians and Gynaecologists (RCOG), as follows:
  - 17.1 "Those who work together should train together. The Nursing and Midwifery Council and the Royal College of Obstetricians and Gynaecologists should review education to ensure that it promotes multi-professionalism and that there are shared elements where practical and sensible." (5.1)
- 18 The NMC and RCOG are asked to review the extent to which the current framework supports multi-professional learning by the end of the 2016-2017 financial year and implement changes "from September 2017 at the latest".
- 19 The NMC will need to factor any changes into the timelines for the revision of the pre-registration midwifery education standards and the proposed changes to the QA framework.
- 20 The current pre-registration standards do to an extent provide a framework for inter-professional learning in that they require the attainment of inter-professional competences, for example:
  - 20.1 Determine and provide programmes of care and support for women which involve other healthcare professionals when this will improve health outcomes.
  - 20.2 Consult the most appropriate professional colleagues when the woman's and baby's needs fall outside the scope of midwifery practice.
- 21 However, there are some practical challenges associated with making multi-professionalism around pregnancy and labour work in the pre-registration context, including:
  - 21.1 Limited overlap between providers of medical and midwifery education
  - 21.2 Medical schools are often administratively distinct from faculties

of wider healthcare regulation

21.3 Limited coverage of obstetrics and gynaecology in the generalist pre-registration medical education programmes – specialism occurs later.

22 The NMC wrote to the President of the RCOG requesting a meeting to discuss this recommendation in May and a meeting is taking place on 8 July. A verbal update will be provided at the Midwifery Committee meeting.

**Public protection implications:** 23 The English Maternity Review placed safety (and quality) at the heart of its considerations, and made recommendations relating to safe practice and effective responses to failings in care.

**Resource implications:** 24 None

**Equality and diversity implications:** 25 None

**Stakeholder engagement:** 26 The NMC took part in the engagement events that led to the Better Births report. Our engagement with RCOG is in response to the recommendation of the report which is for the NMC.

**Risk implications:** 27 Effective work across professional boundaries within the maternity team might be described as a risk mitigation.

**Legal implications:** 28 None



## Midwifery Committee: Schedule of business 2016-2017

Midwifery Committee: standing items		
<ul style="list-style-type: none"> <li>• <b>Minutes and summary actions from previous meetings</b></li> </ul>		For information
<ul style="list-style-type: none"> <li>• <b>Changes to midwifery regulation. Including:</b> <ul style="list-style-type: none"> <li>○ <b>Risk register for the midwifery legislative change programme</b></li> </ul> </li> </ul>		For discussion
<ul style="list-style-type: none"> <li>• <b>Data and intelligence</b></li> </ul>		For discussion
<ul style="list-style-type: none"> <li>• <b>Revalidation update (oral updates)</b></li> </ul>		For information
<ul style="list-style-type: none"> <li>• <b>Midwifery Panel update</b></li> </ul>		For information
Scheduled Items		
<ul style="list-style-type: none"> <li>• <b>Fitness to Practise. To include:</b> <ul style="list-style-type: none"> <li>○ <b>changes to legislation (what will FtP look like; what do changes to supervision mean)</b></li> <li>○ <b>update on Employer Link Service</b></li> </ul> </li> </ul>		
Proposed dates for 2016 – March 2017		
Date	Time	Venue
Wed 26-Oct-16	10:00 – 13:00	London
Wed 22-Feb-17	10:00 – 13:00	London