to support transition.

Public protection implications:	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.
Resource implications:	18	The Section 60 Programme is resourced within the 2016-17 budget.
Equality and diversity implications:	19	An equality impact assessment of the midwifery legislation changes has been completed.
Stakeholder engagement:	20	This is covered in the paper.
Risk implications:	21	A separate paper on the agenda addresses risks associated with the project.
Legal implications:	22	This paper is concerned with a process of legislative change and the consequential changes that follow for our regulatory framework.

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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")[1]. 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.

[1] Statutory Instrument 2002/253 as amended

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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[2].

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

[2] Article 40 of EU Directive 2005/36/EC on the recognition of professional qualifications, as amended by Directive2013/55/EU of the European Parliament and of the Council

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.

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[3] 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[4] :

    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.

[3] Article 44 of the Order
[4] Article 45 of the Order

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/.

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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SECTION 4: FITNESS TO PRACTISE

30. Registered Midwives[11] 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 out fitness to practise process can be found here: https://www.nmc.org.uk/concerns-nurses-midwives/.

[11] 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

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.

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

Item 7
M/16/36
26 July 2016

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.

Public protection implications:	8	This project addresses public protection concerns raised about the current framework for midwifery regulation.
Resource implications:	9	None.
Equality and diversity implications:	10	An equality impact assessment has been completed for the midwifery change project.
Stakeholder engagement:	11	The stakeholder and engagement plan forms part of the important mitigations to the strategic risks.
Risk implications:	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).
Legal implications:	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 **Cross ref:**	02.02.16	**Strategic communications risk: Communicating about the transition** 1. The sector needs to plan for the transition 2. There could potentially be confusion around key roles and responsibilities of the regulator, employers and the wider system 3. There is uncertainty in the midwifery community about the effect of the changes	We may fail to engage and communicate effectively with the sector about the changes	1,2. Transition is not effective 1,2,3 Public protection is undermined 1,2,3 Negative impact on service users	4	5	20	**Mitigation in place:** 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). **Planned action:** 1. Finalising and sharing the transition document setting out activities and functions no longer to be undertaken by the NMC - April to July 2016 (RC 1,2). 2. Finalising and sharing a new reference document setting out the revised midwifery framework - April 2016 to March 2017 (RC 2,3). 3. Planning with LSAMOs for the secure and timely transfer of midwifery case data currently held by LSAs to the NMC and employers as appropriate (RC 1).	3	4	12	AD Strategy	12/07/16 Updated to refelect corporate risk register post Brexit vote	Open and on track	No change
2 **Cross ref:**	02.02.16 (transfer from previous risk register)	**Legislative risk: Securing the right legislative change** 1. Legislative change is not yet finalised 2. Consultation outcomes and parliamentary phase may influence content of section 60 order 3. EU referendum result diverting government and parliamentary time priorities, time and resources	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	1, 2. Current outdated arrangements continue to apply 1,2. Public protection is undermined	4	4	16	**Mitigation in place:** 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) **Planned action:** 2. Public affairs work for Parliamentary phase (Jan 2017) and close working relationships with the Department of Health (RC 1, 2, 3) 3. We are seeking clarity from the Department of Health on available government and parliamentary time for the proposed s.60 changes in light of the advisory EU referendum result (RC 1, 3)	3	4	12	AD Strategy	27/06/2016	Open and on track	Increasing
3 **Cross ref:**	02.02.16	**Operational risk: Operationalisation and implementation of change** 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) 2. Preparation for change is complex involving NMC staff, panellists and external stakeholders 3. Challenges of maintaining public protection during inevitable deterioration in the current infrastructure	1, 2 We might fail to handover operations effectively 1, 2. The operational approaches we develop for the future may be sub-optimal	1,2, 3 Public protection is undermined 1,2. Reputational damage with a negative impact on service users	3	4	12	**Mitigation in place:** 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) **Planned action:** 1,2. Delivery plan of process and system changes (April 2016-March 2017) (RC 1, 2) 3 Work with transition boards to agree transitional arrangements for handling midwifery concerns (April - September 2016) (RC 1, 3)	2	4	8	Sponsor Director	27/06/2016	Open and on track	No change

Item 10
M/16/39
26 July 2016

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'[1] of 17 external stakeholders were appointed in April 2015.

7 The terms of reference[2] 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'[3] and it was presented as a

[1] https://www.england.nhs.uk/2015/04/julia-cumberlege/
[2] https://www.england.nhs.uk/wp-content/uploads/2015/03/maternity-rev-tor.pdf
[3] 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[4]. 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

[4] 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

Item 13
M/16/42
26 July 2016

Midwifery Committee: Schedule of business 2016-2017

Midwifery Committee: standing items	
• **Minutes and summary actions from previous meetings**	For information
• **Changes to midwifery regulation. Including:** o **Risk register for the midwifery legislative change programme**	For discussion
• **Data and intelligence**	For discussion
• **Revalidation update (oral updates)**	For information
• **Midwifery Panel update**	For information
Scheduled Items	
• **Fitness to Practise. To include:** o **changes to legislation (what will FtP look like; what do changes to supervision mean)** o **update on Employer Link Service**	

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**