

Midwifery Strategic Advisory Group (MSAG)

Meeting held online (MS Teams)
10 July 2025, 10.00 – 13.00

Meeting notes

MSAG members in attendance		
Name	Role	Organisation
Alima Ashfaq	Service user voice	MNVP England
Angela McConville	Service user voice	NCT representative
Arezou Rezvani	Consultant Midwife representative	Provider and LMNS clinical perspective
Benash Nazmeen	Midwifery and EDI	Association for South Asian Midwives (ASAM)
Carmel Bagness	Professional Lead for Midwifery & Women's Health	Royal College of Nursing (RCN)
Caroline Keown	Chief Midwifery Officer	Department of Health for Northern Ireland
Clea Harmer	Chief Executive	Sands
Clotide Abe and Tinuke Awe	Co Founders	FivexMore
Gill Walton	Chief Executive	Royal College of Midwives (RCM)
Gwendolen Bradshaw	Professor Emerita Former Pro-Vice-Chancellor (Learning, Teaching and Quality) Led the NMC midwifery programme standards (2019).	University of Bradford
Imelda Smyth	NI Service user	Queens University Belfast

Jacqui Williams	Senior Midwifery advisor (Education)	Nursing and Midwifery Council
Julia Sanders	Professor of Clinical Midwifery	Cardiff University
Karen Jewel	Chief Midwifery Officer	Welsh Government
Kerry Phillips	Midwifery lecturer	Cardiff University
Kimberley Salmon- Jamieson	Chief Nursing Officer	Manchester University NHS Foundation Trust
Lisa Boat	Strategic Programme Manager	Swansea University
Lorraine Szeremeta	Chief Nurse	Cambridge University Hospitals
Michelle Lyne	Midwife Advisor (Education)	Royal College of Midwives (RCM)
Nafisa Anwar	Midwifery and EDI	Association for South Asian Midwives (ASAM)
Naomi Delap	Director of Birth Companions	Birth Companions
Sophie Dodd	Student Midwife	Swansea University
Stephanie Pease	Director of Midwifery and Nursing for the Maternity	Norfolk and Norwich University
Thomas McEwan	Principal Educator	NHS Education for Scotland (NES)
Tracey MacCormack	Assistant Director for Midwifery	Nursing and Midwifery Council
Verena Wallace	Senior Midwifery advisor (Policy)	Nursing and Midwifery Council

Apologies		
Name	Role	Organisation
Agnes Agyepong	Founder and Chief executive	Global Black Maternal Health Institute
Angela Graves	Head of School Healthcare, University of Leeds	Council of Deans of Health
Janaki Mahadevan	Joint Chief Executive Officer	Birthrights
Shanthi Gunsekera	Joint Chief Executive Officer	Birthrights
Kate Brintworth	Chief Midwifery Officer	NHS England
Jenny McNeill	Reader in Midwifery Research	Queen's University Belfast
Justine Craig	Chief Midwifery Officer	Scottish Government
Jaimie Morris	Lead Midwife	Welsh Government
Nadine Pemberton Jn Baptiste	Registrant Council member	Nursing and Midwifery Council
Rachel Best	Chair of Lead Midwife for Education (LME) Strategic Advisory Group	Sheffield Hallam University
External observers		
Name	Role	Organisation
Clare Capito	Head of the PMA Programme	NHS England
Emma Healy	Student Midwife	University of Leicester
Iona Duckett	Senior midwife	NHS Tayside
Lily Coton	Student midwife	University of Leicester

Jayne Marshall	Professor, Head of Midwifery; LME; Deputy Head of School of Healthcare; School Director of Education	University of Leicester
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Margaret McGuire	Registrant Council member	Nursing and Midwifery Council
Tina Popoola	Infant Feeding Co-ordinator	University College London Hospitals NHS Trust (UCLH)
NMC colleagues in attendance		
Name	Role	Role in the meeting
Carole Haynes	Senior Policy Officer	Attendee
Donna O'Boyle	Acting Executive Director of Professional Practice	Attendee
Rakhee Mistry	Executive Assistant	Attendee
Paul Rees	Interim Chief Executive and Registrar	Presenter
Paula McLaren	Senior Advanced Practice Advisor	Presenter

Papers

- Agenda
- Notes of meeting held 11 March 2025

Agenda items covered

1. Welcome from the Chair

The new Chair of MSAG, Birte Harlev-Lam, welcomed everyone to the meeting, including observers.

Birte thanked colleagues joining the meeting for the first time and those deputising for panel members.

2. Matters arising from notes of July's meeting

Chair has confirmed minutes as an accurate record of the meeting.

3. CEO update

- Cultural Transformation Plan launched March 2025 – 6 pillars: leadership, values-based decision making, EDI, psychological safety, enjoyment at work, regulatory fairness.
- Anti-racism focus following evidence of bias in FTP (Fitness to Practise) outcomes and large ethnicity pay gap (33%).

- Stretch targets: eliminate disparities in FTP and education outcomes by 2030–35, close pay gaps by 2030.
- FTP improvements: timeliness up from- low 60% to 70% within 15 months; record decisions in screening; safeguarding hub launched.
- New NMC values: Integrity, Fairness, Respect, Equity, Effectiveness.
- Engagement with Nottingham maternity review; aim to make NMC processes more accessible (public reading age target reduced).
- Preparation for national maternity investigation in England.

Q&A highlights:

- Concern raised over registrants learning of referrals via social media before NMC; NMC to review notification processes.
- Interest in co-production with NMC for Welsh maternity review.
- Agreement on making information for public more accessible.

4. Scene setting – overview of NMC:

- Established under the Nursing and Midwifery Order “The Order” in April 2001. The Order sets out our primary function to protect the public, our organisational structure, functions and activities, and our rights, obligations and powers.
- We set standards of education and training, performance and conduct and investigate when these standards are at risk of/not being met.
- NMC ensure that nurses, midwives and nursing associates continue to meet our standards throughout their careers and provide safe, kind and effective care.
- The NMC does not:
 - Educate or select students - done by the Approved Education, Institutions (AEI) & practice partners in line with NMC standards.
 - Set curricula - done by AEI & practice partners in line with NMC standards.
 - Regulate students - concerns about a student are dealt with by AEI.
 - Assess the ability of practice settings to support students’ learning - this is done by AEIs.

- Assess the quality of care in hospitals or the community - responsibility of the system regulators, i.e. Care Quality Commission in England (CQC), Healthcare Improvement Scotland (HIS), Healthcare Inspectorate Wales (HIW) and Northern Ireland's Regulation and Quality Improvement Authority (RQIA).
- The Professional Standards Authority for Health and Social Care (PSA) oversees our work.
- The PSA was set up by Parliament to oversee the work of all professional regulators of healthcare in the UK and social work in England.
- Each year it reviews our overall performance and reports on this to Parliament.
- Our performance is assessed against the PSA's Standards of Good Regulation.
- The Code: Professional standards of practice and behaviour for nurses, midwives and nursing associates. There are 4 pillars in the code:
 1. Prioritise people
 2. Practise effectively
 3. Preserve safety
 4. Promote professionalism and trust

5. Midwifery Highlights:

- Maternity Investigation (England): Awaiting terms of reference; will involve embedding standards in national processes and reviewing linked AELs.
- Practice Learning Review: 5 key lines of enquiry – focus on protected characteristics, supervision/assessment, QA metrics, and midwifery-specific issues such as strengthen midwifery competence and confidence at the point of registration.
- Pre-work with Lead Midwives for Education (LMEs)
- Critical Friends group discussions – some themes emerging – refocus on holistic.
- Care, simulation, continuity of carer, length of programme.
- Next steps engagement with key stakeholders to test emerging themes.
- Important to align with the Maternity Investigation.
- Individualised Care Principles (title will be 'Principles for supporting women's choices in maternity care') finalised; linked to freebirth survey findings.
- **Free Birth Survey results:**

- Data from 146 trusts, definitions inconsistent.
- Some women choosing free birth due to home birth unavailability.
- 84 cases with doula/unregulated person present.
- Safeguarding referrals in some cases.
- Principles for supporting women's choices in maternity care aim to clarify roles/responsibilities for midwives, women, doulas.

6. Update from CMidOs – England, Scotland, Wales and Ireland

Karen Jewell (Wales)

- Assurance assessment will be undertaking from July until December. The announcement has come from Cabinet secretary in May from the independent review that has been going on.
- The report will be published in relation to Swansea Bay and wanted to have an assurance review across all the health boards to see how the maternity service is.
- Wales will be linking some of the methodology with England, data review will be reviewed against standards for all health boards and looking at family engagements experiences.
- Perinatal experience framework piloted in 3 boards.
- Digital Maternity Cymru rollout by Mar 2026, adopting updated maternity dataset.

Caroline Keown (Northern Ireland)

- Regional maternity/neonatal conference held; 5 strategic themes endorsed.
- All student midwives placed in jobs; maintain cohort sizes.
- All trusts now on digital records.
- Work on bereavement care pathways ongoing.

Clare Capito, deputising for Kate Brintworth (England)

- Rt. Hon Wes Streeting MP announced the initiation of a rapid National Maternity Investigation in NHS maternity and neonatal service in England to provide truth and accountability for impacted families and drive urgent improvements to care and safety.
- This announcement comes on the back of significant failings in maternity services in parts of the NHS and to understand and address the systemic issues behind why so many women, babies and families are experiencing unacceptable care.
- Women and their families report that they are not being listened to when they raise concerns and are being let down by the NHS.

- Inequalities faced by Black and Asian women and women in deprived areas.
- Significant issues around safety and culture within our maternity workforce are apparent.
- Rapid National Maternity Investigation will be "co-produced" with clinicians, experts and parents and a National Maternity and Neonatal Taskforce is to be set up chaired by The Rt. Hon. Wes Streeting MP.
- The investigation which will start work this summer with a report due by December 2025, will consist of two parts:
 - Part One: To investigate up to 10 of the most concerning maternity and neonatal units.
 - Part Two: To undertake a system-wide review of maternity and neonatal care, including a review of the inequalities that women from Black, Asian and deprived backgrounds face.
- The investigation also aims to bring together lessons from past inquiries to create one clear, national set of actions to improve care across every NHS maternity service.
- 10 year health plan for England, the key priorities are Healthcare to be delivered in the community and move out of the hospitals, better use of technology to access a doctor / receive healthcare and focus on preventing sickness.
- Clare is working on NHSE guidance on the legal duty of [Notification of Birth](#), adding to the [NHS England Digital](#) information

Iona Duckett sent an update on Justine Craig's behalf (Scotland)

- Understanding the recommendations of the Nursing and Midwifery Taskforce – work underway reviewing the implication for maternity services and midwifery and the implementation groups are establishing. There is now a dedicated team for Nursing and Midwifery policy within the Chief NO directorate to take forward the 44 recommendations.
- To supplement the above a forward looking midwifery plan for Scotland is being progressed which will bring learning from the home 4 Nations and across the globe (for example Transitioning to Midwifery Models of Care: Global position paper ICM) and with a specific focus on the Scottish context.
- Best Start full implementation of Continuity of Midwifery and Obstetric continuity target date June 2026 for all 14 Boards in Scotland. Concerns continue regarding appropriate staffing and accommodation for effective implementation.
- Maternity Standards development progressing at pace now with effective engagement and wide representation from the maternity community.

- 1st Board inspection of maternity services report was published in May. Areas for improvement and action plan developed. 2nd Board inspection currently underway. These inspections focus on core/hospital care. Incorporating wider aspect of maternity care in future inspections will give a more robust understanding of the whole maternity journey/effectiveness of continuity of care and quality of care as well as birthplace choice etc.
- New Neonatal Model of Care – implementation underway with supporting pieces of work (such as National maternity triage guidance for this cohort) and pathways being developed.
- Work underway to review and understand the implications for maternity service with the new neonatal model of care (i.e. nationality for receiving unit maternity service in terms of antenatal care, ultrasound, labour ward, maternity theatre)
- Maternity Care Experience Survey – in testing stage currently and ready for sending out across Scotland late 2025.

7. Advanced Practice discussion:

- Purpose of the work the NMC will establish a robust, multi-phase regulatory framework for advanced practice that enhances public protection, promotes consistency, and builds confidence in AP professionals across all four UK nations.
- The purpose of this is to improve regulatory oversight of the growing workforce of nurses and midwives working at an advanced level across the UK, thus ensuring safe, effective, and publicly accountable practice.
- The Principles for Advanced Practice sets out safe and effective level practice by underpinning and supporting:
 - effective governance for advanced level practice for nurses and midwives.
 - the development, maintenance and transformation of environments in which advanced level practice is delivered.
 - patient safety and public protection.
- The principles will support patients and people who use services to understand the role of an advanced level nurse or midwife, including a definition that is clear to the public.
- Help professionals with consistent, high quality safe and effective delivery of care by setting clear expectations for advanced level nursing and midwifery practice.

- Help employers to develop and sustain systems in which advanced practice can thrive – for example in workforce, education, support and supervision, CPD and governance planning.

8. Gwendolen Bradshaw / Tracey MacCormack session - continuation from March MSAG on midwifery care and education:

- Issues on midwifery care and education. NMC standards for midwives are challenging to implement in practice, becoming increasingly difficult to implement them in education and they are ignored in the majority of maternity reviews and the maternity safety debate.
- Changing model of maternity care is impacting midwifery practice and education.
- Wider NHS and university problems directly affecting staff and students are understaffing and resource pressures.
- From NMC perspective:
 - concerns about safety and quality of midwifery care
 - student practice learning and confidence
 - standards not well understood, implemented or recognised
 - fitness to practice referrals for midwives

Feedback from breakout groups below: key regulatory issues and potential solution;

- Care tends to be task-oriented rather than holistic care.
- Technology can be fragmented, and this can impact on care
- Midwives act as role models for students.
- The wellbeing of students when they are working in stressful environments.
- The importance of culture and the need for psychological safety in clinical environments, particularly where organisations have a hierarchical structure.
- Evaluating universities on the approach to standards – gather case studies and share good practice.
- Role of LME and making them more prominent for monitoring standards.
- Issues around staff and ratios.
- Mandatory training and focusing on protected time.
- Strengthening the LME role

- Student: staff ratios. No longer in NMC standards; would help
- Clear lines for escalation of education concerns while maintain relationship with QA
- Emphasise to practice they are important part of student education; have a mandatory responsibility
- NMC can raise awareness with practice placements and universities for escalation
- Articulate the need for university/education support in practice – tri-partite – needs some clarity with AEIs. Good work going on such as university educators doing walkarounds in practice to meet with practice educators
- More pastoral care for student midwives
- Training and support for supervisors and assessors
- Relaunch the Standards of proficiency for midwives

Closing remarks

- The Chair closed the meeting, thanking members for a valuable and in-depth discussion.

Next meeting:

- Thursday 18 September (online)
- Tuesday 2 December (in person 23 Portland place)