

## MSAG meeting

Held 11 March 2025, 11.00 – 15.00 via  
In person 23 Portland Place

## Meeting notes

MSAG members in attendance		
Name	Role	Organisation
Anna van der Gaag	Midwifery Panel Chair	Visiting Professor in Ethics and Regulation, member of the International Ethics Observatory team, University of Surrey
Angela Graves	Head of School of Healthcare, University of Leeds	Council of Deans of Health
Caroline Keown	Chief Midwifery Officer	Department of Health for Northern Ireland
Cath Broderick	Independent Advisor, Consultant, Engagement & Communication	We Consult
Gill Walton CBE	Chief Executive	Royal College of Midwives
Gwendolen Bradshaw	Professor Emerita	University of Bradford
Jacqui Williams	Senior Midwifery Adviser (Education)	Nursing and Midwifery Council
Janice Sigsworth	Director of Nursing	Imperial College Healthcare
Justine Craig	Chief Midwifery Officer	Scottish Government
Karen Jewell	Chief Midwifery Officer	Welsh Government

Kate Brintworth	Chief Midwifery Officer	NHS England
Maria Pollard	Deputy Director, Nursing, Midwifery and Allied Health Professionals Directorate	NHS Scotland
Mary Renfrew	UK network of Professors in Midwifery and Maternal and Newborn	Professor Emerita University of Dundee
Natalie Whyte	Service User Representative	National Maternity Voices Partnership
Nicky Clark	Chair of Lead Midwives for Education Strategic Reference Group.	Works at University of Hull
Tracey MacCormack	Assistant Director, Midwifery	Nursing and Midwifery Council
Verena Wallace	Senior Midwifery Adviser (Policy)	Nursing and Midwifery Council
Wendy Olayiwola	National Maternity Lead for Equality	NHS England
<b>Apologies</b>		
<b>Name</b>	<b>Role</b>	<b>Organisation</b>
Agnes Agyepong	Founder and Chief executive	Global Black Maternal Health Institute
Janaki Mahadevan	Joint Chief Executive Officer	Birthrights
Shanthi Gunesequera	Joint Chief Executive Officer	Birthrights

Kerri Eilersten-Feeney	Lead Midwife for workforce, education and training (WTE	NHS England
<b>External observers</b>		
<b>Name</b>	<b>Role</b>	<b>Organisation</b>
Margaret McGuire	Registrant Council member	Nursing and Midwifery Council
Nadine Pemberton Jn Baptiste	Registrant Council member	Nursing and Midwifery Council
Rachel Best	Lead Midwife for Education (LME)	Sheffield Hallam University
Bridget Dack	Maternity Incentive Scheme Clinical Lead	NHS Resolution
Kayleigh Maslyn	3 <sup>rd</sup> year student midwife	Robert Gordon University
Sophie Murray	3 <sup>rd</sup> year student midwife	Leicester University
Chola Magodizra	3 <sup>rd</sup> year student midwife	Robert Gordon University
<b>NMC colleagues in attendance</b>		
<b>Name</b>	<b>Role</b>	<b>Role in the meeting</b>
Carole Haynes	Senior Policy Officer	Attendee
Rakhee Mistry	Executive Assistant	Attendee
Sam Donohue	Assistant Director, National and Regional Outreach	Attendee

Paul Rees	Interim Chief Executive and Registrar	Presenter
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## Papers

- Agenda
- Notes of meeting held 4 December 2024

## Agenda items covered

### 1. Welcome from the Chair

Anna van der Gaag welcomed everyone to the meeting, including observers.

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

### 2. Matters arising from notes of December's meeting

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

### 3. CEO update and address outgoing members:

- CEO thanked members on the panel who are leaving the MSAG membership.
- Priorities for the NMC future wants to build a new culture from reviews. Strengthen leadership to drive change, improve fitness to practice and maintain core regulatory functions.
- Progress to Fitness to practice, the percentage of cases being closed within 15 months has gone up to 75% from 65% in one month. Our caseload is down to 6,498 – the lowest it has been since August. We have record numbers of cases being closed at screening.
- New phase approach to standards and education, we will start work to modernise the Code and revalidation in 2025-2026, aiming to consult between July and October 2026.
- We will consult on changes to our practice learning requirements between February and March 2026 with a view to transitioning to new standards from September 2026.
- We are rephasing our work on Advanced Practice we will take Principles for Advanced Practice to Council on 26 March. We will develop standards for

consultation in 2027-2028 financial year and we will consider requirements for Advanced Practitioners as part of the Code and revalidation reviews.

- Coaching for the Executive Team has taken place, Quarterly sessions will take place for rest of this year and additional coaches for the Executive and wider NMC management.
- Updates on inquiry work:
  - **Nottingham inquiry:** Investigations teams are holding 30 cases which is relating to 27 individuals, NMC have offered to meet with families and the inquiry chair. Colleagues have shared fitness to practice data, advise on potential new referrals and get updates on the progress of the Inquiry.
  - **Lampard inquiry:** Investigating mental health deaths in Essex, on 7 March 2025 we submitted a detailed witness statement alongside fitness to practice data, we submitted a detailed witness statement alongside.
  - **Thirlwall inquiry:** We submitted a closing statement at the start of March summarising our evidence so far and actions that we have taken. We anticipate the final report later in the year.

#### **4. Safety and quality of midwifery care and education – implications for the NMC:**

- Critical issues in practice and education, concerns not being used in sectors and NMC to give this push.
- NMC standards for midwives not widely implemented in practice, increasingly difficult to implement them in education, ignored in maternity reviews and safety debate.
- Changing model of maternity care impacting midwifery practice and education
- Wider NHS and university problems directly affecting staff and students: understaffing, resource pressures.
- Issues and key challenges, NMC standards are not in practice, midwives are not being able to practice and being ignored.
- Midwifery educators are not funded and faces challenges, less midwives taking leadership roles, LME requiring specialist knowledge. Standards are the solutions, NMC quality assurance used to protect the public. There are uncertainty over practice learning hours, and clarity is needed for QA programme approvals and monitoring.

- New programmes provide support for implementation annual monitoring giving challenges.
- NMC standards need to be in practice and universities, online learning and assessment needs for cultural safety and skills. Understanding new technologies, midwives in practice need attention how they get in that place education needs to be in place and funding is needed.
- LME concerns in midwifery education Standards, varied interpretation of NMC standards across different universities, eg SPEN, counting of births, practice hours reflection time; simulation and attendance in theory.
- Workforce Skill mix: experienced lecturers replaced. with junior midwives, absence of discipline specific workload models, unattractive salaries and pensions.
- Practice issues impacting AEI's is having a understanding on NMC standards, Understanding the assessment of practice, Link lecturers attending in practice affected by understaffing in universities, Understanding the assessment of practice and Inexperienced midwives supporting students.
- Safety and quality of midwifery care and education affects the NMC by concerns about safety and quality of midwifery care, fitness to practice referrals, standards not well understood, falling student numbers, retention problems and academic quality and Quality Assurance, programme approval monitoring and enhancement arrangements.

## **5. Approach to our next EDI plan**

Embedding EDI 3 year plan to have a safe and more inclusive culture founded on strong foundations.

A diverse representative NMC at all levels and areas

Being an anti-racist organisation

Greater regulatory fairness and reduced disparities for registrants

To have lots of scope for regulatory fairness in renewing code, revalidation and education quality assurance implementation.

To have structure plans and embedding in place, reflects on importance on how we going to measure data being monitored and progressed.

### **EDI plan for Year 1 (2025)**

#### **1. Learning and development:**

- Training the NMC workforce on EDI issues.

- Leadership coaching to be more competent.
- 2. EDI infrastructure and foundations – embed EDI at the NMC:**
  - A stronger and bigger EDI team.
  - Improve EDI data and what we do with it.
- 3. Becoming anti-racist:**
  - Describing how we will become anti-racist and first year actions.
- 4. Regulatory fairness:**
  - Continuing our plans to make our regulation fairer. Reducing differential access, experience and outcomes across groups from fitness to practice to standards and there implementation, with a focus on education quality assurance, revalidation and the NMC code.

## **6. Midwifery Team update**

- Midwifery Strategic Advisory Group (MSAG) is under review, the membership is currently being reviewed and a refreshed will be from May 2025.
- There will be a recruitment of new chair of MSAG, the new appointment will be announced end of March.
- Team is working on Nottingham inquiries.
- We are sequencing our professional practice work with code and revalidation and rephrasing of Advanced Practice.
- Practice learning review, consult on changes to our practice requirements will be from February – March 2026 and transitioning to the new standards (if required) will be from September 2026.
- Standards of proficiency mapping tool has been distributed to doms/Homs in July 2024, in January 2025 the mapping tool has been under evaluation and is still currently being analysed.
- There has been collaborative work on unregulated people at births, the final draft on principles for midwifery personalised care has been drafted.
- The up-to-date criminal offences policy has now been approved by NMC executive board.

- Findings from the Freebirth survey will be analysed in-house. Results will be brought to the July meeting.

### **Multiagency work on medications:**

- Sodium valproate - [joint case scenario with GMC](#) updated to reflect new information
- Midwives Exemptions – with [Specialist Pharmacy Service](#) (SPS) at NHSE and CMidO's team
- PGD templates (can be adapted for other UK countries).

### **Examples:**

[Terbutaline injection for use in labour within maternity services](#)

[Benzylpenicillin for Group B Streptococcus for use in neonates](#)

[Folic acid 5mg tablets for use during pregnancy](#)

[Aspirin tablets for use within antenatal and maternity services](#)

## **7. Revalidation Review discussion**

- Purpose to scope a revalidation review is to start work with stakeholders to create a vision for what we want revalidation to mean.
- Scope of the review is to undertake benchmarking and gather evidence to develop options for change and delivery plan.
- Learning from whistleblowing, investigations, the people and culture review and Thirlwall enquiry.
- Outcomes and impact a stronger directive approach to revalidation to enable us to improve standards and manage safety risks.

### **Feedback from Group discussions:**

#### **Supervision of Midwifery:**

- Reviews
- Individual
- Statutory – key and regulated
- What has worked well, what has not
- Refocused into midwifery – 4 country differences
- Funding issue



- Mapped to standards and proficiencies
- Parity to other professions for example medicine / 360 review
- Links to CPD
- User voice hidden: barriers in service user voice, missing wider range in feedback of people involved in the sector.
- Impact and change how feedback and employment changes sector.
- Current approach is varied as tick box exercise and signed off by friends or close colleagues. Becoming easier for midwives, medical colleagues need more robust approach.
- Applicable to all settings, strengthen focus on standards. Public expect practice in accordance with standards and common dominators.
- Checking processes of revalidation – perception random sample of review of revalidation.
- Focus on purpose – the purpose of revalidation, learning from other professions.
- Knowing skills of staff – how to demonstrate skills, knowing staff are competent.
- Culture of the organisation, colleagues hiding, not speaking up.
- Demonstrating compassion and kindness – embed implementations from reports and review inquiries.
- Graduate students – links to professional integrity and ethics in completing revalidation.
- Demonstrating kindness without being unfair and needs to be sustaining behaviours – on going conversations and interactions with superiors and colleagues.
- Employers role code could strengthen revalidation and a responsible officer could/should sign off revalidation.
- How do we know revalidation works and in what ways has it been captured.
- How does revalidation to encourage to support learners, its our role but encourage but not everyone follows the guidelines and not being enforced.
- One of the biggest issue is timing, can reminders be linked to annual registration fee?

- Is there is a robust in staffing review, why do we need evidence for revalidation.

## **8. Update from CMidOs – England, Scotland, Wales and Ireland**

### **Caroline Keown:**

- Recognise the publication of Professor Renfrew's report in NI and the 32 recommendations that will form a foundation for the improvement work required underpinned by ensuring women and their families are at the centre.
- NI have launched in September 2024, Regional Standards for Maternity Support Workers with a revised regional job description.
- NI hosted the inaugural Regional Maternity & Neonatal Conference in March 2025
- NI along with UK colleagues continue to experience financial challenges and this is impacting on pace of recruitment and the ability to move on initiatives that require resource.
- There is continuing challenge around leadership, across 5 trusts. The Voice of midwifery is needed making sure we lead from the front, and the voice is heard and to be present visible, attending a meeting knowing a midwife is in the room.

### **Karen Jewell:**

- Maternity programme in 2<sup>nd</sup> year – background of maternity services, actions in last month quality statement what good looks like around perception. Quality assurance mechanisms to health boards are you doing this through inspections and getting feedback through the Welsh government website.
- In Digital maternity services, every health board will have an electronic record by March 2026 and have the same data captured.
- Anti race action plan, workforce to represent for safety services, maternity review has the evidence from perinatal framework plan. Through engaging with community groups, perinatal measures service being used to capture data.
- Perinatal workforce plan, methodology is right for us and look for future, fit for practice. Risks undertake configuration mums and babies being moved out of Wales.

### **Justine craig:**

- Launch of the midwifery taskforce – recommendations over 4000 of listening project. Focus groups / surveys.

- Implementations groups has been set up, taskforce was midwifery led, reassuring, challenges of voice of nursing and midwifery with differences and implementation change.
- Recommendations cover retention, flexible working PDPs not happening no money and is facing challenges.
- Focusing on training HNC route into midwifery, looking at workforce and diversity and increasing opportunities in rural areas and ethnicity of back grounds.
- Maternity inspection – report comes out in May, important on services and focus on triage areas.
- Maternity standards development group has been challenging, process is established by timescales having been pull backed and a different approach.
- Maternity survey will be updated and sent out later this year, directors' letter of children and families to implement miscarriage framework. Choice of birth leaflet has been launched and instruction to health and qualities framework.
- There are issues on deployment of midwives and the issue on jobs is looking a lot better.
- New model neonatal care being implemented.

#### **Kate Brintworth:**

- Highlights: more midwives than before, there are problems in students getting jobs
- Equity and equality has risen and has alignment in interest. Lots of successes in 3 year delivery plan. Keeping the midwifery voice has its own place.
- Equality data out this year disparities have decreased. Issues around funding are becoming challenging, environment trusts in systems looking at discussions which are looking at what can be done.

#### **Closing remarks**

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

#### **Next meeting:**

- Thursday 10 July 10.00 – 13.00 (online)