**Midwifery Strategic Advisory Group (MSAG)**

**Meeting held online Thursday 4 June 2026**

**Meeting notes**

| **MSAG members in attendance** | | |
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| **Name** | **Role** | **Organisation** |
| 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) |
| Birte Harlev- Lam | Chair of MSAG | Independent chair |
| Clea Harmer | Chief Executive | Sands |
| Gillian Mortan | Interim Chief Midwifery Officer | Scottish Government |
| Gwendolen Bradshaw | Professor Emerita<br>Former Pro-Vice-Chancellor (Learning, Teaching and Quality)<br>Led the NMC midwifery programme standards (2019). | University of Bradford |
| Imelda Smyth | NI Service user | Patient and Carer Education Partnership (PCEP) Forum<br>Queens University Belfast |
| Jacqui Williams | Senior Midwifery advisor (Education) | Nursing and Midwifery Council |
| Jenny McNeill | Reader in Midwifery Research | Queen's University Belfast |
| Julia Sanders | Professor of Clinical Midwifery | Cardiff University |

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| James Harris | Midwifery Policy Adviser | NMC |
| Karen Jewel | Chief Midwifery Officer | Welsh Government |
| Kerry Phillips | Midwifery lecturer | Cardiff University |
| Kate Brintworth | Chief Midwifery Officer | NHS England |
| Lisa Boat | Strategic Programme Manager | Swansea University |
| Laura Godfrey-Issacs | Chair of Shifrah UK | UK Jewish Birth Association |
| Hazel Williams | CEO | Birthrights |
| Maria Symenoki | Professional Lead for Midwifery and Women's Health | RCM |
| Nafisa Anwar | Midwifery and EDI | Association for South Asian Midwives (ASAM) |
| Naomi Delap | Director of Birth Companions | Birth Companions |
| Rachel Best | Chair of Lead Midwife for Education Strategic Advisory Group (LMESAG) | Sheffield Hallam University |
| Thomas McEwan | Principal Educator | NHS Education for Scotland (NES) |
| Tracey MacCormack | Assistant Director for Midwifery | Nursing and Midwifery Council |
| **Apologies** | | |
| **Name** | **Role** | **Organisation** |
| Alima Ashfaq | Service user voice | MNVP England |
| Angela Graves | Head of School Healthcare, University of Leeds | Council of Deans of Health |
| Caroline Keown | Chief Midwifery Officer | Department of Health for Northern Ireland |
| Benash Nazmeen | Midwifery and EDI | Association for South Asian Midwives (ASAM) |

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| Clotide Abe and Tinuke Awe | Co Founders | FivexMore |
| Professor Faye Ruddock | Chair | Caribbean, and African Healthcare Network (CAHN) |
| Gill Walton | Chief Executive | Royal College of Midwives (RCM) |
| Jaimie Morris | Lead Midwife | Welsh Government |
| Kimberley Salmon-Jamieson | Chief Nursing Officer | Manchester University NHS Foundation Trust |
| **External Observers** | | |
| **Name** | **Role** | **Organisation** |
| Margaret McGuire | Registrant Council member | Nursing and Midwifery Council |
| Hannah Leonard (Deputising for Gill Walton) | Chief Policy Officer and Deputy Chief Midwife | RCM |
| Cara Moore | Lead Midwife | NHS Wales Performance and Improvement |
| Jasmine Boulton | Student Midwife | Manchester University |
| **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 | Chief Executive and Registrar | Presenter |

**Papers**

- Agenda
- Notes of meeting held 12 March 2026

Agenda items covered

**1. Welcome from the Chair**

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

**2. Matters arising from notes of March's meeting.**

- Minutes from the previous meeting were approved with no amendments.
- Follow-up discussion took place regarding collaborative work between the NMC, GMC and other regulators on health inequalities. Meetings had taken place with the GMC, HCPC and NHS Race and Health Observatory.
- The recent published Lord Mann Review recognised the NMC as an example of good practice in tackling anti-Jewish hate and anti-Muslim.

**3. Updates from the Chief Executive and Registrar:**

- The NMC had participated in a conference led by the NHS Race and Health Observatory where its principles received a positive response from NHS leaders.
- The Lord Mann Review had been published on the day of the meeting. The NMC was highlighted as an example of good practice in addressing anti-Jewish hate and anti-Muslim.
- The Nottingham Maternity Review and the Amos Reviews are to be released in June and will create media attention and pressure for the midwifery sector.
- A review of 18,060 cases involving health and character declarations was undertaken, the NMC acknowledged that the situation was unacceptable and apologised for the impact on registrants and public confidence.
- Most cases are expected to be resolved within weeks, although some may take four to six months where additional information is required.
- The NMC plans to undertake a series of "health checks" across its regulatory functions. A central quality-management function will be established to work with regulatory teams and ensure that published procedures, policies and processes are followed and appropriately.
- Anti-racism principles, The principles aims to embed:

    - anti-racism
    - bias awareness
    - cultural curiosity
    - safety and respect
- The principles have received support from organisations including the RCN, RCM, Westminster Government, NHS Race and Health Observatory and Council of Deans of Health.
- **TM** confirmed that the principles were co-created with membership across the four countries and that feedback had been received from all four.
- Engagement with stakeholders and regulators across the UK is continuing.
- The NMC's practice learning review consultation is ongoing. So far 3,139 responses had been received at the time of the meeting.
- Fitness to Practise monthly referrals have increased from approximately 450 two years ago to around 610 currently.
- The overall FTP caseload has reached approximately 6,700 cases.
- The NMC is continuing to modernise FTP processes. Improvements have already been made to the screening stage, with further changes to the investigation model expected over the following three to six months.
- A planned "Right Referrals, Right Place" campaign will encourage employers to manage appropriate matters through their own HR functions.
- **PR** announced that Donna O'Boyle was leaving her role as Director of Professional Practice.
- Chris Dzikiti, a previous executive director at the CQC and a mental health nurse, has been appointed as her successor.
- Members discussed the potential use of AI within Fitness to Practise. Other healthcare regulators are considering AI to support.
- **PR** confirmed that the NMC would need appropriate safeguards IT infrastructure required development before AI could be introduced.
- The NMC is unlikely to its own use of AI until early 2027, allowing it to learn from other regulators' experience.
- **BN** suggested a small pilot involving marginalised workforce groups to identify potential problems and bias at an early stage.

**4. Update from CMidOs – England, Scotland, Wales and Ireland:**

**Kate Brintworth (England)**

**Key Updates:**

- The Maternity Outcomes Signalling System (MOSS) has now been implemented across all services and is functioning well to monitor maternity outcomes and identify statistical variation requiring review.

- The Maternal Care Bundle has been published, establishing standards across five areas of maternal health and complementing the Saving Babies' Lives Care Bundle.

- The national maternity Task Force has met twice under the new Secretary of State and will oversee actions arising from forthcoming review reports.

**Challenges:**

- Recent media coverage, including the Panorama documentary, highlighted serious failings in maternity care and the experiences of affected families, across the profession.

- Publication of the Donna Ockenden, Nottingham Maternity Review and the Baroness Valerie Amos National Review, with expectations that both reports would identify improvements for maternity services.

- Concerns were raised about inappropriate access to electronic patient records by staff, reinforcing the need for awareness of information governance responsibilities.

- A significant number of newly qualified midwives remain unable to secure employment, with NHS England exploring options to address this issue.

- **RB** raised regarding employment opportunities for newly qualified midwives. **KB** advised that plans are being developed and will be shared when ready.

**Karen Jewell (Wales)**

- Wales has a new government led by Plaid Cymru.
- Responsibility for the maternity portfolio is still being confirmed.

- Work is being aligned with the Welsh Government's first 100-day plan.

- The inaugural Pathway to Safer Beginnings Programme Oversight Board will meet at the end of the month. The Board will:

    - Review progress from the previous MAP NEO Safety Support Programme.
    - Monitor implementation of the Safer Beginnings recommendations.
    - Identify remaining priorities and actions.

- The Board will strengthen national leadership and oversight across maternity and neonatal services in Wales.

- Digital and Data Developments: BadgerNet is now implemented across all Welsh health boards

- Priorities include:

    - Development of a national perinatal dashboard.
    - Establishment of a clinical excellence framework.
    - Improved use of data to monitor quality, safety and best practice.

- Work is underway to explore the use of ambient voice technology within maternity and neonatal services. The focus is on supporting clinicians, reducing administrative burden, and enabling more effective conversations with women and families.

- Development continues a national labour line to be operated by the Welsh Ambulance Service. The service is expected to launch in October, subject to final implementation arrangements.

- Clinical Supervision the ten-year evaluation of the clinical supervision model has been completed and overall findings are positive.

- The bereavement pathway is now entering the implementation phase.

- Work with Bliss continues to support all health boards in achieving the Bliss Baby Charter.

- Workforce planning remains a significant challenge. The availability of comprehensive activity and acuity data through BadgerNet is expected to improve future workforce planning.

- There are currently insufficient posts available for all newly qualified midwives.

- National recruitment closes next week, after which a clearer workforce position will be available.

**Gillian Morton (Scotland)**

- Scotland has a new Cabinet Secretary for Health Angela Constance.

- Healthcare Improvement Scotland (HIS) maternity inspections: The 7th inspection report had just been published.

- It concerns Scotland's largest health board and included several recommendations similar to those made for the second-largest board.

- The next inspection report, covering a smaller board, is due on 26 June.

- The Scottish Government's 100-day programme includes an independent review of maternity services.

- The Maternity and Neonatal Taskforce has not met for three months because of the election period, but meetings are expected to start again soon.

- Two national workstreams arising from previous reports are progressing: Maternity triage and Induction of labour.

- **GM** has been undertaking extensive site visits and regular one-to-one meetings with Heads of Midwifery, recognising the pressures they are under. Positive findings from inspections include, kind and compassionate care provided by staff and ongoing concerns around safe staffing.

- Some boards have received additional staffing following inspections.

- The Scottish Government has committed to supporting new midwifery students, although details are still to be confirmed.

- **GM** is also seeking funding to provide additional support for Heads of Midwifery, acknowledging the difficult environment they are working in.

**5. Research on coercive practices in maternity care:**

- **HW** introduced Birthrights' research into coercive practices in maternity care.

- The research gathered evidence from approximately 300 participants, including women, birthing people and healthcare professionals, through surveys, case reviews, focus groups and interviews.

- Main Findings:

- Disproportionate impact on groups:

    - Black, Brown, migrant and Traveller communities reported higher levels of coercion.
    - Examples included racialised risk profiling, unnecessary interventions and threats of safeguarding referrals.

- Widespread coercive practices common examples included:

    - Coercive or threatening language.

    - Inadequate or biased information to influence decisions.

    - Pressure to undergo vaginal examinations, membrane sweeps or induction.

- Survey findings highlighted high numbers of respondents reporting inadequate information and being told they were "not allowed" to make certain choices.

- Threats of safeguarding referrals frequent reports of threats involving children's services, safeguarding assessments and, in some cases, police involvement.

- These threats often influenced women's decision-making through fear rather than informed consent.

- Impact on healthcare professionals staff described fear of regulatory action, bullying and workplace pressure when supporting women's informed choices.

- The presentation acknowledged examples of excellent practice where staff: used empowering language, allowed time and space for decision-making and supported personalised, rights-based care.

- Calls to Action, Birthrights recommended:

    - eliminating racial discrimination within maternity care

    - strengthening safeguards around safeguarding referrals;

    - ensuring safe staffing levels and supportive working environments.

**LB** Shared Swansea's "Just Ask" campaign encouraging women to ask questions and participate equally in decision-making. Highlighted use of the BRAIN decision-making framework and visual prompts to support shared decision-making.

**KB** Discussed understanding the underlying drivers of coercive behaviours.
Raised concerns around terminology such as "care outside guidance" and noted ongoing national work on home birth standards.

**KP** Suggested extending the work to neonatal services.

**HL** Emphasised the importance of appropriate language and honest discussion of risks without creating unnecessary fear.

**6. Antiracism principles**

- The principles are intended to support patient safety and public protection and strengthen anti-racism, bias awareness, cultural safety, curiosity, respect and equitable care across the health sector.

- The principles are intended to act as an interim framework ahead of the publication of the refreshed professional Code in October 2027.

- The principles will support preparation for the future standards, while the Code will establish the formal professional requirements.

- There was widespread support for developing the principles. Stakeholder engagement included roundtables and expert reference groups.

- Feedback highlighted the need for:

    - Application across both nursing and midwifery education and practice.

    - Clear implementation arrangements.
    - Strong leadership, accountability and action.
    - A clear link between racism, clinical risk, harm and system failure.
    - Greater emphasis on education and practice learning.

- The principles are organised around four pillars:

    - Culture, equity and inclusion.
    - Learning, education and workforce diversity/development.
    - Community and person-centred practice.
    - Assurance, accountability and sector improvement.

- The framework sets expectations for:

    - Services: Care should be designed and delivered in partnership with service users.

    - Registrants: Professionals should uphold inclusive, safe, culturally safe and anti-racist practice.

    - Students: Students should develop the knowledge, skills and behaviours required for anti-racist practice.

    - AEIs: Education providers should ensure curricular, assessment and learning environments prepare professionals to provide culturally safe, equitable and anti-racist care.

    - Organisations and leaders: Leaders are responsible for equitable, inclusive and culturally safe environments for care and learning.

- Gap Analysis and Maturity Matrix analysis has been developed to support implementation.

- Organisations can use it to benchmark their current position against the principles and identify areas requiring further action.

- For education institutions, the gap analysis is intended to become part of annual self-reporting, beginning the following February. For provider services, the current approach is self-assessment, with senior leaders expected to take ownership of the process.

- The principles have been launched, with further webinars planned.

**RB** raised concerns that education providers will have formal annual reporting requirements, while practice currently relies largely on self-assessment. **TM** acknowledged that self-assessment alone is not considered sufficient. The NMC's employer link service and nursing and midwifery advisers will also consider implementation when engaging with employers.

**LG-I** raised concerns that consultation had been limited because the work had been developed at pace. Also highlighted the need for greater consideration of Sikh communities and identified terminology and glossary issues relating to Jewish identity**. TM** acknowledged the concern and

explained that the principles had been developed quickly to enable universities to begin considering them from September.

**7. Strategy in Midwifery:**

- The group was presented with the proposed Midwifery Strategic Objectives, which are intended to provide a forward-looking framework for the midwifery function and align with the organisation's wider strategy.

- The Midwifery Action Plan published in November reflects progress made since then.

- The proposed approach is intended to support a stronger, more future-focused midwifery function.

- The proposed overall aim is to develop a trusted, expert and influential regulatory midwifery function, internally and externally, across the maternity healthcare landscape.

- Key proposed drivers include:

    - Regulatory leadership
    - Safe standards
    - Public protection and intelligence
    - Equity, inclusion and cultural safety
    - Education and workforce
    - Partnership

- The proposed work would be delivered in phases:

- Phase 1 – Foundation and development

    - Build on and complete the Midwifery Action Plan.
    - Consider how MSAG oversight and Council approval can be used more effectively.
    - Strengthen the midwifery contribution to standards consultations.
    - Develop appropriate team KPIs.

- Phase 2 – Implementation

    - Implement agreed changes.
    - Align objectives and KPIs.
    - Develop intelligence tools.
    - Strengthen and embed internal and external stakeholder structures.

- Phase 3 – Embedding and continuous improvement

    - Embed the new ways of working.
    - Deliver against agreed KPIs.
    - Continue proactive use of quality-improvement methodologies.
    - Embed national and international stakeholder engagement.

    - Establish MSAG as a consistent and active part of midwifery regulation alongside Council.

- The timeline will also need to take account of the organisation's corporate strategy, which is currently under review.

- Members raised concerns that including neonatal nurses could create questions about whether other nurses working in maternity settings —such as theatre, and postnatal nurses—should also be included. There was therefore a need for further consideration of the appropriate scope and whether standards developed for midwives would also apply to nurses.

- Members emphasised the importance of strengthening the midwifery function of the strategic focus at a time when the profession is facing significant pressures.

- Members highlighted the importance of establishing a clear problem statement and description of the current state before finalising strategic objectives and success measures.

**8. Practice Learning review - the midwifery programme:**

- **JW** provided an update on the public consultation, the consultation opened on 30 April and will run for 12 weeks, closing on 23 July.

- Welsh and Easy Read versions of the consultation materials were made available at the same time as the survey.

- As of 3 June, the consultation had received: 2,180 nursing responses and 509 midwifery responses and 565 responses from individuals identifying as both nursing and midwifery.

- Northern Ireland currently has lower response numbers, although engagement activity is taking place and response numbers are expected to increase.

- **JW** emphasised the importance of respondents reading the consultation document, which sets out the rationale and evidence base underpinning the proposals.

- Engagement is taking place across the UK to raise awareness and provide clarification.

- Focus groups are also being undertaken by Thinks, including groups specifically for midwives and student midwives, to provide additional qualitative evidence.

- Discussions are taking place with the Chief Nursing Officers and Chief Midwifery Officers across the four UK countries regarding potential future development/extension of the programme.

- **KJ** supported MSAG influencing proposals at an early stage and helping to consider the consultation findings.

- **KB** highlighted the potential for conflicts of interest, given that MSAG members represent different organisations.

- **TMcE** agreed and highlighted the value MSAG could provide after the consultation by helping the NMC responses.

**9. AOB, reflections and closing remarks:**

- The Chair thanked members for taking the time to complete the survey. There are 27 MSAG members, with 14 responses received, representing a 52% response rate.

- Members' feedback continuing with quarterly meetings of three hours.

- It was acknowledged that agendas are consistently full and that it can be challenging to balance covering all agenda items with allowing sufficient time for meaningful discussion.

- **LB** suggested once the MSAG strategy and associated action plan are established, progress against the strategy should become a regular MSAG agenda item.

**Next MSAG meeting:**

- Wednesday 16 September 10.00 – 13.00 (On teams)

**2026 MSAG meeting dates:**

- Tuesday 1 December 11.00 – 15.00 (In person)