

Meeting of the Midwifery Panel  
Held at 13:30 on 22 October 2018  
at 23 Portland Place, London W1B 1PZ

## Minutes

### Present

#### Members:

Anna van der Gaag (Chair)

Donna Ockenden

Anne Wright

Lorna Tinsley

Charlotte McArdle

Verena Wallace

Lord Willis

Jacqueline Dunkley-Bent

Cath Broderick

Mary Renfrew

Gill Walton

Tracy Humphrey

Logan van Lessen

Leigh Kendall

Sascha Wells-Munro

Maxine Spencer

Nicky Clark

Senior Midwifery Advisor, NMC

Council Vice-Chair

Council Member

CNO Northern Ireland

Midwifery Officer, CNO's office Northern Ireland

Member

NHS England

Lay member

University of Dundee

Royal College of Midwives

Council of Deans of Health

UK Consultant Midwives Forum

Lay Member

Maternity Improvement Adviser, NHS Improvement

Director of Midwifery and Gynae Nursing, Guy's and

St Thomas NHS Foundation Trust

Chair, Lead Midwives for Education Strategic

Reference Group

#### Apologies:

Jane Cummings

Janice Sigsworth

Fiona McQueen

Ann Holmes

Jean White

Karen Jewell

CNO England

Chair, Shelford Group

CNO Scotland

Chief Midwifery Advisor & Associate CNO Scotland

CNO Wales

Nursing Officer for Maternity and Early Years CNO's

office Wales

#### Officers:

Sue Killen

Geraldine Walters

Anne Trotter

Fionnuala Gill

Ali Neyle

Jacqui Williams

Jennifer Turner

Interim Chief Executive and Registrar

Director, Education, Standards and Policy

Assistant Director, Education and Standards

Assistant Director, Governance (Secretary)

Head of Strategic Communications

Senior Midwifery Advisor

Governance and Committee Manager

**MP/18/45****Welcome and Chair's opening remarks**

1. The Chair welcomed members to the meeting.
2. Apologies had been received from Jane Cummings, Janice Sigsworth, Fiona McQueen, Ann Holmes, Jean White, Karen Jewell and Edward Welsh (Director of External Affairs).
3. The Chair commented that in taking up the role, she recognised the importance of the work of the Panel and the value it added to the work at the Executive level of the NMC. The Chair had been impressed by how the Executive valued the Panel's advice.
4. The Interim Chief Executive explained that the Panel's advice was already included in reports to Council. It was proposed that a fuller report on the work of the Panel be provided to Council once a year. It was also proposed to increase the transparency and profile of the Panel by including a summary of the meetings on the NMC website and possibly a link to the minutes.
5. Panel members would look forward to hearing how useful the Council found the information it provided on midwifery and to opportunities for two way exchange.

**MP/18/46****Minutes of previous meeting**

1. The minutes of the meeting on 19 July 2018 were noted as approved by the previous Chair.
2. It was noted that Jacqui Williams had given apologies for the July meeting.

**MP/18/47****Actions from the previous meeting**

1. There was one outstanding action relating to the research commissioned by the NMC. Engagement with BME groups would be encompassed in this wider range of engagement. The wording of the action would be amended to better reflect this.

**MP/18/48****Draft standards of proficiency for midwives**

1. Professor Mary Renfrew introduced the revised draft of the pre-registration midwifery standards, due to be received by Council at the end of November. At this stage, the draft standards broadly reflected what was expected to be the final structure, shape and content. It also reflected the most recent feedback from the Thought Leadership Group which had met on 15 October. There was a separate skills document accompanying the standards, which would be integrated into the version of the proficiencies that would go out for consultation.

At the moment, the skills document was separate as it was at a slightly different stage of development.

2. In light of the late circulation of the draft standards, members were advised that they could provide further comments by email to the Assistant Director of Education and Standards by close of business three days after the meeting.
3. Professor Renfrew provided an overview of the shape and structure of the draft standards. Key attributes that the newly qualified midwife must possess at the point of registration were to be: autonomous and accountable; focused on equity; evidence-informed; focused on women and babies; providing continuity of care; confident, safe and responsive; grounded in many perspectives (public health, health promotion, clinical, social care); future focused; and a leader.
4. The draft standards were arranged into five domains: being an accountable and autonomous midwife; the midwife's ability to provide and promote continuity of care and carer; universal care for all women, newborns infants, and families; additional care for women, infants and families with complications and/or further care needs; promoting safe and effective care: the midwife as colleague, scholar and leader.
5. The universal care and additional care domains were intended to work together, and were not separate or dichotomous. Professor Renfrew stressed that the draft standards were based on the Lancet framework and agreed design principles.
6. Each standard could be directly traced back to research evidence and engagement input.
7. In discussion, the following points were noted:
  - a) Specific suggestions from members included: placing further emphasis on mental health; asking the future midwife to be 'research-active' not just a scholar of existing research; highlighting the benefits of 'relational care'; including 'life-care' in standard 3.5, not just parenthood; providing more detail about the meaning of resilience, including what action is expected around resilience; regarding domain 3, continuity of care is not just about continuity, but also about relationship building, compassion and care; standard 3.2 might be clearer if it was to say "...to facilitate meaningful conversations...".
  - b) In response it was noted that, although it would be ideal for midwifery to be a research-active community, such a standard might be over extending the scope of what could be reasonably expected at the point of qualification. This may also be open to misinterpretation by education providers

where 'research-active' had a particular meaning.

- c) Concerns were expressed by some members about the use of the term 'normal' in the draft standards. The words 'normal' and 'normality' caused concern due to their association with past adverse events in midwifery practice. Such words could also make women with complications feel stigmatised or excluded. Additionally, use of the phrase 'social normality' made the standards even more complicated as this was far less understood.
- d) A number of alternative suggestions were made, including adding 'normal, where possible', or only referring to 'normal physiological processes'.
- e) Panel members stressed that, if the word 'normal' remained in the draft standards when they went to Council for approval prior to consultation, the accompanying cover paper must clearly explain its intended use and definition.
- f) Professor Renfrew said that a strong message from the engagement work had been the importance for midwives to understand normality in order to recognise deviation. Each use of the word 'normal' throughout the standards was careful and purposeful. The hesitation and nervousness was acknowledged, but there was a view that historical failings may have been due, at least in part, to midwives not properly understanding 'normality'.
- g) A number of golden threads ran through all aspects of the new standards even though they were not repeated in every section. These would be given greater prominence in the final draft and might help address concerns expressed about the use of language by setting a clearer context for all aspects of the care provided.
- h) The Chief Nursing Officers intended to have a discussion about the draft standards.
- i) Panel members were generally satisfied that the draft standards were based on robust evidence and engagement and noted that the consultation would help draw out views to further refine the standards. Contingent on Professor Renfrew giving due regard to the suggestions made at the meeting, and any additional feedback sent over the next three days, Panel members were of the view that the draft standards were fit for the Council to approve for consultation.

## **Draft pre-registration programme standards**

8. The Chair welcomed Professor Gwendolen Bradshaw, the Chair of the reference group advising on the development of the pre-registration programme standards.
9. The reference group to develop these standards began work during the summer. Since that time, the draft standards had been discussed with a number of groups, including the Thought Leadership Group and the Lead Midwives for Education forum.
10. The standards would form part of a suite of documents which would include the standards framework and the standards for student assessment. These would also sit in a wider framework which included the NMC Code and the UK Quality Code for Higher Education.
11. In discussion, the following points were noted:
  - a) Standard 3.5 continued the current practice of small case loading. Although it would be preferable to see this model evolve, the limitation of current services was acknowledged. The theory/practice divide would be ameliorated by providers working with students to ensure they received varied placements including the opportunity to experience and gain an understanding of the realities of continuity of care.
  - b) The standards would continue to require programme providers to appoint a Lead Midwife for Education (LME). The LME was responsible for ensuring appropriate lay person involvement in programme design and delivery.
12. Panel members were satisfied that the draft pre-registration programme standards were suitable for consideration by the Council.

## **MP/18/49**

### **Midwifery programme length**

1. The Panel discussed the planned work around the future midwifery programme length.
2. As discussed previously, work was needed to consider an appropriate duration of future midwifery programmes which would allow students to gain the proficiencies to meet the new standards. To explore this, the NMC had commissioned a review of evidence. This would be undertaken through key stakeholder engagement, followed by a roundtable of experts, the results of which would inform the questions for the consultation. The Chief Nursing Officers in the four countries would be included in the engagement. An economic assessment would also be undertaken. KPMG had been engaged to do this work, and they would shortly be contacting people to seek

involvement. The work would encompass the impact on short programmes.

**MP/18/50 Practising as a midwife in the UK**

1. Panel members considered the document 'Practising as a midwife in the UK' which had recently been updated and re-issued.
2. The NMC wrote to key stakeholders and sent an email to all midwives on the register announcing the publication of this updated edition.
3. The document was intended to be midwife-specific so did not encompass material relevant to all registrants. As the FtP reforms progressed, the NMC would communicate with all registrants.

**MP/18/51 External Affairs update on midwifery**

1. Panel members considered the update on recent and future events.
2. In discussion, the following points were noted:
  - a) The NMC had held a midwifery listening event on 18 October, which was very well received by attendees. Lorna Tinsley noted that the format had been excellent and encouraged using the same format for future listening events.
  - b) The recent 'We midwives' twitter chat was also very successful.
  - c) A 'meet the NMC' event was planned in November with service user groups including SANDS, British Trauma Association, and similar organisations. Members were welcome to provide suggestions for other groups that might be invited.
  - d) In an effort to engage with hard-to-reach groups, such as new mothers and expectant families, the Executive have developed a survey and were looking into future Facebook events. There was more work to do but timing was an issue and it was important for such engagement to be meaningful. Whilst recognising the need to avoid duplication with the consultation on the draft standards, Panel members were keen for the NMC to get people talking as much as possible.
  - e) As noted earlier in the actions update, a future update would be provided on the research being done into how the NMC engages and what people expect from the NMC. The update would include engagement with midwifery communities, mothers and families.

- f) Lord Willis expressed disappointment that his efforts to discuss how the views and experiences of service users might be captured had yet to come to fruition. One example might be to develop a smart phone app that could capture mothers' feedback in real time and would provide rich data for the NMC. Panel members agreed that a modern approach to communications and engagement would be of great value and that social media was one tool which could be utilised.
- g) However, the NMC must also be mindful of not stepping into the role of the service provider by being a first point of contact for issues that should be resolved on the ground. It was important to distinguish between what should be appropriately dealt with at the local level by employers, and what needed to be escalated to the NMC. It was suggested that the role of the regulator and the role of the provider in this arena might be a useful discussion for a future meeting. The sentiment was not necessarily to hear only about complaints. It was also important to hear the good news stories from mothers, families and midwives. Data and stories together were very powerful.
- h) Although the NMC was not cutting edge with its technology at the moment, there was a programme underway to update the systems. How the organisation engaged with others required modernising alongside the technology modernisation.

**Action:** Consider a future discussion of the Panel on the roles of the NMC and service providers in capturing the experiences of users of maternity services

**For:** Director of External Affairs  
**By:** April 2019

**MP/18/52 Update from NMC's Senior Midwifery Advisor**

- 1. The Panel noted the update from the Senior Midwifery Advisor.
- 2. The Advisor had been busy over the past months, and had used every opportunity to meet with stakeholders, including midwives, management, and women and families, with more engagement work planned around the United Kingdom. The new format for engagement was working well.

**MP/18/53 Role of the Panel and Forward Work Plan**

- 1. The Panel noted the forward work plan and suggestions from Panel members for future discussions.
- 2. The dates for meetings in 2019 would be confirmed as soon as

possible.

3. It was agreed that future meetings would be scheduled for up to two hours in duration.

**MP/18/54            Good practice and information sharing**

1. The Panel heard about the preceptorship programme at Cardiff and Vale University Health Board in Wales, which had trialled providing new midwives with a badge to wear for their 12 month preceptorship. With funding provided by the RCM, the Board provided midwives on the preceptorship programme pink stork-themed badges. The purpose of the badges was to enable multidisciplinary teams to recognise that more support may be needed and to make new midwives feel welcome and part of the team. The badges had been a great success with all midwives reporting that they felt supported and zero attrition for the programme. This was an excellent example of the power of data and stories together.

**MP/18/55            Any other business**

1. There was no other business to discuss.

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

**SIGNATURE:**       Anne van der Graaf

**DATE:**               2/2/19