

Midwifery Panel

held on 14 December 2023 via MS Teams

Minutes

Present

Name	Title
Agnes Agyepong	Founder and Chief Executive Officer, Global Black Maternal Health Institute
Anna van der Gaag (Midwifery Panel Chair)	Visiting Professor in Ethics and Regulation, University of Surrey
Angela Graves	Council of Deans of Health Representative, University of Leeds
Gill Walton	Chief Executive, Royal College of Midwives
Gwendolen Bradshaw	Emeritus Professor, University of Bradford
Janice Sigsworth	Director of Nursing, Imperial College London
Justine Craig	Chief Midwifery Officer, Scottish Government
Kate Brintworth	Chief Midwifery Officer, NHS England
Kerri Eilertsen-Feeney	Lead Midwife, NHS England
Maria Pollard	Deputy Director, Nursing, Midwifery and Allied Health Professionals Directorate, NHS Scotland
Natalie Whyte	Service User Representative, National Maternity Voices, Leicester, and Rutland
Sascha Wells-Munro	Director of Midwifery, York and Scarborough Teaching Hospitals NHS Foundation Trust
Sarah Aubrey	Deputising for Nicky Clark, Chair, Lead Midwives for Education Strategic Reference Group
Tracey MacCormack	National Maternity Improvement Adviser at NHS England

Wendy Olayiwola	National Maternity Lead for Equality, NHS England
Observers	Title
Margaret McGuire	Registrant Council Member, NMC
Sarah Spencer	Senior Midwifery Manager, Quality & Nursing Directorate, Welsh Government
NMC Attendees	Title
Andrea Sutcliffe	Chief Executive and Registrar
Edward Welsh	Executive Director, Communications and Engagement
Sam Foster	Executive Director, Professional Practice
Verena Wallace	Senior Midwifery Adviser (Policy), Professional Practice
Jenny Collard	Head of Regulatory Policy, Strategy and Insight
Maddie Elder	Policy Manager, Strategy and Insight
Gabrielle Jones	Stakeholder Engagement Manager
Johnnet Hamilton	Senior Stakeholder Engagement Officer
Barbara Forshaw	Stakeholder Engagement Officer
Melissa McLean	Senior Public Engagement Officer
APOLOGIES	
Name	Title
Janaki Mahadevan	Joint Chief Executive, Birthrights
Shanthi Gunsekera	Joint Chief Executive, Birthrights
Sascha Wells-Munro	Director of Midwifery York and Scarborough Hospitals
Gloria Rowland	Chief Nursing Officer of African Medical Centre of Excellence
Ruth May	Chief Nursing Officer, NHS England
Nicky Clark	Chair, Lead Midwives for Education Reference Group

Mary Renfrew	Professor Emerita, University of Dundee
Jacqui Williams	Senior Midwifery Adviser (Education), NMC

Agenda items covered

1 Welcome from Chair

- Anna van der Gaag welcomed everyone to the meeting, including observers, and the newest Midwifery Panel member, Maria Pollard, Deputy Director, NHS Scotland. The Chair also noted in December, Birthrights, celebrated its 10th anniversary of campaigning to embed human rights into maternity services.
- The Chair announced that Caroline Keown takes up her role as the new Chief Midwifery Officer for the Department of Northern Ireland on 2 January 2024. Apologies for absent members were also noted.

2 Minutes and actions of the previous meeting

- The Chair confirmed with members that they were satisfied the minutes from October's meeting were an accurate representation of the discussions held.

3 Chief Executive reflections on recent developments

- Andrea Sutcliffe reflected on the current challenges facing health and social care, particularly in maternity services. The NMC is seeing an increase in referrals, this may be related to the maternity reviews, maternity inspection reports from the Care Quality Commission, and the Lucy Letby verdict.
- On 12 December 2023, an independent panel agreed that Lucy Letby be struck off the NMC's register. The NMC has also submitted a witness statement to the Thirlwall inquiry.
- Other updates included highlights from the NMC's registration data report which is available on the NMC's website. The key points to note are the record growth in the number of professionals joining the register. Between November 2022 to September 2023, the register grew to 808,488. The number of registered midwives is 42,974. Despite this increase, concerning levels of midwifery vacancies across the UK continue.
- Other highlights from the data report are a rise in international midwifery joiners. Concerns were expressed around ethical recruitment, as a number of these professionals are coming from 'red list' countries. It was stressed that in line with advice from the World Health Organisation, recruitment should not take place from 'red list' countries as those countries do not have enough nurses and midwives to sustain their own local services.

- The NMC's register is also becoming more ethnically diverse with 29.1% being from a black, Asian or minority ethnic background. The NMC is continuing to see disproportionate referrals of professionals from those backgrounds, and the impact of discrimination and racism affects the professional's ability to practice safely.
- As part of our Ambitious for Change work the NMC is scoping how we will work with employers to understand the issues that are driving this, and opportunities to reduce referrals that do not meet the regulatory threshold.
- The Panel heard that in response to concerns raised with us and reported on in The Independent, the NMC have appointed Ijeoma Omambala KC, to look at how the NMC has handled the concerns when they were raised with us, and to review how we handled specific fitness to practice cases highlighted in the story. The terms of reference are available on the NMC's website. The NMC is also reviewing its internal culture, following whistleblowing concerns around racism and sexism. Those terms of reference will be published in due course.
- The Panel heard that some members from the RCM had reported they were working in a climate of fear, of being referred to the NMC. There were calls for more to be done to support midwives as some of the challenges they face are long standing systemic issues, and not to do with their effectiveness in delivering safe care.
- The RCM has seen a rise in local disciplinary cases, particularly in admissions of care, which is linked to staffing issues. Of note is the increase in defensive and protective practice with frontline staff. This is worrying as it is having a negative impact on the outcomes for women.
- There were calls for the NMC to share any data it holds on midwifery referrals for fitness to practice, and that it should be disaggregated into the referrals of Black, Asian, and ethnic minority midwives, as there is evidence that the referral rates of midwives from these backgrounds is higher than that of white midwives.
- Andrea concluded by confirming the NMC is looking into the over-referral of professionals from Black, Asian and minority ethnic backgrounds. She reassured colleagues that the NMC is strengthening the support it offers to the people on the register, and how it takes account of context when reviewing referrals. The Panel also heard the NMC had advertised for a new Assistant Director of Midwifery to strengthen the engagement and strategic vision.

4 Spotlight on Scotland's key maternity priorities

- There are now just over 47,000 births a year in Scotland and while the birthrate is going down, caesarean section and induction rates are high.

- The Panel received updates that regular meetings are held with the Health Boards and NHS Education for Scotland, and the Royal College of Midwives (RCM) in Scotland.
- Throughout 2024, the Scottish government will implement its second Tackling Child Poverty Delivery Plan, 'Best Start, Bright Futures,' supporting families at greatest risk of poverty.
- Some positive news was shared that newly qualified midwives have been welcomed to the workforce across all the health boards. There are good programmes of preceptorship. NHS Fife was highlighted as a good example of preceptorship practice. They have a robust preceptorship programme and are also developing other programmes to take newly qualified midwives into their first revalidation. This has led to an increase in retention and recruitment at NHS Fife.
- Good practice is also being seen in some of the western and more remote Scottish isles where midwives work autonomously. There are however some isles which need more support and work is being done with NHS Education for Scotland around this.
- All health boards in Scotland have information on miscarriage care and are slowly implementing guidance from the Lancet.
- The Health and Care staffing care legislation takes effect in April 2024. The Panel also heard a workforce tool that looks at midwifery establishments will be finished by August 2024. The current tool will continue to be used with caveats.
- Turning to its equality, diversity and inclusion work, the Panel learnt that in Scotland, two working groups for midwives who are from a black, Asian or minority ethnic background were held following the findings of the latest MBACE-UK report. It was suggested it would be helpful for the NMC to share any trends from data it held on the referrals of midwifery professionals from black, Asian and minority ethnic backgrounds.
- The update concluded with positive news that NHS Scotland continues to provide holistic person-centred care. In response to a question posed on what more the NMC could do to help with the key priority areas of work, it was suggested the NMC could continue to work closely with the maternity and neonatal taskforce which brings everyone together and is a good platform to address any concerns. The NMC has a presence on the subgroups of the taskforce.

5 NMC Review of Advanced Practice

- The Panel members discussed in breakout rooms the public benefit that regulation of advanced practice could bring. Feedback included the importance of continuity of care for women, and consideration that advanced

practitioners might be perceived as a risk of hierarchy and that midwives might lose continuity of care.

- Advice was shared by Panel members that the NMC should make it clear in its standards what additional skills and expertise an advanced practitioner might bring, how the role fits into the wider multi-disciplinary team, and what are the differences between an advanced practitioner and the role of a specialist consultant midwife.
- Some Panel members suggested the NMC should look at other royal colleges where the role of advanced practitioners already exists and be mindful that there are advanced practitioners with and without master's degrees, so consistency is needed. There were also calls for the four countries of the UK to work together to produce a unified advanced practice framework.

6 Senior Midwifery Advisers update

- Verena Wallace updated on the work of the Senior Midwifery Advisers. A pre-reading paper had been shared.
- Of most interest was the Senior Midwifery Advisers involvement in a multi-disciplinary workshop co-chaired by Professor Mary Renfrew, and Maternity Services Liaison Committee partners in Northern Ireland. The workshop was held gather qualitative data to support Professor Mary Renfrew's work to produce a new report around safe midwifery care in Northern Ireland.
- Feedback from the workshop was that midwives are feeling overstretched, and that women and families are acutely aware of this. While there is definite stress in the system, women also reported having positive birthing experiences.
- Other updates included the NMC's presentation on advanced practice at the joint RCM and Irish Nurses and Midwives Organisation conference.
- There was a discussion on the concerns around freebirthing and the impact this trend is having on the midwifery workforce. In some cases, placing midwives in a position where they are fearful about what support is being given to women. Further discussions will be taken forward into 2024.
- The Panel members discussed that women are making choices that are complex and are at the 'edges of practice'. In England in particular, legal teams in individual Trusts are creating the framework about what is, and is not, the right thing to do. The importance to move at speed to address the freebirthing issue was stressed. It was noted this item would be revisited at the March Midwifery Panel meeting.

7 Understanding and improving the experiences of internationally educated midwives

- The purpose of this item was to progress discussions held at October's Midwifery panel, on what the Panel members and the NMC can do to understand and strengthen the experiences of internationally educated midwives. The Panel members received pre-reading papers for this item.
- The Panel were reminded this research was prompted by the current midwifery deficit in the government's target to recruit 500 internationally educated midwives but at the same time, the NMC had anecdotal evidence from stakeholders that some internationally educated midwives have little or no practical experience of facilitating births.
- An overview was given of the NMC's registration process which ensures there are appropriate and robust assurances to allow practitioners onto the register. Insights were also shared from a literature review, and feedback from the NMC's Welcome to the UK workshops, where some of the participants had said they felt disrespected in the workplace, neither was their previous experience understood or valued and they were talked about behind their backs.
- In discussion, the Panel members heard the NMC is now at the stage of considering how it might incorporate lines of inquiry into internationally educated midwives experiences within existing research. The NMC is also thinking how it might recruit internationally educated midwives to take part in a few collaborative pieces of research, and external research is being commissioned into the quality of practice learning in the UK and internationally.
- The Panel members shared suggestions to support the NMC's lines of inquiry for the research:
 - The Midwifery panel members should be involved in the development of research questions.
 - The NMC should look into how many international students have accessed pre-registration education of midwifery programmes in the UK and have joined the register.
 - Use of the international student barometer survey, which is run annually in the UK, and captures feedback from four million students worldwide, and it could be disaggregated for those studying health related programmes to see if there are any themes.
 - The NMC should contact Antonio Sierra, National Midwifery International Recruitment Advisor, NHS England for his insight, expertise and knowledge.
 - The NMC should do more work with the Objective Structured Clinical Examination centres, as the centre staff had reported not having much links between the NMC and them.
 - Collaborating with diaspora midwifery associations who hold data, such as the Association of South Asian Midwives and Society of African Midwives.

- The Chair shared a Trust initiative called the Active Bystander programme, which is aimed at empowering people to become more proactive and involved, integrating people who have been trained elsewhere into the workforce, or being more aware of racism in the work environment.
- There was consensus that the NMC's work on internationally educated midwives should be shared with the Panel at each meeting.

8 Reflections and closing remarks

- The Chair closed the meeting by inviting reflections from the observers. In summary, there was agreement that the continual negative representation of midwifery services should by no means diminish from the positive experiences of women and their families who are receiving fantastic care.
- Final reflections were shared by the Panel members who said they had seen a major improvement in the last couple of years in the quality of the topics being discussed and the diversity of thought had brought a much deeper and richer understanding of the variety of issues and best practice taking place in maternity services.
- Next meeting date: **IN PERSON** on Wednesday 13 March, 10.00-13.00, NMC's Offices, 23 Portland Place, London W1B 1PZ.