

## Midwifery Panel meeting

Held 11 September 2024, 10:00-13:00  
via Microsoft Teams

### Meeting notes

Panel members in attendance		
Name	Role	Organisation
Angela Graves	Head of School of Healthcare, University of Leeds	Council of Deans of Health
Anna van der Gaag	Midwifery Panel Chair	Visiting Professor in Ethics and Regulation, member of the International Ethics Observatory team, University of Surrey
Caroline Keown	Chief Midwifery Officer	Department of Health for Northern Ireland
Cath Broderick	Independent Advisor, Consultant, Engagement & Communication	We Consult
Gill Walton	Chief Executive	Royal College of Midwives
Gwendolen Bradshaw	Emeritus Professor	University of Bradford
Jacqui Williams	Senior Midwifery Adviser (Education)	Nursing and Midwifery Council
Janaki Mahadevan	Joint Chief Executive Officer	Birthrights
Justine Craig	Chief Midwifery Officer	Scottish Government
Kerri Eilersten-Feeney	Lead Midwife	NHS England
Maria Pollard	Deputy Director, Nursing, Midwifery and Allied Health Professionals Directorate	NHS Scotland

Mary Renfrew	Professor Emerita	UK network of Professors in Midwifery and Maternal and Newborn, University of Dundee
Natalie Whyte	Service User Representative	National Maternity Voices Partnership
Nicky Clark	Chair	Lead Midwives for Education Strategic Reference Group, 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	Found and Chief Executive Officer	Global Black Maternal Health Institute
Gloria Rowland	Chief Nursing Officer	African Medical Centre of Excellence
Janice Sigsworth	Director of Nursing	Imperial College Healthcare
Karen Jewell	Chief Midwifery Officer	Welsh Government
Kate Brintworth	Chief Midwifery Officer	NHS England
Shanthi Gunsekera	Joint Chief Executive Officer	Birthrights
<b>Deputy</b>		
Sarah Spencer (deputising for Karen Jewell, Chief Midwifery Officer)	Midwifery Officer	Welsh government
<b>External observers</b>		
<b>Name</b>	<b>Role</b>	<b>Organisation</b>

Cerian Llewelyn	Interim Head of Midwifery	Glangwilli Hospital Hywel Dda Health Board
Faith Worrell	Student midwife (3 <sup>rd</sup> year student)	University of Coventry (on elective placement at the NMC)
Margaret McGuire	Registrant Council member	Nursing and Midwifery Council
<b>NMC colleagues in attendance</b>		
<b>Name</b>	<b>Role</b>	<b>Role in the meeting</b>
Helen Herniman	Acting Chief Executive Officer and Registrar	Presenter
Naomi Baldwin-Webb	Policy Manager	Attendee
Johnnet Hamilton	Senior Stakeholder Engagement Officer	Lead coordinator Midwifery panel
Melissa McLean	Senior Public Engagement Officer	Event coordinator
Orla McKinnon	Stakeholder Engagement Officer	Event coordinator

## Papers

- Agenda
- Notes of meeting held 13 March 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.
- The Chair paid tribute to Ruth May who has stepped down as Chief Nursing Officer for England. Her successor is Duncan Burton who, by agreement, will not join the Panel, as England is already represented by Kate Brintworth, Chief Midwifery Officer.
- Tribute was also paid to Sascha Wells-Munro, who had joined the Midwifery panel as NHS Improvement Maternity Improvement Advisor and has now

changed roles. Her successor to the Midwifery panel will be Alison Talbot, Deputy Chief Midwifery Officer for England.

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

- One omission was noted, Caroline Keown to be included in the attendees list for the meeting held 13 March 2024. Following no further amendments/corrections, the Chair confirmed with members that they were satisfied the notes from March's meeting were an accurate representation of the discussions held.

## **3 Acting Chief Executive Officer and Registrar's update**

- Helen Herniman gave a brief overview of the NMC's recent work to address the recommendations and the concerns raised in Nazir Afzal's independent culture review [report](#). She acknowledged that this had been discussed by Panel members at their August briefing meeting. The Professional Standards Authority have established an oversight group to ensure there is transparency and accountability on how the NMC will address the report's recommendations. Other updates included recruitment to the role of interim Executive Director for Strategy. Recruitment is underway for an interim Chief Executive and Registrar, and a permanent Chief Executive Registrar.
- The members were reminded that we expect Ijeoma Omambala KC's Fitness to practise report in late autumn/winter 2024. The Panel members will be invited to another discussion later in the year. Lastly, members were informed they could access the latest 2023/2024 [revalidation data report](#).
- Questions were responded to, and reassurance was given that the NMC are listening not only to the views of professionals, but of people who use services and the public.

## **4 NMC Midwifery team update**

- The senior midwifery team presented an overview of their recent work. This included the midwifery workplan presented to Council in May 2024. The plan has seven workstreams:
  1. Midwifery workforce
  2. Unregulated people
  3. Midwifery team governance
  4. Education and quality assurance
  5. Cultural safety and leadership
  6. Multi-disciplinary team working
  7. Embedding the midwifery Standards of Proficiency
- The Panel members agreed to a proposal to refresh the governance and reporting structure of the Midwifery panel. The proposal is to have a clear reporting line into the NMC's Midwifery Regulation Oversight group. The

outputs from the group will be reported to the NMC's Executive Board, and once a year, a summary paper will be submitted to Council. There was overwhelming support for the proposals. As part of the work to refresh the governance structure, the Panel members were asked to send comments on a refreshed [Terms of Reference \(ToR\)](#).

**Action – Panel members to email comments on new draft ToR.**

- The senior midwifery team are currently co-producing a set of principles on unregulated practitioners working in health care with government and regulatory organisations. This is due to be completed by autumn/winter 2024. In discussion, panel members reported that some women were being told that because of restrictions to other healthcare services, their options were either to come into a hospital or have an 'unassisted' birth. Home births were given as an option. Another member suggested that unregulated practitioners are becoming an emerging issue for midwives not only nationally but internationally.
- The whole issue of unassisted birth must be treated in the first instance from a point of curiosity, understanding why the choice is being made by the woman herself.
- The NMC has a mailbox for stakeholders to submit queries on unregulated people at [registration.investigations@nmc-uk.org](mailto:registration.investigations@nmc-uk.org).
- Concerns were raised around the NMC changing the word 'conduct' to 'facilitate' in the [Standards for pre-registration midwifery programmes](#). It was explained that in exploratory discussions on unregulated practitioners, it became evident that when [Standards for pre-registration midwifery programmes](#) was updated, the language used had diluted the emphasis on the protected function of the midwife. The word change was to demonstrate the crucial difference and re-align the words in the programme standards with those in the NMC's [standards of proficiency for midwives](#).
- The Panel also discussed concerns from lead midwives for education who were dealing with criticism from some students that there are different interpretations of the standards in the minimum number of births that must be achieved by students. The members felt the issue needed to be debated again as it is challenging in certain geographical areas and settings for students to achieve 40 births. Another concern raised was variation in the length of programme hours across universities.
- The NMC has issued [guidance](#) on the minimum number of births students should undertake. The guidance was produced after consultation with key stakeholders and has been updated to explain what is counted as a birth (for example live versus simulated).
- Work continues on the adoption of the [standards of proficiency for midwives](#). A mapping document has been created to monitor implementation. The

standards have been disseminated to all heads of Midwifery and Directors of midwifery. The Panel suggested the NMC also share the document with senior managers to ensure implementation throughout all staff grades.

- **Action – the senior midwifery team to share Standards with senior healthcare managers.**

## 5 [Birthrights](#) current priorities and themes

- The joint Chief Executive of Birthrights gave an overview on the aim of the charity which was established in 2013. The main purpose is to protect and champion the human rights of women and birthing people in the UK. The charity delivers a range of activities including training to increase awareness and understanding of how the law applies to maternity care, and why it matters among those who design, manage, deliver, and regulate maternity care.
- The Panel learnt Birthrights have two live campaigns - one calling for the introduction of a [SAFE Maternity Care Act](#), which is to make clear to everyone involved in maternity care how the law applies. Although the law exists, Birthrights believe it is very fragmented, and human rights should be universally applied in maternity care.
- Birthright's second campaign calls for an end to [Birth partner restrictions](#). The Panel learnt there are pockets of practice across the country where these restrictions apply through antenatal appointments.
- Insight was shared that the most marginalised women and birthing people are facing even more barriers to accessing basic maternity care, and at the heart of some of these poorer outcomes and experiences is a consistent failure to listen to the voices of women and birthing people.
- The Panel heard there is a crisis in the system, this is due to multiple factors such as a lack of understanding about how fundamental rights apply to maternity care, the number of maternity safety inquiries and scandals reported in the media, and Birthrights' own interactions with women and birthing people exposing poorer outcomes.
- Other concerns expressed were around systemic racism and its consequences. This included lack of identification of certain medical conditions based on people's skin colour. It was stressed it is not okay for published reports to use 'lazy' and 'offensive' stereotypical language about black and Asian women, and birthing people, suggesting they have a 'higher pain threshold' or being called a 'princess' when asking for pain relief. Coercive practice is being used to bypass people's request and labelling them as having either 'difficult requests' or being 'difficult people'.

Key themes:

- Birthrights have seen a high number of complaints related to care during the height of the COVID-19 pandemic – linked to unlawful practise which was introduced in the early days of the pandemic
  - A blanket refusal to offer a service and the lack of support for choice of treatment
  - Discrimination and racism – an increase in unfounded referrals to social services which is based on birth choice alone, and not any wider related factors
  - A concerning trend is the suspension of home births services or midwife led birthing centres - some women are often told in the last few weeks or even days of their pregnancy that their only option is to come to the hospital or opt for an unassisted birth
- Birthrights said their highest accessed online fact sheets are ‘the right to caesarean birth’ and ‘the right to see your maternity records’. There was an in depth discussion around the insights shared.
  - In summary, Birthrights are campaigning to see human rights protected and enshrined in legislation and UK case law in a way that everyone understands, so it has a positive impact on the experience of women and birthing people in the UK. They said maternity makes up an increasing proportion of clinical negligence claims, so it makes no fiscal sense to neglect women and maternity services. Birthrights is focussed on ensuring its training has the biggest impact and are working to target different grades within the maternity system as well as students in universities, regulatory bodies and community organisations.
  - Birthrights confirmed its staff are based across England and Wales and queries come from Northern Ireland and Scotland. There is a desire to better understand the maternity system in Scotland. The Chief Midwifery Officer for Scotland agreed to invite Birthrights to one of their regular meetings.

## 6 Closing remarks

- The Chair closed the meeting, thanking members for a valuable and in-depth discussion and encouraged Panel members to use the insight shared to help influence the sector to improve the outcomes for women, babies, and their families. Reports mentioned in discussion were:
  - [Sands Listening Project, December 2023](#)
  - [Birth Outcomes & Experiences Report](#)
- The Panel were reminded the next meeting will be held online via Microsoft Teams, on Wednesday 4 December, 14:00 – 17:00.