![Nursing & Midwifery Council logo]

Meeting of the Midwifery Committee

To be held from 13:45 to 15:00 on Wednesday 21 January 2015 at 23 Portland Place, London, W1B 1PZ

Agenda

Dr Anne Wright　　　　　　　　　　　Paul Johnston
Chair　　　　　　　　　　　　　　　　Secretary to the Committee

1	**Welcome and Chair's opening remarks**	M/15/01	13:45
2	**Apologies for absence**	M/15/02	
3	**Declarations of interest**	M/15/03	
4	**Minutes of the previous meeting** Chair	M/15/04	
5	**Summary of actions** Secretary	M/15/05	

Matters for discussion

6	**Revalidation: draft standards and guidance** Director of Continued Practice	M/15/06 (oral)	13:55
7	**Draft revised guidance on responsible social media use** Director of Continued Practice	M/15/07	14:25
8	**Any other business** Chair	M/15/08	14:45

The next meeting of the Midwifery Committee will be held on Wednesday 25 February 2015 at 10:00 at 23 Portland Place, London, W1B 1PZ.

Meeting of the Midwifery Committee
Held at 12:45 on 28 October 2014
at 23 Portland Place, London, W1B 1PZ

Minutes

Present

Members:

Anne Wright	Chair
Pradeep Agrawal	Committee Member
Kirsty Darwent	Committee Member (attended via teleconference)
Patricia Gillen	Committee Member
Ann Holmes	Committee Member
Marie McDonald	Committee Member
Lorna Tinsley	Committee Member (attended via teleconference)

NMC officers:

Katerina Kolyva	Director of Continued Practice
Paul Johnston	Council Services Manager
Fatema Limbada	Council Services Officer (minutes)
Anne Trotter	Acting Assistant Director, Education and Quality Assurance
Shonali Routray	Regulatory Policy Lawyer (observer)

Observers:

Zoe Boreland	DHSSPSNI
Louise Silverton	Royal College of Midwives
Verena Wallace	LSAMO, Northern Ireland
Sue Way	Chair, LME Forum
David Foster	Department of Health
Jessica Read	Chair, LSAMO Forum
Brenda Devine	NIPEC

The meeting of the Midwifery Committee commenced at 12:55

Minutes

M/14/51   **Welcome from the Chair**

1.   The Chair welcomed all attendees to the meeting.

M/14/52   **Apologies for absence**

1.   No apologies for absence were received.

M/14/53   **Declarations of interest**

1.   There were no declarations of interest.

M/14/54   **Minutes of the previous meeting**

1.   The Committee agreed the minutes of the meeting held on 25 June
            2014 as a correct record.

M/14/55   **Summary of actions**

1.   The Committee noted progress on responding to actions arising from
            previous meetings of the Council.

M/14/56   **Revalidation and review of the code: update**

1.   The Committee received an update on development of the
            revalidation model; and on the review of the Code. A proposed policy
            for revalidation; and the revised Code would be submitted to the
            Council for approval on 3 December 2014.

            The Code

2.   On the Code, the Committee noted that extensive consultation had
            been undertaken. The NMC had taken steps to ensure that
            feedback gathered through that consultation fed into the
            development of the Code; the iteration circulated to the Committee
            sought to address concerns raised during the consultation period.

3.   Feedback had included comments on the:

            a) Purpose of document: Stakeholders had indicated that the
               iteration used for the consultation had been unclear about the
               scope of practice. Patients and the public wanted clarity about
               what to expect from nurses and midwives.

            b) Structure, language and tone: The draft Code was seen by
               participants in the consultation as being too long and needed
               restructuring. Feedback had also been mixed on the tone of

the language in the document.

4.   As a result, the Code had been revised to be shorter, more condensed and better structured. The Code would be revised, subject to the Council's approval, to ensure that it was compliant with Plain English standards.

5.   Observers raised the following points:

a) It was noted that the majority of registrants would not be directly involved in prescription; and queried the precedence that this issue appeared to take in the current iteration.

b) The NMC would need to work closely with Approved Education Institutions to ensure that those nursing and midwifery students that were due to conclude their education in the next year were appraised of the revised Code.

c) Provisions on social media usage by registrants did not feature prominently in the current iteration of the Code. The NMC would be developing specific guidance on social media that would sit alongside the development of guidance on candour.

6.   The Committee welcomed the contents of the revised Code and endorsed its submission to the Council in December 2014.

Revalidation

7.   The draft revalidation model had been well received by nurses, midwives, patients and the public during consultation. However, concerns had been expressed on how the model would be brought into practical operation; these concerns would be explored further through the work being undertaken with pilots.

8.   In discussion, the following points were raised:

a) Issues were still being explored around third party confirmation, particularly for overseas registrants. It was currently proposed that third party confirmation for overseas registrants planning to work in the UK would be received from a nurse on midwife on the nursing and midwifery register of the country in which the overseas applicant worked.

b) Other issues included confirmation for independent midwives and for those working non-mainstream settings, such as care homes. These issues would be explored during the pilots.

c) Concerns were raised around midwives requiring to meet 450 hours of practice as a SCPHN. A meeting was being

convened to discuss this issue further.

d) The majority of midwives had indicated a preference for supervisors of midwives provide confirmation for revalidation purposes. This was not proposed in the current draft model, pursuant to a Council decision that confirmation be received from employers. This feedback would nonetheless be acknowledged in the Council paper on this subject.

e) The Committee expressed concern that midwives may, under current legislative obligations, be subject to additional burdens through revalidation, given requirements on appraisal, revalidation and supervision. The pilots would explore evidence around additional burdens being created through the introduction of revalidation.

f) There was also overwhelming support for the inclusion of a CPD requirement in the revalidation model, although the NMC would need to elaborate on what could be counted as CPD. The NMC would also need to ensure those trained now (as opposed to those trained very recently or a number of years ago) were also made aware of reflective practice.

g) The Committee stressed that learning from pilots should be shared with employers as early as possible in order to ensure that all employers were aware of requirements in transitioning to a model of revalidation.

9. Following Executive Board approval of the policy, the Committee's views on the proposed revalidation policy would be reflected at the meeting of the Council.

Action:	**Reflect the Committee's discussions on the developing revalidation model during discussions at the Council on the draft revalidation policy**
For:	**Chair of the Committee / Director of Continued Practice**
By:	**3 December 2014**

M/14/57 **LSA annual report and quarterly quality monitoring report of the LSAs**

1. The Committee received a presentation from the Assistant Director, Education and QA, on development of the LSA annual report. The Committee noted that the final report would be submitted to the Council in early-2015, with the report published thereafter on the NMC website.

2. The Midwifery Committee and the Education Advisory Group would receive the annual QA framework report in early-2015.

3. The annual QA framework had been launched in June 2014 and

bought together QA in education. One educational institution failed to respond so their certification has been withdrawn.

4.　　　　In discussion, the following points were raised:

a) The NMC continued to work with those who had not met expectations in terms of their corporate and clinical governance arrangements.

b) It was noted that the NMC had significant powers if the Approved Education Institution (AEI) did not meet expected requirements and that a nursing or midwifery education programme could be revoked in this instance.

M/14/58　　Any other business

1.　　　　The Chair noted that this was the last formal meeting for Marie McDonald and Ann Holmes. The Chair thanked them for their time and efforts. Ann Holmes will now work as a special adviser for the Midwifery Committee for another year.

The date of the next meeting is to be Wednesday 25 February 2015.

The meeting of the Midwifery Committee ended at 14:04.

Confirmed by the Committee as a correct record and signed by the Chair:

Signed:　　DRAFT　　　　　　Date:　　　DRAFT

Item 5
M/15/05
21 January 2015

Midwifery Committee

Summary of actions

Action:	For discussion.
Issue:	A summary of the progress on completing actions agreed by the meeting of Midwifery Committee held on 28 October 2014.
Core regulatory function:	Supporting functions.
Corporate objectives:	Corporate objective 8: "We will develop effective policies, efficient services and governance processes that support our staff to fulfil all our functions."
Decision required:	To note the progress on completing the actions agreed by the Midwifery Committee at the meeting held on 28 October 2014.
Annexes:	There are no annexes attached to this paper.
Further information:	If you require clarification about any point in the paper or would like further information please contact the author or the director named below.

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Summary of the actions arising out of the Midwifery Committee meeting on 28 October 2014

Minute	Action	For	Report back to: Date:	Progress
M/14/56	Reflect the Committee's discussions on the developing revalidation model during discussions at the Council on the draft revalidation policy	Chair of the Committee / Director of Continued Practice	Council 3 December 2014	Completed. The Committee's discussions were reflected during the Council's deliberations on this item

Item 7
M/15/07
21 January 2015

**Nursing &
Midwifery
Council**

Midwifery Committee

Draft revised guidance on responsible social media use

Action: For discussion.

Issue: This paper outlines the revised draft guidance for nurses and midwives on responsible social media use.

Core regulatory function: Setting standards.

Corporate objectives: Corporate Objective 2: "We will set standards of education and practice and assure the quality of education programmes and the supervision of midwives so that we can be sure that all of those on our register are fit to practise as nurses and midwives."

Decision required: None.

Annexes: The following annexes are attached to this paper:

- Annexe 1: **Draft** Revised guidance on responsible social media use.

- Annexe 2: Case Studies

Further information: If you require clarification about any point in the paper or would like further information please contact the author or the director named below.

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Context: 1 One of the NMC's core functions is to establish standards of education, training, conduct, performance and ethics for nurses and midwives. We also ensure the maintenance of those standards and publish guidance to underpin them. (Articles 3(2), 3(16), 15(1)(a), 21(1)(a) and 21(2) Nursing and Midwifery Order 2001).

2 Following its approval at the Council in December 2014, the new revised Code will be published in January 2015 and will come into effect in March 2015.

3 The Code will be supported by underpinning guidance in the following areas:

3.1 guidance for revalidation;

3.2 guidance on raising concerns;

3.3 guidance on candour; and

3.4 guidance on the use of social media.

4 This paper sets out the proposed content of our guidance on the use of social media.

5 In recent years, the misuse of social media has resulted in approximately 40 NMC Fitness to Practice cases a year. As a result, the revised Code makes reference to the need to use social media responsibly.

6 Other healthcare regulators in the UK and abroad – for example, the General Medical Council and the Nursing and Midwifery Board of Ireland - have produced guidance on this issue.

7 A proposed draft revision of this guidance is attached at **Annexe 1** for the Committee's consideration. Comments on the guidance have also been sought from our Revalidation Strategic Advisory Group.

Discussion and options appraisal: 8 The Midwifery Committee is asked to discuss the guidance attached as **Annexe 1** and the supporting case studies attached as **Annexe 2**.

9 The Committee is asked to give particular focus to the following issues:

9.1 **Length** – is the document a reasonable length? What, if anything, would you add or remove from the document?

9.2 **Case studies** – do you think that the case studies add value? Do some add more value than others? We are considering providing case studies as an appendix at the end instead of forming part of the main text. Equally they can be available on

our website via a hyperlink.

Public protection implications:	10	The Code is the key document that underpins all our public protection activities – it is therefore imperative that any guidance that supports the Code also demonstrably enhances public protection.
Resource implications:	11	All work associated with this paper comes under the category of 'business as usual' and is therefore already provided for under existing budgets.
Equality and diversity implications:	12	The Code was subject to an ongoing, detailed equality impact assessment which has informed the development of this guidance. This guidance has been written with input from the NMC's Equality, Diversity and Inclusion Manager as a follow on from the work on the Code.
Stakeholder engagement:	13	All new and revised standards and guidance are subject to engagement with key external stakeholders. We have asked for comments from the Revalidation Strategic Advisory Group and from members of a previous stakeholder group, The Revalidation Communications Reference Group.
Risk implications:	14	The NMC's reputation is at risk if it does not ensure that all guidance underpinning its Code and standards is relevant, up to date and reflects current legal requirements. The need for guidance to be published on this subject has already been outlined in the paper and once published should be reviewed annually.
Legal implications:	15	The legal requirements that the Nursing and Midwifery Order places on us with regard to publishing and consulting on standards and guidance are outlined in this paper.

Annexe 1

Guidance on responsible social media use

Introduction

This document provides guidance for nurses and midwives on social media use and social networking practice.

Social Media: *"Websites and applications that enable users to create and share content or to participate in social networking."*[1]

Social Networking: *"The use of dedicated websites and applications to interact with other users, or to find people with similar interests to one's own."*[2]

This guidance should be read together with the Code: Professional Standards of Practice and behaviour for nurses and midwives (The Code).You should also ensure that you comply with any local social media/ IT policies issued by your employer and/or education institution.

The use of social media has increased dramatically and it is estimated that "four out of five NHS organisations now use at least one form of social media as part of their official communications and engagement channels." However, in recent years the misuse of social media has resulted in approximately 40 NMC Fitness to Practice cases a year. As a result the Code states:

 "Ensure that you use all forms of oral, written and digital communication (including social media and networking sites) responsibly".[3]

Whether you use social media in a personal and/or professional capacity, this guidance is intended to help you do so responsibly and in line with The Code. It is not intended to cover every social media situation that you may face, however it sets out broad principles to enable you to think through issues and take appropriate action in the public interest.

The principles outlined in this guidance can also generally be applied to other kinds of online communication, such as personal websites and blogs, discussion boards and general content shared online, including text, photographs, images, video and audio files.

As the nature and scope of social media is constantly evolving, we will regularly review this guidance and reapply the principles of the Code to new situations that emerge.

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[1]   http://www.oxforddictionaries.com/definition/english/social-media
[2]   http://www.oxforddictionaries.com/definition/english/social-networking?q=social+networking
[3]   The Code: Professional standards of practice and behaviour for nurses and midwives, paragraph 20.10

How The Code can be applied to social media use

The Code contains a series of statements that taken together signify what good nursing and midwifery practice looks like. It is important that you display a commitment to these standards while using social media. Nurses and midwives will put their registration at risk, and students may jeopardise their ability to join our register, if they act in any way that is unprofessional and/or unlawful online including:

• sharing confidential information
• posting pictures of patients and people receiving care
• posting inappropriate comments about colleagues or patients
• bullying, intimidating or exploiting people
• building or pursing relationships with patients and/ or service users
• distributing sexually explicit material
• stealing personal information or using someone else's identity
• encouraging violence or self-harm
• inciting hatred/ discrimination

This list is not intended to be exhaustive. We discuss some of these issues in more detail below:

Prioritise people

The Code emphasises the importance of putting the interests of people using or needing nursing or midwifery services first. You should always ensure that your behaviour on social media is in line with this.

"Treat people with kindness, respect and compassion."

Do not post anything on social media that may be viewed as discriminatory, does not recognise individual choice and does not preserve the dignity of those receiving care. If you aware that another registrant has used social media in this way, you have a responsibility to raise and if necessary, escalate any concerns.

"Respect people's right to privacy and confidentiality in all aspects of their care"

It is not acceptable for nurses and midwives to discuss matters related to the people in their care outside clinical settings. It is important to remember that social media is not an exception to this rule. If you refer to your work/ study on social media you need to ensure that you demonstrate respect and professionalism towards all your patients/ service users by respecting their right to privacy and confidentiality regardless of whether you believe that there is a risk of identification.

It is important to remember that although certain snippets of information may not directly breach a patient's right to confidentiality when anonymised; people may still be identifiable and this behaviour is likely to be inappropriate. If you are aware that a colleague has breached confidentiality online on social media, you must raise your concerns with someone in authority.

Sharing confidential information online can have the potential to be more damaging than sharing it verbally due to the rate at which it can be shared and the size of the potential audience.

Practice effectively

"Practice in accordance with the best available evidence"

As a nurse or midwife, you have a responsibility to ensure that any information or advice that you provide via social media is evidence-based and correct to the best of your knowledge. You should not discuss anything that does not fall within your level of competence, and avoid making general comments that could be considered inaccurate given your position.

"Work cooperatively in teams and respect your colleagues"

You must work cooperatively with your colleagues and this involves communicating in an appropriate way both inside and outside of the work environment. Social media is not the place to discuss matters relating to people's performance or health issues, it should also not be used as a platform for gossiping, bulling or intimidation of any kind.

Preserve safety

"Act without delay if you believe that there is a risk to patient safety or public protection"

Social media should not be used to contact people who may wish to raise a concern. You must not use it as a method to harass, victimise or attempt to persuade someone not to raise his or her concerns. It is also crucial that if you witness one of your colleagues acting in this way that you report it straight away. Our guidance on raising concerns (NMC 2013) sets out your professional duty to report any concerns, which put the safety of people in your care or the public at risk, and the steps you should take to do this.

Promote professionalism and trust

"Maintain objectivity and clear professional boundaries at all times with people in your care (including those who have formally been in your care), their families and carers."

Nurses and midwives should not interact with current or former patients/ service users on social media. This is because using social networks to build or pursue relationships with patients and service users can blur important professional boundaries. It is also important to be aware that even without engaging with patients/ service users on social media, they may still be able to access your information without engaging with you.

You should therefore be aware of what personal information your patients and service users might be able to access and how this may have the potential to maintain your blur professionalism.

Potential benefits of responsible social media use

We appreciate that if used responsibly and appropriately, social networking sites can offer potential benefits for nurses, midwives and students including:

- building and maintaining professional relationships

- establishing and/or accessing nursing and midwifery support networks and being able to discuss specific issues, interests, research and clinical experiences with other healthcare professionals globally

- being able to access resources for continuing professional development (CPD)

We therefore support the responsible use of social networking sites by nurses, midwives and students and do not advocate blanket bans.

Practical tips for using social media responsibly

The following are tips to help ensure that you are responsible on social media:

Be informed
Make sure that you familiarise yourself with how individual social media applications work and be clear about the advantages and disadvantages.

Protect your privacy
It is important to realise that even the strictest privacy settings have limitations. This is because, once something is on the internet, it can be copied and redistributed.

Social media sites will often allow you to adjust your privacy settings to determine who can see content which you post. You may wish to think through what kind of information you wish share and with whom, including whether you want to give any of your colleagues' access to your personal social media accounts.

Protect your professionalism and your reputation

If you are unsure whether something you post online could compromise your professionalism or your reputation, you should think through what this information means for you in practice, and how your online image may be affected as a result. It may be useful to get into the habit of presuming that everything that you post will be shared with colleagues and seen by your line manager and the public. Even though, in reality this will not likely be the case, it can help you to decide if a potential update/upload is appropriate to post on social media.

It is also important to consider who and what you associate with via social media. For example, acknowledging someone else's post can imply that you endorse or support their point of view. You should also consider the possibility of other people mentioning you in inappropriate posts. If you have used social media for a number of years, it is important to consider what has been posted online since signing up. You may wish to go back and delete certain activities or even dis-enable your current account and set up a new one.

Annexe 2:

Social Media Case studies

The following examples are fictitious case studies. They are not intended to be taken as facts but to illustrate the principles outlined in the Code and guidance and how these might be applied to social media situations.

- *Reuben is a nurse who has just started a new job working at an Accident and Emergency department. He is very enthusiastic and excited to be gaining experience in emergency nursing. During Reuben's first week in his new job he is caring for a patient with 3rd degree burns on their legs. Reuben had never seen an injury of this seriousness before and decided to take a photo of the patient's burnt legs on his phone. He then posted this picture on Instagram with the caption 'just another day in the office'. Reuben did not think that this would be a problem, as he thought that by not including the patient's face he was protecting their identity, and therefore their right to confidentiality. Reuben had however, not realised that the patient's room number was visible in the background and he had identified himself as a nurse and mentioned the hospital that he worked in. Reuben's actions demonstrated a lack of respect and professionalism towards this patient, regardless of the risk of identification.*

- *Dan updated his status on Facebook:*

   'ghaa what a stressful day!!!'

   The grandchild of one of the patients that he had been treating that day commented on this saying:

   'Why was it stressful? Is my granddad ok? Any idea when he'll be discharged?"

   Dan saw this comment and was very concerned, as even though he had not directly breached the patient's right to privacy, their privacy had been breached via his social media account. Dan deleted the comment straight away and sent the relative an inbox message explaining why their comment had been deleted.

- *Sarah is an NMC registered cosmetic nurse, who runs her own business: 'Beauty Box' and employs three other NMC registered cosmetic nurses who work in the clinic alongside a makeup artist and a hairdresser. The Beauty Box website advertises certain treatments and products, and one of the nurses and the makeup artist working for Sarah write regular blog posts for the website, which are shared more widely via the Beauty Box twitter account. The makeup artist often refers to treatments and products that the clinic offers to their service users. However, the registered nurse has a duty to ensure that any information or advice provided via the website or the blog with regards to cosmetic treatments is evidence-based, including information relating to the use of any healthcare products or services. The nurse should therefore be very careful about this when writing her blog, unlike her colleague who's a makeup artist she cannot simply recommend the products that the business sells.*

- *Comfort is a keen and talented writer and has a blog where she writes about her opinions around issues related to health. The hospital that Comfort works at is being inspected by the CQC in response to concerns about the standards of care at the hospital. Comfort has shared these concerns for over a year but has not aired them as she did not believe that any action would be taken. She was also worried that her colleagues would view her as untrustworthy. Instead of escalating her concerns straight away in line with our guidance and local working practices, she decided that due to recent media coverage, her blog was a great platform to anomalously raise her concerns. She felt that by doing this, it would grab the attention of a wide audience, be difficult for her managers to ignore and would not cause tension with her colleagues. Comfort's actions showed a failure to put the interests of the people in her care first and act without delay to protect them from risk. As a nurse she has a professional duty to take action to ensure that the people in her care are protected and failure to take appropriate and timely action could amount to professional misconduct on her part.*

- *Malik is a mental health nurse working at an inpatient child and adolescent unit. One of Malik's patients, who received treatment for depression and self-harm, really appreciated his on-going advice and support and feels that Malik was invaluable in aiding her recovery. When this patient leaves the unit she finds Malik on Facebook and sends him a thank you message along with a friendship request. Malik does not know what to do. He has been warned against adding patients on social media sites because it isn't professional, however he doesn't want to upset or offend the patient by declining the request and not responding to her thank you message. Even though the patient is no longer in his care, Malik decided to ignore the request. He also adjusts his privacy settings on Facebook so that in future he cannot be found via the search function and only existing 'friends' can send him private messages.*