

## Meeting of the Midwifery Committee

to be held between 10:45 and 13:00 followed by lunch on 27 April 2016  
in the Council Chamber, 23 Portland Place, London W1B 1PZ.

### Agenda

Dr Anne Wright  
Chair of the Midwifery Committee

Jennifer Turner  
Secretary to the Committee

### Preliminary items

- |   |   |         |       |
|---|---|---------|-------|
| 1 | <b>Welcome from the Chair</b><br><br>Chair      | M/16/13 | 10:45 |
| 2 | <b>Apologies for absence</b><br><br>Secretary   | M/16/14 |       |
| 3 | <b>Declarations of interest</b><br><br>All      | M/16/15 |       |
| 4 | <b>Minutes of the last meeting</b><br><br>Chair | M/16/16 |       |
| 5 | <b>Summary of actions</b><br><br>Secretary      | M/16/17 |       |

### Matters for discussion

- |   |   |         |       |
|---|---|---------|-------|
| 6 | <b>Midwifery regulation change: Transition paper</b><br><br>Assistant Director Strategy and Insight                         | M/16/18 | 10:50 |
| 7 | <b>Midwifery regulation change: Risk register</b><br><br>Assistant Director Strategy and Insight                            | M/16/19 | 11:10 |
| 8 | <b>Next steps with the Preparation of Supervisors of Midwives Programmes</b><br><br>Assistant Director Strategy and Insight | M/16/20 | 11:20 |

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|----|---|--------------------------|-------|
| 9  | <b>Update on the maternity reviews in England and Scotland</b><br>Assistant Director Strategy and Insight                             | M/16/21<br><b>(Oral)</b> | 11:30 |
| 10 | <b>Quality Assurance of Local Supervising Authorities</b><br>Assistant Director Education and Standards                               | M/16/22                  | 11:40 |
| 11 | <b>Update on EU Directive 2005/36/EC on the recognition of professional qualifications</b><br>Assistant Director Strategy and Insight | M/16/23                  | 11:50 |

### **Matters for information**

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|----|--|--------------------------|-------|
| 12 | <b>Revalidation update</b><br>Assistant Director Education and Standards | M/16/24<br><b>(Oral)</b> | 12:00 |
| 13 | <b>Midwifery Panel Update</b><br>Chief Executive and Registrar           | M/16/25<br><b>(Oral)</b> | 12:05 |
| 14 | <b>Member appraisals 2015-2016</b><br>Secretary                          | M/16/26                  | 12:10 |
| 15 | <b>Schedule of business 2016 – 2017</b><br>Chair / Secretary             | M/16/27                  |       |
| 16 | <b>Any other business</b><br>Chair                                       | M/16/28                  |       |

### **Communications**

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|----|---|---------|-------|
| 17 | <b>Communications Workshop</b><br>Assistant Director Communications | M/16/29 | 12:15 |
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The next meeting will be held on Tuesday 26 July 2016 at 23 Portland Place, London, as follows:

- |               |   |
|---------------|---|
| 10:00 – 13:00 | Midwifery Committee meeting               |
| 13:00 – 14:00 | Lunch                                     |
| 14:00 – 15:30 | No scheduled activity                     |
| 15:30 – 17:00 | Joint Council/Midwifery Committee Seminar |
| 18:30 – 20:30 | Dinner with Council                       |

Meeting of the Midwifery Committee  
Held at 10:00 on 24 February 2016  
at 63 New Cavendish Street, London W1G 7LP

## Minutes

### Present

#### Members:

Dr Anne Wright	Chair of the Midwifery Committee
Pradeep Agrawal	Member
Dr Patricia Gillen	Member
Dr Tina Harris	Member
Farrah Pradhan	Member
Susanne Roff	Member
Lorna Tinsley	Member

#### NMC officers:

Jackie Smith	Chief Executive and Registrar
Katerina Kolyva	Director of Continued Practice
Anne Trotter	Assistant Director, Education and Standards
Emma Westcott	Assistant Director, Strategy and Insight
Rachel Dufton (M/16/06 only)	Assistant Director, Communications
Chris Jenkinson (M/16/06 only)	Strategic Relationships Manager
Jennifer Turner	Governance and Committee Manager (Secretary)

#### Observers:

Dr Debbie Wisby	RCN Midwifery Forum
David Foster	Department of Health
Jess Read	LSAMO Forum
Louise Silverton	Royal College of Midwives
Nicky Clark	LME Forum
Verena Wallace	Department of Health, Northern Ireland
Louisa Tucker	Midwife

## Minutes

### M/16/01 Welcome from the Chair

1. The Chair welcomed members of the Committee, NMC staff and observers to the meeting.

### M/16/02 Apologies

1. No apologies were received.

### M/16/03 Declarations of Interest

1. All registrant members declared an interest in substantive items on the agenda by virtue of being registered midwives.
2. The Chair noted the interests declared and determined that all members would be permitted to participate in all discussions.

### M/16/04 Minutes of the previous meeting

1. The Committee noted that the Secretary had received an amendment change request subsequent to the final meeting papers being distributed to the members. The Secretary had made the requested change to the draft minutes, which was to correct the spelling of observer Debbie Wisby's name.
2. The minutes of the meeting of the Committee held on 29 October 2015 were confirmed as a correct record.

### M/16/05 Summary of actions

1. The Committee noted the summary of actions, and received updates on the following items:

**M/15/48 – Update on the maternity review in England:** The review was now published. Some major points of note were continuity of carers, the balance between community and hospital care, the need to inform women about their choices, and the importance of lessons learned when things go wrong. The review would have implications for the NMC's review of education standards particularly with regard to interprofessional learning. NHS England would be making an official response to the report. The Committee would receive a further update at the next meeting.

**M/15/49 – Programme non-approval on first assessment:** The NMC would be undertaking a formal procurement tender for an independent organisation to undertake a fundamental review of the education quality assurance process, which would be carried out within the next financial year (2016-2017).

**M/15/53 – Midwifery Committee Seminar:** The Chair advised the members that the Committee was invited to hold a joint seminar with Council on 26 July 2016. The Secretary would send details to members.

**M/16/06 Midwifery regulation change**

**Update on developments**

1. The Committee noted the report and received an update on the progress of the midwifery regulation change since the last meeting.
2. In discussion, the Committee noted the following:
  - a) The government had confirmed which changes would be included in the Section 60 Order.
  - b) The timeline for the new legislation to come into effect in Spring 2017 was still on schedule.
  - c) The Department of Health was expected to publish the consultation document in April 2016. The NMC would prepare a response to the consultation and would encourage others to respond.
  - d) If the consultation had progressed far enough, the Committee would receive an update at the July meeting.
  - e) A midwifery update paper would be provided to the Council at the March meeting.
  - f) The Committee emphasised the importance for the midwifery community to fully understand the scope of the changes and be ready when the new legislation took effect.
  - g) It was noted that the Department of Health's consultation was solely focussed on the content of the draft legislation and did not extend to wider issues.
  - h) Transition boards had been established in the four countries. Part of their role would be to ensure consistency across the system and effective engagement.
  - i) The NMC was recruiting for a Director of Nursing and Midwifery Education and Standards. This role would lead on education, standards, strategic policy and quality assurance.
  - j) At the April meeting, the Committee would receive an update on the transitional arrangements and the new regulatory

framework based on the assumptions at that point.

- k) It was clarified that the requirement to submit an intention to practise would be removed as part of the legislative change.

### **Risk Register**

3. The Committee noted the draft risk register which was grouped into three major areas: strategic communications risk, legislative risk, and operational risk.
4. In discussion, the Committee noted the following:
  - a) While important, the legislative risks and operational risks were far less critical than the strategic communications risks.
  - b) The legislative risks were largely out of the NMC's control. However, the NMC continued to monitor the scenarios and mitigate as far as possible.
  - c) The operational risks related to the internal work that must be done by the NMC.
  - d) The Committee acknowledged that the register did not capture all risks; only those risks over which the NMC had control or influence.
  - e) The Committee agreed that the risk register was sufficiently detailed and that it adequately captured the risks as understood by the Committee and the midwifery sector.
  - f) The Committee asked that the risk register be presented at future meetings, along with the progression of mitigations.

### **Communications and engagement plan**

5. The Committee noted the communications and engagement plan for midwifery legislative change.
6. In discussion, the Committee made the following general comments:
  - a) The aim of the plan was to ensure that the NMC communications made clear what the changes would and would not mean to the midwifery community.
  - b) The intention was to use various channels of communication, including media, website, magazines and periodicals, midwifery events, direct mailings, and working with public facing groups.

- c) The plan was a major mitigating factor for the communications-related risks on the risk register, which were currently red. The committee expressed reservation as to whether simply communicating what the NMC was doing in respect to regulatory change really got to the 'heart' of the concerns across the wider community.
- d) The Committee suggested that the NMC work more closely with the Royal College of Midwives.
- e) It was suggested that reference to "listening events" be changed to "engagement events". Five events were thought to be an insufficient number.
- f) The plan was missing the recognition of the historic aspect of 140 years of supervision. There was a 'hearts and minds' piece that needed to be captured.
- g) There was a need to address communication with those employers who saw the legislative change as an opportunity to undermine and not support the concept of supervision.
- h) The Committee agreed that the model of communication undertaken as part of the introduction of revalidation was a good model for the legislative change programme. Using that model, communication could be grouped into three streams; messages that the NMC owns; collaboration with others; and encouraging others to communicate.
- i) The NMC was encouraged to utilise Local Supervising Authorities (LSAs) and LSA Midwifery Officers (LSAMOs) while they were still in place.
- j) There was no mention of the Midwifery Committee and what this would mean to the consultation with Council and to public protection in general. It was suggested that the plan would benefit from the inclusion of information about the cessation of the requirement for a statutory committee, once the alternative arrangements were decided.
- k) The Committee felt that the plan did not adequately capture the fact that the NMC cared about the midwifery sector. It was agreed that a stronger message about what the NMC had done and would be doing, such as plans to review pre-registration standards, was needed. The plan would benefit from a change of tone from policy focus to message promotion.

7. The Committee suggested that the following stakeholders be included in the plan:

- a) Education providers and students.
- b) Professional bodies should include the Royal College of Obstetricians and Gynaecologists.
- c) Stronger focus on women or families, or voluntary organisations that support high-risk pregnancies.

**M/16/07 Midwifery panel update**

1. The Committee noted the update on the Midwifery Panel activities.
2. In discussion, the Committee noted the following:
  - a) The Midwifery Panel was formed in November 2015 with the aim of focusing on midwifery regulation once the changes took effect, and determining how the Council would receive midwifery updates once the statutory committee ceases.
  - b) The Panel had held two meetings; November 2015 and January 2016.
  - c) The intention was for the Panel to exist for two years. The next meeting was scheduled for April 2016 and would focus on communication.
  - d) It was noted that Lorna Tinsley, member of the Midwifery Committee, was also a member of the Panel.
  - e) It was noted that it would be premature to make a final decision on a suitable replacement for the Midwifery Committee prior to the government's consultation on the legislative change. The Panel was anticipating a discussion about this at the Council Seminar in July.
  - f) There was a standing item on the agendas of each respective meeting of the Committee and the Panel for each to report on the activities of the other.
  - g) The Committee noted that it would be timely to review the remit of the Midwifery Committee with a view to identify those functions that would be affected by the changing legislation.

**Action:** Review the Committee's terms of reference and discuss the functions that would be ceasing after the legislative change took effect.

**For:** Secretary

**By:** 27 April 2016



**M/16/08 Midwifery education update**

1. The Committee received an update on the review of pre-registration standards and proficiencies.
2. In discussion, the Committee noted the following:
  - a) The NMC acknowledged the importance of reviewing the pre-registration standards, but noted that the timing was inappropriate given the resources that were already committed to the regulation change.
  - b) Following the anticipated regulation change, the NMC would make consequential amendments to the pre-registration midwifery education standards, but would not commence a full review until after the completion of the review of regulation work.
  - c) The Committee noted that there were some disadvantages to this approach, such as education programmes becoming out of date. However, this was outweighed by the advantages, which included clarity post the legislative change, and being able to ensure that stakeholders did not become fatigued or overwhelmed by the number of changes.
  - d) The Committee asked that all communications referring to the current work on pre-registration standards' review be clear that this was only the nursing standards.

**M/16/09 Quality Assurance of Local Supervising Authorities**

1. The Committee reviewed the report.
2. In discussion, the Committee noted the following:
  - a) Two significant proposed changes were the removal of quarterly quality monitoring, and the discontinuation of monitoring visits
  - b) The proposed changes would come into effect from 1 April 2016.
  - c) The NMC had discussions with the LSAs and the LSAMOs and they expressed support for the proposed forward plan.
  - d) Some LSAs announced their intention to run new activities in conjunction with the winding down of the current activities.

- e) Concern was expressed that the four countries might create different systems after the legislative change. Although that was a possibility, it was noted that they would be required to report to the NMC under the same circumstances.
- f) The LSAs would receive guidance on the point at which they would stop investigations.
- g) The committee agreed to the proposed approach.

**M/16/10      Revalidation update**

1. The Committee received an update on revalidation.
2. In discussion, the Committee noted the following:
  - a) The uptake had been very good so far, especially considering the first deadline for registrants to revalidate was not until 1 April 2016.
  - b) A micro website, specifically for revalidation, had been launched. It contained videos and testimonials from registrants who took part in the pilot program.
  - c) The Committee was advised that there was a question around how registered nurses who are undertaking pre-registration midwifery programmes, and therefore whose scope of practice was as a student midwife, would obtain enough practice hours as a registered nurse. The NMC had already flagged this as an area for strengthening revalidation guidance, along with the need to clarify whether students must maintain their nursing registration throughout the whole pre-registration midwifery programme. The NMC would communicate this once the details were fully determined.

**M/16/11      Midwifery Committee objectives and forward schedule of business**

1. The Committee noted the forward schedule. In discussion, the Committee noted the following:
  - a) Midwifery Panel report to be added to the standing items.
  - b) The Committee noted that a paper on data would be prepared for the next meeting in April.





## Midwifery Committee

### Summary of actions

**Action:** For discussion.

**Issue:** Summarises the progress of actions agreed at previous meetings

**Core regulatory function:** Supporting functions.

**Strategic priority:** Strategic priority 4: An effective organisation.

**Decision required:** To note the progress on completing the actions agreed by the Midwifery Committee at previous meetings.

**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 24 February 2016

Minute	Action	For	Report back to: Date:	Progress
M/16/07	Review the Committee's terms of reference and discuss the functions that would be ceasing after the legislative change took effect	Secretary	27 April 2016	Complete. This item will be discussed in a confidential session of the Committee on 27 April 2016.

### Matters raised out of committee

*Secretary's Note: The Chair requested the following items be added to the action item list subsequent to the meeting. Actions have been included under the item number for any other business at the February meeting.*

Minute	Action	For	Report back to: Date:	Progress
M/16/12	Provide an update to the Committee on the effect of the education requirements in EU Directive 2005/36/EC	Assistant Director, Strategy and Insight	27 April 2016	Complete. On the agenda for this meeting.
M/16/12	Discuss how registered nurses who are undertaking pre-registration midwifery programmes, and therefore whose scope of practice was as a student midwife, would obtain enough practice hours as a registered nurse.	Assistant Director, Education and Standards	27 April 2016	Complete. This issue was discussed by email. A verbal update will be provided at the April meeting.

## Summary of the actions arising out of the Midwifery Committee meeting on 29 October 2015

Minute	Action	For	Report back to: Date:	Progress
M/15/48	Provide Midwifery Committee with an update on the maternity reviews in England and Scotland.	Assistant Director, Strategy and Insight	27 April 2016	The Committee received an update at the February meeting. The Committee noted that the reviews would have implications for the NMC's review of education standards. The Committee will receive a further update at this meeting, if further progress has been made on the reviews.
M/15/53	Arrange a Midwifery Committee Seminar.	Secretary	27 April 2016	Complete. The Committee will be holding a joint seminar with Council on 26 July 2016.





## Midwifery Committee

### Midwifery change transition paper

<b>Action:</b>	For discussion
<b>Issue:</b>	Provides an early draft of the NMC's transition document on midwifery change for sector partners.
<b>Core regulatory function:</b>	All regulatory functions
<b>Strategic priority:</b>	Strategic priority 1: Effective regulation Strategic priority 3: Collaboration and communication
<b>Decision required:</b>	No decision is required. The Committee is asked to review the draft document and identify any additions.
<b>Annexes:</b>	The following annexe is attached to this paper: <ul style="list-style-type: none"> <li>• Annexe 1: Midwifery change: transition document</li> </ul>
<b>Further information:</b>	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. There are a number of activities that will cease to be provided for by our legislation when the proposed Section 60 takes effect. We are committed to supporting sector partners to develop a full picture of the impact of the change ahead in order that they can assess what they want to maintain.
  2. Each of the four countries of the UK now has an operative transition board to plan for the changes ahead. We are committed to supporting transition in the sector responsibly as well as managing the changes to our regulatory model. Our work plan includes the production of a transition document which sets out in one place the provisions that need to be reviewed. There is considerable expertise in each transition board and we are unlikely in practice to be raising matters that are not already under consideration but for completeness we want to share the same 'inventory' with the four countries.
  3. An early draft of the paper is attached (at annexe 1) for comment by the Committee. There is further detail to be added on the Preparation of Supervisors of Midwives (PoSoM) programmes and the transfer of LSA data. There is another item on the agenda concerning next steps for PoSoM. Data transfer is one of the most important aspects of transition as it relates directly to public protection. We have a workshop shortly with LSAMOs for co-production of plans for the timely and confidential transfer of data.
  4. We have also produced an early draft of a paper setting out the framework for midwifery regulation after the proposed change, for use in engagement with stakeholders and publication in due course when the scope of the change is confirmed.
  5. In the document (at annexe 1) we make clear that the Section 60 is a parliamentary process and therefore subject to change. We also underline that the current statutory requirements remain in force until the Section 60 takes effect.
- Discussion:**
6. The Committee is invited to review and comment on the coverage of the paper.
  7. The paper will be finalised following the forthcoming session with the LSAMOs and shared with the transition boards for use as they see fit.
- Public protection implications:**
8. Managing a smooth transition is part of protecting the public, with particular reference to the transfer of case data and the readiness of employers to manage midwifery standards without recourse to the local supervising authority.
- Resource implications:**
9. None beyond staff time which is covered by the project business case.

- Equality and diversity implications:** 10. The project has a full equalities impact assessment.
- Stakeholder engagement:** 11. Discussions are planned with the four UK midwifery leads and transition boards, and with the LME and LSAMO communities.
- Risk implications:** 12. The production of the transition document contributes to mitigating the risk that important provisions are lost in the transition of supervision out of the NMC's legislation.
- Legal implications:** 13. We have scoped the changes planned with the benefit of legal advice.



## Midwifery change: transition document

### Purpose

1. This document is designed to highlight the impact of the proposed legislative change to midwifery regulation. It sets out those activities and functions currently provided for by regulatory legislation that fall to the sector to decide whether they should be carried forward, and if so, by whom.
2. Sector partners who may find this document helpful include:
  - 2.1. those who will be handling fitness to practise concerns about midwives after the legislative change
  - 2.2. organisations and individuals playing a role in the new model of non-statutory supervision
  - 2.3. organisations involved in winding up or transferring current activity or functions
  - 2.4. midwifery educators
3. It is important to note that the proposed changes to midwifery regulation are predicated on the successful passage of a Section 60 Order through a public consultation by the Department of Health and a parliamentary phase in late 2016 or early 2017. While we are all committed to planning responsibly for the likely changes, the existing statutory requirements remain in force until the Section 60 Order takes effect.
4. In this document we have set out the key features of each proposed change followed by statements or questions to prompt sector partners in planning for the change.

### Background

5. Following reports from the Parliamentary and Health Service Ombudsman in England<sup>1</sup>, the King's Fund<sup>2</sup> and the Kirkup investigation report<sup>3</sup>, the government committed to changing the NMC's legislation in two respects:
  - 5.1. To remove supervision from the NMC's regulatory framework
  - 5.2. To remove the additional tier of regulation applying to midwifery
6. More information about the background to the change can be found on the NMC website.

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<sup>1</sup> Parliamentary and Health Service Ombudsman (2013), *Midwifery supervision and regulation: Recommendations for Change*

<sup>2</sup> The King's Fund (2015), *Midwifery regulation in the United Kingdom*

<sup>3</sup> Dr Bill Kirkup CBE (2015), *The Report of the Morecambe Bay Investigation*

7. The NMC has been contributing to the group comprising the Department of Health, the four chief nursing officers, the chair of the Local Supervising Authority Midwifery Officers' Forum and the Royal College of Midwives on the future model of supervision. We have committed to producing a document to assist the sector by providing clarity about the things the NMC would no longer be doing so that sector partners could consider whether activities or functions needed to be picked up by other means in the future.

## Key changes

### Local supervision of midwives

8. References to supervision will be removed from the NMC's legislation. The new model of supervision will not be statutory – it is underpinned by four country agreement but not legislation. Supervisors of midwives or LSAMOs in the new model will not be involved in regulatory matters: investigating concerns; imposing suspensions in the LSA practice area; specifying and monitoring local programmes; making referrals. This would include the removal of the current report that an LSAMO provides to us at the point of referral and is used throughout our FtP process. For the majority of midwives who are employed, concerns will either be for employers (in the case of employed midwives) to manage as they would for other staff, or if they reach the bar for regulatory action<sup>4</sup>, for referral to the NMC.
- 8.1. Are employers aware of and prepared for their responsibilities for handling midwifery concerns post-April 2017?
- 8.2. Are supervisors aware that they will no longer be involved in fitness to practise concerns post-April 2017? To note, they may still be called as a witness to proceedings by the NMC where appropriate.

### Guidance and support for women accessing maternity services

9. Guidance underpinning Rule 7 of the current Midwives Rules and Standards (MRS) states that women should be able to approach LSAMO for support when accessing maternity services. There are other independent and expert sources of advice and advocacy available to users of health services. Although there is no statutory basis for this provision via LSAs, in custom and practice it is part of what is available for pregnant women and providers of maternity care may want to assess the impact of its withdrawal.
- 9.1. Are providers confident that women – particularly vulnerable women - have access to informed, impartial advice on maternity options?

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<sup>4</sup> <https://www.nmc.org.uk/globalassets/sitedocuments/nmc-publications/advice-for-employers.pdf>

### **Twenty-four hour access to a supervisor of midwives**

10. Rule 9 of the current MRS provides for every midwife to have 24 hour access to a SoM. The NMC will no longer be requiring that midwives have 24 hour access to a supervisor of midwives.
  - 10.1. Have sector partners reviewed the efficacy of 24 hour access to a SoM? Will it be maintained in the new model of supervision and will any change be effectively communicated to midwives and SoMs?

### **Annual audit of supervision of midwives within an area**

11. The current MRS require LSAMO to audit supervision annually, involving women who use the services of midwives.
  - 11.1. Supervision will not be a statutory requirement after the legislative change. What measures are needed to ensure the sufficiency and quality of supervision? Will service users be involved?

### **Annual reports**

12. Rule 13 of the current MRS requires the LSA to submit an annual report to the NMC. This report relates to the fulfilment of the standards which will no longer apply and so the NMC will not be requiring an annual report.
  - 12.1. What use are sector partners making of the LSA annual reports and will they require any annual reporting on midwifery matters at the provider, regional or national level?

### **Midwives Rules and Standards**

13. The NMC will no longer issue additional rules and standards for midwifery. We have reviewed the content of the current Midwives Rules and Standards<sup>5</sup> and we are satisfied that the content *either* falls because it relates to the operation of LSAs, notification of intention to practise or supervision; *or* it is duplicative of provisions elsewhere in the regulatory framework – for example, requiring midwives to uphold the Code.
14. The NMC understands that midwives view MRS as their key point of reference for regulation and we have therefore committed to producing a document that sets out what their regulatory framework will look like to help support the transition.
  - 14.1. Are we clear about where midwives, student midwives, employers and educators will be able to find information about the new model of midwifery regulation?

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<sup>5</sup> NMC (2012), *Midwives Rules and Standards*

### **Intention to practise**

15. The NMC will no longer require midwives to notify the LSA or the NMC of their intention to practise in an LSA area in any given year. There will therefore be no regulatory grounds for collecting this information. The NMC will collect fuller information about midwives' scope of practice and other matters through the revalidation process but this will be every three years, not annually. The NMC intends to share revalidation data widely with those in the sector who may find it helpful in their work to support high standards of maternity care.

15.1. Has the sector risk-assessed the loss of annual midwifery workforce data?

### **Employment/contractual matters**

16. Local supervising authorities will need to take appropriate steps with any employment /contractual matters relating to LSAMO and any full time SoMs employed to deliver the current model they will also need to notify those currently in receipt of additional payments for supervisory work of the future plans for those payments. It will be for the sector to decide what the remuneration and/or reward of the non-statutory SoM will be.

16.1. Are the contractual matters arising from the legislative change being managed effectively and sensitively?

16.2. Are decisions about supervisors of midwives and local supervising authority midwifery officers being taken in a timely manner so that post holders can plan for the future?

### **Midwifery leadership**

17. Local supervising authorities, in addition to carrying out a specific set of functions, have provided regional and collectively, national leadership on midwifery matters for many years.

17.1. What does the sector in each country need to do to ensure confident expert midwifery leadership – within settings and at regional and national levels?

### **Record keeping by midwives**

18. There are specific rules and standards in MRS about records which are predicated on midwives retaining personal records about women and births. We are satisfied that the NMC Code provides sufficient coverage of record-keeping for professional regulatory purposes. Midwives (and maternity service providers) are also subject to legislative requirements and local guidelines.

18.1. Are midwives' obligations regarding record keeping post-April 2017 clear to all midwives?



- 18.2. Is specific non-regulatory guidance required on record keeping and the transfer of records for independent midwives?

### **Independent midwives**

19. Independent midwives are currently required to participate in statutory supervision by law. The overwhelming majority of midwives are employed and it is reasonable to expect that their employers, who are also subject to regulation as providers, will bear responsibility for the oversight of midwifery practice standards. Oversight arrangements for independent midwifery are not the same and so it falls to the sector in each country to review the impact of the removal of statutory supervision on public protection with regard to independent midwifery.

### **Preparation of Supervisors of Midwives (PoSoM)**

20. The NMC will no longer set standards for the preparation of supervisors of midwives as supervisors will have no regulatory role.

*[para to be inserted on the NMC's plans regarding PoSoM]*

- 20.1. Has a decision been taken and communicated about the portability of existing PoSoM qualifications into the new model of non-statutory supervision?
- 20.2. When will the sector agree who will develop standards or qualifications for the non-statutory model of supervision and what will be the timetable for development and implementation?

### **Pre-registration midwifery education**

21. The legislative change will require some changes to the current pre-registration standards to remove references to statutory supervision, and these will be undertaken by the NMC.
22. The NMC's communications and engagement plan for midwifery changes will include a work stream targeting students and educators.

### **Data transfer**

23. The NMC will be working with the LSAs to develop plans for the safe and timely transfer of open and closed case data to employers and the NMC. It is important that knowledge about individual midwives is not lost in this period of transition as this may impede future local action or fitness to practise cases. *[More detail to be added in May 2016 when plans have been developed.]*
- 23.1. Are employers aware of the timeframe for data transfer and do they have plans in place for secure transfer and storage, and for reviewing the data?



## Midwifery Committee

### Midwifery change risk register

<b>Action:</b>	For discussion
<b>Issue:</b>	The three key risks in relation to the changes in midwifery regulation
<b>Core regulatory function:</b>	Education Setting standards Supporting functions
<b>Corporate objectives:</b>	Strategic priority 1: Effective regulation
<b>Decision required:</b>	None
<b>Annexes:</b>	The following annexe is attached to this paper: <ul style="list-style-type: none"><li>• Annexe 1: Risk register</li></ul>
<b>Further information:</b>	If you require clarification about any point in the paper or would like further information please contact the author named below.

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- Context:**
- 1 Following Council’s decision around the review of midwifery regulation, a project board has been established to see through the delivery of the changes to the NMC’s midwifery regulation framework. The Committee is undertaking regular reviews of the risk register.
  - 2 The project has been designed around three key work streams which include the changes to legislation, delivery of the change internally to the NMC (process and systems) and the delivery of the engagement and communications plan.
  - 3 The project plan includes a detailed risk register and the three areas that have been identified as key for the Committee’s focus fall under strategic, legislative and operational risks.
  - 4 The three key risks:
    - 4.1 Strategic communications risk: focused on engaging and communicating effectively around the transition, planning for the transition and the uncertainty in the midwifery community about the effect of the changes.
    - 4.2 Legislative risk: focused on the potential failure to secure the legislative change to remove midwifery supervision from our legislation.
    - 4.3 Operational risk: focused on the delivery of the required changes to NMC operations, processes and systems and the potential failure to handover operations effectively.
  - 5 There has been good progress since the last meeting, which is reflected in the risk register as planned actions translating into mitigations in place. Although we are confident that the mitigations are the right ones, and they are on track, we have not altered the RAG rating of the communications risk because it remains a high impact risk for the project.
- Public protection implications:**
- 6 This project addresses public protection concerns raised about the current framework for midwifery regulation.
- Resource implications:**
- 7 None
- Equality and diversity implications:**
- 8 An equality impact assessment has been completed for the midwifery change project. No detrimental impact to any of the groups with protected characteristics is anticipated.
- Stakeholder**
- 9 The stakeholder and engagement plan forms part of the important

**engagement:** mitigations to the strategic risks.

**Risk implications:** 10 As set out in annexe 1. The risks associated with the midwifery change feature in the corporate risk register (corporate risk 18 Failure to develop our regulatory functions to meet changing public protection needs). Also relevant is the communications risk on the corporate risk register (corporate risk 20).

**Legal implications:** 11 The risk and impact of legislative change form part of the key risks.



**Risk register**

Midwifery legislative change programme				Date: 11.04.16		Issue No: 2			Note: The 'inherent risk scoring' column does not take into account any mitigation. The 'post-mitigation scoring' involves taking into account the mitigation in place but not the planned action.								
No.	Date of origin	Risk Scenario			Inherent risk scoring			Mitigation in place / Planned action			Post-mitigation scoring			Risk Owner (and Mitigation Owner)	Dates updated	Status (open / closed plus whether on track / not on track to reduce scoring)	Direction (of risk score)
		Root cause(s)	Potential situation	Consequences	Likelihood	Impact	Score	Likelihood	Impact	Score							
1	02.02.16	<b>Strategic communications risk: Communicating about the transition</b>			4	5	20	<b>Mitigation in place:</b> 1,2,3. Co-production work with LSAMO Forum (November 2015)  1,2,3. Engagement at strategic level with key system partners across the four countries on transition arrangements (ongoing since 2015)  1. Transition plan for QA of LSAs  <b>Planned action:</b> 1,2,3. Engagement and communications plan (April 2016-March 2017)  3 Development of new reference document setting out the revised midwifery framework (April-June 2016)  1, 2, 3. Governance of the transition programme of work			4	4	16	AD Strategy	07/04/2016	Open and on track	No change
		1. The sector needs to plan for the transition  2. There could potentially be confusion around key roles and responsibilities of the regulator, employers and the wider system  3. There is uncertainty in the midwifery community about the effect of the changes	We may fail to engage and communicate effectively with the sector about the changes	1,2. Transition is not effective  1,2,3 Public protection is undermined  1,2,3 Negative impact on service users													
2	02.02.16 (transfer from previous risk register)	<b>Legislative risk: Securing the right legislative change</b>			3	4	12	<b>Mitigation in place:</b> 1. Create political momentum for change through evidence and work with strategic partners  2. Establish and maintain close working relationship with the Department of Health's S.60 team  1,2. Obtaining timely legal advice to confirm approach  <b>Planned action:</b> 1. Response to the Department of Health's consultation (May/June 2016)  2. Public affairs work for Parliamentary phase (Jan 2017) and close working relationships with the Department of Health			2	4	8	AD Strategy	07/04/2016	Open and on track	Reducing
		1. Legislative change is not yet finalised  2. Consultation outcomes and parliamentary phase may influence content of section 60 order	We may fail to secure the legislative change to remove midwifery supervision from our legislation which might lead to increased uncertainty and challenge for the sector	1, 2. Current outdated arrangements continue to apply  1,2. Public protection is undermined													
3	02.02.16	<b>Operational risk: Operationalisation and implementation of change</b>			3	4	12	<b>Mitigation in place:</b> 1,2. Detailed impact assessment completed (February 2016-March 2016)  1,2. Project board appointed and fully operational (April 2016)  3 Co-production work with LSAMO Forum to ensure 'right touch' oversight of LSA for 2016-17  <b>Planned action:</b> 1,2. Delivery plan of process and system changes (April 2016-March 2017)  3 Work with transition boards to agree shadowing for Q3 and Q4 (April - September 2016)			2	4	8	Sponsor director	07/04/2016	Open and on track	No change
		1. There are a number of interdependencies between our regulatory processes and aspects of the current framework which require system and process changes(e.g. ITP, LSA investigations, data transfer)  2. Preparation for change is complex involving NMC staff, panellists and external stakeholders  3. Challenges of maintaining public protection during inevitable deterioration in the current infrastructure	1, 2 We might fail to handover operations effectively	1,2, 3 Public protection is undermined  1,2. Reputational damage with a negative impact on service users													





## Midwifery Committee

### Next steps with the Preparation of the Supervisor of Midwives (PoSoM) programmes

**Action:** For decision.

**Issue:** Provides options for next steps with the Preparation of Supervisors of Midwives (PoSoM) programmes, in the context of the likely end of statutory supervision.

**Core regulatory function:** All regulatory functions.

**Strategic priority:** Strategic priority 1: Effective regulation.  
Strategic priority 3: Collaboration and communication.

**Decision required:** The Committee is recommended to endorse the withdrawal of approval in late 2016 of providers to offer PoSoM programmes, providing clear reasons and having given providers sufficient notice and an opportunity to make representations.

**Annexes:** None.

**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 The Department of Health (DH) is currently progressing legislative changes to remove Part VIII (Midwifery) of the Nursing and Midwifery Order 2001 ('the Order') using powers in s.60 of the Health Act 1999. Under the current legislation supervisors of midwives can investigate concerns about midwifery standards and take action in response to poor practice. For this reason the NMC has set standards for the preparation of supervisors of midwives (PoSoM).
  - 2 Changes to PoSoM potentially affect three areas of our regulatory activity:
    - 2.1 Changes to standards (which require consultation)
    - 2.2 Withdrawal of AEI approval
    - 2.3 Changes to WISER<sup>1</sup>
  - 3 The four countries of the UK have agreed a framework for the evolution of supervision separated from regulation and focused on the supportive, developmental aspects of the role. It will be for the sector to consider how supervisors will be prepared for the new non-statutory role. The NMC will neither set the standards nor record the qualification on the register. It will also be for the sector to decide whether midwives possessing the current PoSoM qualification will be deemed non-statutory supervisors in the new model without the need for further training.

### **Timeframe**

- 4 When the proposed changes take effect (expected in April 2017) the NMC PoSoM standards will fall as a consequence of the loss of their supporting statutory framework. We need to give approved education institutions (AEIs) due notice that the preparation of supervisors of midwives will no longer be a matter for the NMC and we want to avoid students embarking on programmes of limited currency.
- 5 We would also wish to avoid a hiatus in the SoM pipeline so an ideal scenario would involve the sector being ready with a new framework for SoM preparation when NMC standards are withdrawn, but ensuring that happens is not within our gift.
- 6 PoSoM programmes typically take six to twelve months to complete, although longer for those studying part time. We are therefore concerned that students enrolling in the latter part of 2016 risk completing qualifications predicated on an approach to supervision which by April 2017 may no longer be in place.

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<sup>1</sup> PoSoM is not a recordable or registrable qualification so it does not appear on the public-facing register but does feature on our registration database, WISER.

### Provider landscape

- 7 There are currently 17 approved education institutions approved to offer PoSoM programmes, although approval does not always equate to running programmes. We have recently contacted providers with approval to deliver PoSoM programmes to understand their current intentions for 2016-17:
  - 7.1 11 have no plans to run PoSoM programmes
  - 7.2 3 were planning to run programmes
  - 7.3 2 were considering whether to run programmes
  - 7.4 1 did not respond.
- 8 We have a meeting with the lead midwives for education on 25 April 2016 and we will share any views from that meeting with the Committee.

### Discussion and options appraisal:

- 9 The options available to the NMC are set out and discussed below:
 

**Option 1: Do nothing – NMC PoSoM standards will fall when Section 60 takes effect in April 2017**
- 10 Technically, we could justify doing nothing on the grounds that the current framework applies until the law changes. However, this would be unfair on students and irresponsible with regard to providers. **Not recommended.**

**Option 2: Withdraw the standards – would require consultation**
- 11 To withdraw the standards would require a formal statutory consultation, which would risk muddying the waters with the wider DH consultation on the s60 and would be potentially confusing for stakeholders. It is also unlikely to be able to complete ahead of any changes resulting from the DH consultation. **Not recommended.**

**Option 3: Withdraw approval to offer PoSoM programmes, with provider engagement in advance**
- 12 There is little in our QA framework governing withdrawal of approval of programmes, but for programmes leading to registration this must be on the basis of failure to meet the standards. However, PoSoM is not one of these programmes. We have taken legal advice and we can withdraw approval of a provider to deliver the PoSoM qualification on the grounds that the standards will shortly fall provided we give at least one month's notice of our plans and provide clear reasons. However, the advice is that this cannot happen before the outcomes of the Department of Health consultation on the Section 60 are published, and it is a little more

certain that the changes proposed in the Section 60 will happen. A period in which providers could make representations to the NMC was advised so that withdrawal was reflective of, and consistent with other notice requirements with which AEs will be familiar<sup>2</sup>. This is our recommended option.

- 13 The Committee is asked to agree the following course of action:
- 13.1 We contact PoSoM approved providers in May 2016 notifying them that if, after consultation, DH conclude that Part VIII of the Order is to be removed and legislation is going to Parliament to give effect to this, then our intention is to withdraw their PoSoM programme approval. As such, we would recommend that the provider does not offer further PoSoM qualifications until after DH's position is clear. We anticipate the Department of Health publishing the outcomes of the Section 60 consultation by the end of 2016.
  - 13.2 Our communications should set out the background to the changes and provide for a formal period in which providers may make representations to the NMC.
  - 13.3 These actions also provide clarity for the sector and will assist sector partners to plan for the development of any new standards and/or qualifications envisaged for the new, non-statutory supervisor of midwives role.
  - 13.4 Set out the next steps including when and how the Council/Committee will be kept informed.
- Public protection implications:** 14 The midwifery changes are concerned with ensuring we have regulatory framework that is fit for public protection.
- Resource implications:** 15 Legal advice on the options contained within this paper was obtained via our BAU budget.
- Equality and diversity implications:** 16 No adverse equality implications have been identified for this aspect of the change. The change project is the subject of a full equality impact assessment.
- Stakeholder engagement:** 17 The proposals will be discussed at a meeting of lead midwives for education on 25 April 2016. If Midwifery Committee endorses option 3, we will begin engagement with the relevant AEs and agree messaging for commissioners. The transition document for sharing with the four country transition boards provides an opportunity to

<sup>2</sup> Article 18(4) and 18(6) of the Nursing and Midwifery Order 2001

share PoSoM next steps with sector partners. Students and educators both feature in the communication and engagement plan for the midwifery change.

- Risk implications:** 18 The key risks in this area are reputational, if we fail to give providers and students good notice of the changes ahead. Our recommended approach, informed by legal advice, is the mitigation of that risk. There is a risk of a hiatus in the provision of supervisor of midwives' preparation, and this is a risk we can seek to influence but will ultimately be for others to mitigate.
- Legal implications:** 19 Legal advice has been obtained in the preparation of these proposals.



## Quality assurance of Local Supervising Authorities

**Action:** For information.

**Issue:** To update the Midwifery Committee on the quality assurance of Local Supervising Authorities (LSAs) from 1 April 2016.

**Core regulatory function:** Education and Standards.

**Corporate objectives:** Strategic priority 1: Effective regulation.

**For information :** Midwifery Committee is recommended to note this report.

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- Context:**
- 1 We are currently responsible for quality assuring 10 LSA consortiums across the four countries in the United Kingdom (UK). The 2015/16 year runs concurrently with the financial year and concluded on 31 March 2016. LSA annual reports will be submitted to us on 31 July 2016.
  - 2 In January 2015 Council took the policy decision to ask for a change in our legislation in order to remove the additional tier of regulation applying to midwives. The Secretary of State has since announced that Government would legislate to reform midwifery regulation and remove statutory supervision through a section 60 Order. This reform is expected to come into effect in 2017.
  - 3 We are committed to quality assuring the LSA function in line with our statutory requirements until proposed legislative change is achieved. We have adjusted our approach for the final year of QA delivery and operations to enable LSAs to focus their resource on both reporting to the NMC on delivery of statutory supervision and the development of local plans for the transition of supervision. This will encourage local management and escalation of concerns between LSAs, employers and the NMC.
  - 4 In September 2015 NHS England informed us that they intended to give notice to terminate their contracts with all remaining organisations outside of the UK from 1 April 2016. We have been engaging with NHS England and colleagues in Registration and Fitness to Practise (FtP) to manage this transition effectively.

**Discussion**

**Changes to QA framework: 1 April 2016 – 31 March 2017**

- 5 The mandatory rules and standards within the Midwives Rules and Standards (MRS) (2012) cannot be changed without consultation. This means that all statutory requirements (including annual reporting, supervisory investigations, and annual audit frameworks) must remain in place until our legislation changes. We can however adjust our operational requirements and have made the following changes to the QA of LSAs effective from 1 April 2016:
  - 5.1 We have removed quarterly quality monitoring (QQM) reporting. We have adopted a risk based approach where we will expect to receive or request reports from LSA Midwifery Officers (LSAMOs) by exception.
  - 5.2 We will no longer conduct annual monitoring visits. We will reserve the right to undertake a risk-based extraordinary review visit.
- 6 Council accepted our approach to the final year of QA. We have reviewed our contract with our external suppliers Mott MacDonald to



reflect these changes in the delivery of our QA framework.

- 7 We continue to monitor LSAs through annual and exceptional reporting and we have the discretion to undertake an extraordinary review if risks to statutory supervision and women and babies are present and are not being adequately and locally managed.
- 8 We are assured that the above changes will allow us to continue to meet our legislative requirements and maintain control of risk. The additional safeguard of the Employer Link service and our strengthened collaboration with strategic LSA leads, means that our adjusted delivery of the QA framework will not impact upon our visibility of LSA risk during this transitional period.

### **Termination of statutory supervision and LSA arrangements with the Channel Islands and the Isle of Man**

- 9 In autumn 2015, NHS England informed us that it had reviewed the provision of LSA services for all organisations outside of England and had decided to withdraw from that provision from 1 April 2016. This included Guernsey, Jersey and Isle of Man.
- 10 Guernsey, Jersey and Isle of Man sought to obtain LSA cover but were unable to secure an alternative UK LSA to provide oversight from 1 April 2016.
- 11 From a regulatory perspective, the cessation of NHS England's contract with Guernsey, Jersey and Isle of Man means that NMC registered midwives practising in either of these Islands will be treated the same as midwives registered overseas. They will not have to complete an Intention to Practise (ItP) unless they are also practising in the UK. They will remain on the NMC register and will be subject to registration, readmission, revalidation and FtP requirements and processes.
- 12 We have written to all registered midwives on the Islands confirming their status as midwives on our register. Additionally any midwives who were undergoing or about to undergo an LSA investigation and/or had been subject to an LSA supervisory practice programme have been referred to FtP.
- 13 Guernsey, Jersey and Isle of Man are making arrangements for a new local supportive clinical supervision and leadership infrastructure.
- 14 We must ensure that the QA of LSAs continues to be effective and proportionate in identifying, reporting and responding to risks for compliance with MRS and the provision of maternity care.

**Public protection implications:**

<b>Resource implications:</b>	15	None.
<b>Equality and diversity implications:</b>	16	As supervision of midwives impacts directly on women using maternity services, individual LSAs are expected to continue to address equality and diversity requirements in meeting the MRS.
<b>Stakeholder engagement:</b>	17	The LSAMO strategic reference group held in November 2015 discussed the QA framework and potential transitional arrangements. There was good support for the co-production of a proportionate framework for this transitional year. A meeting was undertaken with senior LSA leads in February 2016 to further discuss management of risk.
	18	We had a meeting with senior leads at NHS England regarding the withdrawal of LSA support on Guernsey, Jersey and Isle of Man. We continue to work together to ensure registered midwives are clear on their status.
	19	We also met with the respective Chief Nurses and Heads of Midwifery from all three Islands who have acknowledged their role and responsibilities in ensuring localised plans are put in place.
<b>Risk implications:</b>	20	We are strengthening our exceptional reporting requirements and collaborating with Employer Link colleagues in order to effectively mitigate risks to statutory supervision and the provision of maternity services whilst we seek legislative change. We are also engaging with LSA leads and NHS England, sharing intelligence in order to support local management of risks and escalation of FtP referrals to the NMC.
	21	We are working with Mott MacDonald to regularly review risk factors in order to ensure statutory supervision (through the LSAs) continues to be delivered safely and effectively pending formal legislative change.
<b>Legal implications:</b>	22	These have been taken into account in developing this proposed approach.

## Midwifery Committee

### Update on EU Directive 2005/36/EC on the recognition of professional qualifications

**Action:** For information.

**Issue:** This paper provides an update on the implementation of the EU Directive on the recognition of professional qualifications and amendment to NMC processes and education standards.

**Core regulatory function:** Registrations/Education/Setting standards

**Strategic priority:** Strategic priority 1: Effective regulation  
Strategic priority 3: Collaboration and communication

**Decision required:** No decision is required.

**Annexes:** The following annexe is attached to this paper:

- Annexe 1: New midwifery competences in Article 40 of Directive 2005/36/EC.

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- Context:**
- 1 EU Directive 2005/36/EC '*on the recognition of professional qualifications*'<sup>1</sup> (the Directive) is primary EU legislation which governs how qualifications are recognised between Member States and sets down minimum training standards for certain professions including general (adult) nurses and midwives.<sup>2</sup> The Directive is driven by principles of labour market mobility and the free movement of professionals as opposed to public protection, and is owned in the UK by the Department of Business, Innovation and Skills (BIS). The NMC is a legally designated competent authority and its responsibilities under the Directive are set down in Schedule 3 of The Nursing and Midwifery Order 2001.<sup>3</sup>
  - 2 From 2011 to 2012 the European Commission (the Commission) undertook a review of the Directive. The amended Directive became law in January 2014 and has been enforceable in EU Member States since 18 January 2016. To achieve this in the UK the Department of Health (DH) has created Regulations that will amend the NMC's Order and Rules, which are expected to come into force in May 2016 and BIS published general transposing Regulations which came into force in January 2016.<sup>4</sup>

- Discussion:**
- 3 The amended Directive has introduced a number of new elements that have impacted on Registrations and Fitness to Practise (FtP) in particular. All of these provisions came into force in January 2016

#### **Pan-EU alert mechanism for fitness to practise sanctions**

- 4 The Directive has introduced a new requirement for competent authorities to share information on professionals whose ability to practise has been restricted or prohibited, even temporarily. The NMS is required to update all EU regulators within 3 working days of the outcomes of certain FtP cases via an online tool provided by the Commission.
- 5 Alongside sending alerts, the NMC also receives alerts. These are checked both against the register and our registration application system. We will also check whether any nurse or midwife applying for registration has an alert issued against them.

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<sup>1</sup> Also known as the "Mutual Recognition of Professional Qualifications Directive", or "MRPQ Directive", amended by Directive 2013/55/EU of the European Parliament and of the Council.

<sup>2</sup> The NMC's standards for pre-registration nursing and midwifery education are based on these EU wide legal standards.

<sup>3</sup> As amended.

<sup>4</sup> The delay in the implementation of the DH amendments has not affected our ability to be legally compliant with the Directive, this has been confirmed by both the DH and external legal counsel.

### **Introduction of a new English language requirement for registration**

- 6 A separate piece of UK government legislation<sup>5</sup> emanating from the Directive has introduced new English language requirements for nurses and midwives. The legislation introduced new provisions for all nurses and midwives relation to three areas:
- 6.1 A requirement for EEA trained nurses and midwives to provide evidence that they have the necessary knowledge of English as a prerequisite for registration with the NMC and the ability to request them to undertake the academic version of International English Language Test System (IELTS) where they are unable to provide sufficient evidence;
  - 6.2 A requirement for all nurses and midwives to demonstrate that they have the necessary knowledge of English when seeking readmission to the register following a lapse in registration; and
  - 6.3 An additional ground of impairment of not having the necessary knowledge of English to strengthen our ability to take fitness to practise action in relation to nurses and midwives who are already on our register where concerns are raised about their knowledge of English.

### **Amendments to midwifery education**

- 7 The Directive makes a number of changes to the entry criteria for midwifery education. The length of general education that an entrant to a direct entry midwifery programme is required to have undertaken has been amended from 10 to 12 years. This amendment is in line with our current pre-registration midwifery education standards.
- 8 The amended Directive now specifically describes the length of midwifery programmes in years (months) and hours. Three year midwifery programmes will be required to be of at least 4600 hours in length, a two year midwifery programme to be of at least 3600 hours in length, while an 18 month midwifery programme to be of at least 3000 hours.
- 9 In addition, the Directive has introduces new core ‘competences’ and essential knowledge and skills for midwifery training. These amendments have been mapped across to our pre-registration midwifery standards and we are satisfied that our current standards comply with the Directive. The competences are attached to this paper in Annexe 1.
- 10 It is anticipated that the European Commission will undertake work

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<sup>5</sup> The Health Care and Associated Professions (Knowledge of English) Order 2015 (SI 2015/806)

to update Annex V, V.5, 5.5.1 which outlines the minimum training standards for midwives, through a delegated act. The Commission has not yet indicated timelines for this work, but it is expected to start in 2016-17. The NMC will look to work closely with other midwifery competent authorities, educators and other stakeholders throughout the EU in developing an approach to this.

<b>Public protection implications:</b>	11	Overall the implementation of the Directive is likely to have enhanced public protection. For the first time the NMC has the ability to introduce language controls for EEA migrants, while the alert mechanism shares fitness to practise information across the EU.
<b>Resource implications:</b>	12	A Programme Board was set up to deliver the implementation of the new Directive. The Programme had its own allocated budget and resources for IT development were allocated from the ICT budget.
<b>Equality and diversity implications:</b>	13	A full equality impact assessment has been undertaken for the implementation of the language controls and the changes introduced to the EEA registration process. We were unable to identify any evidence that would suggest that the amended policies would place people at a substantial disadvantage, or that there is an adverse impact, in relation to the protected characteristics.
<b>Stakeholder engagement:</b>	14	We have undertaken significant stakeholder engagement during the implementation of the Directive. A full external consultation was held on the introduction of English language requirements, the results of which were considered and fed into the policy.
	15	Other engagement with external stakeholders has occurred at the EU Nursing and Midwifery Forum, where regular updates on developments around implementing the Directive were provided and the NMC's Professional Strategic Advisory Group. Regular engagement was undertaken with the other healthcare regulators through the Alliance of UK Health Regulators on Europe (AURE) and through regular informal meetings. We are also a member of NEMIR, the EU network of midwifery regulators, organised by the French midwifery competent authority. It is expected that a meeting of this group will take place in Spring 2016.
<b>Risk implications:</b>	16	Following implementation of the Directive, the current risks are around compliance with the legislation and potential infringement from the European Commission where compliance is not being met.
<b>Legal implications:</b>	17	The legal implications of the amended Directive are outlined earlier in this paper. The NMC is required to comply fully with all provisions of the Directive.

## Midwifery Committee

### Annexe 1: New midwifery competences in Article 40 of EU Directive 2005/36/EC

- 1 The extracts below from the amended EU Directive 2005/36/EC ‘*on the recognition of professional qualifications*’<sup>1</sup> outline the new knowledge and skills requirements that all midwifery programmes must incorporate.

#### Extracts from Article 40(3) of the Directive:

*Training as a midwife shall provide an assurance that the professional in question has acquired the following knowledge and skills:*

- a. Detailed knowledge of the sciences on which the activities of midwives are based, particularly midwifery, obstetrics and gynaecology;*
- b. Adequate knowledge of the ethics of the profession and legislation relevant for the practice of the profession;*
- c. Adequate knowledge of general medical knowledge (biological functions, anatomy and physiology) and of pharmacology in the field of obstetrics and of the newly born, and also knowledge of the relationship between the state of health and the physical and social environment of the human being, and of his behaviour;*
- d. Adequate clinical experience gained in approved institutions allowing the midwife to be able, independently and under his own responsibility, to the extent necessary and excluding pathological situations, to manage the antenatal care, to conduct the delivery and its consequences in approved institutions, and to supervise labour and birth, postnatal care and neonatal resuscitations while awaiting a medical practitioner;*
- e. Adequate understanding of the training of health personnel and experience with such personnel.*

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<sup>1</sup> Also known as the “Mutual Recognition of Professional Qualifications Directive”, or “MRPQ Directive”, amended by Directive 2013/55/EU of the European Parliament and of the Council.





## Midwifery Committee

### Midwifery Committee member appraisals 2015-2016

<b>Action:</b>	For information
<b>Issue:</b>	Information regarding the Midwifery Committee member appraisals process.
<b>Core regulatory function:</b>	Supporting functions
<b>Strategic priority:</b>	Strategic priority 4: An effective organisation.
<b>Decision required:</b>	The Committee is asked to note the appraisal process and timeline.
<b>Annexes:</b>	None
<b>Further information:</b>	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 The NMC is committed to good governance. Regular reviews of the effectiveness of both the Council, its Committees and of the value added by individual members are essential parts of this.
- 2 The Council's effectiveness policy (adopted January 2014) provides for an annual review of the Council and Committees and an annual assessment of individual members and partner members. Such assessments are also a key component in considering reappointment of a member for a further term.
- 3 In 2014-2015, the effectiveness review and individual self-assessments were undertaken as a combined exercise from April to June 2015. The Council agreed on 22 March to defer the annual effectiveness review of Council and Committees to autumn 2016.
- 4 Accordingly, it is proposed to proceed with the annual individual assessments process at this stage. As previously, we will combine this with the requirement for partner members to review and update their register of interests and third party declarations (required for statutory annual reporting purposes).

**Discussion:****Proposed member appraisal approach and timelines 2015-2016**

- 5 The Remuneration Committee reviewed the appraisal process adopted in 2014-2015 at its meeting in January 2016. The Committee's view was that there was scope for a less prescriptive process and it suggested moving to a more reflective approach for 2015-2016.
- 6 The assessment process has been revised to reflect this. A paper describing the assessment process, and the necessary forms for completion will be distributed by the Secretary to all members after the April meeting of the Midwifery Committee.
- 7 The assessment process requires members to each complete a self-assessment and then have a meeting with the Chair who will add views. The assessment process is an opportunity for members to identify development needs for the year ahead.
- 8 In the case of the Chair of the Committee the appraisal will be with the Chair of the Council.

**Timetable**

- 9 It has been proposed that we begin the process in late-April with a view to all appraisals being completed by mid-July 2016. The suggested timetable is shown below:

Date	Action
By 29 April 2016	Self-assessment forms distributed to members, together with current register of interests.
By no later than 13 May 2016	Completed self-assessment forms and updated register of interests to be returned to Secretary.
13 May to 22 July 2016	<p>Member appraisal meetings with the Chair.</p> <p>Chair appraisal meeting with Chair of the Council.</p> <p>Completion of assessments.</p>
22 July 2016 onwards	Secretariat analysis of member training and development requests. Take forward training and development plans.

10 The results will be used to:

10.1 Arrange training and development opportunities for individual members.

10.2 Identify any additional areas where development may be of benefit for some or all Committee members.

**Public protection implications:**

11 There are no public protection issues for this paper.

**Resource implications:**

12 No additional resources are required.

**Equality and diversity implications:**

13 None.

**Stakeholder engagement:**

14 None.

**Risk implications:** 15 There may be a risk to the good management of the committee if members do not have the necessary skills. The appraisal process allows members the chance to review their effectiveness and plan their future development.

**Legal implications:** 16 None.

## Midwifery Committee: Schedule of business 2016-2017

Midwifery Committee: standing items		
<ul style="list-style-type: none"> <li>• <b>Minutes and summary actions from previous meetings</b></li> </ul>		For information
<ul style="list-style-type: none"> <li>• <b>Changes to midwifery regulation. Including:</b> <ul style="list-style-type: none"> <li>○ <b>Risk register for the midwifery legislative change programme</b></li> </ul> </li> </ul>		For discussion
<ul style="list-style-type: none"> <li>• <b>Data and intelligence</b></li> </ul>		For discussion
<ul style="list-style-type: none"> <li>• <b>Revalidation update (oral updates)</b></li> </ul>		For information
<ul style="list-style-type: none"> <li>• <b>Midwifery Panel update</b></li> </ul>		For discussion
Scheduled Items		
<ul style="list-style-type: none"> <li>• <b>Data and intelligence</b></li> </ul>		26 July 2016
Proposed dates for 2016 – March 2017		
Date	Time	Venue
Wed 26-Jul-16*	10:00 – 13:00	London
Wed 26-Oct-16	10:00 – 13:00	London
Wed 22-Feb-17	10:00 – 13:00	London

- \* The meeting on 26 July will be followed by:
- |                                 |               |
|---------------------------------|---------------|
| Joint Council/Midwifery Seminar | 15:30 – 17:00 |
| Dinner with the Council members | 18:30 – 20:30 |