I would like to encourage you to respond to the DH consultation regarding changes to regulation, as it is important that the voice of the midwife is heard.

The original intention of the legislative change was to decouple the supervision of midwives from regulation, so the wide-ranging proposal to remove all of the ‘midwifery’ section from the Nursing and Midwifery Order has serious implications for the profession.

The RCM is particularly concerned about the removal of the statutory midwifery committee (MC). This was recommended by the previous report of the Law Commission, but was a part of wider changes, including a separate register for midwives. The MC is the formal route for the midwifery voice to be heard within a nursing-dominated organisation – 95% of the register are nurses. This is unlike other regulators, which are either single professions or have more proportionate numbers of each profession.

Without the voice of the MC, regulation for midwives will be largely determined by another profession. This runs counter to the ICM Global standards for midwifery regulation (ICM, 2011). Midwifery and the separate regulation of midwives is seen worldwide as an essential solution to reducing maternal and infant mortality and morbidity. The removal of the MC, without a wider review of regulation and the setting up of a separate register, is a retrograde step, which will undermine the profession and impact on the safety of women and babies.

Although not explicitly stated, the changes will also involve the removal of the Midwives rules and standards (NMC, 2012). While the NMC has provided assurance that the proposed changes do not affect the separate registration of midwives; direct entry to the register as a midwife; the protected title of a midwife; the protected function of attendance on a woman in childbirth or separate competencies and pre-registration education standards for midwives, there are some well-used elements that will no longer exist. The ICM states that regulation must define the role of the midwife and the loss of Rule 5 will mean that the specific description of the UK role of the midwife will no longer be in these documents. We consider this is a major loss that could lead, over time, to substitution of midwives, or midwives only being used for birth. We will all need to be vigilant that removal of the rule does not erode the function of a midwife, nor the role as the provider and coordinator of care in the antenatal and postnatal, as well as intrapartum periods. Midwives must also adhere to the code (NMC, 2015) in respect of delegation.

The removal of statutory supervision will take away the regulatory elements, including supervisory investigations and development programmes for midwives. The supportive elements, while important for midwives and women, were not a part of the regulation as overseen by the NMC. While we are supportive of the work led by the DH and the four UK chief nursing officers to introduce a system of non-statutory supportive supervision and leadership, we are extremely concerned about the commitment to its implementation within a non-mandated environment. Already we are hearing that a number of employers will not be supportive of the new framework, so by removing midwifery supervision from statute, will this result in its eventual demise?

I hope this will assist you in providing a response to this important consultation. To add your views, visit bit.ly/NMCchanges

Cathy Warwick, RCM chief executive