AIMS For a better birth...

Nursing and Midwifery Council

Meeting at Stobhill Hospital, Glasgow, 7 November 2002

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The new Nursing and Midwifery Council (NMC) was formed in 2002 to replace the United Kingdom Central Council for Nursing, Midwifery and Health Visiting. It includes nurses, midwives (two from each of the four countries) and lay representatives. The council's main remit is the regulation of the three professions and public protection.

My specific interest in this particular meeting was one of the items on its agenda on professional indemnity insurance. While this issue has broader implications for all practitioners, the debate has focused on independent midwives and whether or not professional indemnity insurance should be a requirement for practice.

For the background and different views on the issues at stake, the NMC paper drawn up for the meeting covered many of them and included a number of responses. The paper, entitled 'Professional Indemnity Insurance for Practitioners' was agendum 9 (C/02/05) in the meeting (seewww.nmcuk.org.uk). The Independent Midwives Association (IMA) has also been proactive in stimulating debate (see www.independentmidwives.co.uk/http://www.imuk.org.uk/) and, similary, the Association of Radical Midwives (ARM; see www.radmid.demon.co.uk https://www.midwifery.org.uk/). You can also access the AIMS response at www.aims.org.uk.

The council members were asked to decide among four options:

1. Make professional indemnity insurance (PII) a condition of practice.
2. Make PII an ethical requirement through an insertion of a clause on the Code of Professional Conduct.
3. Make PII a recommendation in the Code of Professional Conduct or other document, such as an advisory letter.
4. Take no action on the matter while noting that, although some independent practitioners will make it clear to potential clients that they offer their services uninsured, others may not do so.

The preferred option of organisations such as AIMS, IMA, ARM, NCT and RCM was option 4, to take no action. In essence, this is not only because, following an exhaustive search, insurance for independent midwives has been found to be unavailable, but also because the organisations believe that the services

of independent midwives are crucial. These midwives often set standards for good midwifery care, knowledge and skills that are in grave danger of being lost in the West. They provide a service for women who need the kind of care they offer.

Some of the women who book with them may not opt for other services and, thus, may give birth unassisted by a midwife. From this viewpoint, independent midwifery acts in the interests of public protection, and obstacles to their practising undermines that protection.

However, given the contentiousness of this issue among professionals and lay people alike, the best that could be hoped for was rejection of option 1 and acceptance of option 3. Prior to the meeting, some of the midwives on the committee and the aforementioned organisations had worked hard to ensure that the Committee members were well informed, and aware of the ethical and practical implications of the different options.

The debate was wideranging, passionate - verging on heated at times - as well as thought-provoking and interesting. It is impossible to do justice to the debate here. Suffice it to say that lay representative Gordon Dickson made a welcome early contribution, suggesting that public interest is not one-dimensional and that insurance does not equate with safety. Rather than being mutually exclusive, he argued that money should be made available to those in need, and that continuing to provide choice for women by independent practice is essential. English midwife representatives Paul Lewis' and Cathy Warwick's clear, insightful and persuasive arguments were invaluable.

An excellent joint letter from the RCM, Unison, RCN and CPHVA also influenced the council (having organised joint letters on contentious issues in the past, I realise just what an achievement that was). Also influential were letters from women who had used the services of independent midwives. Of 1197 letters received, 1196 wrote to say that PII should not be a condition of practice nor an ethical requirement.

To the relief of myself and the independent midwife observers, the council voted to make PII a recommendation only. We now hope that this will not be included in the Code of Conduct, but take the form of an advisory letter. Meanwhile, we continue to press for affordable insurance for practitioners.

Having attended these three meetings in quick succession, I was struck by the underlying themes raised and the everyday contradictions that are often compartmentalised. We tend to find ourselves in one camp or another: the social or the technocratic. Moving between them brought certain questions to the fore. Do we focus on fear or confidence, risk or safety, conformity or autonomy? And if (as I would suggest) fear, risk and conformity are the roots of oppression and serve to create a nebulous illusion of safety, what does safety truly mean - where does it lie, and how do confidence and autonomy contribute to its creation?

These questions need to be brought to centre-stage. We all need to think deeply about the place of technocracy and midwifery (defined by Pat Thomas in AIMS Journal vol 14 no 3) in relation to the meaning of birth in women's and midwives' lives.