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NMC - still unfit for purpose

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Beverley Beech explains some of the issues with the NMC fitness to practise system

Following an inquiry by the Council for Healthcare Regulatory Excellence into the activities of the Nursing and Midwifery Council (which concluded that it was not fit for purpose) the government has awarded the NMC £20 million to address 'the problems it faces in terms of administration and management'. But it is not just the performance that needs addressing. As far as midwives and users of the service are concerned there is a far greater problem – the dichotomy between nursing and midwifery practice. The Midwifery Committee has been emasculated and barely a peep has been heard from the profession.

In 1983 the government proposed a single 'nursing' professional council. Despite opposition from midwives, AIMS and other groups, it amalgamated the Central Midwives Board into the UK Central Council for Nursing, Midwifery and HealthVisiting, which, in 2002 became the Nursing and Midwifery Council. Midwives fought for a separate Midwifery Committee within the NMC but it has recently had its support staff withdrawn and Council members reduced until only one midwife remains on the main Nursing and Midwifery Council.

Over recent years, too many excellent practising midwives (most of them independent) have been reported to the NMC, where midwives are no longer judged by their peers. AIMS recently attended a hearing where a community midwife was judged by a labour ward manager who was not up to date with the research, and, from his questions, had no concept of the principles of informed consent. Some more recent examples:

Beatrice Carla – this case encapsulates the struggle between midwifery evidence, knowledge and skills, and accepted medical evidence, protocols and policies. This struggle was very apparent among the panel members. Perhaps the most worrying aspect of this case was that while the Chair of the panel, Professor Paul Lewis, was an exemplary Chair, showing fairness, care, courtesy and regard towards all concerned, he had repeatedly to draw the attention of the other panel members to the fact that routine practice, which they thought all midwives should adhere to, is not necessarily supported by research evidence. It is a serious issue that the NMC has failed, and is continuing to fail, to address.

Debs Purdue – struck off by the NMC for a variety of reasons, none of which justified striking off the register and one of which was *'failing to bring a breech baby into hospital soon enough'* despite the evidence that she brought the woman into the hospital as soon as she diagnosed that the baby was presenting by

the breech. The baby was fit and healthy when she handed over to the staff who then conducted an obstetric breech delivery and the baby died. Someone had to carry the can and only Debs's practice was investigated.

Clare Fisher – still fighting the NMC system, despite an Ombudsman investigation which resulted in criticism of how Health Professions Wales and the LSA investigations were carried out. A further investigation has revealed the lack of equity and impartiality in the NMC. During one of her NMC hearings a panel member, Eunice Foster, fell asleep, repeatedly, and no steps were taken to remove her. See www.aims.org.uk/journal/item/clare-fisher-the-welsh-witch-hunt

Becky Reed – an internationally respected midwife offeringmwoman-centred care. In January 2010 Becky was referred, without her knowledge, to the NMC by the Head of Midwifery at King's, Katie Yiannouzis. The referral cited seven cases, spanning a period of over three years, dating back to July 2006. Becky was primary midwife in only two of the cases. Katie Yiannouzis had been Becky's midwifery supervisor until February 2009 and had raised no concerns with her about her practice. In 2010 Becky was ordered by an interim orders (IO) hearing to undertake 450 hours of supervised practice. At the IO review in April 2011, her conditions of practice were entirely revoked and she was free to practise again, but the NMC decided to continue investigation. An NMC hearing to be held in March 2013 was postponed until July for a one day hearing to dispose of the case. The prosecuting lawyer offered no evidence but both he and the panel referred frequently to the 63 charges and the expert witness report for the NMC. Becky was not allowed to challenge this or present her evidence. The panel report lists the unproven charges in full, portrays Becky as a midwife who had had serious (but entirely unproven) failings, before noting that *'there was no case to answer'*.
www.facebook.com/JusticeForBeckyReed?ref=ts&fref=ts

Julia Duthie – one of the few midwives who was able to appealmto the High Court against an NMC decision to strike her off for a number of alleged and disputed failings, for example that she had *'persuaded her client not to go into hospital to have her baby.'*Mr Justice Irwin quashed the NMC Panel's finding on the grounds that *'the panel failed to assess the evidence properly'*, but did direct that a fresh Fitness to Practise Panel should consider whether four other findings, which did not relate to the treatment she provided, constituted misconduct. The hearing, which is open to the public, is scheduled for 12-14th November.

Supervision of midwives was introduced and promoted as a method of ensuring high-quality midwifery care which would give midwives support and the opportunity of dealing with errors in practice quickly and fairly. Unfortunately, too often it is used as a method of penalising midwives who step out of line; it is unfair and often punitive. Midwives are frequently told they cannot challenge the contents of a supervisor's report and, as was seen in Becky Reed's case, they have no opportunity to challenge evidence the NMC gathers together to charge them with.

Until midwives have their own Midwifery Council and allegations of failure in practice are judged by expert midwives who understand midwifery philosophy, knowledge and practice these injustices will

continue; and women will be deprived of skilled midwives who really understand the meaning of normal, undisturbed, physiological birth, informed consent and women-centred care.

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