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An Interview with Lorna Tinsley

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Lorna Tinsley
Interview by Rachel Boldero

AIMS believes that an effective Nursing and Midwifery Council (NMC) is crucial for a well-functioning maternity service. In this interview, we take the opportunity to speak to Lorna Tinsley, an NMC Council member between 2013 and 2020. When Lorna's term was coming to an end earlier this year, there was much concern across the maternity services improvement community that there were no plans to replace Lorna's midwifery expertise on the Council. Responding to this concern, Philip Graf, Chair of the NMC, moved quickly to reassure us that midwifery expertise on the Council was indeed a priority and explained the NMC's plans to make this happen. In that context, we thought that it would be interesting to find out from Lorna how she came to be an NMC Council member and more about that role, as well as Lorna's thoughts about what we can all do to ensure that the NMC is as effective as we need it to be.

Thank you for agreeing to be interviewed by AIMS, Lorna. To start, can you tell us about your passion for midwifery, what first attracted you to the idea of being a midwife, and your midwifery journey?

I began my career as a nurse and was working on the Poisons Unit at Llandough. I loved it – it was a great job as a nurse, but I found I was getting much more involved in the wellbeing side of things, and considered psychiatric training. However, they were building a maternity unit right next to our building, which caught my attention. I hadn't actually enjoyed my obstetrics experience in training, but two things triggered my interest: my focus on wellbeing; and I had then had a little girl (my first child). I had a fabulous birth experience at what was at the time quite a run-down inner-city unit in Cardiff. The midwives paid so much attention to my mental wellbeing in addition to my physical health. They were absolutely fantastic, so I decided to do my midwifery training.

I started off working in the same unit where I had my daughter – the placement was 9 months there and then 9 months in a bigger hospital in Cardiff. I enjoyed the training very much and had another baby – a boy. I was working as a clinical midwife and a job opportunity came up in parent education for midwives, combined with health promotion. I had my third baby (another boy) and kept working on mental health, wellbeing, and health promotion. I had a fabulous time promoting yoga, aquanatal, and couple classes.

How did you get involved beyond the local level?

I was approached by the Royal College of Midwives (RCM) whilst I was on maternity leave with my fourth baby (a third son) – I'd been a rep for them for a while. At the time I was doing a Masters with four young children and was also the RCM National Officer for Wales. It was great fun! I travelled across Wales and met wonderful midwives. Every time I was out and about, the sense of family among midwives was always reinforced. The midwives I met wanted the women in their care to be looked after properly, they were passionate about the women's physical and mental wellbeing, they were kind, and I was so proud to be one of them.

As I travelled across Wales, I met with the Chief Executives, HR Directors, and got to know some senior people in organisations (such as Local Health Boards, Community Health Councils, Welsh Government, Health Inspectorate Wales). The Heads of Midwifery were amongst my main contacts, as were the Directors of Nursing. Over the years I saw excellent examples of succession planning and midwives I had met are now Heads of Midwifery, Directors of Nursing and Chief Executives.

On my travels in Powys (a rural part of Wales), someone approached me at the Trust board and asked if I had considered working for the Employment Appeal Tribunal (EAT). They were looking for more diversity, a Welsh speaker, and someone with a Trade Union background, so I applied and got that job. The EAT work was wider than midwifery: it was employment law across the spectrum. I was exposed again to a wider field of people and interestingly, the judges were fascinated about midwifery as, at that time, the media focused on some real hot topics, such as home births and midwifery-led units.

I then came to a point where I was interested in doing something a bit different. I had been working with the Welsh government on an all-Wales payment system for supervisors of midwives. As part of this work, we had been looking into a career framework for maternity support workers. I wanted to take my role a bit further, and someone in the Welsh government suggested that I apply for the National Leadership and Innovation Agency for Healthcare post. This was an arms-length government role looking at the commissioning of NHS education, career planning, etc.

When the secondment came to an end, my supervisor of midwives asked what I'd do next. I wasn't sure, and she said 'why don't you apply for the Nursing and Midwifery Council (NMC)?', as they were looking for a midwife to join them. I didn't think there was any way I would get the role, but off I went for the interview. I was absolutely delighted when the letter arrived on the mat that confirmed I had been offered the position. I had no idea what I was letting myself in for! So then, I was doing some teaching at Cardiff University, I had the EAT role going, and I was an associate for Skills for Health.

Lorna also shared that she had three home births and some interesting experiences. My daughter was born at St. David's in Cardiff and I had three home births after that. With my first home birth, the GP tried to have me kicked off their GP list. It went to the General Medical Council and I had a lovely letter back which I treasured for many years confirming that they wouldn't take me off the list, but I decided I would come off it anyway due to the treatment I had received. I went to my husband's GP, who promptly told me that I had 'got a boy and a girl now so no more silly nonsense about home births.' I quickly found a new GP, who I am still with, and she actually attended my last birth as she had never been to a home birth – this was the only one I had in the bedroom – I had one of my sons in the kitchen and one in the living room!

Since you were appointed in 2013, what are you most proud of achieving in your role as Council member?

I am most proud of the fact that I have brought a real view of midwifery to a council that is made up of lay members and other registrants, because it's very difficult to articulate what it is that makes a midwife and what a midwife is. My own belief is that a midwife is an advocate for women and their families, helping them navigate a life experience and supporting them in the transition from pregnancy to motherhood.

Many of the group had their own personal experiences, e.g. they may have had traumatic incidents or

heard their parents' stories – there were so many experiences they were bringing to the table, and it was good to be able to sort through these and reinforce what a midwife is, how important the role is and how to differentiate it from a nurse's role. This came up many times in conversations, even where we were discussing things like accountability or re-designing the code. We saw this in the revalidation process and in the education standards, as the approach for nurses was not the right fit for midwives, and we have ended up with some fabulous future midwife standards as a result. Every time, I was able to be the voice for midwives and to bring the real picture back to people so they could understand that some of the recommendations wouldn't necessarily fit for midwives.

How do you think you have been able to make a difference to maternity services and ultimately the experience of maternity service users?

One really good example of this was the development of the midwifery committee into the midwifery panel. Following the King's Fund review of supervision recommendations, the midwifery committee was going to be removed from statute.[1]

It was a challenging and threatening time, and we were really concerned about what the future would look like. We grieved the loss of this, but embraced the different structure – we could bring in more women's voices, more lay people, and stakeholders who were so critical in enabling us to move forward with a number of vital midwifery agendas. We had observers on the committee, but their role was simply observing. One of the observers (Louise Silverton) was crucial to us, and the thought that we wouldn't have her voice was a challenge. So when we came to undertaking the work on the standards, we had such a fabulous group we could call upon and be certain that decisions that were being taken were the right ones. We had women and families at the heart of this – the purpose of the NMC is public protection at the end of the day.

Another area where I have played a significant role is in the drive to identify and disaggregate midwifery data. It had been the practice to combine midwifery and nursing data simply because some registrants were dual qualified and there was no system other than manually working through thousands of data sets to identify if the individual was practising as a nurse or a midwife. From the very beginning, I raised this as an essential issue with the Council. The development of the revalidation processes and improvements in IT enabled the disaggregation, and this can be seen in the annual reporting.

The Black Lives Matter movement is obviously a huge (and welcome) focus currently. What positive action have you observed in maternity services in recent times to improve BAME outcomes and where do you most believe there is most work to be done?

I think to start with, it is the focus which is positive. Before, it was something that people were aware of, but it wasn't in the conversation, people were nervous to broach it, whereas now there is an energy about this topic and people are not frightened to talk about it. I hear pride associated with the topic now as

people take their unconscious bias training, which wasn't as commonplace before. I hear midwives talking about this much more now. There are extensive resources online to really focus in on what we are doing, how we can improve, what the real life stories are, where we have got it wrong, and where we can put it right.

In terms of how cases involving BAME communities are dealt with by the NMC, within the NMC there is real focus on this. When we reviewed this issue, we didn't believe there was a problem in terms of the way we are dealing with individual cases, but we are mindful that we seem to receive more referrals from BAME communities than we would expect, so we are trying to unpick why that is.

By law, the Council can include just 6 registrant members. How important do you think it is for the Council to include a midwife member?

This is the law, but it doesn't state what experience the registrant members have to have, so they could have no health visitor experience, psychiatric nursing experience, etc. When the Council is looking for new members, it's about looking for people with diverse experiences and the right skills mix.

It is vital to have a midwife voice, but it is not enough for them to be just a midwife. What is really important is having someone with relevant midwifery experience who has networks across the UK, because this enables you to be that voice all over, pulling in the strength of midwives from all around the UK. Our practice is developing all the time, and a registrant member needs to be involved in this, in addition to being politically aware. It is a fine balance to be the voice of midwives without being their representation, as this is the RCM's job.

The Council is also obliged to include members from each of the UK countries. As the council member for Wales, do you think this is important, and can you tell us how you have been able to ensure that the NMC properly takes Welsh needs into account?

There has to be a registrant from each of the countries and where you have a registrant on their own, it can be quite lonely. I've been really lucky as there was a registrant for Wales when I came on board, but during a short gap where there wasn't, I found it challenging. It is absolutely key that we have these registrants from each of the countries. It would be lovely if lay members came from the different countries as well, but that doesn't always happen.

The network is vital, you have to have registrants who have the right networks. You need relationships with senior bodies, and political awareness, to be able to be the voice of the country.

What are your observations about the impact of COVID-19 on maternity services currently, and what focus would you suggest to overcome any of the negative effects we are experiencing?

It's tragic, and an awful time. I am very grieved for women and families whose experiences during this time have been affected by the pandemic. Having had two new grandchildren during this time (just as we went into lockdown, my daughter and daughter-in-law each had a baby within a week of each other), I've experienced the effort made to make the journey a positive one. Their labours were just before lockdown, and the postnatal support was incredible: the use of technology was brilliant and it had a positive impact on breastfeeding. There was a tremendous effort to give support in a different way.

I am sure, however, and have read in the media, that people have had negative experiences; going for a scan and getting bad, confusing, or good news on your own, for instance; it's a sad time for people. But the efforts being made to make this the best service possible at this time are commendable.

Having said all of that, as soon as we can get back to a situation where people can have more family and midwifery support both antenatally and postnatally, the better. Roll on the end of the pandemic!

AIMS is celebrating its 60th birthday this year, and now as much as ever we're keen to ensure that the professional regulatory system works effectively. Looking forward, what do you think AIMS should focus on to help ensure that the work of the NMC improves maternity services for all service users?

My family loves the quote "Always watching" from the *Monsters, Inc.* film, and I believe that that should be the focus. Always watching, constructively challenging and ensuring that the NMC is kept up to date on maternity services so that they can continue to effectively regulate midwives across the four countries of the UK.

For background on the NMC's position regarding midwifery expertise on the NMC Council, please see here: An update from the NMC Chair on recent Council member recruitment[2]

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1 www.nmc.org.uk/globalassets/sitedocuments/councilpapersanddocuments/council-2015/kings-fund-review.pdf Statutory supervision of midwifery was in place in the UK for 113 years (from 1902). Following the Morecombe Bay Investigation, the Nursing and Midwifery Council (NMC, 2015) voted to accept the recommendations of the King's fund review (2015) into midwifery regulation, which saw the end of the statutory supervision of midwifery. (Note of the Editor)

2 www.nmc.org.uk/news/news-and-updates/update-council-member-recruitment