RCM CMW/LME

leadership project:

developing midwifery leadership pathways in practice and education

Introduction

Midwifery leadership is essential for the improvement of maternity care and for futureproofing the profession.

The International Confederation of Midwives (ICM) midwifery professional framework includes leadership alongside midwifery philosophy, competencies, education, regulation, associations, midwife-led continuity of care, research, an enabling environment, and gender equality. The midwifery profession needs leadership at its core and effective midwifery leadership roles are key to effective leadership. The latest State of the World Midwifery report highlights how the limited opportunities for midwives to hold positions of leadership and the scarcity of women who are role models in leadership roles hinders career progression as well as the opportunity to practice within the full scope of midwifery practice (UNFPA, 2021). A commitment to grow and support midwifery leaders is essential for the future of the profession (ICM, 2021).

This project examined the development of clinical and academic leadership roles, namely the consultant midwife (CMW) and the Lead Midwife for Education (LME). Although these roles work in different contexts, they have similar strategic responsibility and are required to lead midwifery within their respective settings across the professional pillars of practice and education. In clinical practice, consultant midwives are recognised as clinical leaders with their role developing across four pillars: expert clinical practice; professional leadership and consultancy; research and evaluation; education and development. The Lead Midwife for Education is a role mandated by the Nursing and Midwifery Council (NMC) and is responsible for midwifery education in universities. LMEs are experienced midwifery lecturers, overseeing the strategic and operational development and management of midwifery education programmes. They must be suitably qualified and experienced to lead and advise on matters related to midwifery education and are a vital intermediary between the professional regulator (NMC) and the university. Despite the specialist level of expertise and significant responsibility, roles such as CMWs and LMEs do not currently have a specific development pathway or leadership qualification. The RCM funded a scoping project as part of its wider leadership workstream from October 2022 to May 2023 to investigate leadership development within both roles.

Organisation and oversight

The project was led by the Royal College of Midwives (RCM) internal project team with support from an independent Project Advisory Group (PAG).

The PAG consisted of representatives from key stakeholder groups such as the Lead Midwives for Education Network, the RCM Consultant Midwives Network, RCM UK Country Directors, Health Education England (now NHS England Workforce, Training and Education (NHSEWTE), and the UK Network of Professors in Midwifery and Maternal and Infant Health (hosted by the Council of Deans for Health). Communication was mainly via email, actively contributing to shape the aim and focus on the project with their expertise. PAG members were invited to take part in stakeholder engagement activities, including interviews, and a dedicated focus group as part of the wider stakeholder engagement via the survey. In addition, the RCM internal project team collaborated with staff from across the RCM, as well as MIDIRS staff.

The Project Initiation Document and terms of reference for the PAG was developed by the project lead and created to encourage collaborative working with key stakeholders from academia, education, policy, and practice from across all four UK countries and to help shape the project's processes and recommendations. The UK LME Network and the RCM Consultant Midwives Network were consulted in the engagement phase of the project and were represented on the PAG. The PAG also had representation from the UK Network of Professors in Midwifery and Maternal and Infant Health hosted by the Council of Deans and NHS England Workforce, training and education. A high number of expressions of interest for the PAG were received from the RCM Consultant Midwives Group so elections were held through SurveyMonkey, and the two candidates with the highest number of votes were invited on the PAG.

Project aim

The aim of the project was to understand how best to support the development of CMWs and LMEs in the UK. The project was in two phases:

- A scoping exercise to review what existing development pathways there are for midwifery leaders across clinical and education settings and what the educational needs are for those aspiring to the roles of CMW and LME.
- A series of engagement activities to explore with those midwives, what professional development would support them in their role.

Project process

1. Literature scoping

The first stage of the project initiation phase involved scoping of the existing literature, including access to archived documents and RCM publications via the RCM Library as well as bespoke search packs provided by the MIDIRS team. The searches were conducted on the Maternity and Infant Care (MIC) database.

The search of MIC for Lead Midwife for Education was performed using the following search strategy: ("lead midwi* for education") OR ("midwi* education lead*) OR LME. The LME search produced only 20 abstracts, of which only a quarter were relevant to the topic.

The search of MIC for Consultant Midwife was performed using the following search strategy: "Consultant midwi*". The consultant midwife search produced 57 abstracts, just over 40% relevant to the project after screening of abstract and full texts.

The intelligence gathering phase also included rapid searches using Google Scholar and access to RCM archived publications through the RCM library, as well as informal stakeholders' identification through the Royal College of Midwives and its networks.

2. Stakeholder engagement

The scoping phase included a range of engagement activities with identified key stakeholders, which included consultant midwives and LMEs in post or with a background in such roles: regulators, academics, Directors and Heads of Midwifery, policy and workforce leads across the four UK countries. The purpose of the scoping phase was to identify their perspective of needs and gaps, existing pathways, and programmes. The stakeholder engagement activities involved a combination of quantitative and qualitative methods that provided very helpful context for the interpretation of the findings.

a. **Interviews/1:1 meetings**
Methods: The 1:1 meetings with stakeholders enabled in-depth conversations with the project lead via online or face to face meetings. Notes were transcribed, when available and with permission Microsoft Teams transcribing function was used enabling better flow of the conversation.

b. **Focus group**
Methods: The focus group created an opportunity for in-depth and wide-ranging, facilitated conversations between PAG members. The group was held on Teams using the transcription function with participants' permission. The conversation was guided across the three main questions: needs and gaps in development, existing pathways, and role of the RCM.

c. **Survey**
Methods: A survey was circulated using SurveyMonkey including a mix of closed and open-ended questions. The survey was circulated to the LME network, the RCM consultant midwives and Directors and Heads of Midwifery network as well as the RCM country directors and PAG members with an invitation to cascade to appropriate network or individual with expertise on the year.
The survey was completed by 87 participants including clinical and practice development Midwives, Heads and Directors of Midwifery, Consultant Midwives, Midwifery Lecturers and .Professors. The survey participants represented proportionally all four UK countries and regions as reported below (Table 1).

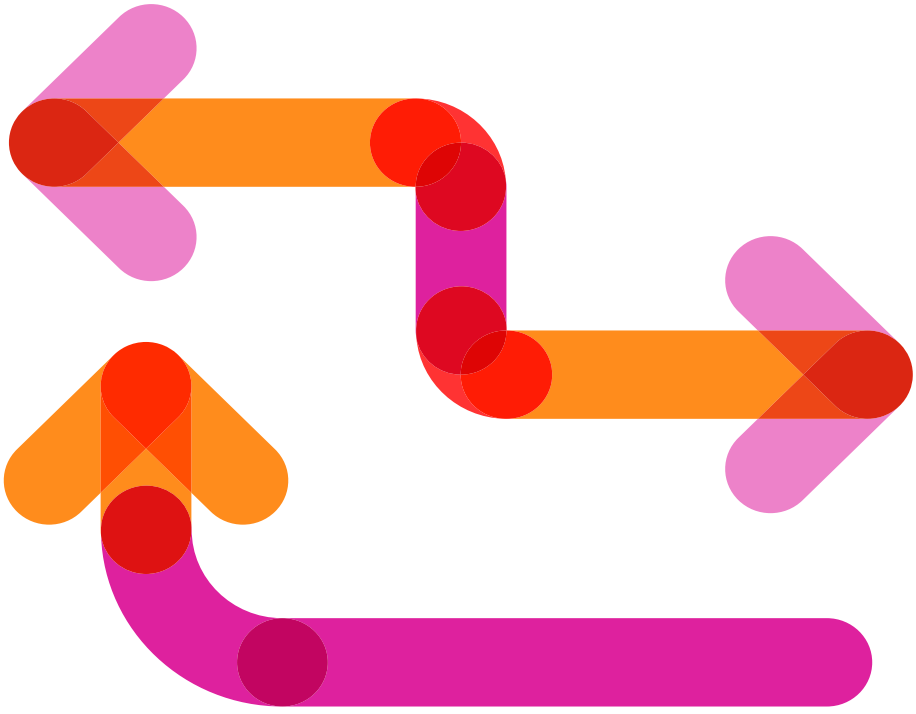


Table 1. Participants location

Location	Percentage of responses	Number of responses
Scotland	17.24%	15
Wales	11.49%	10
Northern Ireland	1.15%	1
Channel islands	0.00%	0
England: London	11.49%	10
England: North West	13.79%	12
England: North East	4.60%	4
England: Yorkshire and Humber	4.60%	4
England: West Midlands	10.34%	9
England: East Midlands	5.75%	5
England: East	4.60%	4
England: South West	2.30%	2
England: South East	8.05%	7
Other* (please specify)	6.90%	6

(* Responses included: worldwide/national and international/independent and Australia)

Findings: Role and context

Consultant midwives

The RCM has been instrumental in supporting consultant midwives through its dedicated professional network for consultant midwives and resources. Consultant midwives hold a significant role in the UK healthcare system, contributing to the provision of high-quality maternity care for women and their families. The role of consultant midwives emerged in the late 1990s as a response to the need for implementing high quality and specialised midwifery care, while providing career progression and leadership roles within clinical settings. The need to enhance leadership and expertise within the midwifery profession was a significant factor in the creation of consultant roles. Prior to the establishment of consultant midwives, there was a concern expressed at policy-level, that experienced midwives were leaving clinical practice to pursue roles in education, management, and/or research, which resulted in a shortage of experienced clinicians in direct clinical care. The consultant role has been recognised across other professions, including allied health professionals and is described as providing:

- expert clinical practice
- professional leadership and consultancy
- research and evaluation
- education and development

Consultant midwives have a range of responsibilities, including providing clinical expertise, leading service development, promoting evidence-based practice, and supporting and mentoring other midwives. The focus and remit has evolved across the last three decades, with most consultants being employed with a midwifery-led care title at the inception of the role. The recommended workforce ratio indicated by the RCM/Royal College of Obstetricians and Gynaecologists (RCOG) in 1998 was for one consultant midwife for every 1,000 healthy low risk births with several consultants focusing on midwife-led settings and implementation of women-centred care pathways. Over two decades later, consultants have a variety of additional remits including public health, safeguarding, intra-partum, high risk and governance. Many provide specialised clinics ranging from complex care planning, birth debrief, VBAC and personalised care and support plans. It's worth noting that the specific context and implementation of the consultant midwife role vary across different healthcare organisations and regions within the UK. The RCM has led on several surveys on the mapping of the role across the UK and found that the numbers have been static for the last five years, at around 100 consultant midwives across the UK with little succession planning in place and a less experienced workforce (Brigante & Wilson, 2023; Wilson et al 2018). There is anecdotal data to suggest regional and national variation in the number of consultant midwives persists with some regions with no consultant role at all.

The intelligence gathering phase also highlighted how Wales has proportionally more consultant midwives compared to other UK countries. With eight consultant midwives for seven Welsh health boards, Wales is the only UK country achieving the RCM recommendation of at least one consultant midwife per maternity unit.

The implementation of the role does not seem to have happened with equal emphasis across the four pillars of consultant practice, with a recent add-on of management responsibilities for many consultant midwives impacting their time and focus for quality improvement initiatives and research. Consultant midwives should focus on shaping the future of maternity services, advocating for women-centred care and promoting best practice and not operational management. The recognition of consultant midwives has led to various initiatives aimed at expanding their role and increasing their numbers.

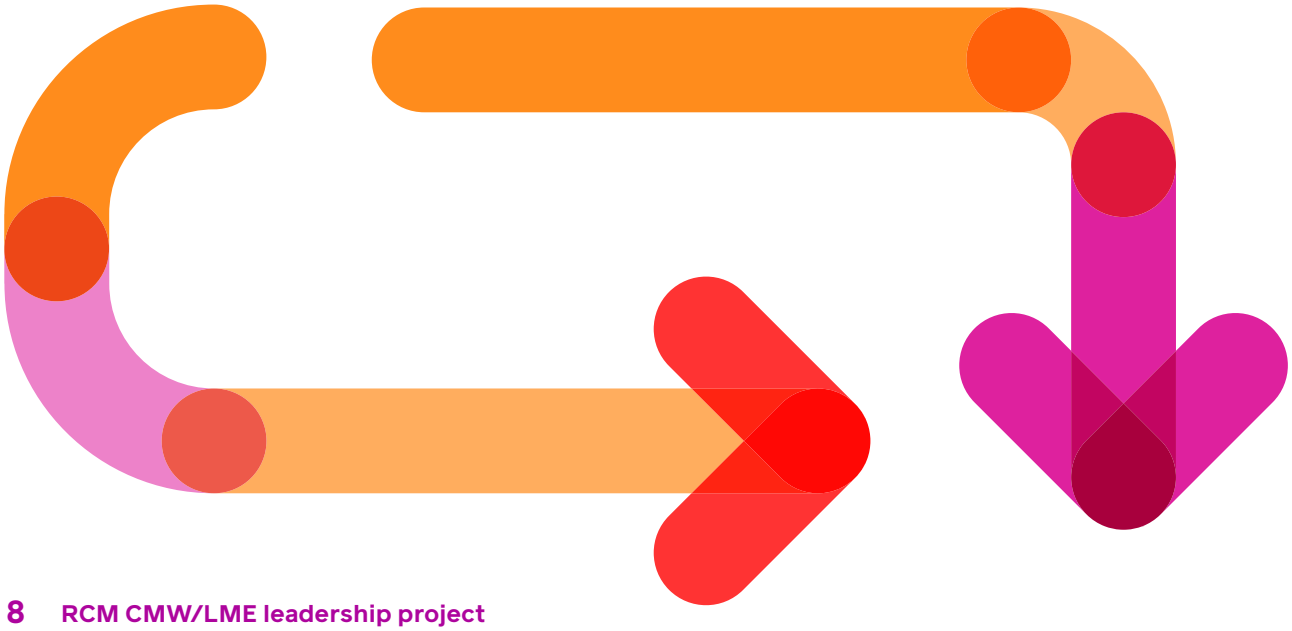
Lead Midwives for Education

Lead Midwives for Education (LMEs) are usually experienced academics, often in post as midwifery lecturers overseeing the strategic and operational development and management of midwifery education programmes. LMEs must be able to:

- Understand and navigate university regulations and NMC requirements
- Develop and implement innovative educational programmes
- Manage and lead a team of professionals
- Evaluate the effectiveness of education programmes

LMEs are a vital intermediary between the professional regulator (NMC) and higher education institutions (HEIs) and provide strategic and operational professional overview for the HEI. In collaboration with senior staff, they develop and introduce strategies that are responsive to changes that impact on the long-term sustainability of the HEI as well as liaising with NHS partners who support clinical placements that make up 50% of midwifery programmes. The LME plays a key role in identifying areas of risk and implements management strategies to ensure the quality of midwifery education programmes including student conduct, declaration of good health and character for successful students applying for entry to the professional register.

The LME role and its function are regarded as influential: however, for some LMEs, the role presents challenges. The LME's strategic function can be overlooked within their HEI and decisions about midwifery education are not always made with their consultation (Marshall, 2015; RCM 2023). The role of the LME is applied differently in each HEI, and they are on different pay grades and in varying roles, from lecturer to professor. There is disparity in the recognition of the importance of the role and what direct strategic impact the LME can make in decision making with 41% of LMEs stating that their LME does not sit on any form of strategic management group within the HEI (RCM 2023). A key challenge identified from the project survey is the add-on nature of the role in certain HEIs, where LMEs have multiple roles and not enough time and resources allocated to support their function.



Existing pathways and development opportunities

What the stakeholders told us about consultant midwives

The stakeholders survey showed that 72 (83%) participants were not aware of any development pathway or education programme available for consultant midwives. Of the 15 (17%) participants that were aware of existing pathways, the majority referred to the training programme for aspiring consultant midwives provided by Health Education England Wessex region (HEEW). Details of the programme and its history are detailed in Box 1. The Advanced Clinical Practice (ACP) programme was also mentioned as an existing and aligning pathway for consultant midwives. Midwives completing their ACP programme can continue their development to consultant level practice, by developing a bespoke portfolio across the four pillars. Coventry University offers an ACP course that has already led to the employment of consultant midwives in practice. The Health Education England Multi-professional consultant-level practice capability and impact framework was also quoted as guiding the development and establishment of consultant-level practice across the four pillars (as described in Box 2). The latter includes a self-assessment tool which can be used by advanced clinical practitioners transitioning to consultant for benchmarking and development purposes. The tool was co-developed using a national Delphi study methodology to identify the key capabilities for the transition from advanced clinical practice to consultant-level practice with the recognition that individual pathways, learning and development needs differ widely.

The Welsh Government, in collaboration with the Royal College of Midwives, jointly funds an annual midwifery leadership programme. This provides a cohort of midwives from across NHS Wales to participate in leadership development opportunities, to receive individual coaching and to develop innovative improvement projects. Previous participants have presented the findings from their projects at national and international events as well as publishing them. Participants based in Wales who took part in the survey also reported how several various leadership development programmes for consultant nurses, midwives and allied health professional roles have taken place in Wales across the years. Those programmes often included self-awareness, emotional intelligence, personal coaching as well as leadership styles and development of strategic awareness and how to influence at all different levels. Health Education and Improvement Wales (HEIW) offers an advanced clinical leadership programme, open to senior clinical professional with significant management and leadership responsibility via the web portal Gwella. The current focus is on compassionate leadership and there are plans to develop a specific consultant-level programme for Wales. No specific programmes were reported in Scotland or Northern Ireland.

What the stakeholders told us about Lead Midwives for Education

When asked if they were aware of any development opportunities for LMEs, 74 (85%) of participants said they were not aware of any in all four UK countries. Almost all 13 (14%) participants aware of development opportunities for LME cited the mentoring scheme offered through the LME network, this was described as a support system for new LMEs and not as a programme for aspiring LMEs. The LME network itself was described as beneficial to LME development as providing, support, direction and formal and informal mentorship for newly appointed LMEs. The RCM stakeholders' survey found that the lack of clear criteria and requirements for LMEs contributes to the issues of having a clear development pathway:

"There is no criteria for the post either and how LMEs are appointed is based on experience and need of the HEI, meaning for some people they have to wait until people retire and others are placed in post quickly/ new to education because of necessity. Disparity in suitability is an issue too."

Box 1. Aspiring consultant midwives - Health Education England Wessex programme (provided by Jane Rogers, Independent Consultant Midwife)

Health Education England Wessex (HEEW) and predecessor organisations have supported CMW development programmes since 2009. The structured Wessex programme supported the development of all four functions of the consultant practitioner role: expert practice; leadership and consultancy; education; and practice and service development through research and evaluation. The programme included developing clinical expertise within an integrated education framework which provides the underpinning academic development. This model was built on the apprenticeship model with consultant midwives being the mentor, role models and coaches of those in development roles.

The comprehensive training scheme equipped participants with the skills required for each of the four key functions of the role. The pathway was based on the proposed working pattern for consultant practitioners:

- 50% service delivery
- Remaining 50% being shared between: education (primarily own learning), quality improvement through research and evaluation and increasing opportunities for professional leadership.
- At the same time individuals study for an academic qualification, usually at doctoral level.

Each pathway within the programme had a great degree of flexibility to accommodate the differing needs of individuals. Quality improvement education and coaching was sourced from an external consultancy.

Participants were recruited and then released by their employer (NHS employers within Wessex) to participate in the programme, with employers providing the salary backfill to enable recruited individuals to be released**. Participants continued to be employed by their existing employer. HEE funds the academic fees, conferences, and travel expenses. Close contact is encouraged between the consultant midwife in development, the pathway lead, and their employer throughout the programme to ensure that learning outcomes are met and the programme contributes to the development needs of the organisation.

To participate in the three-year programme, practitioners needed to meet the following criteria*:

- be working clinically at Band 7 or above;
- be registered with their relevant regulatory body in the UK (NMC for midwives);
- have completed study at Master's level.

During a placement each consultant midwife trainee would typically spend a minimum of three days per week in the placement site, making a clinical service contribution for a minimum of two days and extending and expanding their own clinical skills for a minimum of half a day. The programme graduates are assessed against the Consultant Level Practice Capability Framework to progress to consultant practitioner (or equivalent) roles at level 8b of the Agenda for Change (AfC) pay system. The competency framework is based closely on the Department of Health & Social Care NHS Knowledge and Skills Framework. Over the three years of the programme progress is broadly characterised by progressing from development and management of own needs and objectives and contributing to the development of others (year one), to directly developing others, perhaps as part of a team (year two), to taking a strategic lead in developing the service (year three). There will necessarily be different elements making up this 'progress line' according to the specific competency in consideration.

*Entry criteria fluctuated across the years and programme iterations, with earlier cohorts including Band 6 midwives without a master.
**The final cohort salaries were sponsored by respective employing trust in 2018, however for the previous nine years Health Education England Wessex provided full funding including salaries.

Box 2. Multi professional consultant-level practice capability and impact framework (HEE)

Expert Practice (consultant's main health/social-care profession)

Help firmly establish values based professional practice across pathways, services, organisations and systems, working with individuals, families, carers, communities and others.

Strategic Enabling Leadership

Provide values-based leadership across the care pathway, services and systems in complex and unchanging situations.

Learning, developing, improving across the system

Develop staff potential, add to and transform the workforce, and help people to learn develop and improve (in and from practice) to promote excellence.

Research & innovation

Develop a knowledge-rich and inquiry culture across the service and system that contributes to research outputs and has a positive effect on development, quality, innovation, increasing capacity and capability, and making systems more effective.

Consultancy across all domains: practise to systems levels

Establishing expertise across the system by using consultancy approaches and opportunities that have maximum impact on practice, services, communities and populations and which add to and sustain workforce capacity and capability.

Box 3. Mentoring and buddying scheme – LME Network, led by Prof. Jayne Marshall

The national network of UK LMEs provides a support system to LMEs in post. The scheme was set up by Professor Jayne Marshall in order to leverage the experience within the network to support newly appointed LMEs. It offers buddying and mentoring opportunities among members of the network, based on the development needs of the individual and the experience and exposure opportunities which can be provided by senior members of the network.

"These are limited and usually undertaken informally through observing/shadowing the current LME. There is an LME mentoring support group that was established during the pandemic to support new LMEs in the role."

Key development areas for aspiring and current consultant midwives

The key area identified for development was leadership. The latter which was defined and understood differently by stakeholders, with some highlighting the difference between leadership and management and the need to differentiate those.

Leadership was also accompanied by several specifications such as “clinical”, “executive”, “transformational” and “compassionate leadership”. Specific areas were identified within the broad definition of leadership skills such as: conflict resolution, influencing skills, decision making, change management, coaching, resilience, and emotional intelligence.

> *“Guideline writing and reviewing, challenging the ‘norm’ (e.g. we have always done it this way or we don’t allow women to do this), I personally struggled with the jump to writing business cases and other senior leadership resposibilities; understanding how to embed researched based research into practice (e.g leading change).”*

> *The second key area identified was research, which included conducting primary and secondary research, as well as translating evidence into practice including reviewing and writing guidelines and implementing change. This was described as essential to consultant-level clinical care especially in terms complex care planning, supporting women with ‘outside guidance care’ and personalised care provision with collaboration from the multi-disciplinary team.*

> *“Leadership qualification is paramount as is research training - either at or committed towards working to doctoral level. This will enable more clinical academics in midwifery - which according to the evidence, can be a catalyst for ongoing quality of care.”*

Management and financial skills were also mentioned, including technical skills such as report, grant and business case writing, addressing executive boards, project management, HR and budgeting.

Policy and strategical awareness as well as how understanding contextual factors affecting maternity care were identified as an important skill as well as being able to communicate with the media, including social media.

unc


midwife
leadership
planning
level
pillars
midwives
writing
policy
influence
education
strategic
care
improvement
Public
decision
exposure
development
understanding
support
research
undertake
health

Key development needs for aspiring and current LMEs

The key identified development area for LMEs was leadership, and skills such as assertiveness, resilience and emotional intelligence, negotiation skills, decision making and critical thinking. There were several references to strategic leadership and the need to contribute to HEI strategy development. Leadership was often quoted together with management and skills such as building a team, coaching, financial budgeting, time and conflicting priorities management.

"Strategic leadership is key. This should include leadership skills at different levels from leading a team to engaging in strategic discussions both within and external to the university. Once you become a LME you have to learn quickly how to get to the right tables, with the right message and at the right time… how to write business cases and much more, including how to budget, identify risks and innovatively lead to mitigate those. You also need to know how to write and deliver speeches. These are not skills that are necessarily part of the role of a Lecturer or even Senior Lecturer, unless PhD training has provided the some of the skills. Even with that, PhD students would not be challenged to engage with such diversity across stakeholders as the LME. There should also be a component provided by the NMC as a part of the onboarding to the role. As academics, LMEs need to be developed as experts in how adults learn, therefore, should also be academically scholars in relation to how understand of the research."

The second key identified area was to develop knowledge of the requirements of the role, its scope of practice and the NMC processes including revalidation and exceptional reporting as well as educational standards and regulation. Communication and advocacy were raised in the context of confidence to speak out and public speaking, presentation skills.


opportunities
management
leadership skills
leadership
undertook leadership
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HEIs
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need
skills
team
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Midwifery education
current students
LME role
management skills
educational process
mast
practise
programm

Similarity of development needs between CMWs and LMEs

The similarity of development needs and key development areas for consultant midwives and LMEs is staggering for their similarities. Although applied to a different context and setting there is an almost complete overlap of key development areas:

Overlap of key development areas:

- **Leadership**
- **Management**
- **Research**
- **Evidence translation in practice**
- **Doctorate level**

Statutory roles

The role of Lead Midwife for Education is a statutory role. The NMC defines the role as leading the development, delivery and management of the midwifery education programmes provided by the approved educational institution, ensuring that they comply with the standards established by the NMC.

When asked if the role of Consultant Midwife should be a statutory role in the same way as the LME role is, only 29 (34%) survey respondents said yes. The free-text comments included interesting perspectives on how medical roles are not in statute, nor senior leadership roles such as Directors of Midwifery.

"The LME has a very specific role in relation to NMC validation of programmes which is not the same to consultant midwives."

Definitions of roles

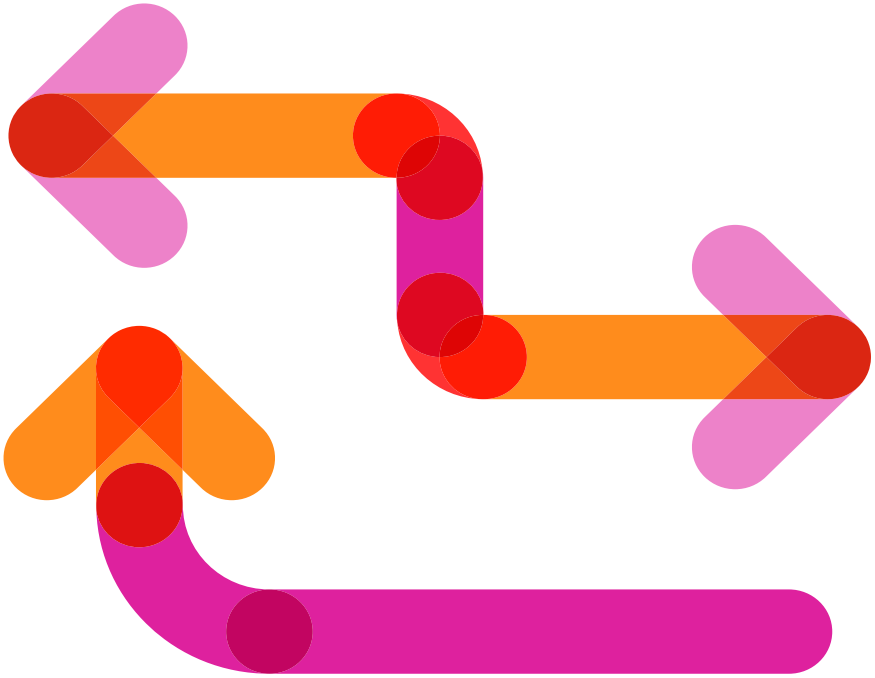
Clarity for the roles

The lack of clarity and clear definition of the scope of practice of both consultant midwives and LMEs was raised as a barrier to the development and sustainability of consultant midwives and the protection of LME time.

The LME role being statutory is not under the same sustainability threat as the consultant midwife role, which has not been implemented across UK regions and nations and lacks traction and support from managers in several areas. Although the consultant midwife role is not an NMC mandated role, it appears there has been better preparation or development pathways available compared to the LME role which is mandatory in universities but offers no specific role preparation.

The role of the LME varies between HEIs as to how the role works, how much awareness there is and knowledge of the importance of the role of the LME. LME needs to be seen as a leadership role on a par with consultant midwives, regarding specialist knowledge, strategic oversight and quality assurance of midwifery education. It would help if these roles were advertised and recruited to, rather than just handed over as is often the case. There needs to be more organised communication and collaboration between LME's and HOMs/DOMs which happens in some areas but not others - Consultant Midwives should be seen as the opposite number to HoMs in education. Need to redefine LME and midwifery educators as a distinct career path and not just an 'easy' ride when practice becomes too much!

It would be ideal to have an standard role and responsibilities for consultant midwives to stop the role from becoming operational and to stop the expectations that when the HoM is away for whatever reason the consultant midwife will take this role and responsibilities, which is what is happening at the moment in the Trust where I work. However, if the consultant midwife is away there is not the same expectation for the HoM to do the role or the CM.



Development opportunities

The lack of a clear development pathway or career progression structure was identified as a barrier and potential opportunity for both roles. One of the proposed solutions was making midwifery leadership roles visible and the potential career pathways to support midwives to undertake them, based on individual areas of expertise and interest.

Career pathways for Consultant Midwife, Clinical Academic Midwife and LME all need to be developed in synchronisation. This way midwives are more likely to match their aspiration and skills sets to the most optimal choice. If one pathway becomes visible, then we run the risk of one leadership role becoming more appealing than others, simply because it is clearly structured and easily seen. Yet our profession needs the right people making the right choices in all these strategic roles, in order to achieve the greatest midwifery impact.

Overlap with Advanced Practice roles

The development of Advanced Midwifery Practitioners was identified as a positive development by several stakeholders, for their potential to lead to consultant-level practice. However, not all stakeholders agreed and for many this was perceived as a potential barrier in a resource-limited climate as the current one.

As well as consultant midwife could we look at developing further advance clinical practitioner roles similar to Advanced Neonatal Practitioners in neonatal nursing to support clinical practice. Different to consultant midwife not research based, and working mainly in clinical areas bridging the gap between midwife and obstetrician and supporting safe practice in clinical areas

"Look at advanced practice in midwifery. Midwife prescribers on a par with nursing. More consultant midwives for vulnerable women. We should not be second par to nurses and sometimes some of the learning development pathways are all designed for nurses and dominated by nurse attendees. Very disheartening for midwives and can be off putting applying for further study."

Recommendations from stakeholder engagement

1. Advocacy

When asked what can be done to support career development and pathways for CMW and LME stakeholders identified the following activities:

- Advocacy for the development of a structured pathway and for programmes to be appropriately funded and delivered, including postgraduate Advanced Practice opportunities for aspiring consultant midwives.
- To support the standardisation of the LME and CMW role (e.g. job descriptions and clinical-academic pathways).
- To support the job evaluation of the CMW role as per the NHS Job Evaluation Scheme (JES) to ensure equal work for equal pay, especially in the context of overlap with ACP job descriptions.
- To provide evidence on the workforce need of the consultant midwife role and commissioning model for the consultant midwives ratio (e.g. 1 CMW per 1000 low-risk births).
- Lobbying Council of Deans for Health (CoDH) / joint working with CoDH and HEIs to ensure LMEs have a seat at senior strategic level that makes decisions that may impact on midwifery education.

2. Development of resources and tools:

- Raise awareness of the roles and address relevant, development key areas for such roles: i-Learn modules and career frameworks.
- Leadership resources.
- Guidance on career progression and development pathways.
- Creation of a self-assessment tool so that LMEs identify their own areas of development and use this to support discussions with their employer and shape their development.
- RCM midwives magazine series and role/ leaders profiles on social media.

3. Membership benefits offer

- Provide bespoke training courses and workshops (e.g. leadership, change management, employment law, managing staff, conflict management, media training) and support uptake of existing courses.
- Provide mentorship.
- Share opportunities and signpost members.
- Provide an aspiring consultant midwives or LME course or a study day for those interested in exploring the roles.
- Provide a platform and exposure to national groups through RCM networks members.
- Create a community of practice.

Role of the RCM

As both the professional association and trade union representing midwives, the RCM plays a crucial role both in supporting the development of leadership for midwives and ensuring the recognition and appropriate remuneration of those roles. The RCM plays a pivotal role in empowering midwives to become effective leaders, driving change, and shaping the future of midwifery care. The RCM acknowledges the significance of leadership skills in clinical and educational midwifery settings and has implemented several initiatives to support midwives in this area over the years.

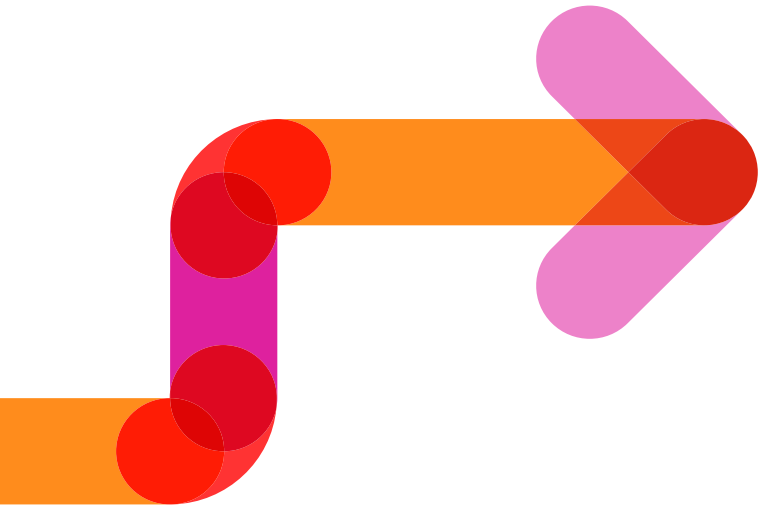
The RCM will focus on its operational and technical capabilities when it comes to offering bespoke leadership programs, mentorship initiatives, research promotion, and collaboration with other institutions with the aim to enhance midwives' leadership competencies. This proactive approach strengthens the midwifery profession and will improve midwifery education and maternity care and ensures the availability of skilled compassionate leaders who can drive positive change in both practice and education. To support these efforts, policymakers and stakeholders should recognise the significance of investing in leadership development within midwifery and provide necessary resources to sustain and expand opportunities for midwives.

Promote

Amplify visibility, awareness

Research and innovation

The RCM encourages midwives to engage in research and innovation, promoting evidence-based practice and the development of leadership competencies. By incorporating research into their practice, midwives can enhance their ability to lead and influence positive change within clinical settings.



Community of Practice

The RCM will scope the creation of a joint community of practice for LME and CMWs to focus on midwifery leadership across settings.

The RCM will continue to host and fund the RCM Consultant Midwives Network and maintain LME representation and support on the LME UK Network.

Support	Influence
Leverage RCM networks with bespoke offer, twinning projects and structured mentoring/ buddying platform	Lobby for funded programmes, career and development opportunities, workforce modelling.

Leadership offer

Provide bespoke educational opportunities, workshops, conferences, and seminars focused on leadership development. These initiatives equip midwives with the necessary skills, knowledge, and competencies to assume leadership roles within their profession.

Advocacy

The RCM advocates for midwives at local, national, and international levels, promoting their interests, professional autonomy, and leadership potential. The RCM works towards creating an enabling environment that recognises and supports midwifery leadership.

Mentorship and Networking

The RCM promotes mentorship programmes, fostering the development of aspiring midwifery leaders. Experienced CMW and LME serve as mentors, guiding and supporting their mentees in clinical leadership and education roles, thus nurturing future leaders in midwifery.

Policy & Guidance

The RCM contributes to policy formulation and guideline development, ensuring that midwives' voices and perspectives are heard. By actively engaging in policy discussions and advocacy, the RCM help shape healthcare systems and HEIs to support midwifery leadership.

Collaborative partnership

The RCM collaborates with universities and educational institutions to develop leadership-focused curricula and programmes for midwifery educators. Such partnerships help bridge the gap between clinical practice and education, ensuring midwifery education aligns with the evolving needs of the profession.

Career Framework

The RCM will refresh the career framework and the learning from this project will inform CMW and LME role and responsibilities, potential pathways and development needs

Acknowledgements

RCM project team

- Lia Brigante (Policy & Practice Advisor)
- Jo Garcia (Administrator Education and e-learning)
- Fiona Gibb (Director for Professional Midwifery)
- Birte Harlev-Lam (Executive Director)
- Caitlin Wilson (Professional Advisor Education and leadership)

PAG

- Vanora Hundley (UK Network of Professors in Midwifery and Maternal and Infant Health nominated representative)
- Jaki Lambert (Director, RCM Scotland, on behalf of devolved nations)
- Jayne Marshall (LME Network nominated representative)
- Arezou Rezvani (RCM Consultant Midwives Network elected representative)
- Elizabeth Rees (RCM Consultant Midwives Network elected representative)
- Alice Sorby (RCM Director, Employment Relations)
- Grace Thomas (LME Network nominated representative
- Sally Ashton-May (PPP Director)
- Jane Rogers (Independent Consultant)

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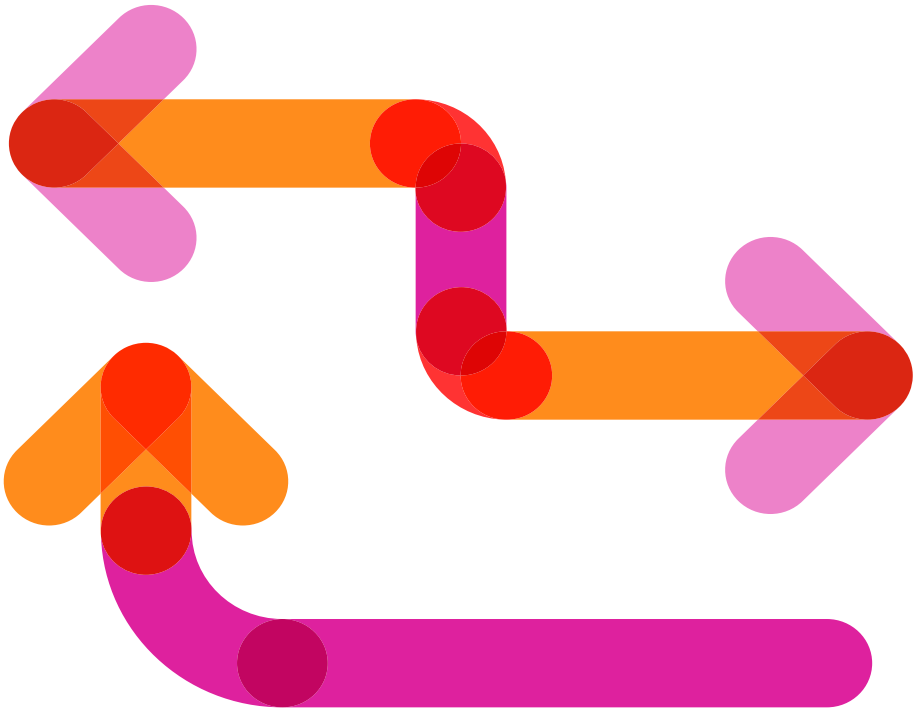

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Royal College of Midwives

RCM CMW/LME Leadership Project

Published: Feb 2024

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