



Royal College
of Midwives

getting the midwifery workforce right

3: Skill mix

Skill mix

Midwives are at their most effective when they are working within multi-disciplinary teams, with clear delineation of roles and responsibilities, and can access opportunities to develop and enhance their skills, interests and social capital.

This section will cover the following:

- Role development, delegation and substitution
- Advanced practice
- Role of maternity support workers/maternity care assistants (MSWs/MCAs)
- The role of nurses and nursing associates in maternity services

Role development, delegation and substitution

The RCM supports midwives developing areas of interest and specialist skills as an important way of responding to the increasingly diverse needs of women and families as well as supporting personal development and enhancing career opportunities.

This will be most effective where midwives are enabled to sustain their competency and competence in core midwifery practice. So, while it is important to recognise the need for and contribution of specialist midwives, it is equally important to draw a distinction between a midwife who has developed specialist interest and expertise in a particular area of care and a specialist midwife who has also developed a higher level of competency and more advanced clinical skills and expertise.

While the role of the midwife and their scope of practice are established in statute, current policy initiatives and the changing context of service delivery are driving moves for greater flexibility in the focus and emphasis of that role.

More recently, and largely in response to growing pressures on staffing capacity, there has sometimes been a blurring of boundaries between midwives and other professional groups, such as nurses, or unregulated groups, such as doulas and 'birth keepers'. This can have serious consequences for the safety and quality of maternity care and the experience of women and families.

In all cases, the rationale for role development should be demonstrable, in terms of improved maternal and infant health outcomes and experience, rather than simply a desire for convenience or professional preference.

Accordingly, maternity services should use skill mix to flex their workforce in effective and strategic ways, for example by

1. Delegating appropriate duties to MSWs, such as breastfeeding support, maternal or neonatal phlebotomy or providing support to women and families with specialist needs,
2. Transferring tasks that could be more easily and effectively carried out by housekeeping and admin staff, such as routinely cleaning rooms, maintaining healthcare records or assisting in operating theatres.



Advanced practice

There are numerous definitions of advanced practice with expert knowledge, advanced clinical skills and decision making and autonomous practice all key features of advanced practice roles (Palmer et al 2023)¹.

Midwives are autonomous and accountable as the lead professional for midwifery care at the point of NMC qualification and registration but they are not advanced practitioners. Advanced practice should build on the NMC (2019) Standards of proficiency for midwives² and form part of career journey opportunities.

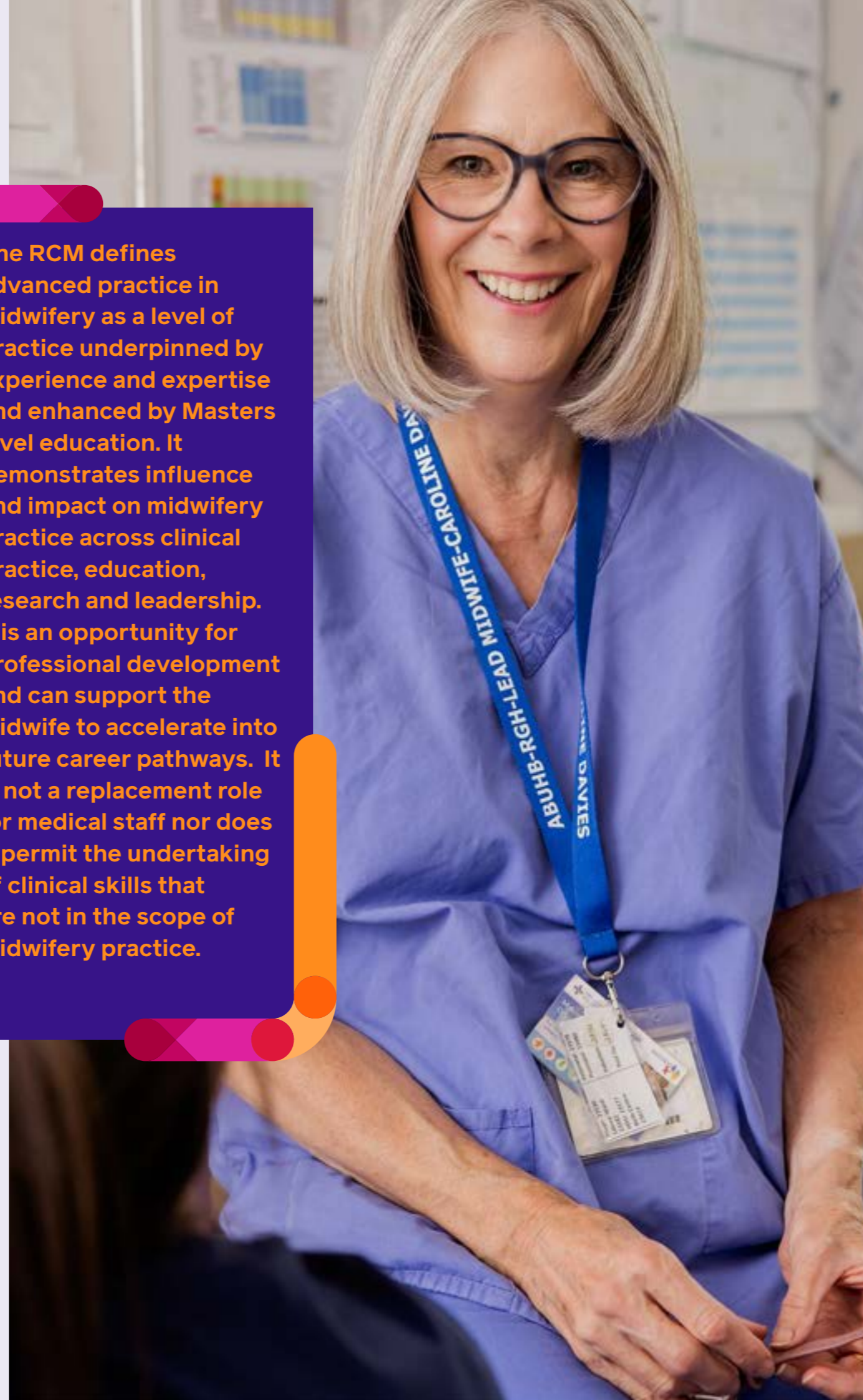
The RCM defines advanced practice in midwifery as a level of practice underpinned by experience and expertise and enhanced by Masters level education. It demonstrates influence and impact on midwifery practice across clinical practice, education, research and leadership. It is an opportunity for professional development and can support the midwife to accelerate into future career pathways. It is not a replacement role for medical staff nor does it permit the undertaking of clinical skills that are not in the scope of midwifery practice.

1. Palmer B, Julian S, Vaughan L (2023). Independent report on the regulation of advanced practice in nursing and midwifery. <https://www.nuffieldtrust.org.uk/research/independent-report-on-the-regulation-of-advanced-practice-in-nursing-and-midwifery>
2. NMC (2019) Standards of proficiency for midwives. (Standards-of-proficiency-for-midwives.pdf (nmc.org.uk))
3. RCM (2024). Advanced Practice in Midwifery Position Statement

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The RCM position statement on advanced practice in midwifery (2024) recommends:

- Protected time for education, development and reflection for midwives to continue their career journeys that can include mentorship and shadowing opportunities.
- Education routes and funding opportunities to be accessible through NHS education and local universities.
- Midwives are supported to build a career portfolio of practice that demonstrates their contribution and impact across the professional pillars.
- Universities with multi-professional advanced practice programmes should liaise with local midwifery Health Boards and Trusts to develop modules that meet national or local service need.
- Employers map role descriptors to advanced practice frameworks to ensure appropriate recognition.
- While it is important for a consensus on guiding principles for multi-professionals, advanced practice for midwifery must have its own recognised frameworks and proficiencies.



The role of maternity support workers/maternity care assistants

Advanced practice midwives can work alongside and complement others in roles such as midwives working in speciality, consultant midwives, lead midwives for education and professors. In addition, senior or expert roles and advanced practice should not be seen as mutually exclusive; midwives in these roles may or may not also be educated to advanced practice across four pillars of practice. Advanced practice pathways may support progression to other strategic or senior roles promoting succession planning and may be recognised working in clinical and non-clinical settings. Implementation may be different in each of the four UK countries depending on service need.

Advanced practice encourages experienced midwives to broaden their knowledge across the pillars of practice rather than a hierarchy of medical care. Midwifery careers do not need to be a linear journey of moving up a ladder; building a career portfolio can support personal advancement and widen career opportunities in practice, education, research and practice in a variety of settings. Furthermore it is an opportunity to enhance care provision and skill mix and ultimately the future of the profession



Maternity support workers (MSWs) and maternity care assistants (MCAs) make an important contribution to the care to women and families, supporting midwives by undertaking duties under delegated authority.

The RCM supports the appropriate employment of MSWs and MCAs and encourages the further development of their role, which supports more flexible workforce deployment and enables midwives to spend more time caring for women and babies. They should be integrated within and valued by maternity teams, and receive appropriate training and education. They should not undertake duties which require midwifery education and registration or be the primary named contact or lead professional. However, they can support midwifery care and should be included as part of the maternity team.

Matching staffing levels, skill mix and staff deployment to models of care, taking staff health and wellbeing into account, is complex – and even more challenging when resources are stretched. This is not made any easier when there continues to be wide variation in role, training and development, and pay banding for MSWs/MCAs. Despite the development, across the UK, of competency frameworks⁵, standard job descriptions and educational programmes, there remain inconsistencies in the roles that MSWs/MCAs undertake, and the pay band on which they are placed, as well as evidence that some employers are requiring MSWs/MCAs to perform tasks beyond their competence. While some employers do develop their support workers and employ them appropriately, this is far from universal, even though there are nationally agreed roles, job descriptions, evaluation and matching procedures and pay banding that all employers can be guided by.

MSWs/MCAs need role clarity, recognition for the valuable work they do and just reward for the contribution they make to the care of women and families. The RCM will continue to press for a consistent and fair approach to MSWs/MCAs competency and role definition, education and career development and appropriate remuneration, at a national and local level. There should be clear career progression for MSWs/MCAs using the national competency frameworks. The frameworks should enable progression to further qualifications using apprenticeship routes or other work-based training.

For England this is now defined by ESR coding. Only those who meet the national competency framework at band 3 and above can be coded on ESR as MSWs/MCAs. This is to ensure those counted in midwifery skill mix ratios are trained, educated and meet competence at the required level.

The RCM will continue to press for a consistent and fair approach to MSW/MCA competency and role definition, education and career development and appropriate remuneration, at a national and local level.

5. The Competency Framework for Healthcare Support Workers (Scotland); Maternity Support Worker Competency, Education and Career Development Framework (England); The All Wales Maternity Support Worker Curriculum (Wales).

The role of nurses and nursing associates in maternity services

The RCM does not support nurses working in areas of maternity care other than the valuable work in theatre and recovery, which enables midwives to focus on midwifery care.

Recently, nurses have been deployed to maternity settings outside of theatre and recovery carrying out tasks such as maternal observation and medicines management. While these are tasks that nurses are qualified to undertake in a nursing capacity, they are working outside their scope of practice in a maternity setting. They do not have the knowledge and skills to practise midwifery and a midwife cannot be accountable for their actions or omissions.

There are no proficiencies in the NMC standards of proficiency for registered nurses⁶ in relation to midwifery care. Nurses can only provide midwifery care by successfully completing an NMC approved midwifery programme (short course) to become a qualified and registered midwife. This route provides the theory and practice required to meet the standards to become a midwife and to provide safe and competent care, recognising the knowledge and skills that a nurse has already acquired.

The RCM position statement Nurses in Maternity Services (2023)⁷ clearly sets out the professional, educational and NMC regulatory requirements in relation to the appropriate utilisation of nurses within the maternity workforce.

The position statement also reaffirms that the RCM does not support the employment of nursing associates in maternity care. Nursing associates are registered practitioners who work between the role of healthcare assistant and registered nurse. Their role is to complement and support that of nurses and their education is based upon NMC nursing standards and proficiencies, but at degree foundation level. Working as a nursing associate would be outside their scope of practice. Delegation of midwifery care to nursing associates would put midwives at risk, as they have responsibility to delegate only to other practitioners with the skills required to provide safe and competent care.

The RCM position statement Nurses in Maternity Services (2023) clearly sets out the professional, educational and NMC regulatory requirements in relation to the appropriate utilisation of nurses within the maternity workforce



6. Standards of proficiency for registered nurses - The Nursing and Midwifery Council (nmc.org.uk)
7. 0158_nurses-in-maternity-services-position-statement_.pdf (rcm.org.uk)



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Published: November 2024

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