



Royal College  
of Midwives



# getting the midwifery workforce right

5: Strong midwifery leadership  
and management



# Strong midwifery leadership = better, safer care

We need strong midwifery leadership to deliver the high quality, safe maternity services that all of us strive to provide.

As well as the parts of the NHS that deliver maternity services directly to the public, there are many other bodies involved in the delivery of healthcare. They may monitor how well providers are doing, plan the future workforce, regulate staff, among many other functions. Midwifery leadership and management are required to uphold and advance the profession across all organisation that provide and support maternity services.

Leadership and management development, especially for those from underrepresented groups, is needed to make career choices accessible and ensure better diversity and representation at all levels. Organisations that offer career progression and personal development are more likely to retain existing talent, attract new staff and promote succession planning into senior strategic roles. Investing in leadership is also linked to higher performance and a learning culture.

## This section will cover the following:

- Championing midwifery leaders
- Providing appropriate training and support for managers
- Consultant midwives





# Championing midwifery leaders

Directors of Midwifery are leaders and advocates for safe, high quality maternity care and are accountable for the strategic planning of maternity services and provision of professional leadership and advice.

Where there is no Director of Midwifery, this role may be undertaken by a Head of Midwifery. Heads of Midwifery however will typically focus on the operational delivery of maternity care locally. They may report to a Director of Nursing or Chief Nurse within a Trust or Health board but Directors and Heads of Midwifery should have direct input into the board or board level responsibility for strategic decision-making.

Nursing and midwifery are distinct professions. The overall direction of midwifery care has diverged from nursing, and continues to do so. Midwifery care is undergoing a fundamental shift towards a model of care based in the community rather than centralised in big hospitals. It is also one of the few NHS services in which practitioners can cross the boundaries between primary and secondary care every day. Given this divergence, the current norm of having a Director of Nursing responsible for midwifery at board level is increasingly outdated. Where midwifery leaders locally do not have direct access to the board, but must instead feed into it via a Director of Nursing, there is the risk of a damaging disconnect between strategic direction and operational management.

A Director of Nursing or Chief Nurse will oversee the provision of nursing care in a wide range of areas, from A&E, cancer care, and geriatric medicine, for example, to radiology, surgery, and urology. The

provision of maternity care and the many faceted complexities of delivering this, may not be prioritised within an agenda of competing priorities, when the Director of Nursing rather than a Director of Midwifery is the only access to the board.

Every Trust or Health Board delivering maternity care should have a Director of Midwifery at board level, with the skills, experience and credibility to provide strategic leadership and oversight required to not only lead safe effective service delivery but to influence the wider maternity agenda.

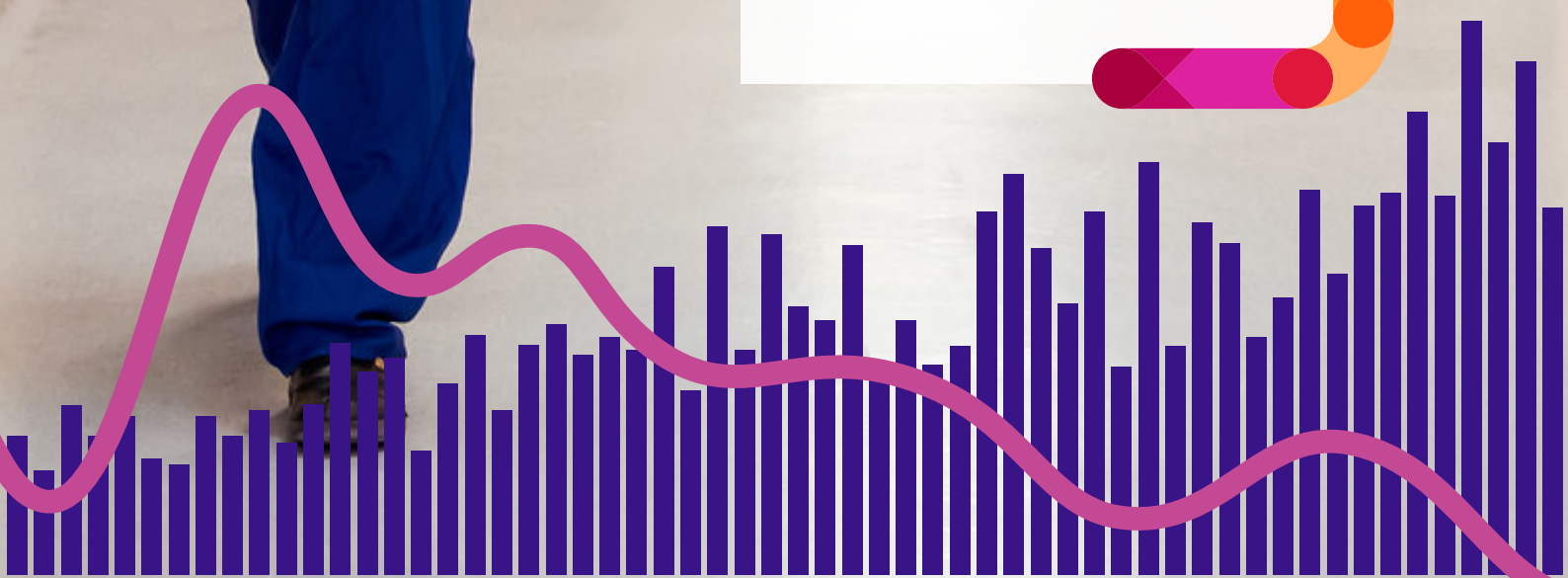
There should be a Head of Midwifery in every maternity unit within the organisation (with exceptions for very small units) responsible locally for leading their team and to manage the provision of local services. The Director of Midwifery supports the work of Heads of Midwifery and contributes strategically to improve how maternity services link into what is happening across health and social care sectors, regionally and nationally.

This would help protect people from the risk posed by dysfunctional maternity services by enabling problems to be identified and escalated more quickly.

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# Providing appropriate training and support for managers

Midwifery managers help women and their families by managing the staff who care for them. This pathway can lead to roles in managing services or operations.

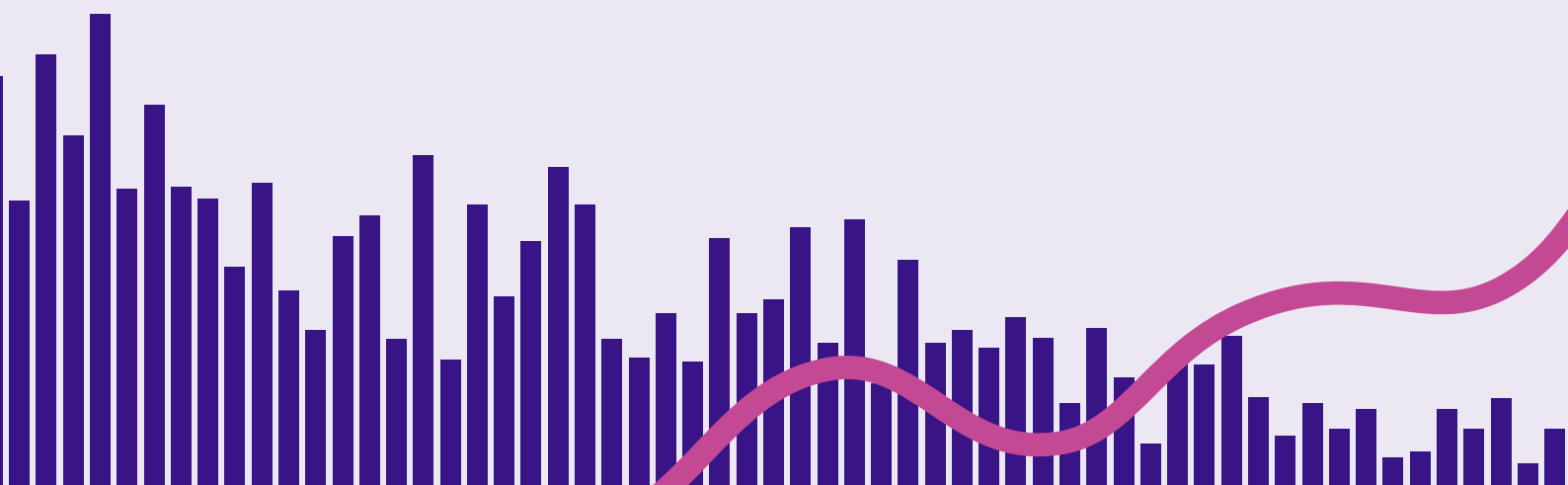
## The midwifery manager role involves:

- planning and decision making
- team leadership
- supporting and motivating staff
- being a role model
- governance
- guideline development
- quality improvement activities
- being a professional voice for midwifery

This role supports operational quality and service improvement led by the consultant midwife to ensure local, regional and national service delivery. It is therefore of critical importance that there are appropriate career development opportunities and succession planning to ensure that these roles are filled by people with the right skills, support and remuneration to do the job well. Unfortunately, there remains a significant gap in provision of development opportunities for midwives at this level to progress to Heads of Midwifery (HoM) roles (where this is the chosen career path). The supply chain of senior leaders should be robust and facilitate a consistent approach to developing individuals and equipping them with the skill set to transition confidently to step up into an aspiring HoM or deputy HoM role.

The RCM has developed preceptorship guidance<sup>1</sup> and implemented a Band 7 leadership programme (completed by 72 participants in 2023/24) and a Director of Midwifery Leading with Impact and Intent programme (completed by 20 participants in 2023 and 24 currently on programme for 2024). The courses are well evaluated and places are in high demand across the UK.

1. RCM (2023) Preceptorship guide: How to get the most from your midwifery preceptorship [rcm-preceptorship-document\\_digital.pdf](https://www.rcm.org.uk/promoting/education-hub/career-framework/)





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# Consultant midwives

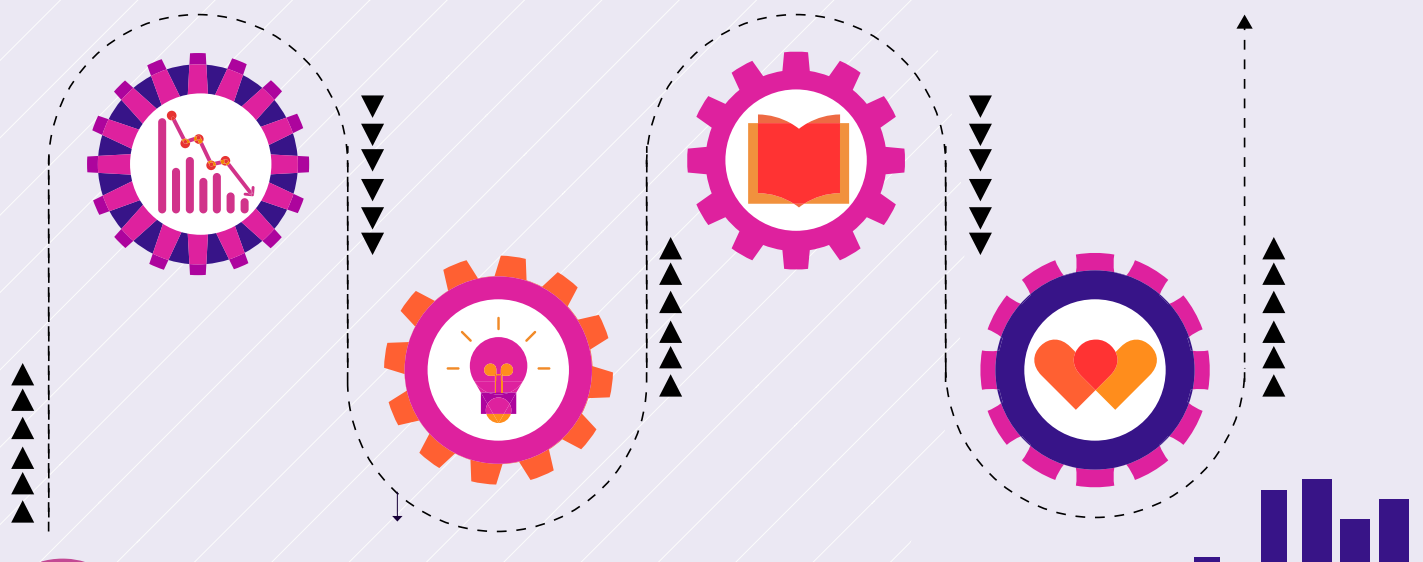
Consultant midwives are highly experienced midwives who are acknowledged as clinical experts and are immersed in and maintain their credibility and expertise by spending at least 50% of their time in clinical practice. Leading by example, consultant midwives build capacity and empower clinical confidence.

The role blends a significant proportion of direct, higher level clinical care with education, research, service development and evaluation activities. They work within multidisciplinary teams across organisational, and professional boundaries. They influence service and policy development at a strategic level leading the implementation of evidence-based midwifery pathways while continuing to provide a strong clinical commitment and expert advice to clinical colleagues. See case studies of Consultant midwives work in the RCM Career Framework<sup>2</sup>.

Becoming a consultant midwife allows a midwife to take on a more senior role within the service while continuing to focus on the provision of care rather than managerial elements. This enables them to have a direct positive impact on maternity provision by leading on quality improvement through innovation and service development, implementation of evidence-based practice. They can also engage in research and evaluation to inform care delivery, and education at both local level and at universities.

The nature of consultant midwife posts demand a portfolio of career-long learning, experience and formal education. They should be educated to Master's degree level as a minimum or will hold or be working towards a doctorate award with research experience and a record of scholarship and publication. The Consultant Midwife and Lead Midwife for Education Leadership Project outlines the recommendations for developing leadership pathways in practice and education (RCM 2024). Consultant midwives make an enormous difference to the clinical leadership and practice development within maternity units as well as being the catalysts for change and quality improvement.

As with midwives as a whole, there are fewer





consultant midwives than there should be. In our 2023 membership survey the number of consultant midwives is at 100. Regional and national variation remains and not all maternity services employ at least one consultant midwife as recommended in the [RCM leadership manifesto](#)<sup>3</sup> (RCM 2019). Consultant midwives are critical to the safety agenda within maternity services as they are expert clinical leaders, supporting and facilitating midwifery care excellence, governance, quality and effectiveness. They interface at multiple levels of the service, working alongside the clinical teams, consultant obstetricians, governance and the strategic leaders within the wider maternity services, influencing at local, regional and national level. More consultant midwives will support clinical leadership being visible and accessible, for colleagues and the women, birthing people and families receiving care.

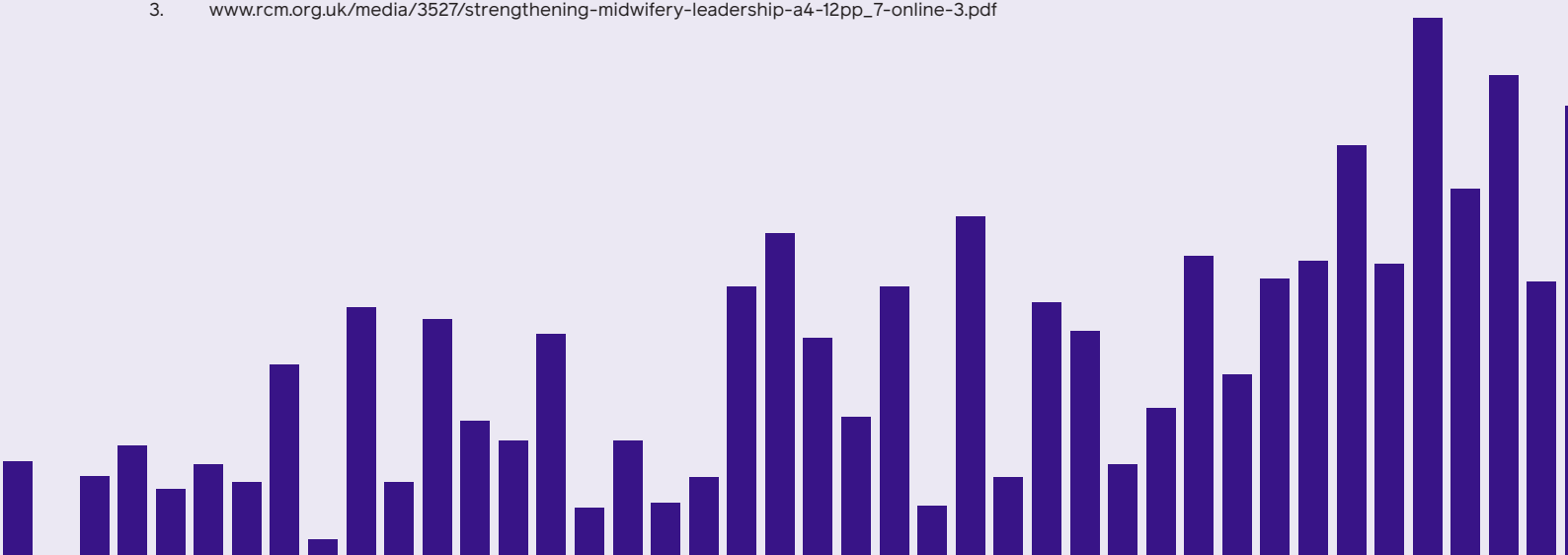
Accordingly, the RCM recommends and continues to campaign for the employment of at least one consultant midwife in every maternity unit across the UK, and has been able to secure such a commitment in Northern Ireland and Wales.

Given the national imperatives for high quality and safe maternity care, there should be focus on succession planning for all leadership and management roles and a commitment from all health boards and trusts to fund ongoing midwifery leadership development.

**RCM recommends and continues to campaign for the employment of at least one consultant midwife in every maternity unit across the UK, and has been able to secure such a commitment in Northern Ireland and Wales.**

2. [www.rcm.org.uk/promoting/education-hub/career-framework/](http://www.rcm.org.uk/promoting/education-hub/career-framework/)

3. [www.rcm.org.uk/media/3527/strengthening-midwifery-leadership-a4-12pp\\_7-online-3.pdf](http://www.rcm.org.uk/media/3527/strengthening-midwifery-leadership-a4-12pp_7-online-3.pdf)





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