

Response to Department of
Health and Social Care on
changes to Human Medicine
Regulations to support the
rollout of COVID-19 vaccines

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The Royal College of Midwives
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The Royal College of Midwives' response to Department of Health and Social Care on Consultation document: Changes to Human Medicine Regulations to support the rollout of COVID-19 vaccines

The Royal College of Midwives (RCM) is the professional organisation and trade union that represents the vast majority of practising midwives in the UK. It is the only such organisation run by midwives for midwives. The RCM is the voice of midwifery, providing excellence in professional leadership, representation, education and influence for and on behalf of midwives. We actively support and campaign for improvements to maternity services and provide professional leadership for one of the most established clinical disciplines. The RCM welcomes the opportunity to respond to this consultation.

The RCM acknowledges the need to expand the eligible workforce to ensure there is capacity to safely administer both the seasonal flu vaccine and a COVID-19 vaccine, once available. Midwives already administer flu vaccines in some areas, but in others it is administered by a range of other health professionals, including GPs, practice nurses and pharmacists.

The provisions with regard to immunity from liability from any consequences resulting from the use of an unauthorised medicinal product are reassuring. That this provision also extends to vaccinators that may not necessarily be registered healthcare professionals is also welcome. The RCM represents many such members, including maternity support workers.

Our primary concern over the proposals relates to the staffing levels that are necessary to maintain safe maternity services. Even prior to the COVID-19 pandemic, maternity units were overworked and understaffed. Employing the Birthrate Plus[®] tool, the RCM estimates that there is currently a shortage of at least 1300 midwives in England.

Maternity units are dealing with increasing numbers of complex cases,¹ the ambitious objectives of the maternity transformation programme, the transition to a midwifery continuity of carer (MCOC) model, and expanding public health and advocacy responsibilities. The impact of these increasing pressures can be seen clearly in the results of surveys conducted by both the RCM, the NHS, and external organisations, which reveal that midwives are frequently working additional unpaid hours and feeling unwell due to stress.

The COVID-19 pandemic has worsened this situation considerably. Based on RCM tracking surveys, during the pandemic, staffing shortages in most NHS trusts doubled. Further, as maternity care is an emergency service, the maternity care workforce has limited ability to ration care in order to cope with staff absences, which are likely to continue as staff are sporadically required to isolate or shield.

Maternity services are also now managing additional physical and logistical pressures, due to the need to provide space for physical distancing in waiting and clinical areas. This impacts on administration, appointment schedules and restrictions on partners and companions. To avoid unintended consequences, careful consideration must be given to the capacity within the midwifery profession before adding to their workload.

Nevertheless, we are aware of the large numbers of former midwives, nurses and overseas registrants with expertise and experience have joined the Nursing and Midwifery Council's (NMC) emergency register to support the response to the COVID-19 pandemic². This reserve workforce remains an untapped resource and with the commitment given to training staff operating under the national protocol to administer vaccines programmes, safety and competence can be assured.

Mindful of the practical requirements for storage, recovery time (to observe for anaphylactic shock) and administration, innovative solutions should be sought. Successful examples already exist that support the delivery of the flu programme, including community pharmacies, supermarkets and pop up clinics. Drive through options, as used for testing, are not appropriate, for safety reasons.

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¹ For example, more women are having children in their late 30's and early 40's, and more women are presenting as obese at their first booking appointment.

² <https://www.nmc.org.uk/news/press-releases/nmc-temporary-register-reaches-incredible-milestone-more-than-10000/>