NIPEC
Northern Ireland Practice & Education Council

Revision of Professional Mandatory Training for Midwives within Clinical Practice

PROJECT PLAN

Contents

1.0 Introduction

The Chief Midwifery Officer (CMO) has commissioned NIPEC to lead a review of the mandatory training requirements for midwives across the Health and Social Care (HSC) Trusts in Northern Ireland. NIPEC will undertake this important programme of work in partnership with the Department of Health (DoH) and a range of key stakeholders across the wider health and social care system in Northern Ireland.

2.0 Project Background

Ensuring a safe, competent, and well-prepared midwifery workforce is fundamental to the delivery of high-quality maternity care across Northern Ireland. Robust arrangements for mandatory and ongoing training, supported by protected time, are consistently identified as essential to ensuring that midwifery staff maintain the skills and competencies required to practise safely and effectively (Ockenden, 2022).

A regional professional mandatory training matrix for midwives working in clinical practice in Northern Ireland was developed and formally agreed in 2015. This framework established a core set of professional mandatory training requirements designed to support safety, equity, and consistency across HSC Trusts, while allowing for additional training based on an individual midwife's role and sphere of practice.

Since 2015, Northern Ireland has experienced significant changes in the delivery of maternity services, including recent maternity service reviews, increasing workforce pressures, and evolving regional and national maternity safety priorities. Mandatory and statutory training requirements for midwives have expanded considerably and are currently estimated at approximately 145 hours per annum, in addition to Trust-specific requirements (Renfrew, 2024). This increasing demand has placed substantial pressure on both individuals and organisations.

Midwives across HSC Trusts are now experiencing significant challenges in completing mandatory training and continuing professional development (CPD). Sustained workforce pressures, staffing vacancies, limited availability of protected release time, and variable Trust-level approaches to education have collectively reduced capacity to undertake training during working hours (Renfrew, 2024; Maxwell, 2022). These pressures disproportionately affect smaller professions and specialist

services, including midwifery, where releasing even small numbers of staff can destabilise service delivery. Many midwives undertake mandatory training in their own time, an approach that is inequitable, unsustainable, and contributory to staff fatigue, variable compliance, and increased risk of variation in practice.

The Dr Elaine Maxwell Review (2022) identified that post-registration education and mandatory training provision across Northern Ireland lacks a coherent regional strategy, with each HSC Trust maintaining its own mandatory training requirements. This has resulted in variation in training content, frequency, delivery models, and governance arrangements, creating inconsistency in practice expectations, barriers to workforce mobility, and challenges in providing assurance against statutory and regulatory requirements.

While HSC Trusts utilise local electronic systems to monitor compliance with mandatory training, there is limited evidence of collective oversight or systematic performance monitoring at Trust Board level or regionally (RQIA, 2023). This represents a gap in governance and assurance and limits the effective alignment of mandatory training with workforce planning, organisational safety objectives, and quality improvement processes.

Multiple reviews, including Ockenden (2022), Renfrew (2024), Maxwell (2022), and RQIA (2023), also highlight the importance of multidisciplinary and team-based learning within maternity services, particularly in areas such as human factors, simulation, emergency response, and decision-making in complex or deteriorating situations. While profession-specific competence remains essential, many mandatory skills are best developed through multidisciplinary education. The current predominantly uniprofessional delivery of midwifery mandatory training therefore limits opportunities to strengthen teamworking, shared learning, and safety culture, particularly following adverse events. In addition, education programmes often focus on discrete clinical topics, rather than the broader capabilities required for safe, compassionate, and effective multidisciplinary maternity care (Renfrew, 2024).

Taken together, the evidence indicates that the consistent application of the 2015 regional mandatory training framework has diminished over time, resulting in reduced regional coherence and weakened assurance. A coordinated, regionally aligned

approach to midwifery mandatory training—underpinned by strengthened governance, clear management commitment, multidisciplinary delivery, protected time, and funded backfill—is therefore required. Such an approach would support the maintenance of essential competencies, improve staff experience and retention, and ensure mandatory training functions as an effective assurance mechanism to strengthen safety, quality, and learning cultures across maternity services in Northern Ireland.

Reviewing and updating the midwifery mandatory training requirements will:

- Provide a transparent, evidence-based set of requirements aligned with regulatory standards, including the Nursing and Midwifery (NMC) Code (2018), maternity safety initiatives, national frameworks, and regional guidance.
- Strengthen system-wide governance by ensuring all HSC Trusts adopt consistent, standardised learning and review cycles that drive continuous improvement, accountability, and assurance.
- Provide midwives with a clear and consistent understanding of mandatory training required to maintain professional standards and support safe, effective, woman-centred practice, regardless of their employing organisation.
- Streamline requirements, reduce unnecessary duplication, and ensure training expectations are proportionate, achievable, and aligned with the realities of clinical practice.
- Strengthen collaborative working, streamline training processes, and help ensure that maternity services across Northern Ireland benefit from a cohesive, standardised approach that promotes safety, quality, and workforce resilience.
- Enhance staff agility by supporting midwives to work across the full range of midwifery practice, ensuring the training supports flexible, safe and responsive service delivery.
- Establish a regional ‘training passport’ to enable clear documentation and provide evidence of training completed, that will support mobility across HSC Trusts, reduce repetition, and improve workforce efficiency.

3.0 Project Aim & Objectives

3.1 Aim

The aim of this project is to scope, review, and agree a set of regional professional mandatory training requirements for midwives within clinical practice that reflect statutory, regulatory, and service requirements; that are suitable for adoption across all HSC Trusts; and support the delivery of high-quality, safe and effective midwifery care.

3.2 Objectives

- Define the meaning of ‘core midwifery mandatory training programmes’
- Review previous Professional Mandatory Training Matrix for Midwives within Clinical Practice (2015)
- Review current mandatory midwifery training requirements, identify inconsistencies, duplication, and gaps in current provision across all HSC Trusts.
- Develop a regionally agreed set of professional mandatory training requirements for midwives and frequency of training, within regulatory, statutory, and safety standards.
- Recommend governance and assurance mechanisms to ensure effective implementation of the regional professional mandatory training requirements for midwives within clinical practice, supported by ongoing monitoring systems to maintain compliance and consistency across all Trusts.
- Submit a final report with recommendations to the Strategic Midwifery Sub Committee of CNMAC for approval, ongoing implementation and embedding of the matrix within HSC Trusts.
- Establish effective ongoing evaluation of the project outcomes, within an agreed timeline.

3.3 Scope

The project will work within the defined scope as follows:

In Scope

- Core midwifery mandatory training programmes.
- Aligned to the NMC Code (2018) and NMC Standards.
- Benchmark against DoH, Public Health Agency (PHA), Royal College of Midwives (RCM) and other relevant regional and national guidance and frameworks.
- Provide recommendations to enable consistent regional implementation and provide effective governance and assurance.

Out of Scope

- Other training programmes beyond the defined list of 'core midwifery mandatory training programmes'.
- Maternity Support Workers learning and development programmes
- Creation of new training programmes
- Development of an IT system

4.0 Methodology Overview

NIPEC will establish a Regional Task and Finish Group Chaired by a Head of Midwifery and Gynae Services (WHSCT) and Midwifery Officer (DoH). Representation on the Group will be sought from senior midwives in the following organisations and bodies (Appendix 1): HSC Trusts, PHA, Education Providers, Royal College of Midwifery, Trade Unions, (as required). Service User representation will be sought through existing HSC Trust fora.

Using a co-production approach, this Group will meet on a regular basis to contribute to and support achievement of the project aim and objectives and provide regular update reports to the Chief Midwifery Officer (DoH).

Communication and consultation processes will be ongoing throughout the project using various mechanisms including the NIPEC website along with utilisation of key stakeholders' communication mechanisms. This will reflect the progress of the project and encourage individuals contribute to and participate in the project at various stages.

5.0 Deliverables

The project will focus on delivering the following outputs:

- Mapping of HSC Trust training matrices
- Gap analysis report
- Draft regional Professional Mandatory Training Matrix for Midwives
- Consultation feedback summary
- Final approved of Professional Mandatory Training Matrix for Midwives
- Project closure report.

6.0 Project Work Plan and Timescales

The project will commence in April 2026 with completion by December 2026 (35 weeks total). Draft projected timescales are presented in Appendix 2.

7.0 Risks & Mitigations

Risks	Impact	Mitigations
Delay in forwarding information required for the project.	Delay in project progress	Reinforce expectations through the Terms of Reference and regular follow-up.

Variation in HSC Trust priorities.	Delay in reaching regional agreement	Early engagement and a transparent decision-making process.
Lack of consensus on training requirements.	Slower progress and prolonged development phase	Use statutory, regulatory, and professional standards as the baseline.
Capacity constraints of stakeholders.	Reduced participation and potential delays	Forward planning, early scheduling, and flexible opportunities for input
Resistance to regional standardisation.	Limited adoption and inconsistent implementation	Clear communication and early stakeholder involvement to build shared ownership
Financial and organisational challenges across the HSC.	Unable to progress with project	Early engagement with senior midwives to confirm commitment, and ensure the project remains prioritised.

A risk register will be developed and reviewed by the Task and Finish Group to effectively manage the identified risks.

8.0 Resources

NIPEC will provide professional project management support to enable the successful achievement of the project aim and objectives in the timescales approved by the Task and Finish Group.

9.0 Implementation and Dissemination

Communication and consultation processes will be used as appropriate, taking account of the most effective manner in which to facilitate stakeholder engagement, whilst ensuring efficiency and equity in the processes.

It is envisaged that stakeholder engagement will begin as soon as the Task and Finish Group is established and will use various mechanisms including the NIPEC website, and the use of key stakeholders' communication mechanisms.

This will reflect the progress of the project and encourage individuals to contribute to and participate in the project at various stages.

10.0 Equality and Human Rights Screening

As required by Section 75, Schedule 9, of the Northern Ireland Act, 1998 Equality Screening will be carried out.

To ensure NIPEC and its stakeholders are meeting its legal obligations and responsibilities under various Corporate Governance areas, the project plan, its aims and objectives and outcomes will be examined and screened for any issues relating to the following areas:

- Risk Management
- Privacy Impact Assessment (PIA)
- Personal Public Involvement (PPI)
- Data Protection Information Assessment (DPIA)

A summary of these considerations and any action required is documented in Appendix 5.

11.0 Evaluation

Ongoing evaluation of the management of the project will be conducted through NIPEC and will ultimately feed into the progress and outcomes of the project. This evaluation will address the achievements of the objectives outlined in the project plan and the project management process.

Appendix 1.

References

Health and Social Care Northern Ireland (HSCNI), (2015) *Professional mandatory training for midwives within clinical practice.* HSCNI.

Maxwell, E. (2022) review of the current business model for commissioning and delivery of post-registration education for nurses, midwives and allied health professions in Northern Ireland. Belfast: Department of Health (Northern Ireland).

Ockenden, D. (2022) Final report of the Ockenden review: Findings, conclusions and essential actions from the independent review of maternity services at the Shrewsbury and Telford Hospital NHS Trust. London: NHS England.

Regulation and Quality Improvement Authority (RQIA) (2023) Review of governance arrangements in place to support safety within maternity services in Northern Ireland. Belfast: RQIA.

Renfrew, M.J. (2024) Enabling safe, quality midwifery services and care in Northern Ireland. Belfast: Department of Health (Northern Ireland). Available at: https://www.health-ni.gov.uk/publications/enabling-safe-quality-midwifery-services-and-care-northern-ireland (Accessed: 8 April 2026).

Appendix 2.

Draft Membership of Task and Finish Group

Name	Role	Organisation
Brenda McClafferty (Chair)	Head of Midwifery and Gynae Services	WHSCT
Maureen Ritchie (Co-Chair)	Midwifery Officer	DoH
Fiona Bradley (Project Lead)	Senior Professional Officer	NIPEC
Mairead McCaffrey	Consultant Midwife	SHSCT
Donna King	Practice Development Midwife	SHSCT
Zoe Meneilly	Deputy Head of Midwifery	SEHSCT
Katherine Robinson	Consultant Midwife	SEHSCT
Jackie O'Neill	Interim Consultant Midwife	BHSCT
Aisling Glazebrook	Midwifery Practice Educator	BHSCT
Rhonda Brown	Lead Nurse Learning and Regulation	BHSCT
Ciara Cheevers	Midwifery Practice Educator	BHSCT
Shonagh Clifford	Lead Midwife	WHSCT
Brogan Byrne	Practice Development Midwife	WHSCT
Twisile Salima	Midwife	WHSCT
Jen McKenna	Consultant Midwife	NHSCT
Louise Shingleton	Practice Development Midwife	NHSCT
Amy Eakin	Midwife Consultant	PHA
Mary Gillespie	Simulation Lead for midwifery	QUB
Bernie Reid	Nurse Lecturer	UU
Nora O'Neill	Midwife Education Consultant	HSC CEC
Rebecca Barr	Midwife Education Consultant	HSC CEC
Anne Wilson	National Officer for NI	RCM
Dale Spence	Director for NI	RCM
Fiona Bradley	Senior Professional Officer	NIPEC

Appendix 3.

Project Work Plan and Timescales

Activity	Timescales
Develop project plan, terms of reference, programme of work and convene a Task & Finish Group to achieve expected outcomes.	April 2026
First meeting of Task and Finish Group to agree project plan, terms of reference, programme of work and effective engagement and communication strategies.	May 2026
Scope and identify midwifery mandatory training activities within each of the five Trusts.	June 2026
Review and analyse data to identify inconsistencies, duplication and gaps in current provision	June - August 2026
Regular Task & Finish Group meetings in line with project plan & time scales	On a monthly basis and as required
Development of draft Midwifery Mandatory Training Matrix	August 2026
Consultation with senior midwives to discuss and agree outcomes of Matrix	September 2026
Present the final Midwifery Mandatory Training Matrix with recommendations to the Strategic Midwifery Sub Committee of CNMAC for approval and implementation within HSC Trusts.	October/November 2026
Submission of a final project report to DoH for approval by the Chief Midwifery Officer.	December 2026.

Appendix 4.

REVISION OF PROFESSIONAL MANDATORY TRAINING FOR MIDWIVES WITHIN CLINICAL PRACTICE

TASK AND FINISH GROUP

TERMS OF REFERENCE

Revision of Professional Mandatory Training for Midwives within Clinical Practice

Task and Finish Group

TERMS OF REFERENCE

The Task and Finish Group has been established to scope, review, and agree a set of regional professional mandatory training requirements for midwives within clinical practice, that reflects statutory, regulatory, and service requirements, is suitable for adoption across all HSC Trusts, and provides a robust framework for governance, accountability, and assurance.

PURPOSE OF THE GROUP

To achieve this purpose, the Task and Finish Group will function within the following terms of reference:

1. Agree a project plan, processes and defined timelines for the project.
2. Oversee and monitor progress to ensure delivery of project objectives.
3. Ensure effective communication and engagement with key stakeholders including timely dissemination of relevant information within each member's organisation.
4. Lead and ensure the full adoption and implementation of the final regional Midwifery Mandatory Training Matrix, including establishing clear organisational governance, and assurance mechanisms within their respective organisations.
5. Contribute to the monitoring and evaluation of agreed outcomes ensuring that learning informs ongoing development and improvement.

CHAIRING ARRANGEMENTS

The Task and Finish Group will be co-chaired by a Head of Midwifery and Gynae Services (WHSCT) and Midwifery Officer (DoH).

MEMBERSHIP OF TASK AND FINISH GROUP

Representation will be sought from Senior Midwives in HSC Trusts, PHA, HSC Clinical Education Centre, Queen's University Belfast, Ulster University, and Royal College of Midwifery. This will include representation from internationally educated and recruited midwives. Service User representation will be sought through existing HSC Trust fora.

Additional representatives may be invited to join the Group on a co-opted basis where their expertise is required.

If a member is unavailable, they should nominate an appropriately briefed alternate who can participate fully and contribute effectively on their behalf.

Members of the Task and Finish Group will:

- Contribute their professional perspective to the review, development and implementation of the Midwifery Mandatory Training Matrix
- Participate in respectful, constructive and solution-focused discussion.
- Provide, manage and analyse information relevant to the work of the Group, maintaining confidentiality where required.
- Support and engage in shared learning across organisations.
- Consult with individuals or groups with relevant expertise to inform the work of the Group as needed.

QUORUM

Quorate membership is 50% including co-chair representation, of the total membership number. The quorum should also reflect a balance of individuals from each organisation.

MODE AND FREQUENCY OF MEETINGS

Meetings will normally be held via Microsoft Teams, with face-to-face meetings arranged by agreement where required.

Meetings will be scheduled in line with the activity and timelines set out in the Group's work plan.

Equality and Human Rights Screening Template

Revision of Professional Mandatory Training for Midwives within Clinical Practice

April 2026

NIPEC is required to address the 4 questions below in relation to all its policies. This template sets out a proforma to document consideration of each question.

1. What is the likely impact on equality of opportunity for those affected by this policy, for each of the Section 75 equality categories (minor / major / none)?

2. Are there opportunities to better promote equality of opportunity for people within the Section 75 equality categories?

3. To what extent is the policy likely to impact on good relations between people of a different religious belief, political opinion or racial group (minor / major / none)?

4. Are there opportunities to better promote good relations between people of a different religious belief, political opinion or racial group?

For advice on screening please contact: staff in the Equality Unit Business Services Organisation, equality.unit@hscni.net or Telephone 028 9536 3961

For information (evidence, data, research etc.) on the Section 75 equality groups see the Equality and Human Rights Information Bank on the BSO website – http://www.hscbusiness.hscni.net/services/1798.htm

As part of the audit trail documentation needs to be made available for all policies as decisions examined for equality and human rights implications. The screening template is a pro forma to document consideration of each screening question.

(1) INFORMATION ABOUT THE POLICY OR DECISION

1.1 Title of policy or decision

Revision of Professional Mandatory Training for Midwives within Clinical Practice

1.2 Description of policy or decision

- **what is it trying to achieve? (aims and objectives)**
- **how will this be achieved? (key elements)**
- **what are the key constraints? (for example, financial, legislative or other)**

- **what is it trying to achieve? (aims and objectives)**

The Chief Midwifery Officer (CMO) has commissioned NIPEC to lead a review and update of the professional mandatory training requirements for midwives across the Health and Social Care (HSC) Trusts in Northern Ireland.

The aim of this project is to scope, review, and agree a set of regional professional mandatory training requirements for midwives within clinical practice, that reflects statutory, regulatory, and service requirements, is suitable for adoption across all HSC Trusts, and support the delivery of high-quality, safe and effective midwifery care.

This will be achieved through following objectives:

- Define the meaning of ‘core midwifery mandatory training programmes’
- Review previous Professional Mandatory Training Matrix for Midwives within Clinical Practice (2015)
- Review current mandatory midwifery training requirements, identify inconsistencies, duplication, and gaps in current provision across all HSC Trusts.

- Align and agree regional requirements with regulatory, statutory, and safety standards.
- Develop a regionally agreed Midwifery Mandatory Training Matrix and frequency of training.
- Establish assurance mechanisms to ensure effective implementation of the Regional Mandatory Midwifery Training Matrix, supported by ongoing monitoring systems to maintain compliance and consistency across all Trusts.
- **How will this be achieved? (key elements)**
  This will be achieved through the establishment of a a Regional Task and Finish Group chaired by a Head of Midwifery and Gynae Services (WHSCT) and Midwifery Officer (DoH). Representation on the Group will be sought from senior midwives in the following organisations and bodies: HSC Trusts, PHA, Education Providers, Royal College of Midwifery, Trade Unions, (as required). Service User representation will be sought through existing HSC Trust fora.
  Using a co-production approach, this Group will meet on a regular basis to contribute to and support achievement of the project aim and objectives and provide regular update reports to the Chief Midwifery Officer.

- **What are the key constraints? (for example, financial, legislative or other)**
  Predicted constraints to this project include the following:

  - Delays in receiving information required for the project.
  - Variation in HSC Trust priorities.
  - Lack of consensus on training requirements.
  - Operational and time capacity constraints of stakeholders.
  - Resistance to regional standardization of the training matrix.
  - Financial and organisational challenges across the HSC.

1.3 Main stakeholders affected (internal and external)

For example, staff, actual or potential service users, other public sector organisations, voluntary and community groups, trade unions or professional organisations or private sector organisations or others

Staff who in NI

- People who use or care for someone receiving nursing and/or midwifery services.
- Midwives employed in the HSC Trusts
- Department of Health
- Higher Education Institutions, i.e. Queens University Belfast, Ulster University, Open University
- Professional bodies / staff side organisations
- Other regional HSC organisations (e.g. Clincal Education Centre. Public Health Agency).

NB: The above list is not exhaustive

1.4 Other policies or decisions with a bearing on this policy or decision

- **what are they?**
- **who owns them?**

- ***what are they and who owns them?***

Maxwell, E. (2022) *Review of the current business model for commissioning and delivery of post-registration education for nurses, midwives and allied health professions in Northern Ireland*. Belfast: Department of Health (Northern Ireland).
Ockenden, D. (2022) *Final report of the Ockenden review: Findings, conclusions and essential actions from the independent review of maternity services at the Shrewsbury and Telford Hospital NHS Trust.* London: NHS England.
Regulation and Quality Improvement Authority (RQIA) (2023) *Review of governance arrangements in place to support safety within maternity services in Northern Ireland*. Belfast: RQIA.
Renfrew, M.J. (2024) *Enabling safe, quality midwifery services and care in Northern Ireland.* Belfast: Department of Health (Northern Ireland).
Health and Social Care Northern Ireland (HSCNI), (2015) *Professional mandatory training for midwives within clinical practice.* HSCNI.

(2) CONSIDERATION OF EQUALITY AND GOOD RELATIONS ISSUES AND EVIDENCE USED

For information (evidence, data, research etc.) on the Section 75 equality groups see the Equality and Human Rights Information Bank on the BSO website: http://www.hscbusiness.hscni.net/services/1798.htm

2.1 Data gathering

What information did you use to inform this equality screening? For example, previous consultations, statistics, research, Equality Impact Assessments (EQIAs), complaints. Provide details of how you involved stakeholders, views of colleagues, service users, staff side or other stakeholders.

Data gathered for this project:

- NMC Equality and Diversity NI data 2024/2025
- NI HSC Workforce Census as at March 2024
- NI Health Survey 2022/23
- Northern Ireland Census 2023
- Northern Ireland Statistics Research Agency (NISRA)
- Office for National Statistics (ONS)

Registrar General Annual Report for NI 2024. Available at: Registrar General Northern Ireland Annual Report 2024

2.2 Quantitative Data

Who is affected by the policy or decision? Please provide a statistical profile. Note if policy affects both staff and service users, please provide profile for both.

Category	***What is the makeup of the affected group? (%) Are there any issues or problems? For example, a lower uptake that needs to be addressed or greater involvement of a particular group?***
Gender	**The NI Census** (2023) indicates that the current population stands at 1,920,400; 49% of whom are male and 51% female (May 2022).

	The **NMC Equality and Diversity Data for NI (2024)** reports 91.6% on the permanent register as female, whilst 8.4% identify as male. In addition to this, the **NI HSC Workforce Census** (June 2024); notes that the HSC NI workforce stands at 65,809 (WTE), over a quarter of which are Registered Nurses and Midwives (17,694, WTE). Available data demonstrates that in Northern Ireland, 92 births have been re-registered following the issue of a Gender Recognition Certificate (GRC) since 2005. In 2024, 22 individuals re-registered their birth with a new gender in the Gender Recognition Register in N. Ireland. This is a slight increase from 20 registrations under the Gender Recognition Register in 2023. Organisations should assume that there may be nearly equal numbers of people transitioning from male to female (trans women) and from female to male (trans men). Approximately, 92% of nurses and midwives on the permanent register in NI identify as female. Therefore, it is reasonable to assume that the majority of those who will be impacted by this project are female.
Age	**NMC Equality and Diversity data for NI** regarding midwives on the permanent register in 2024 reports that there are; - 10.964 – between 21-30 - 14,208 – between 31 – 40 - 10,168 – between 41 – 50 - 4,034 – between 51 – 55 - 4,048 – between 56 – 60 - 2170 – between 61 – 65 - 517 – between 66 – 70 - 91 – between 71 – 75 - 16 – above 75 NI HSC Workforce Census as at March 2024 stipulates that 48.7% of the Nursing, Midwifery and Health Visiting workforce were under 40yrs; 35.7% were between 40-54yrs and 15.6% were over the age of 55. Census 2021 population estimates published in May 2022 indicates NI population has increased to 1,903,100 - 50% of those aged 0-64 are female whilst 50% are male; and 54% of those aged 65+ are female whilst 46% are male (May 2022).

	Overall, estimates show 19% of the population are aged 0-14 years, 64% are aged 15-64 years and 17% are aged 65+ years.
Religion	**NMC Equality and Diversity Data for NI in 2024,** reports, - 22,241 are Christian, - 3,967 do not have any religious beliefs; - 1693 prefer not to say; - 192 are Hindu; - 74 are Muslim, - 47 are Buddist/Jewish/Sikh; - and 511 are "other" NI HSC Workforce Census for this group is unavailable. **The Census (2021)** on Ethnicity, Identity, Language and Religion reports that; • Catholic - 42.31% • Presbyterian - 16.61% • Church in Ireland - 11.55% • Methodist Church in Ireland - 2.35% • Other Christian (including Christian related) - 6.85% • Other religions - 1.34% • No religion - 17.39% • Religion not stated - 1.60%
Political Opinion	**Census Data, (2021)** (Total Residents: 1,903178) • British only – 31.76% • Irish only – 29.13% • Northern Irish only – 19.78% • British and Irish only – 0.62% • British and Northern Irish only – 7.95% • Irish and Northern Irish only – 1.76% • British, Irish and Northern Irish only – 1.47% • Other – 7.43% There is no NMC Equality and Diversity NI or UK data for this Group. NI HSC Workforce Census for this group is unavailable.
Marital Status	There is no NMC Equality and Diversity NI or UK data for this group. NI HSC Workforce Census for this group is unavailable.

	Census 2021 (Total Residents over the age of 16 – 1,514,743) • Single – 38.07% • Married – 45.59% • In a civil partnership – 0.18% • Separated – 3.78% • Divorced or formally in a civil partnership which has legally dissolved – 6.02% • Widowed or surviving partner from a civil partnership – 6.36% Civil partnerships: Annual Reports of the Registrar General for NI published in 2021 show that up to 2020, there have been 1441 civil partnerships registered in NI
Dependent Status	There is no NMC Equality and Diversity NI or UK data for this group. Further, no information is recorded within the NI HSC Workforce Census. However, from professional experience, it is reasonable to assume that most have dependents. **Census Data (2021)** Total households with dependent children – 768,809. - No children in household – 55.14% - No children in household/All children in hospital non-dependent – 15.65% - One dependent child aged 0-4 – 3.54% - One dependent child aged 5-11 – 2.75% - One dependent child aged 12-18 – 5.10% - Two dependent children youngest aged 0-4 – 4.34% - Two dependent children youngest aged 5-11 – 4.75% - Two dependent children youngest aged 12-18 – 2.41% - Three or more dependent children. Youngest aged 0-4 – 3.14% - Three or more dependent children, youngest aged 5-11 – 2.82% - Three or more dependent children, youngest aged 12-18 – 0.46% **NI Health Survey (2018)** reports 17% of respondents were carers (21% of women and 13% of men).

Disability	NMC Equality and Diversity data for NI states that as of March 24, 709, out of 28,725 people have declared a disability. **NI Census Data (2021)** Total NI Households – 768,810 - No residents with a limiting long-term health problem/disability (55.14%) - 1 resident with a limiting long-term health problem or disability (33.63%) - 2 or more residents with a limiting long-term health problem or disability (11.23%) NI HSC Workforce Census for this group is unavailable.
Ethnicity	Data from the **2021 Census** indicates that 3.4% (65,600) of the usual NI resident population belonged to minority ethnic groups. Ethnic Groups - White 1,837,600 (96.6%) - Minority Ethnic Group, 65,600 (3.4%) - Black, 11,000 (0.6%) - Indian, 9,900 (0.5%) - Chinese, 9,500 (0.5%) - Filipino, 4,500, (0.2%) - Irish Traveller, 2,600 (0.1%) - Arab, 1,800 (0.1%) - Pakistani, 1,600 (0.1%) - Roma, 1,500 (0.1%) - Mixed Ethnicities, 14,400 (0.8%) - Other Asian, 5,200 (0.3%) - Other Ethnicities, 3,600 (0.2%) Country of birth - Northern Ireland, 1,646,300 (86.5%) - Great Britain, 92,300 (4.8%) - England, 72,900, (3.8%) - Scotland, 16,500 (0.9%) - Wales, 2,800 (0.2%) - Republic of Ireland, 40,400 (2.1%) - Outside the UK and Ireland, 124,300 (6.5%) - Europe (other EU Countries), 67,500 (3.5%) - Other, 53,100 (2.8%)

	Main language of usual residents aged 3 and over - English, 1,751,500 (95.4%) - Polish, 20,100 (1.1%) - Lithuanian, 9,000 (0.5%) - Irish, 6,000 (0.3%) - Romanian, 5,600 (0.3%) - Portuguese, 5,000 (0.3%) - Arabic, 3,600 (0.2%) - Bulgarian, 3,600 (0.2%) - Other, (1.8%) Secondary Language of usual residents aged 3 and over - English: 1,751,510 - Polish: 20,134 - Lithuanian: 8,978 - Irish: 5,969 - Romanian: 5,627 - Portuguese: 4,982 - Arabic: 3,627 - Bulgarian: 3,572 - Chinese: 3,329 - Slovak: 2,333 - Hungarian: 2,172 - Spanish: 1,860 - Latvian: 1,700 - Russian: 1,605 - Tetun: 1,576 - Malayalam: 1,478 - Tagalog/ Filipino: 1,339 - Cantonese: 1,247 - Other languages:13,578 **NISRA** data compiled for the most recent Registrar Generals Report (2021) show 10.3% of births were to mothers who were born outside of the United Kingdom and the Republic of Ireland. This compares with 2.5% 20 years ago. The NMC Register for NI (2024), reports; - Asian, 9.9% - Black, 2.8% - Mixed Race, 0.2% - Other, 0.2% - Prefer not to say, 1.3% - Unknown, 0.02% - White, 85.6%

Sexual orientation	NI HSC Workforce Census for this group is unavailable. Office of National Statistics May 2022 on sexual orientation reported the following for Northern Ireland • Heterosexual or straight 96.4 • Gay or lesbian 1.0 • Bisexual 0.4 • Other 0.4 • Don't know or refuse 1.8 NMC Equality and Diversity data for NI in March 2024 stated that 841 Lesbian, gay, bisexual or other and 26,259 are heterosexual. **NI Census Data (2021)** - Straight/heterosexual – 1,363,859 (90.04%) - Gay or Lesbian – 17,713 (1.17%) - Bisexual – 11,306 (0.75%) - Other – 2,597 (0.17%) - Prefer not to say – 69,307 (4.58%) - Not stated – 49,961 (3.30%)

2.3 Qualitative Data

What are the different needs, experiences and priorities of each of the categories in relation to this policy or decision and what equality issues emerge from this? Note if policy affects both staff and service users, please discuss issues for both.

Category	***Needs and Experiences***
Gender	HSC has a higher proportion of females employed compared to the general population. This is largely due to the occupational groups i.e. nursing and midwifery is the largest job group with significantly higher level of female participation. This matrix will support all staff regardless of gender. All meetings/workshops will be conducted during the working week. We will endeavour to host meetings via online platforms, i.e. MS Teams to enable members to work from home/join from their place of work.

Age	45% of the HSC workforce is aged 45 and over and the link between age and health/disability acknowledged. Age may be a factor, as the older generation may be less computer literate than the younger generation and in turn, those who are younger may prefer to use social media platforms as a means to communicate. Appropriate training will be provided to all staff members irrespective of age and plain English used (no colloquialisms). The project lead will support all staff regardless of age and will accommodate individual need.
Religion	There is no data to suggest that there are specific needs or experiences arising within this category.
Political Opinion	There is no data to suggest that there are specific needs or experiences arising within this category, however, during the planning process, if an in-person meeting is required, a neutral venue/location will be considered.
Marital Status	There is no data to suggest that there are specific needs or experiences arising within this category, however for those who are single parents, and have dependents, issues may arise due to childcare arrangements and/or caring commitments for elderly relatives. As outlined above, to mitigate against any potential issues, meetings will be held online during the working week.
Dependent Status	There is no data to suggest that there are specific needs or experiences arising within this category.
Disability/ people with complex needs	Potentially, there could be some issues relating to accessibility of the website, use of internet and the publication of electronic documents for people with disabilities. Consideration may need to be given to the need to ensure suitable alternative formats are made available. Information will be hosted online via NIPEC and organisational websites (HSC Trusts/Education Providers).
Ethnicity	There is no data to suggest that there are specific needs or experiences arising within this category.
Sexual Orientation	There is no data to suggest that there are specific needs or experiences arising within this category.

2.4 Multiple Identities

Are there any potential impacts of the policy or decision on people with multiple identities? For example; disabled minority ethnic people; disabled women; young Protestant men; and young lesbians, gay and bisexual people.

None

2.5 Making Changes

Based on the equality issues you identified in 2.2 and 2.3, what changes did you make or do you intend to make in relation to the policy or decision in order to promote equality of opportunity?

In developing the policy or decision what did you do or change to address the equality issues you identified?	***What do you intend to do in future to address the equality issues you identified?***
Gender/Age Ensure that the specific needs of HSC staff regardless of age are considered regardless of gender or age. **Disability:** Ensure that the needs of those with disabilities/complex needs are supported through the provision of reasonable adjustments.	• NIPEC is committed to providing equality of opportunity, and strives to promote a good and harmonious working environment where every employee is treated with respect and dignity and in which no one is disadvantaged based on their age, disability, marital or civil partnership status, political opinion, race, religious belief, sex (including gender reassignment), sexual orientation, with dependants or without dependants. • NIPEC will consider mitigating circumstances and arrangements will be put into place to ensure

	those with disabilities/complex needs are made accommodated. • Organisation of external meetings with stakeholders, who may have particular needs regarding the timing, location of meetings, access to buildings and project information will be considered at the time of organising meetings, the booking of venues and developing shared project information. • NIPEC will continue to monitor requests for alternative format and/or language to inform future production of electronic and written communication.

2.6 Good Relations

What changes to the policy or decision – if any – or what additional measures would you suggest to ensure that it promotes good relations? (refer to guidance notes for guidance on impact)

Group	***Impact***	***Suggestions***
Religion	None	N/A
Political Opinion	None	N/A
Ethnicity	None	N/A

(3) SHOULD THE POLICY OR DECISION BE SUBJECT TO A FULL EQUALITY IMPACT ASSESSMENT?

A full equality impact assessment (EQIA) is usually confined to those policies or decisions considered to have major implications for equality of opportunity.

How would you categorise the impacts of this decision or policy? (refer to guidance notes for guidance on impact)

Please tick:

Major impact	
Minor impact	✓
No further impact	

Do you consider that this policy or decision needs to be subjected to a full equality impact assessment?

Please tick:

Yes	
No	✓

Please give reasons for your decisions:

The NIPEC project plan to support the DoH in the development of a regional midwifery mandatory training matrix sets out the key priorities and actions for this work. The project plan has identified partners and key stakeholders who will provide their expertise and knowledge and work collaboratively to develop a tool which will support HSC midwives with a clear and consistent understanding of mandatory training required to maintain professional standards and support safe, effective, woman-centred practice, regardless of their employing organisation.

NIPEC recognises the need to consider any impact on Section 75 groups and that the needs, experiences and priorities of these groups may vary. Mitigations has been put in place to address any equality issues identified. It is presumed that subjecting this project plan to EQIA will support opportunities to promote equality of opportunity.

(4) CONSIDERATION OF DISABILITY DUTIES

4.1 In what ways does the policy or decision encourage disabled people to participate in public life and what else could you do to do so?

How does the policy or decision currently encourage disabled people to participate in public life?	***What else could you do to encourage disabled people to participate in public life?***
N/A.	

4.2 In what ways does the policy or decision promote positive attitudes towards disabled people and what else could you do to do so?

How does the policy or decision currently promote positive attitudes towards disabled people?	*What else could you do to promote positive attitudes towards disabled people?*
NIPEC has endorsed and issued all staff with guidance on the positive portrayal of people with a disability – this includes a checklist to assist those developing information. Communication materials developed by NIPEC and key stakeholders during 2023 will continue to take this guidance and checklist into account.	N/A

(5) CONSIDERATION OF HUMAN RIGHTS

5.1 Does the policy or decision affect anyone's Human Rights? Complete for each of the articles

ARTICLE	Yes/No
Article 2 – Right to life, if clinical tasks are delivered unsafely.	No
Article 3 – Right to freedom from torture, inhuman or degrading treatment or punishment	No
Article 4 – Right to freedom from slavery, servitude & forced or compulsory labour	No
Article 5 – Right to liberty & security of person	No
Article 6 – Right to a fair & public trial within a reasonable time	No
Article 7 – Right to freedom from retrospective criminal law & no punishment without law	No
Article 8 – Right to respect for private & family life, home and correspondence, potentially if receiving invasive procedures in the home from unfamiliar/non-regulated staff.	No
Article 9 – Right to freedom of thought, conscience & religion	No

Article 10 – Right to freedom of expression	No
Article 11 – Right to freedom of assembly & association	No
Article 12 – Right to marry & found a family	No
Article 14 – Prohibition of discrimination in the enjoyment of the convention rights if certain groups are more likely to receive delegated care.	No
1st protocol Article 1 – Right to a peaceful enjoyment of possessions & protection of property	No
1st protocol Article 2 – Right of access to education	No

If you have answered no to all of the above, please move on to ***Question 6*** *on monitoring*

5.2 If you have answered yes to any of the Articles in 5.1, does the policy or decision interfere with any of these rights? If so, what is the interference and who does it impact upon?

List the Article Number	Interfered with? Yes/No	What is the interference and who does it impact upon?	Does this raise legal issues? * Yes/No
N/A	N/A	N/A	No

** It is important to speak to your line manager on this and if necessary seek legal opinion to clarify this*

5.3 Outline any actions which could be taken to promote or raise awareness of human rights or to ensure compliance with the legislation in relation to the policy or decision.

N/A

(6) MONITORING

6.1 What data will you collect in the future in order to monitor the effect of the policy or decision on any of the categories (for equality of opportunity and good relations, disability duties and human rights)?

Equality & Good Relations	Disability Duties	Human Rights
NIPEC will continue to collect and collate equality data on all staff.	N/A	N/A

Approved lead officer: Fiona Bradley

Position: Senior Professional Officer

Date: 01 July 2026

Policy/decision screened by: _____

Please note that having completed the screening you are required by statute to publish the completed screening template, as per your organisation's equality scheme. If a consultee, including the Equality Commission, raises a concern about a screening decision based on supporting evidence, you will need to review the screening decision.

Please forward completed template to: equality.unit@hscni.net

If you require this document in an alternative format (such as large print, Braille, disk, audio file, audio cassette, Easy Read or in minority languages to meet the needs of those not fluent in English), please contact:

Business Manager

Northern Ireland Practice and Education Council for Nursing and Midwifery,

4th Floor, James House, 2-4 Cromac Avenue, Belfast, BT7 2JA

0300 300 0066

https://nipec.hscni.net/

April 2026

For further Information, please contact:

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