



Nursing and Midwifery Council: Return to Practice Consultation

Council of Deans of Health written submission – November 2018

The Council of Deans of Health welcomes the opportunity to contribute to this consultation. The Council represents the 84 UK university faculties engaged in education and research for nursing, midwifery and the allied health professions.

Consultation response

Understanding the barriers to returning to practice

1. Do you agree that there are barriers facing nurses and midwives currently seeking to return to practice?

Agree.

2. If agree, what would you say are the most common barriers:
Family finance/ caring commitments/ confidence/ personal health/ access to university/ eligibility for a programme/ student finance/ concerns about study skills/ length of programme/ pace of change in health and social care

Individuals may face barriers in returning to practice. In particular, these may include a lack of confidence, the pace of change in health and social care, personal health and family finances. Barriers to returning to practice are often specific to the individual.

3. Are there any barriers that we have not identified?

Placement capacity is an issue in enabling the growth of return to practice placements. This includes both actual placements and also staff to act as mentors, in the current student supervision and assessment model.

The adoption of future nurse standards from 2019 and the planned adoption of future midwife standards may pose challenges for former registrants who have been out of practice for a significant amount of time and may have difficulties in meeting these new standards.

A further issue is variability in levels of digital skills, which can be a barrier for some individuals.

4. How might these barriers be overcome?

Increasing the profile of return to practice students in the system would be beneficial and may assist in enabling better access to practice placements.

The introduction of a test of competence for certain individuals, such as those who have been practising outside the UK, may increase the number of individuals returning to practice, by removing the need for a practice placement.

More robust literacy, numeracy, and IT tests may also assist in providing a strong foundation for the success of individuals returning to the register.

5. If you have any further comments please state them below.

N/A.

6. Do you agree or disagree that there should be differing approaches in how individuals are readmitted to the register following a period of time out of practice depending on:

- if they have not been practising
- if they have been practising outside the UK
- if they are short of hours for renewal by revalidation
- if they are being allowed to return to practice by a Fitness to Practise panel having previously been struck off our register

Strongly Agree.

7. If you have any comments please state them below:

Factors including length of time lapsed and the reason for the lapse should be considered.

Those returning to practice after a prolonged absence from the register should only be allowed to return to practice via a return to practice course and not via a test of competence. This should also be the case for individuals who have never practised after qualification and those who are returning to practice after a striking off order.

8. Do any of the following protected characteristics which are set out in equalities and human rights legislation justify a different approach to return to practice?

Age

No.

Sex

No.

Disability

Yes.

Sexual Orientation

No.

Gender reassignment

No.

Marriage and civil partnership

No.

Race

No.

Pregnancy and maternity

No.

Religion or belief

No.

If you have selected year for any of these protected characteristics, please state why:

Disability. This depends on the disability. However, disability should not deter applicants and reasonable adjustments should be made to facilitate opportunities for applicants.

Draft Standards for return to practice programmes

9. We are proposing that AELs should map applicants' prior learning and experience to the relevant standards of proficiency. Do you agree with this approach?

Disagree. Some who are returning to practice may be short of a few hours and for those individuals such mapping is not necessary. Others may have been out of practice for a period of

time and mapping may be beneficial. Mapping may not always be necessary, so it should not be a regulatory requirement.

If you have any further comments please state them below.

Universities are ever mindful of individual learner needs. Previous experience, including length of time away from practice and scope of practice are important considerations for educators and the mapping of prior learning and experience is common practice. However, regulation should be risk based and outcome rather than process focused. AElS who operate return to practice programmes should be assessed on student outcomes.

10. The AEl should then plan a programme according to the person's learning needs and their current or previous periods of registration and intended area of practice. Do you agree with this approach?

Disagree. For the reasons stated above.

11. We are proposing that there should be approved RtP programmes with curricula that can apply to all parts of the register. This means recruitment of a mixed group of returning nurses, midwives, and nursing associates would be possible. This should include appropriate placements with practice learning partners to support learning and assessment of proficiency for nurses, midwives, nurses and midwives who hold a SCPHN qualification, and nursing associates.

Neither agree or disagree.

If you have any comments please state them below:

Regulation should allow for flexibility on this matter.

12. Do you agree or disagree that depending on a student's previous registration, experience and learning needs that AEl should plan:

The content of the programme (theory and practice)

Neither agree nor disagree. This is dependent on the NMC's standards of proficiency for a particular profession.

The length of the programme

Neither agree nor disagree.

The learning outcomes

Disagree. This is dependent on the NMC's standards of proficiency for a particular profession.

The assessments

Disagree. This is dependent on the NMC's standards for student supervision and assessment. Individual institutional flexibility within these standards should be permitted.

If you have any further comments please state them below:

Programmes should be based on and validated against NMC standards of education and proficiency. AEs offer flexible course options and practice placement opportunities to allow individuals to pursue their chosen career pathways and to meet registration requirements. Bespoke programmes for each individual would not be administratively or financially viable and reduce options to develop the healthcare workforce.

13. Do you have any other comments about our draft Standards for return to practice programmes?

The Council welcomes that the standards for return to practice programmes are being updated to reflect the wider changes to standards of education and proficiency in nursing and midwifery regulation.

The test of competence

14. Do you agree or disagree, that the following individuals who have previously been registered, and now seeking to rejoin our register, should be able to rejoin by successfully completing a ToC instead of completing a RtP programme?

People who have not been practising

Neither agree nor disagree. It depends on the length of time that an individual has spent away from practice. If this has been for a sizeable amount of time, then they should be required to undertake a return to practice programme.

People who have been practising outside the UK

Agree.

People being allowed to return to practice by a Fitness to Practise panel having previously been struck off our register

Strongly disagree. Individuals returning to the register following a striking off order should be required to undertake a return to practice course.

If you have any comments please state them below.

N/A.

15. Do you agree or disagree that an individual who is seeking to renew their registration through revalidation but does not meet our minimum practice hours requirement should be able to renew their registration by successfully completing a ToC instead of completing a RtP programme?

Agree.

Self-declaration

16. Do you agree or disagree that we should explore an option for the following individuals, who have previously been registered and are now seeking to rejoin the register, to be able to register through a form or self-declaration?

People who have not been practising

Disagree.

People who have been practising outside the UK

Agree. This should be allowed as long as nursing standards in the country that they have been practising in are commensurate with UK standards.

People being allowed to return to practice by a Fitness to Practise panel having previously been struck off our register:

Strongly disagree.

17. Do you agree or disagree that we should explore an option for an individual who wishes to renew their registration through revalidation but does not meet our minimum practice hour requirement, to be able to renew their registration through some form of self-declaration?

Agree. In some circumstances this would be a useful alternative. For example, if an individual was 10% short of the minimum practice hour requirement.

This should not be an option for individuals returning to practice after a striking off order.

18. What form/model of self-declaration could take place?

The methods referred to on page 27 of the consultation document (minimum CPD hours, practice-related feedback, reflective learning accounts, and reflective discussions) may be appropriate for self-declaration. However, a self-declaration process would need robust quality assurance for any method that is adopted. This should include the role of an AEI.

If you have any comments please state them below.

N/A.

Draft new return to practice standards

19. Do you have any other comments about these draft standards in addition to those you've made in response to any of the previous questions?

N/A.

For more information contact:

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