



Nursing and Midwifery Council – Strategy 2020 – 2025: Consultation on draft strategic themes

Consultation response – October 2019

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

Key messages

1. Regulators should continue to work collaboratively with education providers to enable flexibility and innovation in education and training, which enables student choice, enhances career pathways, allows individuals to meet the requirements of professional registration and upholds patient safety.
2. Education is a key regulatory function of the Nursing and Midwifery Council (NMC). The provision of standards of proficiency and education and the effective quality assurance of education providers are core functions of healthcare professional regulators. Standards of education and training are equally important to public protection as standards relating to fitness to practise. The NMC should explore a regulatory approach which focuses more on the 'upstream' of the registrant journey to reduce the impact and costs of fitness to practise issues during professional practice.
3. There is a need to rebalance the NMC's focus to see the higher education sector as central across all its workstreams. The sector could play a much more strategic role for the NMC, not just in relation to approvals and standards development, but also through harnessing the expertise of the sector to advise across all its functions to assist it to deliver on its strategic intent.
4. Effective partnership working with other key stakeholders, regulators and statutory bodies will better enable healthcare regulators to deliver more effective regulatory interventions. Data and intelligence-led regulation is key to reducing the burden of regulation and ensuing patient protection.

5. Healthcare professional regulation should be outcome-focused and risk-based. Healthcare education is regulated by both professional healthcare regulators and higher education regulators. Regulation should not be duplicative but must also ensure that regulatory gaps do not occur, especially if regulators were to simultaneously retreat from regulating necessary education and training functions.
6. The NMC's regulatory remit is UK-wide. The devolution of both health and education policy has provided challenges to the prior regulatory coherence. The NMC must continue to commit to ensuring and delivering appropriate regulatory oversight across the UK.

Responses

Our draft vision

1. What do you think about this vision?

Agree. The Council welcomes this draft vision and hopes that it indicates the intention of the NMC to play an increasingly proactive role in contributing to policy debates in light of the unique data and intelligence that it holds.

Dynamic approach to shaping practice

2. Please rank these priorities in order of importance, where 1 is the most important and 3 is least important.

All of the potential priorities are important. However, for the higher education sector exploring ways of continually updating standards and exploring the potential regulation of advanced and specialist practice are particularly important.

Ensuring the standards of proficiency are as agile as possible over the next five to ten years is critical. This time period will likely see a profound shift in patient and service user need and expectations, changes in the delivery of care, technological and digital innovation, and new regulatory models amongst other developments. Changing evidence and policy priorities will mean that service and education will have to change in response. As a regulator of individual practitioners, the NMC will also have to adapt.

Standards must be kept up to date and be responsive to changes in policy, practice and evidence. More systematic ongoing engagement, including via annual monitoring, may be a more effective way to ensure that professional standards are as current as possible, rather than a 'big bang' approach to standards development every decade. This will require close and continuous engagement, as already happens to a certain extent, with partners in education, service and other key stakeholders.

Regarding advanced practice, the Council believes that there is a strong case to examine the regulation of advanced practice. The Professional Standards Authority (PSA) has guidance that outlines whether a professional group should be regulated. This should be considered carefully before a decision is made on the regulation of advanced practitioners. If the NMC were to regulate advanced practitioners then it must be able to deploy a common approach across all professions, including for individuals who come from

professional backgrounds that are not regulated by the NMC, especially the allied health professions. The Council looks forward to strategically engaging with the NMC on this question.

Agility must also be deployed when thinking about the different routes to the register. There are multiple routes to professional registration, including university-based programmes, apprenticeships, return to practice and overseas routes, but the same outcome - registration. The NMC should work to ensure that programme requirements are flexible enough to enable programmes to bring together different cohort types to be educated together, where possible.

The NMC should explore a regulatory approach which focuses on the 'upstream' of the registrant journey to reduce the impact and costs of fitness to practise issues during professional practice. The Council notes that in relation to the £120 annual registrant fee, £51 of this is spent on fitness to practise, but only £4 on education and standards. Focusing on the upstream of the registrant journey is likely to deliver significant cost savings for the regulator.

Across all of this work, the NMC must continue to deploy outcome-focused and risk-based regulation that does not add to the regulatory duplication and burden in the healthcare higher education sector.

3. Are there any priorities missing?

N/A.

Building our relationship with the public

4. Please rank these priorities in order of importance, where 1 is the most important and 3 is least important.

The NMC exists to ensure public protection and better, safer care for patients and service users. This must be at the heart of everything that it does. However, more can and should be done to build the NMC's relationship with the public. This is particularly the case in relation to its work across the four nations of the UK.

All three of the priorities are critically important. The public must be able to connect with and engage with the work of the NMC. It is also clear that the role of the NMC is not necessarily well known. This is likely to have a negative impact on public satisfaction with the NMC, as the expectation of what the regulator can do may be unrealistic. There is a need therefore for the NMC to increase its visibility with the public, so that they have greater clarity as to what the NMC does and so that their needs can be better met. Increasing the visibility and understanding of the NMC's function and role will help to better position the NMC not only with regards to the general public but other audiences, such as registrants, stakeholders, and policy makers.

5. Are there any priorities missing?

N/A.

Strengthening our relationship with our professions

6. Please rank these priorities in order of importance, where 1 is the most important and 3 is least important.

Engagement with students and registrants to rebalance negative perceptions of the NMC is important to developing a just learning culture. There may also be wisdom in the NMC exploring engagement models for students, such as student ambassadors or a student 'council', which could go a long way in changing perceptions of the NMC and have long term benefits. The higher education sector would be keen to be involved in this work, as well as working with the NMC to better understand the experience of students on their professional journey.

Both identifying opportunities to work with registrants and students to rebalance perceptions and deepening its understanding of the distinct experiences and contributions of midwives, nurses, and nursing associates will better enable the NMC to speak authoritatively about the context in which individuals learn and practice. This will enable it to play a more proactive role, where possible, in policy discussions.

7. Are there any priorities missing?

N/A.

Using and sharing research, data and intelligence

8. Please rank these priorities in order of importance, where 1 is the most important and 3 is least important.

The next decade will see a revolution in the use of data and intelligence in regulation, education, and healthcare. Data and intelligence-led regulation will be key to reducing the burden of regulation and ensuring patient protection. Partnership working with other key stakeholders, regulators and statutory bodies will enable the NMC to better understand the utility of the data it holds for the system more widely and also allow it to deliver more effective regulatory interventions, including in relation to quality assurance and the monitoring of approved education institutions.

All of the potential priorities are important. The Council particularly supports and advocates that the NMC makes its registrant data available on an open source basis. This will be useful in understanding trends in workforce planning, safety risks for the public, and inequalities. This should help to better inform quality and service improvement. More generally, reporting on nursing and midwifery education and practice would be beneficial in adding to and informing strategic policy discussions with central Government and other stakeholders. This may also help to raise the profile of the regulator with wider audiences.

9. Are there any priorities missing?

N/A.

Closer collaboration with others

10. Please rank these priorities in order of importance, where 1 is the most important and 3 is least important.

This theme and its potential priorities should be more than just working with other regulators, important though this is.

Regulators should continue to work collaboratively with education providers to enable flexibility and innovation in education and training, which enables student choice, enhances career pathways, allows individuals to meet the requirements of professional registration and upholds patient safety.

Moreover, the higher education sector can play an important role for the regulator. There is a need to rebalance the NMC's focus to see the higher education sector as central across all its workstreams. The sector could play a much more strategic role for the NMC, by assisting the regulator on thinking across a broad range of issues, not just in relation to approvals and standards development. Within academia there are experts on patient safety, risk modelling, digital innovation, artificial intelligence, robotics, ethics, fitness to practise and public engagement. If effectively harnessed by the NMC this would allow it to deliver more evidence-based and output-focused regulatory interventions and achieve its strategic intent.

11. Are there any priorities missing?

N/A.

12. Please rank our draft strategic themes in order of importance, where 1 is most important and 5 is least important.

All of the strategic themes are important. However, using and sharing research, data and intelligence; a dynamic approach to shaping practice; and closer collaboration with others are particularly important to the higher education sector.

13. Do you have any other comments?

The Council of Deans of Health and the higher education sector look forward to working with the NMC over the coming years to deliver on its strategy for the benefit of students, registrants and the public.

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