

Protecting the public through  
professional standards

**annual review**  
2002-2003



# annual review

## 2002-2003

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## At a glance: The work of the NMC

### Key tasks

The NMC's principal responsibility is to protect the public through setting standards and maintaining a register. The following are our key tasks.

#### **We maintain the register**

- ▶ there are approximately 650,000 people on the register
- ▶ we have the largest health care register in the world
- ▶ this year, more than 32,000 new practitioners went on the register including more than 19,000 newly qualified nurses and midwives – the highest number for many years
- ▶ around 215,000 practitioners renew their registration each year
- ▶ the Registration department receives up to 10,000 pieces of paper every day (references, cheques, verifications, address changes, application requests, etc)
- ▶ around 2,000 changes to the register are made each day

#### **We set standards for education and fitness to practise**

- ▶ standards apply to all nurses, midwives and health visitors both on the register (registrants) and seeking to get onto the register
- ▶ we consult widely before making any changes to the rules and standards
- ▶ more than 3,500 people and organisations responded to the first register consultation, 1,150 to indemnity insurance and around 200 to the first midwives' rules
- ▶ a far-reaching new UK-wide framework for midwifery supervision will be drawn up incorporating a valuable four country perspective

#### **We give advice to registrants, employers and the public**

- ▶ our telephone and e-mail professional advice service delivers one-on-one advice and information to registrants and the public
- ▶ the professional advice service receives between 6,000 to 9,000 calls, e-mails and letters every month
- ▶ in 2002–2003 we produced and distributed more than half a million free publications
- ▶ our web site offers complete access to NMC services and support
- ▶ we hold general and special interest road shows, events and seminars around the UK (more than 30 were held to introduce the new organisation alone)

- ▶ More than 2,000 participants came to the NMC road shows and 95 people attended the seminars for consumer organisations

### **We deal with allegations of misconduct and unfitness to practise of those on the register**

- ▶ every year we receive around 1,300 complaints, all of which are investigated
- ▶ this year 167 practitioners were removed from the register and a further 66 were cautioned
- ▶ examples of practitioners removed from the register included those who had verbally and physically abused older people and those who had improper relationships with vulnerable patients

### **We oversee the quality assurance of nursing and midwifery education to ensure it meets the standards set by Council**

- ▶ previously this work was carried out by the UKCC and the four National Boards. The NMC has established new ways of undertaking these responsibilities across the four countries and many new courses were approved by the relevant bodies

### **We provide advice and guidance in support of the Local Supervisory Authorities for midwifery supervision**

- ▶ wherever a midwife works in the UK, they have a supervisor (who isn't their manager) to provide advice and support. In certain situations, however, the supervisor also has the power to suspend them

### **Our vision**

In a complex and changing regulatory context, the vision of the NMC is to:

- ▶ establish a reputation as an independent body which protects the public
- ▶ be an open, transparent, accessible and inclusive organisation which involves the public and other stakeholders in policy development and values their contributions to regulation policy and practice
- ▶ work collaboratively and co-operatively with others

- ▶ be sensitive to the needs of our stakeholders and, in particular, to the needs of the patients and clients of registrants, the three professions regulated and the four countries within United Kingdom-wide regulation
- ▶ be a performance-driven organisation which is customer-focused, grounded in practice and sensitive to the ability of registrants to fund the business, and which monitors and achieves high quality business standards
- ▶ be a good employer in what is a period of organisational change
- ▶ focus on statutory obligations.

### **Our strategic aims**

In October 2002 the Council agreed ten strategic objectives.

- 1 Develop a plan for the cost-effective implementation of the Nursing and Midwifery Order, and any subsequent legislation; identify areas for change to the legislation or for influencing future legislation.
- 2 Develop processes for planning, monitoring and reviewing the work taken forward or commissioned by the NMC.
- 3 Develop rules and processes for dealing efficiently with complaints about misconduct.
- 4 Develop a human resource strategy and transfer all relevant staff from the UKCC so that their employment rights are protected and they feel part of the NMC; and ensure that the structure and skills base meets the NMC business needs.
- 5 Implement a strategy for involving the public and other stakeholders in the work of the NMC.
- 6 Agree principles for valuing diversity and an action plan for taking forward future work.
- 7 Reinforce and consolidate project and financial management principles throughout the organisation.
- 8 Ensure the organisation is properly financed to undertake its statutory duties.
- 9 Further develop a performance-orientated culture throughout the organisation.
- 10 Establish mechanisms for identifying issues affecting public protection with a view to developing NMC policy or influencing policies made by other organisations.

## Who makes up the NMC?

### We have a governing Council

- ▶ the Council is made up of 12 registrant members, 11 lay members and 12 alternate registrant members. In Council meetings, there are 23 voting members with near parity between registrant and lay members. (Alternate registrant members do not vote at Council meetings unless they are standing in for their absent registrant member.) Of the 24 registrant members, there are two nurses, two midwives and two health visitors from each of the four UK countries
- ▶ the current Council has a three-year term of office and was appointed by the Privy Council. It is a transitional body and its task is to put in place processes and procedures for delivering Parliament's requirements under our new legislation. At the same time, we have all the responsibilities that an elected Council would have, such as dealing with registration, misconduct, quality assurance and other day-to-day business
- ▶ Around 160 staff are employed in our London office and work in the following areas:
  - ▶ Professional Conduct
  - ▶ Registration
  - ▶ Policy and Standards
  - ▶ Finance
  - ▶ House Services
  - ▶ Communications
  - ▶ Human Resources.
- ▶ undertook the first of a series of major public consultations on the new register, indemnity insurance and midwives rules
- ▶ significantly reduced the number of professional conduct cases waiting a hearing by holding more hearings each day, with sometimes up to three separate panels meeting on the same day
- ▶ established a new midwifery unit to focus on education, practice and supervision issues for the UK's 30,000 practising midwives
- ▶ began work to establish the first ever UK-wide standards for Local Supervising Authorities for midwifery supervision
- ▶ underwent a major internal restructuring to enable us to deliver our legislative requirements
- ▶ substantially improved access to the organisation
- ▶ Approved a record 19,754 newly qualified practitioners onto the register as well as 12,947 overseas applicants
- ▶ ensured that the twice-yearly peaks of new UK registration were dealt with efficiently
- ▶ significantly reduced the backlog of decisions for overseas applications
- ▶ established an external reference panel of lay people and practitioners with whom to test ideas. The panel's views were canvassed on issues such as how the NMC should consult and how to develop our public involvement strategy. ◀

## Highlights of the year

The first year of the transitional Council was challenging as well as pioneering. During the year the Council achieved the following key targets:

- ▶ agreed the NMC's new strategic aims and two-year business plan
- ▶ finished the year under report within our financial targets despite major financial difficulties, and set in place a financial recovery plan
- ▶ delivered an effective system of quality assurance from day one in each of the four countries of the UK. This work involved working in partnership with agencies in three of the countries, monitoring pre-registration nursing and midwifery programmes to ensure they met NMC standards, and validating new courses

# President's foreword

**Jonathan Asbridge**



## Protecting the public through professional standards

I am delighted to welcome you to the first annual review of the Nursing and Midwifery Council (NMC). It has been quite a year. On 1 April 2002 we took over the responsibility for regulating the nursing, midwifery and health visiting professions from the United Kingdom Central

Council for Nursing, Midwifery and Health Visiting (UKCC). For one year prior to this, we worked as a shadow NMC alongside the UKCC to help establish processes and develop plans for the new Council that integrated an all-important four country UK perspective from the outset. This first Council was appointed by the Privy Council and expectations were high when it came into being.

From day one, however, in two key elements of the core business – finance and registration – we quickly realised there were serious problems. These difficulties required our urgent attention and considerable extra resources if we were to earn a reputation as an effective regulator. Our priority has been to get those areas sorted and we have been open and honest about the extent and nature of the problems facing us.

In addition to tackling those two major issues, we have been putting in place the policy and organisational building blocks for the future around three main areas of activity:

- ▶ establishing processes to enable us to deliver our statutory responsibilities under the new Nursing and Midwifery Order 2001 (the Order)
- ▶ creating internal structures within the NMC to support delivery of the Order

- ▶ delivering efficient and effective regulation – particularly in relation to registration and professional conduct.

The NMC is a new organisation with a new purpose. We see ourselves as independent of government as we are accountable to the Privy Council, performance-driven, public-focused, innovative and open. In some functional respects, the NMC has similarities with the UKCC; we still maintain the register, give advice, set standards and deal with allegations of misconduct. However, the NMC has additional responsibilities, and we are going about our business in new ways and in a new style. For many registrants, it will be the look and feel of the new organisation that appears different rather than the activity.

Within the NMC a raft of innovations were introduced during our first 12 months at the strategic and governance level. Council members have invested considerable energy and vision in setting the new direction and streamlining business structures to effect the necessary changes. Our new responsibilities for education quality assurance as well as broader policy work have been carried out exceptionally by the Standards Committee while the Finance and Business Planning Committee took on, and met, the considerable challenge of setting a recovery plan with the aim of establishing long-term financial health and viability. Scoping and consulting on a framework for midwifery supervision dominated the agenda for members of the Midwifery Committee, which has its own unique statutory responsibilities. Underpinning the work of all these committees is the dedication and tremendous effort of the NMC professional advisers and support staff. The hand-over and first year have been a demanding and exhaustive period during which we have nevertheless accomplished much to be proud of. I would like to acknowledge the achievements of Council members and new and former NMC staff for helping to create the professional organisation that we have today.

Public protection is as much about ensuring that those entitled to be on the register are registered in an efficient way, as it is about dealing promptly with those considered unsafe to be on the register. We are investing this year in new posts in IT, finance, registration and the call centre to enhance efficiency and value for money. We are committed to publishing regular key indicators on our performance – whether good or bad – as a sign of our openness and accountability.

The NMC inherited a well-respected public involvement strategy from the UKCC. But we want to take this further. The NMC has a very explicit public focus remit that has been clearly set out by Parliament. We want to include ordinary members of the public in our consultations and we want to involve a truly diverse range of people in our work. Following national press advertising, we have appointed lay people to serve on the Midwifery and Standards Committees. We have established a new reference panel to advise on policy issues at a very early stage made up of both lay and practitioner members. And we have created a new post of consultation and public involvement officer. All of this work is carried out in a climate which, rightly and increasingly, sees patients at the heart of health care. We also have a near balance of practitioner and lay voting members on the Council itself, although practitioners have a built-in majority of one. Together with the reference panel input, we are starting to produce policy with real public input and genuine partnerships.

The abolition of the four National Boards has also required the NMC to adopt a more hands-on, direct relationship with the four governments and health departments of the UK. We are committed always to reflect a four-country perspective in all the work we do to modernise health care regulation in the UK today.

Over the past 12 months, we have focused considerable energy on three brand new areas of work required by the Order: lack of competence (which will come into effect as part of the new fitness to practise rules in April 2004); quality assurance of education; and midwifery advice and guidance. Where appropriate, some of these areas have been, or will be, subject to widespread consultation with key stakeholders and the public before being set in place.

The Council is not an isolated body. As well as our emphasis on public involvement, we are working closely with an increasing number of regulators and public bodies linked to regulation. Although it may appear a dry topic it is, in fact, an exciting time for regulation. There are two new regulatory bodies – the NMC and the Health Professions Council (formerly the Council for the Professions Supplementary to Medicine) – and other health care regulators such as the General Medical Council and General Dental Council are in a process of radical change. There are growing links with the

social care regulators and the new bodies established by the Parliament and Assemblies in Scotland, Wales and Northern Ireland. We are building our relationship with the newly opened Council for the Regulation of Healthcare Professionals (CRHP), the overarching body set up by Parliament to ensure consistency and high standards in health regulation. As the NMC's representative on the shadow CRHP, I look forward to developing this new partnership and working towards the launch of the new Council in April 2003.

We have also campaigned alongside the other main health regulators against a new EU Directive which, while supportive of freedom of movement, is potentially disastrous for public safety. The directive would enable, for example, a registered nurse from any EU country to work for up to 16 weeks in any other EU country without registration in the new country. The EU advisory committees for nursing and midwifery are being disbanded so there will be no authority to set common, high standards across Europe. This issue is close to final decision-making in Brussels and is of great concern to us and our fellow lobbyists.

The NMC has embarked on an ambitious programme of implementing the wide range of requirements in the legislation, reviewing existing internal processes, developing open consultation and wider public involvement, and establishing regulation that is fit for purpose. This represents a considerable challenge in the three years we have allocated to us before a newly-elected Council takes office by April 2005.

I would like to acknowledge the considerable achievements and hard work of the former UKCC staff and Council members who helped prepare the transition to the new regulatory body.

Finally, a lot has been undertaken but there is a lot more to do. Our aim is to achieve all Parliament wants of us and the goals we set ourselves in order to be able to hand over a strong organisation to our successor Council in 2005. Our focus to date has clearly been on getting the business right and implementing the new legislation. In the coming 12 months we will be looking to strengthen our support for practitioners. We believe that public protection is best maintained through providing resources, advice, standard setting and support for nurses, midwives and health visitors. ◀

# Chief Executive's report

**Sarah Thewlis**



This is the first year of the NMC and also my first year with the organisation. It has been a period of extraordinary growth and learning for us all as we have faced a series of considerable challenges. At the close of the year under report we had made enormous progress in dealing not only with the financial and registration access

issues, but also in progressing the major pieces of work required of us under the new Nursing and Midwifery Order. On top of all of this, we have shaped a new organisation fit for purpose and better able to serve public and practitioners alike.

In response to the acute problems facing us from the start, we undertook a complete review of our business operations and financial expenditure. This resulted in significant budget cutbacks across all departments as well as a major overhaul of our organisational and business structures to improve efficiency, reduce costs, strengthen public protection and deliver our new statutory obligations. The new structure is designed to deliver the NMC's key tasks, including implementing the new register, fitness to practise and midwifery supervision. The changes are to be phased in during 2003–2004.

Under the reorganisation the following new posts have been created:

- ▶ Director of standards and registration/assistant registrar – a registered practitioner who will be responsible for the effective integration of policy and operations.

- ▶ Head of midwifery and an additional midwifery adviser creating a four-person team responsible to the Council's chief executive and the Midwifery Committee. The new midwifery unit is in line with our increased statutory obligations for midwifery. Its new director will be a registered practitioner.
- ▶ 17 new permanent call centre staff, creating an in-house call centre of 25 staff (up from eight posts at the NMC's inception).
- ▶ An assistant internal auditor to ensure financial probity and effective business processes.
- ▶ A team of five IT posts, bringing aspects of IT in-house for the first time, giving greater accountability and control as well as considerable savings in the long term.
- ▶ A consultations and public involvement officer to manage NMC consultations and ensure its public involvement strategy is delivered.
- ▶ Four new posts in the Finance Department – a manager and assistant manager for finance and planning, a purchaser and a hotel booking officer to secure best value and significant savings for the organisation.
- ▶ A manager for post and scanning operations – most of which relate to registration.

The changes will increase the permanent staff at the NMC by approximately 25 percent, allowing us to be more efficient and responsive as an organisation. By bringing information technology and the call centre in-house and creating more specialised roles for consultation, scanning operations and ordering, we will be able to maximise staff expertise and make better use of resources by avoiding expensive contracts for outsourcing.

The new structure is the result of individual consultation with staff over several months.

The registration and policy departments have been linked to allow us to take a more focused and responsive approach to promoting standards and public protection through the register. The new Standards and Registration Directorate has a director/assistant registrar directly responsible to the chief executive. In addition to the expanded in-house call centre, the new directorate has a registration department, a quality assurance unit, a team of professional advisors and an

advisory service. The register is at the heart of the NMC's key role of public protection and by improving access and support services, we aim to ensure that we meet this responsibility efficiently and effectively.

A large backlog of UK and overseas applications for registration at the time of the hand-over from the UKCC has been significantly reduced through strenuous initiatives by our Registration department. A review of the overseas registration process, including looking at different models used elsewhere, has been initiated. Staff and Council members also worked enormously hard to reduce the number of professional conduct and health cases awaiting a hearing.

As well as the register and access problems facing the incoming Council, the critical state of the NMC's finances became apparent early in the year. Instead of a modest level of reserves being handed over by the UKCC to the Council, we inherited a debt of £1.7 million. A number of factors contributed to this depletion of reserves, including the stock market situation, and prompted the Council to act swiftly to rein in expenses and review all expenditure. As a result, the NMC's first year was characterised by stringent budgeting at a time when we needed to tackle the overriding access problems and to improve registration efficiency.

By the end of the year under report we had absorbed £3.5 million of additional expenditure on call centre and professional conduct initiatives, on top of £2.5 million savings internally. A new risk reserve of £750,000 was established to cover any contingencies arising from the cutbacks and budgets will be monitored constantly throughout the coming year. In March the Council approved its 2003–2004 budget of £20.5 million, including £960,000 of funding tied to delivering the new Order. The additional money will fund the new three-part register, the establishment of three new statutory committees, the training and recruitment of panellists, consultations and work relating to the new rules. For the coming year, the NMC has budgeted for a deficit of £4.5 million, which allows the Council to keep its commitment not to increase the registration fee before April 2004. Income was set at £16.8 million (up from £15.6 million in the current year) and expenditure at £20.5 million (up from £19.5 million in the current year).

The savings targeted by bringing IT services and the call centre in-house have been reinvested in getting the NMC's infrastructure up to a steady state position by the year end as well as helping fund fitness to practise activities, quality assurance and midwifery supervision work.

Additional grant aid of £369,000 for the current financial year was also provided by the Department of Health to support professional conduct work. This money helped us to ensure that our deficit remained within budget.

Council also approved a business plan for 2003–2004 along with four strategic aims to guide the NMC's work until a new Council is elected in 2005. The strategic aims are concerned with delivering the registration framework, ensuring collaboration with key stakeholders, securing long-term financial stability and strengthening our infrastructure so we can provide core services to protect the public and acquire a positive reputation.

Overall, it was a decidedly tough as well as challenging year which extended the resources and skills of the Council and staff. However, even working within some of the harsher constraints imposed by our financial circumstances, we have achieved an enormous amount. It is a testimony to the extraordinary efforts of Council members and staff that we have made such excellent inroads into progressing the new, exciting and innovative work required under the Order. ◀



## Review of the year

The Nursing and Midwifery Council (NMC) took over the regulation of nurses, midwives and health visitors from the United Kingdom Central Council for Nursing, Midwifery and Health Visiting (UKCC) on 1 April 2002. Our mandate, like that of our predecessor, is to protect the public through professional standards. The current Council has 35 members all of whom were appointed by the Privy Council. Our role as a transitional council is to lay the foundations for the first elected Council to be in place in 2005. There are two main strands to this work: putting into effect the requirements of the new Nursing and Midwifery Order (the Order) and creating an organisation that will deliver these requirements effectively and efficiently.

The NMC has many functional similarities to the former regulator, as well as some additional responsibilities. We maintain a register of around 650,000 nurses, midwives and health visitors, give advice, set standards and deal with allegations of misconduct. While some aspects of the new Order came into effect with the creation of the NMC, for example quality assurance, most other areas require new rules, standards and guidance to be drawn up. These include fitness to practise and the new register. Before it establishes any of these procedures under the new Order, the Council has to consult widely with registrants, the public, employers and others involved in the education and training of registrants and prospective registrants. The Council also has a statutory duty to inform and educate registrants and to tell the public about its work.

The new 35-member Council has an equal representation of nurses, midwives and health visitors as well as 11 lay members. Registrant members also equally represent each of the four UK countries ensuring a multi-country perspective in all the Council's business. Registrant members will be elected from 2005 while lay representatives will always be Privy Council appointments. The number of lay members has been significantly increased under the new Order and this has helped ensure a balanced perspective within the Council between health care professionals and representatives of the public and consumer/user organisations.

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Alongside the launch of the NMC we published a new *Code of professional conduct* and sent a copy to every registrant. The new Code brought together three separate UKCC documents and was written in simpler English. It also reflected the values shared by all the health regulators.

### **Public involvement and consultation**

The NMC is committed to being an open and transparent organisation, both in its relationships with others and in how it demonstrates those values. This commitment underpins our partnerships and collaborative relationships with key stakeholders. Regular meetings have been held with many organisations, including other health regulators, the Council for the Regulation of Healthcare Professionals (prior to its official opening), the National Institute for Clinical Excellence, the Commission for Health Improvement, trades unions and professional bodies, and consumer organisations.

### **Road shows**

To enhance visibility and openness, during the early weeks of the NMC we held a series of more than 30 road shows around the UK. The road shows were attended by around 2,000 people and explained how the new organisation would operate and set out our key tasks for the first year. Participants could also meet and ask questions of new Council members. Later in the year, five more events were specifically arranged for patient and voluntary organisations in Belfast, Edinburgh, Cardiff, London and Manchester. As well as discussing the changeover from the UKCC to the NMC, they looked at current and future public consultations, and explored ways of working together.

### **Exhibitions**

During the year we exhibited at the conferences of all the nursing, midwifery and health visiting professional organisations. We attended a variety of general nursing exhibitions such as NT Live Scotland and Nursing Careers Manchester, generating a lot of interest particularly from overseas registrants and students. At the majority of these events we also ran fringe seminars on professional issues such as records and record keeping.

### **Open days**

Regular open days were held at the NMC offices enabling registrants to meet a wider range of officers than at our external events and to visit the Registration department.

### **Professional advice seminars**

In September new half-day seminars were introduced to inform and educate on professional practice issues such as the administration of medicines and record keeping. Around 750 people attended the record keeping seminars and 700 the administration of medicines. The events were held in London, Cardiff, Belfast, Edinburgh, Birmingham and Leeds.

### **Midwifery lecture**

A new annual lecture was set up to mark the centenary of the regulation of midwifery. Dame Mary Uprichard, after whom the lecture is named, gave the inaugural midwifery lecture in November 2002.

### **Visits**

The NMC has an open door policy for visits and this year we arranged sessions for a variety of people from students to senior health ministers from Rwanda, Australia, Kosovo, South Africa, Canada, China, Finland and the USA.

### **Lay involvement**

As part of the development of our public involvement strategy three lay people were recruited to both the Midwifery and Standards Committees following an open recruitment process, and more than 70 lay people and practitioners were selected for a new reference panel. The panel has been established to act as an independent external voice to help the Council and its committees in their work, especially at the early stages of policy and standards development or reviews. One of its first jobs was to contribute suggestions about the NMC's consultation processes. The resulting information was used in a review of how our consultations are carried out.

Reference panel members come from a diverse range of lay and professional backgrounds and settings including education, research, ethics, mental health and learning disabilities, paediatrics, diversity, law, conduct, community, maternity, prison, older people and complementary therapies.

Responsibility for public involvement passed to the Communications unit and Communications Committee during the year.

## Communications

As an open organisation the focus of the NMC's communications work through the year was on explaining and promoting Council activity and its decisions. At the same time, no attempt was made to mask the problems in the Council's first few months. We endeavoured to explain, apologise and outline the ameliorative action being taken. The Communications unit issued 196 press statements and received thousands of media calls. Of particular interest to the national media were issues relating to overseas-trained nurses and midwives, such as language testing, the numbers involved and HIV.

Prior to the start of the new NMC, key publications were rebranded and updated and a new web site launched. The number of users visiting the web site has grown from a daily average of 2,600 to over 4,600. A great deal more health news was carried on the site during the year and the employers' section was expanded with the introduction of online confirmations. The biggest development was the launch of the message boards which are proving popular with regular and casual users.

The low communications point of the year was cancelling the hard copy winter issue of *NMC News* due to budgetary constraints. It was clear from the response of registrants that they value the magazine. An electronic copy was produced in its place. During the year, the issuing of NMC Circulars switched from post to electronic means. As well as saving the Council several thousand pounds a year, this development was welcomed by recipients, as they are easily able to forward them to their colleagues. The new post-Council electronic briefing has been welcomed for the same reason.

## Consultations

The Council has a duty to consult and collaborate with its stakeholders, and the public when appropriate. Consultations are an essential element in our decision-making process. They enable us not only to gather and take into consideration key information from major interest groups and others, but also to deliver policies and standards that better protect the public through this inclusive process.

During 2002–2003 consultations were held on the register, midwives' rules and indemnity insurance. The register consultation resulted in a new, streamlined three part register replacing the current 15 parts. The three parts are for nursing, midwifery and specialist community public health nursing and will come into effect in April 2004. The consultation on the question of indemnity insurance for registered practitioners not otherwise covered by an employer's vicarious liability insurance resulted in a new clause being put into the *Code of professional conduct*. It will make indemnity insurance a recommendation rather than a compulsory requirement for registration. Results from the consultation on midwives' rules will be used as the basis of new rules and guidance to come into effect in April 2004.

Other consultations planned for the coming year include fitness to practise, a second register consultation, the election, competencies for the third part of the register, a fee increase and standards for the supervision of midwives.

## External involvement

The Council submitted two pieces of evidence during the year to parliamentary select committees; one to the Commons Health Committee in its inquiry into maternity services and one to the Lords Constitution Committee about the accountability of regulatory bodies.

We also submitted a draft scheme under the Welsh Language Act to the Welsh Language Board and, as the year ended, were awaiting feedback prior to going out to public consultation in Wales.

## The register

The most fundamental ways the NMC works to protect the public through professional standards is by keeping an up to date register of all nurses, midwives and health visitors and by setting the standards for entry to, and remaining on, the register.

Our register is the largest of any health care regulator in the world and, at the year's end, had 645,684 nurses, midwives and health visitors listed in 15 different parts. On a daily basis, we make around 2,000 changes to the register to keep it current and accurate. On taking office, two of our core business priorities were to improve access to it and to create a new streamlined register.

## Registration

A programme of access improvement was set in place by the shadow NMC and when the Council took office in April 2002 a new computerised registration system came into effect. Originally scheduled to start 12 months earlier, when the new system was rolled out the changeover required it to be shut down for ten days. Given that the Registration department can receive more than 10,000 changes of address, up to 2,000 requests for application packs and 6,000 renewals of registration a week, the ten day lack of access created a massive problem for the new Council and registrants. At its worst, incoming calls topped 200,000 on some peak days, many of them repeat calls as practitioners attempted to contact Registration staff.

The crisis resulted in a complete review of the registration process to speed up systems and a new head of registration was appointed. An external call centre with 27 extra staff, later increased to 45 including NMC call centre staff, was contracted to help process the high volume of calls. Two data experts and all available NMC professional officers were co-opted to manage decisions on overseas applications, and the registration period was extended in March, April and May so no practitioner's registration would lapse because of the access problems. A small number of compensation claims were paid out to those who had demonstrably lost income as a result of the problem.

New technology solutions enabled many employers to carry out much of their business with the NMC online and an online employers' registration confirmation service was launched on the web site. Employers and agencies can go directly online to check the registration status of any nurse, midwife or health visitor and many have switched from the automated telephone service to this system. Discussions were held with higher education institutions to improve the transfer of information between colleges and universities to the NMC, resulting in quicker registration for newly qualified practitioners. The RCN also lent its support to set up a fast-track system to help deal with cases with registration problems.

Work has been scheduled for the next financial year to re-organise the department into three teams under new managers: the call centre, the overseas team and the UK team.

The access problems particularly affected overseas registration applications and a back-log built up of more than 7,000 cases awaiting a decision. This number dropped to 6,700 in August, 5,100 in September and by the year's end had reached around 4,000. The delays in overseas decisions coincided with continuing high demand for overseas application packs with 75,237 being sent out during the year. From these, we received 25,266 completed applications. This compares with 41,656 the previous year. Of those who applied, 12,947 overseas practitioners were accepted onto the register with the three largest groups coming from the Philippines with 5,594, India with 1,833 and South Africa with 1,480.

Later in the year, the NMC will be looking to set standards for overseas nursing programmes for UK registration. As part of this process, a public consultation will be launched looking specifically at issues around supervised practice, quality assurance, English language testing, admission to the register and programme requirements.

At the year-end, there were a total of 645,684 people on the register compared with 644,024 at the start of the year, and of this number 58,707 were nurses and midwives who trained overseas. The number of UK-trained nurses and midwives registering for the first time was 19,754 which is 5,216 greater than last year's total of 14,538. Twelve per cent of those registering for the first time were men.

The year was unprecedented for the Registration team. However, by the end of 12 months much work had been done to improve processes and create a more transparent and efficient registration service to practitioners. Eliminating the backlogs and cutting waiting times for registration remains a priority.

## Streamlining the register

The register is our primary means of protecting the public. It is a dynamic tool and will change over the years as health and social care changes. The register inherited from the UKCC had 15 parts reflecting recent and historical branches and levels of nursing. The Nursing and Midwifery Order, however, required us to create a new register.

The legislation also required us to establish a process for practitioners who register or renew their registration – currently every three years – to show they are in ‘good health’ and are of ‘good character’. On completion of an education programme, all newly qualified nurses, midwives and health visitors applying for registration have to provide a declaration of good character from their college or university. Without this, they are unable to get onto the register. There was no similar requirement for a declaration of good health either at initial or subsequent registration.

In December 2002, the NMC launched its first consultation on these issues. We sought the views of a huge range of practitioners, relevant health care organisations and other interested parties. Around 2,500 responses were received. The new consultation processes are integral to decision-making for the NMC and are part of how we aim to demonstrate open and accountable practice.

The consultation results were announced in March 2003 when a new three-part register for nurses, midwives and specialist community public health nurses (SCPHN) was agreed. The creation of a separate part for SCPHNs is a radical departure. It is a recognition of the specialist and public health-focused work of not just health visitors but also nurses working in schools, occupational health and other areas. The government is committed to putting public health at the heart of the NHS and public health is a key element in European health policy. As the regulator, we want to ensure we have set standards, and regulations for, the professionals required for the future. Competencies for the SCPHN part of the new register will be subject to a consultation later this year.

There is to be direct entry only onto the nursing and midwifery parts of the register. Entry to SCPHN will be based on a nursing or midwifery qualification. When the new register opens in April 2004, only health visitors from part 11 of the current register will be included on this part although other groups will follow once a process has been agreed. In the coming year a post-registration nursing review will look at the regulation of specialist areas of practice, including protection of title for some roles. Both employers and practitioners called for this review in their responses to the consultation.

### **Standards for entry and staying on the register**

In order to be on the register, nurses, midwives and health visitors must show they can work to specific standards of competency. Mostly, these are achieved in pre-registration programmes that form the core of practitioner education. Post-registration qualifications are not required for initial entry onto the register. These standards protect the public from untrained and incompetent practitioners and are drawn up by the NMC in collaboration with training and education institutions. Any practitioner can be removed from the register by the NMC if they fail to maintain these professional standards.

### **Health visitors**

Updated standards for pre-registration health visitor programmes were reviewed and published in December 2002.

### **PREP**

Post-registration education and practice (PREP) is a standard designed to enable practitioners to give the best possible care to patients. They allow registrants not only to develop and keep their practice current but also to demonstrate that they have done so. This continuing professional development is a key component of clinical governance and is a requirement for any practitioner who is seeking to renew their registration or return to practice after a break. The current system is ten years old and has been scheduled for a major review under the new Council.

### **Therapeutic management of violence**

Following on from the publication last year of *The recognition, prevention and therapeutic management of violence in mental health care*, the Council's Standards Committee has been looking at ways to further develop this work. The report looks at setting competencies for practitioners working predominantly in mental health and secure environments. The NMC will be working collaboratively with other agencies and government departments in the four UK countries to take this work forward.

### **Professional conduct**

Anyone who has a serious concern about the conduct of a registrant or their fitness to practise due to ill health can report this to us. The NMC will consider every complaint.

This process is a fundamental tool in protecting the public from registrants whose professional practice falls below the standards required of them. This year, 1,301 complaints were received although only allegations that are serious and could lead to a practitioner being removed from the register will be taken to a formal Professional Conduct Committee (PCC) hearing (or Health Committee (HC) hearing for cases alleging unfitness to practise for reasons of ill health). PCC hearings are always held in public, except in exceptional circumstances, and usually in a range of cities in the UK country in which the complaint originated. If a practitioner is found to be guilty of misconduct they can be removed from the register or cautioned.

The Nursing and Midwifery Order requires the NMC to establish a raft of new fitness to practise procedures including new categories of allegation, such as lack of competence, and a greater range of sanctions. New definitions of fitness to practise, misconduct and lack of competence will also be decided along with the standard of proof and rules of evidence required for hearings.

Some of the changes the NMC is making are required by law and are not subject to consultation. However, all other changes will be open to public discussion and input in the coming year and a fitness to practise consultation will be launched later in 2003. By the end of the current financial year, the Council had determined all the areas to be consulted on as well as its recommendations on the more complex issues. We have been committed to working closely with employers and professional organisations during the consultation period and as we draw up the new processes.

The existing professional conduct procedures are to become part of a broader remit within the Council's role and will be called fitness to practise. However, for the year under report most of the procedures for dealing with allegations remained the same as for the UKCC. This structure will remain in force for the coming year until it is replaced in April 2004.

This year saw record levels of activity as professional conduct hearings were increased by 24 percent, with up to three hearings being held a day for many months. At the start of the year 230 cases were waiting to be heard and this number had dropped significantly 12 months later to 147.

Issues concerning clinical practice – including failing to keep accurate records – were the biggest category of offence during 2002–2003, accounting for almost 30 percent of the charges made. As in previous years, there was also a large number of cases of physical, verbal or sexual abuse of patients, making up 26 percent of the charges. This figure was down from 32 percent the previous year, which had been an all-time high.

The number of allegations of misconduct against registered nurses, midwives and health visitors continued to rise during the year. When a complaint is first received, it is considered by the Preliminary Proceedings Committee (PPC) which decides whether or not to forward the case to a full public hearing before the PCC. The PPC considered 1,585 cases. Of these cases, 819 were closed by the PPC, 240 were forwarded for a hearing and 42 cautions were issued. A total of 66 cases were referred to professional screeners for consideration of health issues and 418 needed further investigation.

The PCC met on 370 days and considered 326 new cases of alleged misconduct and 19 applications for restoration to the register. Statistical information relating to PCC cases during the year, as well as those of the other two committees, is detailed in the *Professional conduct annual report 2002–2003*.

HC procedures are designed to consider the cases of practitioners who are alleged to be unfit to practise for reasons of ill health. First, a panel of screeners assesses cases to determine the type of medical examination which a practitioner should undergo before deciding whether or not to refer a case to the committee. Such cases are heard in private because of the sensitive nature of the information involved. Referrals to the panel of screeners may come from the PPC, from the PCC or directly from anyone concerned about a practitioner's fitness to practise.

During the year, the panel of screeners met on 36 occasions and considered 205 cases. Eight cases were closed and 112 were referred to the HC.

The HC met on 38 days and considered 204 cases. Seventy-seven cases were closed, judgement was postponed in 24 cases and 43 cases were adjourned for further medical reports. Fitness to practise was found to be impaired in 50 cases, out of which 37 practitioners were suspended and 13 removed from the register. Nine applications were made for the termination of suspension, of which eight were accepted.

### **Appeals and judicial reviews**

Between 2002–2003 there was one application for a judicial review of an HC decision not to terminate suspension of registration, and one appeal against an HC decision to suspend registration. The application for judicial review was not granted but this decision was reversed on appeal and the judicial review was expected to be held in the autumn of 2003.

The appeal against suspension was based on two points. First, that the HC was unfair in amending the Notice which stated the grounds for holding the appeal. Second, that the committee had given inadequate reasons for deciding that the appellant's fitness to practise was seriously impaired. The court found that in the particular circumstances the HC had not been unfair in amending the grounds for the Notice and that it had given adequate reasons to explain its decision. Accordingly, the appeal was dismissed.

### **Members of panels**

Panellists who sit on the PPC, PCC or HC are drawn from a pool of 130 members, 35 of whom are Council members. The ratio of registrant to lay members is approximately 2:1. This year the Council was required to set standards and competencies for their education, training, attendance and performance and these were agreed in January 2003. Panel members work across the four UK countries and are expected to commit at least ten days a year to their role.

A continuing development programme has also been established, including skills training for all members and targeted training for the chairs of panels.

## **Midwifery**

Under the new Order, the NMC has increased responsibilities for midwifery supervision. During the year we established a new unit to help meet those statutory requirements and a new head of midwifery is to be appointed. The work of the unit is to develop and promote NMC rules, standards and guidelines, particularly in respect of midwifery supervision. Midwifery advisers will also provide advice and guidance to Local Supervising Authorities, midwives and other key stakeholders including the public, as well as undertaking visits to monitor midwifery practice and to review the supervision of midwives.

The NMC recognises that strong and effective midwifery regulation plays a crucial role in ensuring women receive high standards of midwifery care. The first of two consultations was launched to develop a framework for midwifery supervision based on best practice in each of the four countries to ensure that midwives are provided with the support and advice they need to deliver safe care to clients. In drawing up the new framework, the input and advice of midwives and others in all the four countries has proved invaluable in ensuring a genuinely UK-wide perspective. The ensuing standards will represent a real change in how we, as the new regulator, seek to deliver appropriate, relevant protection and standards in consultation with the midwifery profession. All the midwifery rules are to be reviewed to update them in line with current best practice as well as to reflect the changes in the legislation.

The Council's statutory Midwifery Committee agreed to establish a UK-wide role of lead midwife for education (LME) in all HEIs which provide midwifery education. The new roles will provide a midwifery education lead and ensure communication between key stakeholders is maximised.

## **Quality assurance**

The Nursing and Midwifery Order gave the NMC new responsibilities for quality assuring pre-registration nursing and midwifery programmes and post-registration courses leading to recordable qualifications. This resulted in 136 Visitors, all of whom have a quality assurance background in practice or education, being trained to undertake monitoring and validation work in England. The NMC contracts with

other bodies to conduct this work in Scotland, Northern Ireland and Wales but is ultimately responsible for the overall monitoring of standards.

Between April 2002 and the end of the academic year, a range of courses were approved or conditionally approved at 27 universities and colleges in England. The quality of these programmes, following their implementation, is monitored by the NMC. Every programme is considered in depth at least once every five years. This ensures that NMC standards continue to be met.

In Scotland, Wales and Northern Ireland, the NMC has contracted with bodies established by the respective Parliaments and Assemblies in those countries to undertake the quality assurance work of programme validation and annual monitoring. The NMC is also working with organisations including the Commission for Health Improvement, Strategic Health Authorities and the Quality Assurance Agency to ensure high standards are set and met.

This work is an essential element of our public protection role. It ensures new registrants have had a rigorous and quality training experience and are ready to face the challenges of the health care professions. At the end of the first year, an annual report was produced covering the 2001–2002 academic year and has been published on our web site.

## **NMC people**

### **Valuing diversity**

The fourth annual diversity analysis of NMC staff was produced in October 2002 and was subsequently published on the NMC web site.

As an employer, the report showed that we reflected London's ethnic diversity with 31 percent of staff from an ethnic origin other than white (the London figure is 25 percent). However, there is a disproportionate breakdown when staffing is looked at on a band by band basis with a greater proportion of white staff in the higher bands.

This remains a concern and the internal promotion of non-white staff has been identified as an area deserving further monitoring. This will be covered in the 2003 diversity report, as will a more detailed analysis of recruitment and training. The NMC also remains a predominantly female employer (70 percent of staff).

During the year, the NMC had to ensure that all aspects of its work met both the letter and spirit of the Race Relations (Amendment) Act 2000. For example, in selecting a recruitment consultancy to help with the selection of 80 new members of our fitness to practise panels, the consultants' ability to proactively promote diversity issues as part of the exercise was a key element of the brief. However, many elements required by the Act, such as continuing awareness training and reporting of employment statistics, are already in place as good management practice. The latest valuing diversity action plan is also published on our web site.

From a personnel perspective, the NMC's first year has meant a time of change with the implementation of the Order, and also a heavy workload in supporting departments and managers to deliver these objectives.

Regular development workshops for new staff including valuing diversity and the performance development review have continued. The year under report also saw the extension of the management development programme begun last year including in-house workshops focussing on our people-related policies and practices. A new statement of practice on data protection and personal information was also developed.

The last UKCC annual report recorded staff numbers of 139 on 1 April 2002. These had increased to 159 on 31 March 2003. New roles included key posts such as the director of finance, head of registration, IT strategy manager and legislation project manager, as well as the recruitment of the new chief executive.

These new senior appointments preceded the wider restructuring of the NMC which, following staff consultation, saw 58 new positions created by the end of the year.

## Audit report

The focus of the Audit Committee is governed by the principles of good corporate governance. This is to ensure the effectiveness of our internal controls to manage business risks as well as to ensure sound audit and risk management processes within the organisation. The Audit Committee met four times during the year and agreed the internal audit strategy for the NMC's first two years.

The Council specifically requested an extension of Internal Audit's remit to include risk, governance and internal audit. These additions were reflected in the main areas covered by Internal Audit during the year, which included:

- ▶ a review of the disaster recovery and contingency planning arrangements following the implementation of WISER, the new registration system
- ▶ a review of internet security and controls in relation to WISER phase 2
- ▶ a system review of decision-making processes in respect of overseas nurses on supervised practice
- ▶ an audit of temporary staff arrangements
- ▶ a compliance audit of expenses
- ▶ beginning the process of an external audit re-tender
- ▶ to note progress on the risk management policy and governance issues in relation to the Council's business.

## Finance report

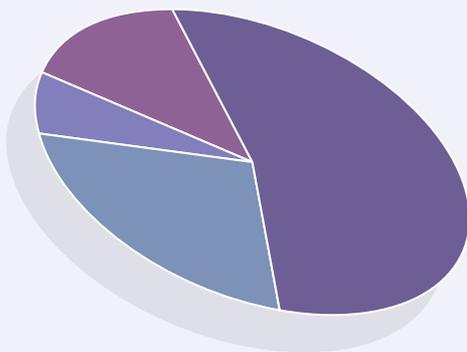
The net outgoing resources for the year amounted to £2,779,000 (in 2001–2002 they were £5,231,000).

The reserves of £6.6 million should be considered taking into account that the lease of the Council's offices at 23 Portland Place continues to have a restrictive user clause and was re-valued on 31 March 2003 at £10.5 million, being included in the accounts at the net book value of £10.1 million.

On taking office the Council found that the net assets transferred by the UKCC were £1.7 million less than its tangible fixed assets producing negative free reserves. Despite this, the Council decided to honour an earlier pledge not to raise fees until 2004 and to fund ongoing deficits from its prepaid fees. A recovery plan is now in place to improve our free reserves to a position by 2010 where we will retain an equivalent of six months' of operational expenditure. To achieve this there will be a requirement to raise fees. However, this will in part be mitigated by a continuing drive to seek operational savings where possible. To that end the recovery plan also incorporated steps to achieve purchasing savings of £1.5 million a year by bringing IT services and the call centre in-house and undertaking a thorough review of competitive tendering processes. ◀

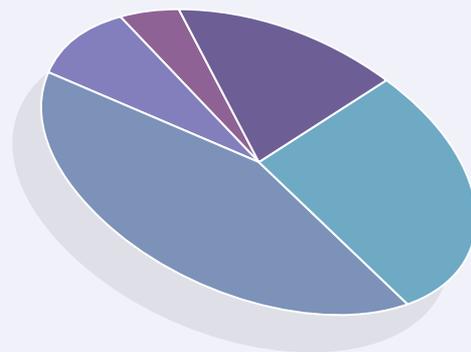
## Breakdown of income and expenditure

### Income



- Periodic fees 54%
- Registrations 24%
- Grants received from Government bodies 15%
- Investment and other income 7%

### Expenditure



- Professional conduct 41%
- Maintaining the register 28%
- Standards promotion and policy development 16%
- Communication 10%
- Management and administration 5%

# Council members

The Council consists of 12 registrant members, 12 alternate registrant members and 11 lay members. The registrant members consist of equal numbers of nurses, midwives and health visitors from each of the four UK countries. The lay members include representatives from education, employer and consumer groups.

## Registrant members

Jonathan Asbridge, President (Nursing, England)  
Elizabeth Bannon (Midwifery, Northern Ireland)  
Marianne Cowpe (Health Visiting, Wales)  
Sharon Hall (Nursing, Wales)  
Mary Hanratty, Vice-President (Nursing, Northern Ireland)  
Jean Keats (Midwifery, Wales)  
Kathy McLean (Nursing, Scotland)  
Heather Shaw (Midwifery, Scotland)  
Cathy Warwick (Midwifery, England)  
Bronya Webster (Health Visiting, England)  
Ishbel White (Health Visiting, Scotland)  
Fiona Wright (Health Visiting, Northern Ireland)

## Alternate registrant members

Maureen Jamison (Health Visiting, Northern Ireland)  
Christine Hayes (Midwifery, Wales)  
Nancy Kirkland (Nursing, Scotland)  
Liz Hewett (Nursing, Wales)  
Paul Lewis (Midwifery, England)  
Heather Livesey (Health Visiting, England)  
Angela O'Connor (Nursing, Northern Ireland)  
Eileen Pollock (Midwifery, Northern Ireland)  
Angela Roberts (Health Visiting, Wales)  
David Sines (Nursing, England)  
Mary Vance (Midwifery, Scotland)  
Sheena Wright (Health Visiting, Scotland)

## Lay members

### Education

Gordon Dickson                      Donald Pennington

### Employers

Cathy Gritzner                      Trevor Purt

### Consumers

Moi Ali                                      Paddy Buxton  
Jill Carter                                  Alan Ferguson  
Christina Funnell                      John Leece Jones  
*(One lay member vacancy exists)*

# Annual accounts 2002-2003

## Summary statement of financial activities for the year ended 31 March 2003

	<b>2003</b> <b>£ 000s</b>	<b>UKCC</b> <b>2002</b> <b>£ 000s</b>
<b>Income</b>		
Periodic fees	9317	7941
Registrations	4177	2994
Other fee income	250	210
<b>Total fee income</b>	<b>13744</b>	<b>11145</b>
Interest and investment income	878	959
Trading income	322	-
Grants receivable from Government bodies	2534	464
Changes in deferred income	-236	-97
<b>Total income</b>	<b>17242</b>	<b>12471</b>
<b>Expenditure</b>		
Standards promotion and policy development	3118	2499
Maintaining the register	5630	4173
Professional conduct	8249	7215
Research	-11	92
<b>Direct charitable expenditure</b>	<b>16986</b>	<b>13979</b>
Communication, publicity and events	1979	2281
Management and administration	1008	1075
NMC set up costs		367
Cost of generating funds	48	
<b>Other expenditure</b>	<b>3035</b>	<b>3723</b>
Gains/(losses) on fixed assets and investments	1082	1981
<b>Total expenditure</b>	<b>18939</b>	<b>15721</b>
<b>Net movement in funds for the year</b>	<b>-1697</b>	<b>-3250</b>
Total funds brought forward	8324	11574
<b>Total funds carried forward</b>	<b>6627</b>	<b>8324</b>

## Summary balance sheet as at 31 March 2003

	<b>2003</b> <b>£ 000s</b>	<b>UKCC</b> <b>2002</b> <b>£ 000s</b>
<b>Fixed assets</b>		
Tangible assets	11,168	10,076
Investments	4,961	5,279
<b>Total fixed assets</b>	<b>16,129</b>	<b>15,355</b>
<b>Current assets</b>		
Debtors and amounts owing to NMC	1,356	548
Cash at bank and in hand	9,897	9,502
<b>Total current assets</b>	<b>11,253</b>	<b>10,050</b>
Creditors (amounts falling due within one year)	-11,615	-10067
Bank overdraft		-138
<b>Net current liabilities</b>	<b>-362</b>	<b>-155</b>
<b>Total assets less current liabilities</b>	<b>15,767</b>	<b>15,200</b>
Creditors (amounts falling due after more than one year)	-8,915	-6876
Provision for liabilities and charges	-225	
<b>Net assets</b>	<b>6,627</b>	<b>8,324</b>
<b>Income fund</b>	<b>6,627</b>	<b>8,324</b>

**Jonathan Asbridge**  
President, NMC  
27 November 2003

**Sarah Thewlis**  
Chief Executive and Registrar, NMC

## Summary cash flow statement for the year ended 31 March 2003

	<b>2003</b> <b>£ 000s</b>	<b>UKCC</b> <b>2002</b> <b>£ 000s</b>
<b>Income/(expenditure) for period</b>	<b>-1697</b>	<b>-3250</b>
<b>Add back non cash items</b>		
Depreciation	442	462
Loss on disposal of fixed asset	4	4
Revaluation of fixed assets	-1400	-3003
Realised and unrealised loss on investments	318	1022
	-636	-1515
<b>Net inflow/(outflow) of funds from activities</b>	<b>-2333</b>	<b>-4765</b>
<b>Applications</b>		
Capital expenditure	-138	-94
Receipts from sale of investments		10796
Movements in working capital	-905	-138
Movements in fees paid in advance	3909	2373
	2866	12937
<b>Net inflow/(outflow) of funds</b>	<b>533</b>	<b>8172</b>
<b>Represented by movements in cash and bank accounts</b>	<b>533</b>	<b>8172</b>

## Notes

### 1 Basis of summary accounts

These summary financial statements have been prepared in accordance with the Companies Act 1985, having regard to the Companies (Summary Financial Statement) Regulations 1995 (SI 1995/2092) as far as is relevant.

The UKCC's activities have been taken over by the new regulatory body, the Nursing and Midwifery Council (NMC), from 1 April 2002. As per Privy Council Order 2002 all the assets and liabilities of the UKCC have been transferred to the NMC on 1 April 2002 and the UKCC has ceased to exist. Merger accounting has been adopted in preparing the full accounts and, as the accounting policies of NMC are consistent with those applied by the UKCC, the NMC has used the 2001–2002 UKCC figures as comparatives. The Council has implemented a recovery plan to raise fee income and to achieve efficiency savings in expenditure, which will further improve the Council's financial position. The full accounts have been prepared on a going concern basis.

### 2 Chief Executive's remuneration

The Chief Executive/Registrar was appointed on 19 August 2002. Her remuneration to 31 March 2003 was £57,764. This includes pension contributions paid by the Council of £7,038. The Chief Executive/Registrar is an ordinary member of the Federated Pension Scheme and her age at 31 March 2003 was 44 years. At that date, her accrued pension was £569 per annum.

In the previous year, the Chief Executive/Registrar of the UKCC received remuneration of £117,333, including £19,971 of pension contributions paid by the UKCC.

### 3 Related party transactions

A full declaration of related party transactions has been made in accordance with FRS 8, and this is detailed in the full financial statements. The full financial statements are available from the Nursing and Midwifery Council's web site at [www.nmc-uk.org](http://www.nmc-uk.org).

### Statement of the Comptroller and Auditor General to the Houses of Parliament

I have examined the summary financial statement set out on pages 20-21, which has been prepared in the form and on the basis set out in note 1 above.

### Respective responsibilities of the Council, the Chief Executive and Auditor

The summary financial statement is the responsibility of the Council and the Chief Executive.

My responsibility is to report to you my opinion on the consistency of the summary financial statement with the full annual accounts and foreword.

### Basis of opinion

I conducted my audit in accordance with Bulletin 1999/6 The auditor's statement on the summary financial statement issued by the United Kingdom Auditing Practices Board.

The audit of a summary financial statement comprises an assessment of whether the statement contains all information necessary to ensure consistency with the full financial statements and foreword and of whether the detailed information required by law has been properly extracted from those documents and included in the summary statement.

Our report on the company's full financial statements includes information on the responsibilities of the Council and its Chief Executive and auditors relating to the preparation and audit of financial statements and on the basis of our opinion on the financial statements.

### Opinion

In my opinion the summary financial statement is consistent with the full financial statements and foreword of the Nursing and Midwifery Council for the year ended 31 March 2003 and has been properly prepared on the basis set out in note 1 to the summary financial statement.

John Bourn  
Comptroller and Auditor General  
National Audit Office  
157-197 Buckingham Palace Road  
Victoria  
London SW1W 9SP

30 January 2004

# Contacting the NMC

## **Registrations**

For all overseas registration enquiries, e-mail [overseasreg@nmc-uk.org](mailto:overseasreg@nmc-uk.org).

There are two separate switchboard numbers for the NMC's Registration Department.

For all new and existing United Kingdom and European Union registrations, call **020 7333 9333**.

For all registration enquiries from countries outside the EU, call **020 7333 6600**.

## **Professional advice**

Telephone 020 7333 6541/6550/6553  
fax 020 7333 6538  
e-mail [advice@nmc-uk.org](mailto:advice@nmc-uk.org)

## **Fitness to practise**

Telephone 020 7333 6564/6572  
fax 020 7636 2903  
e-mail [conduct@nmc-uk.org](mailto:conduct@nmc-uk.org)

## **Finance**

Telephone 020 7333 6652  
fax 020 746 3805  
e-mail [finance@nmc-uk.org](mailto:finance@nmc-uk.org)

## **Publications**

Please send your order by post, fax 020 7436 2924 or e-mail [publications@nmc-uk.org](mailto:publications@nmc-uk.org)

## **Location**

Nursing and Midwifery Council  
23 Portland Place  
London W1B 1PZ  
Telephone 020 7637 7181  
Website [www.nmc-uk.org](http://www.nmc-uk.org)

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**NURSING &  
MIDWIFERY  
COUNCIL**

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Protecting the public through  
professional standards