

CHRE Performance Review 2009-2010 – Nursing and Midwifery Council

NOTE: For the purposes of publication, the comments made by CHRE, together with our responses (submitted March 2010), have been amalgamated into our original submission of December 2009.

Throughout this submission, references to “the order” are to the Nursing and Midwifery Order 2001, as amended.

Where available, web links are provided in footnotes as supporting evidence. It should be noted we have launched a new website since the performance review documentation was submitted to CHRE. Where a link is not provided, the document may be unavailable or is being revised; any updates will appear on our website in due course. If you have a specific request, please contact us by email at communications@nmc-uk.org

1. First function: Standards and guidance

Standard	Pages
1.1 The regulator publishes standards of competence and conduct, which prioritise patient safety and interests and reflect up-to-date practice.	
(i) Standards prioritise patient safety and patient interests.	3 - 5
(ii) Core standards are formulated as general principles, which apply to all situations and areas of practice.	5
(iii) The core standards are easy to understand for registrants and clearly outline registrants’ personal responsibility for their practice.	5 - 6
(iv) Where appropriate, supplementary guidance is produced to help registrants apply the core standards about specialist or specific issues.	6 - 8
(v) The regulator regularly reviews its standards to ensure that they are up-to-date, and, where appropriate, they are revised with input from stakeholders.	8 - 13
Extra supporting information	13 - 15
1.2 The regulator actively makes its standards available and accessible to registrants and potential registrants in the UK, and informs them of their current or future responsibility to meet these standards.	
(i) Standards are available in different formats.	16 - 18
(ii) The regulator has a communications strategy to promote the standards which is targeted to the needs of	19 - 22

registrants and potential registrants.	
Extra supporting information	22
1.3 The regulator informs the public of the standards that registrants should meet and the action that they can take if these standards are not met.	
(i) Standards are available in different formats.	23
(ii) The regulator has a communications strategy to promote the standards which is targeted to the needs of the public, employers and other stakeholder.	24 - 25
Extra supporting information	25 - 27
1.4 The regulator requires registrants to maintain standards through a process of continuing professional development or equivalent systems and is working towards a system of revalidation.	
(i) The regulator regularly audits their registrant's CPD profiles to ensure that the CPD is targeted to the specific learning needs of individual registrants and that public protection is prioritised.	27 - 28
(ii) The regulator works with others (including public and patient groups) towards a system of revalidation carried out on a periodic basis and with intensity proportionate to risk for each registrant and with targeted remedial action.	28 - 30
Extra supporting information	30

Standard		
1.1 The regulator publishes standards of competence and conduct which prioritise patient safety and interests and reflect up-to-date practice.		
Minimum requirements	2008-2009 Response	2009-2010 Response
1.1 i) Standards prioritise patient safety and patient interests.	<p>Our objective of safeguarding the health and well-being of the public is at the heart of everything we do and the driver for the standards we set¹.</p> <p>Our educational standards define the minimum level of practice and behaviour expected of those on our register. They are a benchmark for employers and the public, demonstrating the competences of qualified nurses and midwives.</p> <p><i>The Code – Standards of conduct performance and ethics for nurses and midwives</i>² has been revised. The new version, which came into effect on 1 May 2008, prioritises patient safety and patient interests by requiring that our registrants:</p>	<p>The first of the 10 standards in our proposed library of education standards is “Safeguarding the public - The education of nurses and midwives must be consistent with <i>The Code: standards of conduct performance and ethics for nurses and midwives</i> (NMC 2008)”. (Standard 4.2(i) provides further information.) These 10 standards will be an integral part of our new standards for pre-registration nursing education, which will be issued for consultation in January 2010. (Standard 4.1(iii) provides further information.)</p> <p>In March 2009, we launched our <i>Guidance for the care of older people</i>⁶, together with a companion document <i>Care and respect every time. What you can expect from nurses</i>⁷, which was developed specifically for older</p>

¹ Article 3(4) of the Order - <http://www.nmc-uk.org/About-us/Governing-legislation-and-external-oversight/Legislation/>

² The code - http://www.nmc-uk.org/Documents/Standards/nmcTheCodeStandardsOfConductPerformanceAndEthicsForNursesAndMidwives_LargePrintVersion.PDF

³ *Standards of proficiency for nurse and midwife prescribers* - <http://www.nmc-uk.org/Documents/Standards/nmcStandardsOfProficiencyForNurseAndMidwifePrescribers.pdf>

⁴ *Standards for the preparation and practice of supervisors of midwives* - <http://www.nmc-uk.org/Documents/Standards/nmcStandardsForThePreparationAndPracticeOfSupervisorsOfMidwives.pdf>

⁵ *Standards for the supervised practice of midwives* - <http://www.nmc-uk.org/Documents/Standards/nmcStandardsGForSupervisedPracticeOfMidwivess2007.pdf>

⁶ *Guidance for the care of older people* - <http://www.nmc-uk.org/Documents/Guidance/Guidance-for-the-care-of-older-people.pdf>

⁷ *Care and respect every time. What you can expect from nurses* - <http://www.nmc-uk.org/Documents/Guidance/nmcCareandRespectEveryTime2009.pdf>

	<ul style="list-style-type: none"> • <i>Make the care of people your first concern, treating them as individuals and respecting their dignity</i> • <i>Work with others to protect and promote the health and wellbeing of those in your care, their families and carers, and the wider community</i> • <i>Provide a high standard of practice and care at all times</i> • <i>Be open and honest, act with integrity and uphold the reputation of your profession.</i> <p>We developed our <i>Standards of proficiency for nurse and midwife prescribers</i>³, published in 2006, in response to the Shipman Inquiry Fourth Report 2005, with the prime aim of ensuring public protection. The Standards, which set out our requirements for the education and training of those registrants who are 'qualified to prescribe', reflect the new and emerging roles of practitioners in the modern healthcare environment.</p> <p>Our framework for the statutory supervision of midwives protects the public by promoting best practice, preventing poor practice and dealing with unacceptable practice. Every midwife working in the UK is subject to the supervision framework regardless of her employment status.</p> <p>As part of the supervision framework, our <i>Standards for the preparation and practice of supervisors of midwives</i>⁴, published in 2006, protect the public by ensuring that supervisors of midwives are properly trained to undertake their role fully. The standards make it explicit that supervisors must work in partnership with the women using maternity services, enabling them to make</p>	<p>people, their families and carers. (Standards 1.2(i) and 1.3(i) provide further information.)</p> <p>As a follow-up to this work, we are currently exploring how we can guide nurses and midwives in their approach to the care of other groups. We are in discussions with the Department of Health's 'No Secrets' team about how they can support our work to develop guidance relating to vulnerable adults and children.</p> <p>In developing our guidance on 'raising and escalating concerns', we have adopted a positive tone, mirroring the language used within the areas of risk management and safeguarding. (Standard 1.1(iv) provides further information.)</p> <p>CHRE commented:</p> <p>Two of the regulators have said that they are carrying out work around the introduction of systematic checks on whether registrants have indemnity insurance. We would be interested to know if this is something that the NMC is considering.</p> <p>NMC responded:</p> <p>We are participating in the inter-regulator review of professional indemnity insurance (PII), which was commissioned by the Secretary of State in May 2009. This is considering whether PII, linked to registration, is the most appropriate way to protect the safety of the public. The review will be reporting in the summer of 2010. In the meantime, the Department of Health has asked the UK healthcare regulators to cease all work relating to PII until that report is published.</p> <p>Information about indemnity insurance is provided in <i>The</i></p>
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	<p>informed choices.</p> <p>The <i>Standards for the supervised practice of midwives</i>⁵, published in 2007, ensure that a robust and consistent process is followed when a midwife demonstrates a lack of competence. The midwife is required to participate in a formal process, with academic and practice outcomes, to demonstrate that she is competent to practise a midwife. Failure to demonstrate competence at the end of a period of supervision will result in referral to our fitness to practise procedures.</p>	<p><i>code, standards of conduct, performance and ethics for nurses and midwives</i>. This includes a recommendation that any nurse or midwife who is not covered by employer's vicarious liability obtain adequate PII.</p> <p>If we were to make indemnity insurance a requirement of registration, the Nursing and Midwifery Order 2001 would have to be amended to give us the necessary powers.</p>
<p>1.1 ii)</p> <p>Core standards are formulated as general principles which apply to all situations and areas of practice.</p>	<p><i>The Code</i> clearly sets out our requirements as general principles that a nurse or midwife can apply to her own field of practice. Other examples include our <i>Standards for medicines management</i>⁸, first published in 2007, which set out broad principles for practice in the modern healthcare environment. As noted in Standard 4.2(iii), our standards of proficiency governing education and training⁹ enable training providers to develop high quality programmes in consultation with commissioners and local service providers. [Note: this standard was removed for 2009-2010 and the information is not included in this submission.]</p>	<p>We are revising the way our education standards are framed, organised and updated. Our proposed library of education standards contains a set of 10 common standards to be applied to all programmes of education. (Standard 4.2(i) provides further information.) Our new standards for pre-registration nursing education will be the first to use this approach. (Standard 4.1(iii) provides further information.)</p>
<p>1.1 iii)</p> <p>The core standards</p>	<p><i>The Code</i> uses clear language and presents the requirements in terms of "you must", clearly putting the</p>	<p>We published our new <i>Standards for pre-registration midwifery education</i>¹¹ in February 2009, as planned. All</p>

⁸ *Standards for medicines management* - <http://www.nmc-uk.org/Documents/Standards/nmcStandardsForMedicinesManagementBooklet.pdf>

⁹ *Standards of proficiency for pre-registration nursing education* - http://www.nmc-uk.org/Documents/Standards/nmcStandardsofProficiencyForPre_RegistrationNursingEducation.pdf

Standards of proficiency for pre-registration midwifery education – [Note – this link is no longer available. Footnote 11 provides link to current document.]

Standards of proficiency for specialist community public health nurses - <http://www.nmc-uk.org/Documents/Standards/nmcStandardsofProficiencyforSpecialistCommunityPublicHealthNurses.pdf>

<p>are easy to understand for registrants and clearly outline registrants' personal responsibility for their practice.</p>	<p>onus on the nurse or midwife to comply. <i>The PREP handbook</i>¹⁰, which deals with the standards for post-registration education and practice, uses the same language. It also includes 17 case studies, providing examples of how the PREP requirement may be met.</p> <p>We will be publishing new <i>Standards for pre-registration midwifery education</i> in February 2009. In reviewing the standards we have used Plain English making them more accessible to the public, employers and midwives. (Standard 4.1(iii) provides more detail)</p>	<p>midwifery programmes have been compliant with the new standards since September 2009.</p>
<p>1.1 iv) Where appropriate, supplementary guidance is produced to help registrants apply the core standards about specialist or specific issues.</p>	<p>We produce 61 advice sheets to give additional support to nurses and midwives in applying <i>The Code</i>. These are regularly updated (see <i>Extra supporting information</i> section below) and give advice on matters ranging from free birthing¹² to withdrawing care. These are available through the Advice section of our website¹³ and are used by staff to provide advice to nurses, midwives and the public. Our Advice Centre is open from 08.00 – 18.00 on weekdays.</p> <p>We are responsible for the statutory supervision of midwives. The <i>Midwives rules and standards</i>¹⁴ is a framework for supervision which sets out how supervision operates, the standards required and gives guidance on the interpretation of the rules and standards and how they apply in practice.</p>	<p>We currently have 59 advice sheets and, during the last year, have updated our advice on confidentiality, injectable cosmetic treatments and mixing medicines. In reviewing the design and functionality of our website, we have revised the Advice section so that it now flags the latest additions and latest news¹³. An internal working group is reviewing our operational policy for the production of advice sheets. This will lead to a more consistent and robust process for managing them.</p> <p>We are developing our advice sheet on whistleblowing into more formal guidance. We are doing this in collaboration with a wide group of stakeholders and have drawn on existing policy and guidance from other professional regulators. In response to feedback from our stakeholders that the term 'whistleblowing' holds negative connotations, we have adopted the phrase 'raising and escalating</p>

¹⁰ *The PREP handbook* - <http://www.nmc-uk.org/Documents/Standards/nmcPrepHandbook.pdf>

¹¹ *Standards for pre-registration midwifery education* - http://www.nmc-uk.org/Documents/Standards/nmcStandardsforPre_RegistrationMidwiferyEducation.pdf

¹² Free birthing - women choosing to give birth with no professional attendance

¹³ Advice by topic - <http://www.nmc-uk.org/Nurses-and-midwives/Advice-by-topic/A/>

¹⁴ *Midwives rules and standards* - <http://www.nmc-uk.org/Documents/Standards/nmcMidwivesRulesandStandards.pdf>

	<p>We will be publishing <i>Guidance for the care of older people</i> in March 2009. The Guidance supports <i>The Code</i>, setting out what we expect of registrants caring for older people. It gives advice and support to nurses providing care and provides employers with a set of care principles. A key driver behind the guidance was our awareness of the rising number of allegations, from employers and members of the public, regarding abuse of the older people.</p> <p>We recently revised the advice on accountability and delegation. We are considering additional guidance on ethics specifically around confidentiality and consent.</p>	<p>concerns'. This reflects a more positive tone and mirrors the language used within the areas of risk management and safeguarding. The draft guidance was considered by Council in November 2009¹⁵ and will be issued for consultation early in 2010. We are planning to publish <i>Raising and escalating concerns: Guidance for nurses and midwives</i> in the autumn of 2010. We published an article, detailing the work we have been doing on the guidance, in the November 2009 issue of <i>NMC News</i>¹⁶ (page 16). More information about this work is available on our website¹⁷.</p> <p>We have established a page on our website, with a link on the home page, to provide nurses and midwives with information about the swine flu pandemic¹⁸. It includes a position statement on their role and another on working through a surge in the pandemic. We are keeping the situation under review and will update the information as necessary. We have also been working with the Department of Health on its <i>Update of guidance on preparing maternity services toolkit</i>.</p> <p>We have started work to develop guidance on professional indemnity insurance (PII), for publication during 2010. We are also contributing to a Department of Health policy review of PII across all the healthcare regulators.</p> <p>Standard 1.2(i) provides information about the launch of</p>
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¹⁵ Council Open Session: 5 November 2009 (Paper NMC/09/62, Annexe 2 Raising and escalating concerns: Guidance for nurses and midwives) – <http://www.nmc-uk.org/Documents/Council%20papers%20and%20documents/November%202009/NMC%2009%2062%20Raising%20Concerns%20%20Annexe%202.pdf>

¹⁶ *NMC News*, November 2009 - <http://www.nmc-uk.org/Documents/NMC-News-NMC-Update/nmcNewsIssue30November2009.pdf>

¹⁷ Practical guidelines for professionals on raising and escalating concerns – <http://www.nmc-uk.org/Press-and-media/News-archive/Practical-guidelines-for-professionals-on-raising-and-escalating-concerns/>

¹⁸ Swine flu pandemic – [Note – this link is no longer available.]

¹⁹ What do you think of our guidance on raising concerns? Let us know before 31 March - [Note – this link is no longer available but information is provided in the 'Past consultations' section of our website - <http://www.nmc-uk.org/Get-involved/Consultations/Past-consultations/By-year/Guidance-for-raising-and-escalating-concerns/>]

		<p>our <i>Guidance for the care of older people</i>.</p> <p>CHRE commented:</p> <p>We would like to know what progress has been made on the NMC revising its advice sheet on whistleblowing into formal guidance on raising and escalating concerns.</p> <p>NMC responded:</p> <p>We issued the consultation on our draft guidance on raising and escalating concerns on 6 January 2010. The consultation, which closes on 31 March 2010, is available on our website¹⁹ and a link is provided from the home page. If necessary, we will revise the guidance to take account of the consultation findings before presenting it to Council, for approval, in September 2010; publication will follow shortly after that.</p> <p>As reported in Standard 1.1(iv) of our main submission, we published an article, detailing the work we have been doing on the guidance, in the November 2009 issue of <i>NMC News</i>¹⁶ (page 16). More information about this work is available on our website¹⁷.</p>
<p>1.1 v)</p> <p>The regulator regularly reviews its standards to ensure that they are up-to-date, and, where appropriate, they are revised with input</p>	<p>We undertake a comprehensive review of all our standards and guidance on a regular basis to ensure that they remain up to date and meet our objectives. We also identify areas where further guidance is needed; this may be for one of a number of reasons: practice has changed, we or stakeholders have identified issues that have changed in importance, or we have identified a rising number of complaints or concerns in an area.</p>	<p>During 2009, as at the end of November, we have issued five NMC Circulars²⁴ covering issues such as supply and administration of medicines by student nurses and midwives in relation to Patient Group Directions and the delivery of pre-registration nursing programmes for adult nursing.</p> <p>Standards 4.1(ii) and (iii) provide an update on our ongoing review of pre-registration nursing education.</p>

²⁰ NMC Circulars 2008 - <http://www.nmc-uk.org/Publications-/Circulars/Circulars-2008/>

<p>from stakeholders.</p>	<p>We have a Lead Officer for each standard, who continually monitors the standard to ensure that it remains consistent with current practice in the light of any new or emerging issues or policy changes. We will, if necessary, issue supplementary advice.</p> <p>We issued 16 NMC Circulars during 2008²⁰, providing registrants and other stakeholders with updated information and guidance relating to a range of standards including medicines management, standards to support learning and assessment in practice and the preparation and practice of supervisors of midwives. Mindful that electronic communications are providing opportunities for services to be delivered remotely and the need to ensure patient safety, we used one of these Circulars to set out our position on remote assessment and prescribing²¹.</p> <p><i>The Code</i>, which we published in 2008, was produced following a major review of the previous version, carried out during 2006/2007. As is the case following the publication of any new or updated standards, we then reviewed our advice sheets and, where necessary, updated them to ensure consistency.</p>	<p>We published our new <i>Standards for pre-registration midwifery education</i>¹¹ in February 2009, as planned.</p> <p>Our review of the <i>Midwives rules and standards</i> is ongoing and we are planning to issue our proposals for consultation in the spring of 2010. During the year, we invited a random sample of midwives to participate in a telephone survey on their use of this document. Fifteen midwives were interviewed, all of whom were currently registered and had submitted a notice of intention to practice for the current year and none of whom were supervisors of midwives.</p> <p>We have met with a variety of women's groups and have particularly targeted seldom heard groups. We have used feedback from these groups as the basis for articles in two issues of <i>NMC News</i> - August 2009²⁵ (page 13) and November 2009¹⁶ (page 20).</p> <p>Through our attendance at various events, we are building up a database of those who wish to be involved in the project and took the opportunity at the Primary Care exhibition in May 2009 to seek participants. We have established a user group, drawn from a wide range of</p>
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²¹ Remote assessment and prescribing - http://www.nmc-uk.org/Documents/Circulars/2008%20circulars/NMC%20circular%2016_2008.pdf

²² Pre-registration nursing education: Phase 1 - <http://www.nmc-uk.org/Get-involved/Consultations/Past-consultations/By-year/Pre-registration-nursing-education-Phase-1-/>

²³ Record keeping - [Note – this link is no longer available. Footnote 27 provides link to current document.]

²⁴ NMC Circulars 2009 - <http://www.nmc-uk.org/Publications-/Circulars/Circulars-2009/>

²⁵ *NMC News*, August 2009 - <http://www.nmc-uk.org/Documents/NMC-News-NMC-Update/nmcNewsIssue29August2009.pdf>

²⁶ Standards for medicines management: evaluation results - <http://www.nmc-uk.org/Press-and-media/News-archive/Standards-for-medicines-management-evaluation-results/>

²⁷ Record keeping: Guidance for nurses and midwives [Note – the web page mentioned in the text is no longer available, the link that follows is to the current publication] - <http://www.nmc-uk.org/Documents/Guidance/nmcGuidanceRecordKeepingGuidanceforNursesandMidwives.pdf>

²⁸ Supply and/or administration of medicine by student nurses and student midwives in relation to Patient Group Directions (PGDs) - http://www.nmc-uk.org/Documents/Circulars/2009%20circulars/NMC%20circular%2005_2009.pdf

	<p>We are currently reviewing pre-registration nursing education²² (Standard 4.1(iii) provides more detail). We are also reviewing our <i>Guidelines for records and records keeping</i> and will launch the new guidelines early in 2009. In the meantime, we have produced an advice sheet²³, incorporating the original document and new guidance on electronic record keeping and delegation.</p> <p>We have completed our review of the <i>Standards of proficiency for pre-registration midwifery education</i> and will be publishing the new standards in February 2009.</p> <p>We are reviewing our <i>Midwives rules and standards</i> and the development phase of this project will begin early in 2009. The initial scoping has been informed by stakeholder feedback from an on-line survey conducted during the International Congress of Midwives conference in Glasgow in May 2008. Additional stakeholder views have been gained through 12 UK-wide Roadshows for Supervisors of Midwives and strategic reference meetings with the Local Supervising Authority Midwifery Officers and Lead Midwives for Education.</p> <p>We have invited nurses and midwives to participate in an on-line evaluation of the <i>Standards for medicines management</i>. The survey closed on 9 January 2009 and the report will be available in the Spring of 2009.</p> <p>CHRE commented:</p> <p>It is stated that standards and guidance are updated on a regular basis. It would be helpful to know how often the standards and guidance are reviewed and updated.</p> <p>NMC responded:</p> <p>We review all our standards every three years, to ensure</p>	<p>interested stakeholders, to feed into the overall development of the project. We have also established an advisory group of midwives and lay people, which will consider the developing proposals and advise the project board on a number of practice related issues.</p> <p>The project is running in parallel with the Midwifery 2020 programme and we provide regular updates, on relevant projects, to the steering groups of all four countries and also to the programme board.</p> <p>We received 1,279 responses to our on-line evaluation of the <i>Standards for medicines management</i>, with 70 percent saying they knew the standards had been published. Of the 618 who had responded to the question, 94 percent found the standards easy to understand and 82 percent said it was useful that we had integrated all medicines matters into a single publication. The report is available on our website²⁶.</p> <p>We published an updated version of <i>Record keeping: Guidance for nurses and midwives</i> in July 2009. The guidance can be downloaded as a PDF document or a hard copy can be ordered directly from the website. The web page also provides hyperlinks to frequently asked questions and further information²⁷. The publication was supported by an article in the August 2009 edition of <i>NMC News</i>²⁵ (page 10), and, as of the end of October 2009, over 110,000 copies have been distributed UK-wide. Various speaking engagements have been held to raise awareness of the new guidance.</p> <p>We have started a project to review our standards of proficiency for specialist community public health nurses. One of the objectives is to gather evidence on the trends in public and community health and the role of regulation in</p>
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	<p>that they remain up to date in a modern healthcare environment and support good practice. Guidance is reviewed as necessary, often in response to external factors, but at least once in every three year period.</p> <p>CHRE commented:</p> <p>We believe that the NMC's use of circulars is a useful way of providing registrants and other stakeholders with updated information and guidance relating to a range of standards and this approach could be something that other regulators should consider. We would like to discuss this with you at our meeting.</p> <p>NMC responded:</p> <p>We look forward to discussing our use of circulars with you at the meeting.</p>	<p>protecting the public in this type of practice.</p> <p>During 2010-2011, we will be evaluating and reviewing both the <i>Standards for the supervised practice of midwives</i>⁵ and the <i>Standards for the preparation and practice of supervisors of midwives</i>⁴. In the latter, we will be planning to make a clearer separation between the education standards and the CPD requirements for maintaining competence.</p> <p>We have worked with the Medicines and Healthcare products Regulatory Agency (MHRA) on issues relating to the mixing of medicines by nurses and midwives and the prescribing of unlicensed medicines, updating our advice sheets in accordance with their guidance and advice. We have also engaged with the MHRA on the issue of Patient Group Directions (PGD) delegation and have issued an NMC Circular clarifying the position in relation to student nurses and midwives²⁸.</p> <p>We have used polls on the home page of our website to gauge awareness of the code. During the period February to April 2008, 73 percent of nearly 1,900 nurses and midwives said they were confident that they knew what was in the code. When the survey was repeated in January to March 2009, the figure had risen to 77 percent. During the period April to May 2008, 70 percent of nearly 1,400 nurses and midwives who responded said they had seen the new code.</p> <p>We consult with practising nurses and midwives, educators and other stakeholders when reviewing standards and ensure that all views are considered.</p> <p>CHRE commented:</p> <p>We recognise that the NMC has undertaken significant</p>
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		<p>consultation with key groups this year particularly around the review of midwifery rules and standards. We would be interested to know what impact this has had or will have on the final documents.</p> <p>NMC responded:</p> <p>Involving partners and interested parties, through informal consultation, for the early part of the work on the <i>Midwives rules and standards</i>, has enabled us to see how the rules and standards currently work for those that they are intended to safeguard. The work has highlighted the lack of clarity the rules provide in relation to statutory supervision and its function in safeguarding women, babies and their families. The feedback we have received has contributed to the development of the policies that will underpin the revised rules and the standards that will sit beneath them.</p> <p>Whilst much of the feedback furnishes longer-term goals in policy development, some of the work with groups, especially women and their families, has resulted in the publication of articles in <i>NMC News</i> (August 2009²⁵, page 13 and November 2009¹⁶, page 20). These were designed to provoke consideration of the impact that care, and the action of midwives, may have, particularly where outcomes have been poor or not been as expected.</p> <p>We recognise that our stakeholders have a range of views, knowledge and experience that can have a material impact on our policy development. We endeavour to establish ongoing contacts with stakeholders who contribute to our consultations, providing them with updates, further opportunities to contribute and feedback as to how we have acted on their information. We will continue with this</p>
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		approach.
Extra supporting information	<p>We review the content of our advice sheets (see Standard 1.1(iv)) on a regular basis, taking into account a monthly review of inquiries received by the Advice Centre. Existing advice is updated and new advice is added. As a result of intelligence gathering, we added advice on free birthing¹² and child protection before either of these issues came to prominence in the press. We also update the content in response to documents and advice issued by other organisations. For example, during the last year, advice on personal relationships has been updated to reflect the CHRE report <i>Clear sexual boundaries between healthcare professionals and patients: responsibilities of healthcare professionals</i>.</p> <p>We have established a framework to provide assurance that the Local Supervising Authorities (LSAs) are fulfilling their statutory function to ensure safety for women and babies using the services of midwives²⁹. We require each LSA to submit an annual report³⁰ providing information on a number of matters related to Rule 16 of the <i>Midwives rules and standards</i>. We published the analysis of the reports for the year 2007 – 08, <i>Supervision, support and safety</i>³¹ in December 2008. The report covers issues such as the numbers of supervisors, the involvement of service users in the</p>	<p>We now have the facility to monitor the online demand for our advice sheets and we also monitor the demand for hard copies of our publications.</p> <p>We are planning to publish our analysis of the Local Supervising Authorities' (LSAs) reports for the year 2008-2009 in January 2010. A new feature this year will be an update on progress against the recommendations, for LSAs and ourselves, contained in last year's report. We will ensure that the report is widely circulated to our stakeholders, including the four UK Departments of Health, inspecting bodies, professional bodies, royal colleges, user organisations and MPs. This provides them with the opportunity to take action in areas that fall outside our statutory remit.</p> <p>On the basis of last year's reports, we identified six LSAs for review and are publishing those reports on our website as they become available³⁰.</p> <p>A review of the framework, carried out earlier this year³² as part of our internal audit programme, found it to be adequate. One of the recommendations was that we need to ensure that we are aware of significant incidents as they occur. This confirmed our own findings, based on our work over the last two years. As a result of this, we have</p>

²⁹ NMC Framework for reviewing Local Supervising Authorities - <http://www.nmc-uk.org/Nurses-and-midwives/Midwifery/Supervisor-of-midwives/NMC-Framework-for-reviewing-LSAs/>

³⁰ Local Supervising Authority reports - <http://www.nmc-uk.org/Nurses-and-midwives/Midwifery/Supervisor-of-midwives/Local-Supervising-Authority-Reports/>

³¹ *Supervision, support and safety* - <http://www.nmc-uk.org/Documents/Midwifery-LSA-reviews-reports-to-Council/Analysis%20of%20the%20LSA%20reports%20to%20the%20NMC%202007%202008.pdf>

³² PKF report – *Supervision of Midwifery: LSA Review Process, March 2009* - <http://www.nmc-uk.org/Documents/Midwifery%20LSA%20review%20process/PFK%20report%20-%20Supervision%20of%20Midwifery%20LSA%20Review%20Process%20March%202009.pdf>

	<p>monitoring of the supervision function, evidence of engagement with higher education institutions, complaints about the discharge of the function and the LSA investigations of untoward incidents.</p> <p>On the basis of the report, we issued alert letters to the relevant LSAs, Care Commissioners, employers and inspecting bodies, highlighting trends that may affect the safety of women and babies and which showed no improvement since the last reporting year. This enables our stakeholders to take action to protect women and babies in areas that fall outside our statutory remit.</p> <p>We use a risk scoring framework to identify, from the information in the Annual Reports, which LSAs should be reviewed; six were reviewed in 2008. The risk framework has been developed with the safety of women and babies as its priority; we are reviewing the framework to ensure it remains robust and fit for purpose. Each year, we will also visit some LSAs who are demonstrating good practice in order to test out the framework; our reviewing team includes lay membership. The risk-based approach to identify LSAs for review is similar to that used for our quality assurance of providers of education and training (see Standard 4.3 for further information) in that the reports for one year are used as the basis for determining the programme of visits for the following year.</p>	<p>developed some points of principle to help LSAs identify issues of serious concern that need to be reported to us when they happen, rather than as part of the LSA annual report. These were considered by the Midwifery Committee in November 2009 and will feed into the reporting mechanism for 2009-2010. We will also be asking LSAs to report certain information on a quarterly basis. This will ensure that our decision to review an LSA is based on contemporary information; previously decisions have been based on information that could be up to 18 months out of date.</p> <p>As part of updating the review framework, we are also looking at our approach to risk scoring. The work will be informed by the experience gained over the last two years, the findings of the internal audit and our ongoing review of the <i>Midwives rules and standards</i>. We will be looking at themes as quality indicators of what the LSAs need to address and demonstrate. We want to ensure that the LSAs deliver quality and will be placing more emphasis on quality improvement and less on risk.</p> <p>Our 2009 Midwifery Conference, held in Belfast in October, was on the theme of modern supervision in action and looked at the benefits of supervisors, midwives and women working together. The report of the conference, including the presentations is available on our website³³.</p> <p>CHRE commented:</p> <p>It would be helpful to understand why there has been a focus on improving the oversight of local supervising</p>
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³³ NMC 2009 Annual midwifery conference: Modern supervision in action; supervisors, midwives and women working in partnership – [Note – this link is no longer available.]

		<p>authorities. As part of this work has the NMC taken into account views expressed by registrants including [R1] and [R2]?</p> <p>NMC responded:</p> <p>As reported in our main submission, an internal audit of the processes to assure Council in relation to the supervision of midwives was carried out early in 2009. One of the recommendations in that report³² was that we move to 'live' reporting, by Local Supervising Authorities (LSAs), of serious trends or events that impact on the safety of women and babies using maternity services in the UK. This will enable us to respond more quickly where appropriate.</p> <p>We are including proposals to strengthen the reporting requirements for LSAs in a consultation to be issued in April 2010, as part of our ongoing review of the <i>Midwives rules and standards</i>. We want to improve transparency and consistency of approach when investigating alleged poor midwifery practice.</p> <p>We have asked the Chief Executives of the relevant LSAs to investigate the complaints made by midwives [R1] and [R2]. We have taken note of the broader issues reported by these midwives as part of the review mentioned above. We cannot comment further on midwife [R1] as, currently, she is subject to fitness to practise proceedings.</p>
Supporting evidence	Provided in footnotes.	Provided in footnotes.

Standard
1.2 The regulator actively makes its standards available and accessible to registrants and potential registrants in the UK, and

informs them of their current or future responsibility to meet these standards.

Minimum requirements	2008-09 Response	2009-2010 Response
<p>1.2 i) Standards are available in different formats.</p>	<p>Our standards are available on our website in PDF format³⁴, five of them are available as hard copies and may be ordered via the website³⁵. We disseminate information on standards via <i>NMC News</i>, a quarterly publication circulated to all registrants, which also includes articles showing how the standards should be applied in practice. For example, the February 2009 edition includes an article by UNISON's Head of Nursing, which supports nurses and midwives using <i>The Code</i> to improve care for their patients and clients³⁶. In addition to this, our Professional Advisors and Midwifery Advisors regularly undertake speaking engagements on related topics.</p> <p>We are currently reviewing our standards for education and training and will produce a comprehensive Library of Standards. As part of this project we will be revising our processes for the development and dissemination of standards. This will improve accessibility and make the standards easier to update, it will also ensure that education providers can access the current versions</p>	<p>During the last year, we have established a clear communication policy³⁸, which is being used across all our documents and publications. This commits us to using plain English, providing publications in different formats to suit different audiences and in other languages as required. In support of this, we have provided staff with training on how to write in plain English and consider the different audiences who need to read and understand our documents and publications.</p> <p>To ensure consistency in our approach to publications, we have provided staff with an explanation of the hierarchy of our legislation and information. This sets out the options, ranging from rules to advice, together with any associated requirements or restrictions. It also provides advice on the choice of language, to allow readers to differentiate between what is mandatory and what is advisory. We have also updated the publications section of our website³⁹ to provide greater clarity.</p> <p>Our work to review our standards for education and training is ongoing. We have developed a set of ten</p>

³⁴ Standards - <http://www.nmc-uk.org/Publications/Standards/>

³⁵ Ordering free publications – [Note – this link is no longer available, the facility to order free publications is available through footnote 34.]

³⁶ What difference does it make? (*NMC News*, February 2009, page 13) – <http://www.nmc-uk.org/Documents/NMC-News-NMC-Update/nmcNewsIssue27February2009.pdf>

³⁷ Information for the public – [Note – this link is no longer available, current information may be accessed through the 'Other languages' section - <http://www.nmc-uk.org/Other-languages/>]

³⁸ Clear communication policy – [Note – this link is not currently available.]

³⁹ Publications - <http://www.nmc-uk.org/Publications/>

	<p>more easily.</p> <p>When we launched <i>The Code</i> in April 2008, we sent it to every registrant as an insert with the April edition of <i>NMC News</i>, together with a business card with the four key requirements of <i>The Code</i> on one side and our contact details for obtaining advice on the other. We made additional copies of the business card available and we encouraged registrants to pass them on to those using their services to inform them of what they should expect from a nurse or midwife.</p> <p>We enlisted the help of nurses and midwives to act as 'Code champions' across the UK. Their role was to promote <i>The Code</i> in their units and areas of practice, thereby increasing awareness amongst their peers, colleagues and members of the public.</p> <p>We held media launches in each of the four UK countries, which was picked up by television and newspapers. The NMC also linked the speeches in London to YOU TUBE for wider dissemination. We are actively looking to extend our use of networking sites in the future.</p> <p>In approving the new <i>Guidance for care of older people</i> in December 2008, the Council also approved the development and circulation of the main principles in an 'easy read' format.</p> <p>Key publications such as <i>How to complain about a nurse or midwife</i> and <i>How to contact health and social care regulators in the UK</i> can currently be downloaded from</p>	<p>common standards for NMC approved programmes of education and have sought comments on them from key stakeholders. These will form the framework of the library of education standards which will be web-based with facilities for updating, version control and automatic notification to key stakeholders of any changes as they are proposed and implemented. (Standard 4.2(i) provides further information.)</p> <p>While we are aiming to move to an electronic library of education standards, we recognise the need for some stakeholders to have paper copies and will provide these and on request.</p> <p>During the last year, we have developed our website presentation of the code², with a direct link to all the information included on the home page⁴⁰. A downloadable version of the code includes hyperlinks to relevant NMC advice. The website includes information about our 'code champions', including contact details in each of the four countries and an invitation for others to take on this role. We are encouraging code champions to share information and materials that they can use in the workplace to promote the code. The web page provides a link to a supplement on the code that was published in the <i>Nursing Times</i> on 29 April 2008. There is information about feedback already received on the code and a feedback form. We regularly review the content of this section of the website to ensure that older information is archived and replaced with the most up-to-date information. We are also using our Facebook entry to seek feedback on the code</p>
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⁴⁰ NMC website – Home page - <http://www.nmc-uk.org/>

⁴¹ Looking after mum and dad (*NMC News*, May 2009, page 16) - <http://www.nmc-uk.org/Documents/NMC-News-NMC-Update/nmcNewsIssue28May2009.pdf>

	<p>our website in PDF format in the 11 languages most commonly used in the UK³⁷. Other languages and formats are available on request.</p> <p>Making our publications accessible to our diverse audiences, together with external evaluation and benchmarking of our publications through a quality mark mechanism (eg: Crystal Mark) are key deliverables for the NMC communications and stakeholder engagement strategy.</p> <p>CHRE commented:</p> <p>We believe that the NMC has demonstrated excellence in the way that it has made its standards accessible for example, linking the London media launch of the Code to 'You Tube', having 'Code champions' and publishing key publications in different languages and easy read format. Additionally, in 1.3 i) the NMC also state that they published the Code as an A6 booklet and on a business card. We would like to discuss this further with you?</p> <p>NMC responded:</p> <p>We look forward to discussing this with you at the meeting.</p>	<p>(see also Standard 1.2(ii)).</p> <p>The November 2009 edition of <i>NMC News</i>¹⁶ included articles on accepting gifts and gratuities (page 10), whistleblowing or escalating concerns (page 16) and our new guidance for students (page 21). The article on whistleblowing or escalating concerns included an interview with the Acting Director of the campaigning charity Public Concern at Work.</p> <p>Information about events following from the launch of the code is provided in Standard 1.2(ii).</p> <p>We launched our <i>Guidance for the care of older</i>⁶ people in March 2009. We included a summary card of the key points in the May 2009 edition of <i>NMC News</i>, which also carried a feature article⁴¹ on the guidance. Since the launch, we have distributed over 125,000 copies of the guidance.</p> <p>CHRE commented:</p> <p>We note that the Facebook page on the NMC appears to be well received by registrants. Will there be any evaluation of the effectiveness of this communication mechanism?</p> <p>NMC responded:</p> <p>We currently have around 6,000 subscribers (fans) on Facebook and we will seek to build and develop our presence in the next year. Our initial target is to reach 10,000 fans by the end of the next financial year. This will give us a representative sample from which to develop our understanding of how our fans use the pages and how they respond to the content that we will post on the site.</p>
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<p>1.2 ii)</p> <p>The regulator has a communications strategy to promote the standards, which is targeted to the needs of registrants and potential registrants.</p>	<p>We develop our standards in consultation with nurses and midwives; we work with them to ensure that the information meets their needs and is communicated in languages, and in formats, that are accessible to them. We communicate and promote new standards in different ways, tailored to the target audience. Information about new standards is highlighted through an NMC Circular then followed up with a news release, editorial in <i>NMC News</i>, publication on the NMC website and highlighted through our e-newsletter. Key documents are often highlighted through a formal press launch, such as the midwives supervision report in December 2008.</p>	<p>We launched a new quarterly publication for nurses and midwives, <i>NMC Update</i>, in the summer of 2009. This provides a broad outline of our responsibilities and our services for nurses and midwives, together with topical information about standards, guidance and other relevant issues. A copy is included when we issue a new PIN card, which means that, over the course of a year, we reach everyone on our register. It is also available on our website⁴².</p> <p>As part of our developing social media strategy, we have established a page on Facebook⁴³. By providing a forum for discussion, the page allows us to engage with nurses and midwives online. It has also been particularly effective in handling enquiries from students and potential registrants from outside the UK. To date, it has attracted over 4,000 “fans”.</p> <p>In conjunction with the publication of our <i>Guidance on professional conduct for nursing and midwifery students</i>⁴⁴, we hosted a launch event in Liverpool in October 2009. A summary of the conference, together with the presentations, is available on our website⁴⁵. The launch was supported by a feature article in the November 2009 issue of <i>NMC News</i>¹⁶ (page 21) and the establishment of a ‘Students’ section on our website⁴⁶, which can be</p>
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⁴² *NMC Update* - <http://www.nmc-uk.org/Publications/NMC-Update/>

⁴³ NMC Facebook page - www.facebook.com/nmcuk

⁴⁴ *Guidance on professional conduct for nursing and midwifery students* - <http://www.nmc-uk.org/Documents/Guidance/NMC-Guidance-on-professional-conduct-for-nursing-and-midwifery-students.pdf>

⁴⁵ Launch of student guidance and first ever combined student nurse and midwife conference – [Note – this link is no longer available.]

⁴⁶ Students - <http://www.nmc-uk.org/Students/>

		<p>accessed from the home page⁴⁰. We also created a new annual student magazine, &YOU⁴⁷, which provides real life examples and interviews about the use of the guidance in practice.</p> <p>During the period September to November 2009, we held six 'Highway Code' road shows across the UK. These events, for front line nurses and midwives, were about raising awareness of the code and embedding it in practice. They were advertised in <i>NMC News</i> in August 2009 (page 8) with a reminder in the November 2009 edition. We have published the presentations and feedback received from these events on our website⁴⁸. The page includes an invitation for nurses and midwives to tell us how the code has affected their practice.</p> <p>We promote and monitor education standards through our QA activity across the UK. We use programme approval to ensure that new or revised provision meets the current standards and monitor implementation on an annual basis. We involve students and practising nurses and midwives in these processes. (Standard 4.3 provides further information.)</p> <p>CHRE commented:</p> <p>We would be interested to hear more about how and what you have communicated to your registrants about the Independent Safeguarding Authority and the Scottish</p>
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⁴⁷ &YOU magazine - <http://www.nmc-uk.org/Documents/Guidance/nmcandYouStudentMagazineOctober2009.pdf>

⁴⁸ How well do you know your code? - <http://www.nmc-uk.org/Nurses-and-midwives/The-code/How-well-do-you-know-your-code/>

⁴⁹ Vetting and barring: information for nurses, midwives and employers - <http://www.nmc-uk.org/Nurses-and-midwives/Advice-by-topic/A/Advice/Vetting-and-barring/>

⁵⁰ The code: Now in effect – [Note – this link is no longer available. Footnote 48 provides information about feedback from code events around the UK. The 'Code feedback' section allows you to share your experiences of using the code - <http://www.nmc-uk.org/Nurses-and-midwives/The-code/Code-feedback/>]

		<p>Vetting and Barring Scheme.</p> <p>NMC responded:</p> <p>As reported in Standard 2.1(i) of our main submission, we have added a section on our website providing information on the phased introduction of the English and Scottish schemes⁴⁹. Links are provided to the websites for both schemes where information covering the respective requirements and full guidance on membership and referrals is available.</p> <p>Together with the other healthcare regulators, we continue to work with the Independent Safeguarding Authority (ISA) to clarify their requirements and communications plan. Once this information is available, we will be in a position to provide nurses and midwives with more detail about the proposed processes. We are currently developing a memorandum of understanding with the ISA, to establish our future joint working arrangements.</p> <p>CHRE commented:</p> <p>We were interested to read that the NMC is inviting midwives and nurses to tell them how the Code has affected their practice. We wondered what feedback the NMC had received and what use had been made of this feedback?</p> <p>NMC responded:</p> <p>We received 64 'code feedback' forms reflecting a variety of views on style, content and layout of the new code. To date, feedback has been very positive, some of which can be seen on our website⁵⁰. We will use all of the feedback to develop our thinking around future NMC publications. We did receive one negative piece of feedback, from a</p>
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		<p>nurse using telephone triage, who said that the code did not support her practice. This led to a telephone conference and a discussion article that will be published in a future NMC publication; this will ensure that the learning is shared as widely as possible.</p> <p>As a result of feedback from our market research, employer road shows and events with nurses and midwives, we will be running a series of 20 employer road shows during 2010. These will be focusing on the use of the code and the experience of fitness to practise in contemporary practice. The feedback from these events will inform future updates of the code and improvements to our fitness to practise services.</p>
Extra supporting information	<p>We are proactive in informing registrants of their responsibility to meet the requirements of <i>The Code</i>. For example, part of the declaration made by those applying for readmission to the register is a commitment to conform to the requirements of <i>The Code</i> at all times.</p> <p>We published <i>Modern supervision in action, a practical guide for midwives</i>⁵¹ in January 2008. This is a joint publication with the UK Forum of Local Supervising Authority Midwifery Officers, following a review of guidance previously published by the English National Board. We sent a copy to every midwife when we issued the personalised Intention to Practise notification forms in January 2008.</p>	<p>The UK Forum of Local Supervising Authority Midwifery Officers has taken over responsibility for the publication of <i>Modern supervision in action, a practical guide for midwives</i>.</p> <p>Feedback from our 2008 road shows for supervisors of midwives, analysis of the annual reports submitted by LSAs and feedback from local supervising authority midwifery officers (LSAMOs) all suggested that there were inconsistencies in determining when a midwife should be subject to supervised practice. As a result of this, we have focussed the 2009 road shows on ensuring consistency in the application of our <i>Standards for the supervised practice of midwives</i>⁵. We held five of these road shows, across the UK, this year and will hold the final one of the series in January 2010.</p>
Supporting evidence	Provided in footnotes.	Provided in footnotes.

⁵¹ Modern supervision in action, a practical guide for midwives - <http://www.nmc-uk.org/Documents/Midwifery-booklets/NMC-LSAMO-Forum-Modern-supervision-in-action.pdf>

Standard		
1.3 The regulator informs the public of the standards that registrants should meet and the action that they can take if these standards are not met.		
Minimum requirements	2008-2009 Response	2009-2010 Response
1.3 i) Standards are available in different formats.	<p>As noted in Standard 1.2(i), our standards are available on our website in PDF format³⁴, hard copies may be ordered via the website³⁵. <i>The Code</i> is published in paper format as an A6 booklet, designed to be carried in a pocket; the four key requirements are published on a business card for easy reference. The main principles contained in the new <i>Guidance for care of older people</i>, agreed by Council in December 2008, will be produced in an 'easy read' format.</p> <p>We provide special formats of our publications, such as Braille or audio, on request.</p>	<p>When we launched <i>Guidance for the care of older people</i> in March 2009 (see also Standard 1.2(i)), we also launched a companion document <i>Care and respect every time. What you can expect from nurses</i>⁷. This was developed to help older people and their families and carers understand what level of care they should expect from nurses and how to challenge poor care. The content of the draft leaflet was amended following comment from older people and their representatives, including members of older people's forums. This ensured that information in the leaflet is relevant and useful to the intended audience. The leaflet is available in English, Welsh and large print. An audio file will also become available when we launch our new website next year.</p> <p>Since the launch, we have distributed 145,000 copies of this leaflet and a further 1,500 copies have been distributed to nurses working for NHS Direct. The launch of the guidance and leaflet, which was featured on GMTV, was endorsed by Dame Joan Bakewell, the Government's Voice of Older People, and received extensive press coverage, including an article in the <i>Daily Mail</i>.</p> <p>As reported in Standard 1.2 (i), we are aiming to move to an electronic library of education standards.</p>

<p>1.3 ii</p> <p>The regulator has a communications strategy to promote the standards, which is targeted to the needs of the public, employers and other stakeholders.</p>	<p>We set up a Stakeholder Engagement Programme to undertake the transformation of our communications and stakeholder engagement work. Stakeholders were active participants in the development of the programme, providing direct input on what information they would like to receive, from us, when and in what format and this has informed the communications and stakeholder engagement strategy. A number of projects and work streams are already underway to deliver the priorities included in the strategy. These include: the development and dissemination of core messages and consistent language about our role and purpose; increasing awareness of what patients and service users can expect from nurses and midwives; improving fitness to practise communications; launch and promotion of key work streams, such as our new <i>Guidance on care of older people</i> and revalidation; and the development of a new, more user friendly website. The communications and stakeholder engagement strategy was agreed by the Council in January 2009⁵².</p>	<p>Most of the work reported last year was carried out as part of the Stakeholder Engagement Programme, which focused on building and maintaining our relationships with patients and the public, professional and political stakeholders. As a result of this work, we:</p> <ul style="list-style-type: none"> • developed "devolved dialogue", an engagement programme aimed at politicians, civil servants and influential managers and directors in England, Wales, Scotland and Northern Ireland • carried out an audit of patient and public involvement groups in Europe • established a six monthly meeting with patient and public organisations • strengthened our engagement with key patient and public groups such as National Voices • have worked with our patient and public partners to involve seldom heard groups, such as the Traveller Community in our consultation work <p>These activities are described in more detail in Standards 5.2 (i), (iii), (iv) and (vii).</p> <p>CHRE commented:</p> <p>We would be interested to know how many translated copies of the NMC's patient information leaflets have been requested in 2009/10?</p> <p>NMC responded:</p> <p>We have sent out a total of 4,000 Welsh versions of the</p>
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⁵² Communication and stakeholder management strategy (NMC/09/11) - <http://www.nmc-uk.org/Documents/Consultations/Communications%20and%20Stakeholder%20Engagement%20strategy.pdf>

		<p>leaflet <i>Care and respect every time</i>. Information on <i>How to complain to the NMC about a nurse or midwife</i> and <i>How to contact health and social care regulators in the UK</i> is downloadable from our website in 11 languages. We are not currently able to track or measure requests on our website but we will have this facility on our new website (due to go live at the end of April 2010).</p> <p>CHRE commented:</p> <p>One of the regulators has published an Easy Read version of its complaints leaflet. Have you given consideration to publishing Easy Read versions of your standards or public information?</p> <p>NMC responded:</p> <p>We are committed, through our equality action plan and our communications activity, to improving access to our communications and to making our information available in a range of formats. We will establish processes to achieve this through the course of 2010.</p> <p>In January 2010, we published an easy read version of our Single Equality Scheme, which is available on our website⁵³.</p> <p>When our new website is launched at the end of April 2010, it will have a section dedicated to information in easy read, which will include information for members of the public. We also have plans to publish leaflets in easy read during the next business year, 2010-2011.</p>
Extra supporting information	We have worked with parent groups, including the National Childbirth Trust and Fathers To Be, to produce an advice leaflet on the role of supervisors of midwives,	As a result of our negotiations with the Bounty network, we decided that it would not meet our needs for circulating our advice leaflet <i>Support for parents: how supervision and</i>

⁵³ Our plan about how we will treat people on a good and fair way - <http://www.nmc-uk.org/PageFiles/3449/nmcJoint%20Equality%20Scheme%202009%20easy%20read.pdf>

	<p><i>Support for parents: how supervision and Supervisors of Midwives can help you</i>⁵⁴. This provides information for pregnant women about the role of supervisors of midwives and what women can expect from them. We launched the leaflet at the NCT conference in June 2008 and it was commended recently by the Royal College of Midwives. We are negotiating to have it distributed via the Bounty (pregnancy, baby and parenting) network in early 2009; this will bring it to the attention of 98 percent of pregnant women in the UK.</p> <p>The new <i>Guidance on the care of older people</i> has generated a lot of publicity in the national media, raising awareness of our work and the guidance itself. We have also been complimented by organisations such as Age Concern, England. We will build on this interest when we formally publish the guidance. We will also use it more generally to further our patient and public activities.</p> <p>CHRE commented:</p> <p>We were pleased to see that the NMC has received such positive feedback from its stakeholders on the work that it has undertaken on its guidance on the care of older people and advice leaflet for parents on the role of supervisors of midwives.</p> <p>NMC responded:</p> <p>Our <i>Guidance for the care of older people</i> will be</p>	<p><i>Supervisors of Midwives can help you</i>. Instead we have worked collaboratively with the Midwives Information and Resource Service (MIDIRS)⁵⁵, which provides information to midwives and members of the public.</p> <p>MIDIRS has made the leaflet available on its website. The website also offers a podcast in which one of our midwifery advisors talks about the leaflet and a woman, who had recently given birth, describes how midwifery supervision supported her to have a positive birth experience⁵⁶. MIDIRS commissioned us to provide an article, <i>Whose responsibility is it to raise the profile of supervision of midwives?</i>, for publication in the September 2009 edition of MIDIRS Midwifery Digest. An abridged version is available via their online journal⁵⁷.</p> <p>We circulated about 900 copies of the leaflet through the Association for Improvements in the Maternity Services (AIMS), which works to improve the quality and choice of maternity services and provides independent support and information. During the current financial year, a further 300,000 copies are available for circulation to directors and heads of midwifery services and for order via our website. For next year, we are planning to make copies available to all pregnant women in the UK.</p>
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⁵⁴ Support for parents: how supervision and Supervisors of Midwives can help you - <http://www.nmc-uk.org/Documents/Midwifery-booklets/Support-for-parents-2009.pdf>

⁵⁵ MIDIRS website - <http://www.midirs.org/>

⁵⁶ MIDIRS podcast – Supervision and supervisors of midwives - <http://www.midirs.org/development/midirspodcast.nsf/open/3BCAEB749AA495E980257673004E5A47>

⁵⁷ How the Nursing & Midwifery Council is helping raise the profile of statutory supervision - <http://www.midirs.org/development/MIDIRSEssence.nsf/articles/29CDDA9341E66DFB8025760F00372888>

	available from 16 March 2009 to download and order from our website. We are launching a leaflet for the public on the same day with a national PR campaign. A summary of the guidance will be inserted in every edition of <i>NMC News</i> being mailed at the beginning of April. We will provide you with copies of the final artwork for all three documents at the meeting.	
Supporting evidence	Provided in footnotes.	Provided in footnotes.

Standard		
1.4 The regulator requires registrants to maintain standards through a process of continuing professional development or equivalent systems and is working towards a system of revalidation.		
Minimum requirements	2008-2009 Response	2009-2010 Response
1.4 i) The regulator regularly audits their registrants' CPD profiles to ensure that the CPD is targeted to the specific learning needs of individual registrants and that public protection is prioritised.	<p>The registrant is required to maintain a personal professional profile of her CPD and to comply with any request from the NMC to audit how she has met the requirements.</p> <p>Each registrant determines what CPD is relevant for her particular area of practice and <i>The PREP handbook</i>¹⁰ provides examples for a number of different scenarios. Registrants may receive supplementary advice on meeting the standard, by telephone or e-mail, from the NMC's Advice Centre.</p> <p>The statutory supervision of midwives requires that every practising midwife has an annual meeting with her supervisor of midwives, the purpose of which is to review the midwife's practice and identify her training needs.</p>	<p>As noted last year, in response to a CHRE comment in relation to what were then standards 1.4(iii) to (v), we agree that we do not meet the standard to audit CPD. We believe that the most effective way to improve public protection is to focus our resources on establishing a system of revalidation. The initial, information gathering, stage of the revalidation project, which is due to be completed by April 2010, will include collecting information about the current situation regarding CPD and PREP.</p> <p>The key difference between the PREP standard and the future revalidation standard is that we need to identify the evidence required to audit outcome-based CPD in terms of a 'professional development value', rather than a CPD portfolio that identifies what professional development has been undertaken and what has been learnt. The term</p>

	<p>CPD is one of the issues discussed at that meeting.</p>	<p>'professional development value' is used to describe the value given to professional development actions undertaken in the care environment that deliver safe and effective practice - an outcome. Outcomes will need to be measurable and have a positive impact on the care delivered to individuals or groups of individuals. We are investing in developing an outcome-based approach to CPD.</p>
<p>1.4 ii) The regulator works with others (including public and patient groups) towards a system of revalidation carried out on a periodic basis and with intensity proportionate to risk for each registrant, and with targeted remedial action.</p>	<p>We are developing a risk based model for the revalidation of nurses and midwives⁵⁸. The risk framework will identify the issues which pose the greatest risk to the public, enabling us to implement a proportional and focussed revalidation regime.</p> <p>There are four stages to our implementation of revalidation: Information Gathering, Policy Development, Introduction and Rollout. As part of the Information Gathering Stage we will work with stakeholders to map the information and evidence already available on nurses and midwives. This will inform the development of our risk framework and ensure that the risks are relevant and focussed on public protection. This work will be completed by March 2010.</p> <p>The policy development stage will enable us to develop a model for revalidation based on the risk framework developed during the first stage. There will be significant stakeholder involvement at this stage including (but not limited to) service users, the professions, independent practitioners and employers.</p> <p>During the introduction stage we will create the</p>	<p>We have a contract with an external provider to produce an evidence base to inform the development of the revalidation framework. The final report, in April 2010, will present an analysis of the current work on revalidation. This will enable us to target areas of greatest risk to public protection and create a modernised service to confirm fitness for practice. The researchers are looking at nursing and midwifery practice across the UK and in the NHS and independent sectors. This will generate a risk profile which analyses settings, types of practice, career stage and other variables affecting nursing and midwifery practice. The value of the existing statutory supervisory framework for midwifery practice will also be considered.</p> <p>In light of the complexity, breadth and depth of revalidation we have raised its status to that of a programme. This is to reflect the importance of the work and to link the various parts of the organisation that will be involved in managing the changes it brings about. We believe that delivering the revalidation programme will necessitate transformational change for the NMC if all the individual elements are to be delivered. A good example of this is co-ordinating a revalidation system that provides assurance that nurses</p>

⁵⁸ Revalidation Update (NMC/09/07) – [http://www.nmc-uk.org/Documents/Council%20papers%20and%20documents/Council%20papers%202009/January2009/NMC%2009%2007%20Principles%20for%20revalidation%20\(summary%20sheet\).pdf](http://www.nmc-uk.org/Documents/Council%20papers%20and%20documents/Council%20papers%202009/January2009/NMC%2009%2007%20Principles%20for%20revalidation%20(summary%20sheet).pdf)

	<p>necessary IT and operational infrastructure to put our revalidation into practise before implementing it across both professions during the rollout stage.</p> <p>This key project will be delivered through the portfolio management system under the Maintaining and Promoting Professional Standards Programme Board. We established a revalidation Steering Group in September 2008 to lead this work.</p>	<p>and midwives are fit to practise with the systems that consider fitness to practise allegations. There are also clear links to the setting of standards and our registrations function. We have initiated links with the other healthcare regulator leads in revalidation and are keen to learn from their experience and share ours.</p> <p>CHRE commented:</p> <p>All of the regulators, as part of their revalidation programmes, are carrying out or plan to carry out risk modelling in relation to their registrants. We would like to know the outcomes of any such work that the NMC has undertaken or alternatively how the NMC plans to carry out this work.</p> <p>NMC responded:</p> <p>As stated in our main submission for Standard 1.4(ii), we are currently undertaking research to produce an evidence base to inform the development of our model of revalidation. We have contracted an external supplier to undertake this work on our behalf and to deliver a framework for revalidation that is risk based.</p> <p>To inform this process, they have:</p> <ul style="list-style-type: none"> • appointed an Expert Panel group to advise on the development of the framework • undertaken a literature review • undertaken an analysis of fitness to practise data as part of the cost benefit analysis of a risk based approach • are in the process of undertaking a Delphi survey (1 of 2) to capture stakeholders' ideas and opinions
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		<p>on revalidation</p> <p>The report of the work and delivery of a framework for revalidation is planned for early June 2010. An extension to the delivery deadline of nine weeks has been approved to ensure that we receive a robust framework that is evidence based.</p>
Extra supporting information	<p>We have been allocated a sum of £500K from the Department of Health for the information gathering stage of the project, which began in January 2009.</p> <p>We have already identified revalidation as a priority for the new Council; it was considered at the first meeting on 15 January 2009.</p>	<p>We have used the Department of Health funding to establish revalidation as a programme operating across the whole of the NMC. This involves the creation of three new roles: a programme manager, a policy analyst and a programme support officer. The programme manager will be responsible for developing a framework that links activity across the whole of the NMC. The funding has also supported the initial research phase that will inform future developments.</p>
Supporting evidence	Provided in footnotes.	Provided in footnotes.