

## 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](mailto:communications@nmc-uk.org).

### 5. Fifth function: Governance and external relations

Standard	Pages
<b>5.1 The regulator's Council conducts business transparently and accountably.</b>	
CHRE comments and NMC responses on Function 5 and Standard 5.1	3 - 4
(i) The regulator has a clearly defined aim and a strategy which is regularly reviewed and published.	5
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(iii) The Council includes expertise from a range of stakeholders and has at least parity of professional and public members.	6 - 7
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<b>5.2 The regulator seeks continuously to improve and decisions are based on up-to-date management information and are directed to protecting, promoting and maintaining the health, safety and well-being of the public.</b>	

(i)	The regulator gathers evidence from its activities including audits and external information including recommendations from CHRE. The regulator disseminates it throughout the organisation. This evidence informs policy development.	11 - 24
(ii)	The regulator has a planning process, which ensures that functions are sufficiently resourced and takes account of risks.	24 - 27
(iii)	The regulator takes into account the differences between England, Scotland, Wales and Northern Ireland when devising its policies and processes and in engaging with stakeholders.	27 - 32
(iv)	The regulator is committed to promoting the principles of the Human Rights Act and respect for equality and diversity. It ensures that all activities are free from discrimination.	32 - 36
(v)	The regulator has an accessible, effective and efficient complaints procedure for dealing with complaints about itself. Learning from the complaints is disseminated to the complainant, throughout the organisation, informs policy development and improves practices.	36 - 39
(vi)	The regulator cooperates with other organisations with a common interest. It develops strategic alliances, coordinates goals and project planning.	39 - 43
(vii)	The regulator engages in the development of international regulation.	43 - 47
(viii)	The regulator meets its statutory responsibilities in sharing information and in seeking, retaining and destroying personal and sensitive information.	47 - 50
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Standard		
5.1 The regulator's Council conducts business transparently and accountably.		
Minimum requirements	2008-2009 Response	2009-2010 Response
5		<p><b>CHRE commented:</b></p> <p>What impact has the change in structure and membership of the Council had on the performance and governance of the NMC?</p> <p><b>NMC responded:</b></p> <p>The Council has followed the lead of the White Paper, <i>Trust, Assurance and Safety, the Regulation of Health Professionals in the 21<sup>st</sup> Century</i>, and is working in a more board like manner. Members and the Executive have identified more clearly where responsibilities lie and work in partnership to deliver our objectives.</p> <p>We have a smaller committee structure, which has meant there is less duplication resulting in more effective and efficient decision making. A reduction in the number of meetings has enabled Council members to participate in more engagement events with our stakeholders.</p> <p>The move away from representation by any part of the register makes it clear that decisions are made in the public interest rather than in the interests of nurses and midwives.</p> <p>We are in the process of conducting a board review to determine how effectively the Council meets its governance requirements. Any lessons learned from this</p>

		<p>will be taken forward over the coming year. We are also in the process of reviewing our committee structure to ensure it is as effective as possible. The timetable for implementation will depend on the outcome of the governance review and the changes we plan to make.</p>
5.1		<p><b>CHRE commented:</b></p> <p>We are unclear how preventing observers from raising issues at Council meetings contributes to the NMC being a transparent and accountable organisation.</p> <p><b>NMC responded:</b></p> <p>Following the spirit of the White Paper, the Council is working in a more board-like manner. One of the consequences of this has been to provide an opportunity for stakeholders to ask questions in a more informal setting; either over lunch with Council members and the executive or, as at Council in November 2009, in a question and answer session with the Chair and members of the executive team.</p> <p>Our view is that the Council agenda is not the best way for stakeholder issues to be properly addressed. It is our experience that those who raised questions in this way already have other opportunities to do so. However, some nurses and midwives and also members of the public, who did not have other opportunities to raise questions, told us informally that they found the Council meeting too formal a setting and did not feel able to speak.</p> <p>We believe that our current arrangements give more people the opportunity to raise issues with us and are consistent with Council operating as a board.</p>

<p>5.1 i) The regulator has a clearly defined aim and a strategy, which is regularly reviewed and published.</p>	<p>Working with the Council and staff we have established a clear-stated vision, mission and set of organisational values for the NMC, which was considered by the new Council at its first meeting. We are updating this in the light of their comments before publishing it on our website.</p> <p><b>CHRE commented:</b> We would be interested to see a final copy of the NMC's revised vision, mission and set of organisational values.</p> <p><b>NMC responded:</b> This is available on our website<sup>1</sup>.</p>	<p>During 2009, we built on the mission, vision and organisational values, agreed in December 2008, by developing a strategic vision to set the tone and direction of our work from 2010 to 2014. Council members, staff and external stakeholders were involved in this work. We have published the agreed document on our website<sup>2</sup> and are planning wider communication with the public and service providers as part of our ongoing programme of external engagement.</p> <p>The strategic vision identified three clear goals to lead our activities towards 2014 and to underpin our future planning: public protection; relationships; and staff.</p> <p>We redefined and revised our objectives under these new goals to better reflect how our activities protect the public. These changes are reflected in the 2010-2013 corporate plan, which is an updated version of the 2009-2012 business plan, originally published in April 2009<sup>3</sup>. The forthcoming corporate plan for 2010-2013 will include detailed resource plans, following the agreement of the budget for 2010-2011.</p> <p>We will review the corporate plan and supporting objectives on an annual basis, as part of our agreed business planning process. We will revisit the strategic vision on an annual basis and fully review it in 2012 to ensure that it remains relevant.</p>
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<sup>1</sup> NMC Vision, Mission and Values – <http://www.nmc-uk.org/About-us/Our-vision-mission-and-values/>

<sup>2</sup> Our strategic vision - <http://www.nmc-uk.org/About-us/Our-strategic-vision/>

<sup>3</sup> Safeguarding the public: the Nursing & Midwifery Council business plan 2009-2012 - [http://www.nmc-uk.org/Documents/Annual\\_reports\\_and\\_accounts/NMC%20Corporate%20plan%202009%202012.pdf](http://www.nmc-uk.org/Documents/Annual_reports_and_accounts/NMC%20Corporate%20plan%202009%202012.pdf)

<p>5.1 ii) It has a Code of Conduct for Council members.</p>	<p>We have reviewed and updated our <i>Code of conduct for members</i><sup>4</sup> and introduced a procedure for dealing with breaches of that Code<sup>5</sup>.</p>	<p>We required all our Council members to sign up to the <i>Code of conduct for members</i>. There have been no breaches of the code.</p>
<p>5.1 iii) The Council includes expertise from a range of stakeholders and has at least parity of professional and public members.</p>	<p>The new Council comprises seven registrant and six lay members from a range of backgrounds<sup>6</sup>; the Appointments Commission will fill the lay vacancy early in 2009.</p> <p>Although there is no Council member registered on the specialist community public health nurses' part of our register, we are working with the professional and representative bodies to ensure that we have effective engagement with this group and take into account their needs and the context in which they work.</p>	<p>The lay vacancy on the Council was filled in February 2009.</p> <p>A first tranche of six members will demit office on 31 December 2010, five of whom will be eligible for reappointment. This will give us an opportunity to review the competences required of Council members and identify any skills gaps that might need filling.</p> <p>We have appointed 30 partner members across our six committees:</p> <ul style="list-style-type: none"> <li>• Appointments Board – six nurses and midwives and six lay members</li> <li>• Audit Risk and Assurance Committee – two lay members</li> <li>• Business Planning and Governance Committee – two lay members</li> <li>• Fitness to Practise Committee – two nurses, one of whom is also on the specialist community public health nurses' part of the register, and one lay member</li> <li>• Midwifery Committee – four midwives (one from each of the four countries) and four lay members</li> </ul>

<sup>4</sup> NMC Code of conduct for members 2009 – <http://www.nmc-uk.org/About-us/The-Council/Code-of-Conduct-for-members-2009/>

<sup>5</sup> Procedure for dealing with a complaint against a Council member – [Note – this link is not currently available.]

<sup>6</sup> NMC Council members - <http://www.nmc-uk.org/About-us/The-Council/NMC-Council-members/>

		<p>from a range of backgrounds</p> <ul style="list-style-type: none"> <li>Professional Practice and Registration Committee - one nurse and two lay members</li> </ul>
<p>5.1 iv) The Council has a defined process for dealing with complaints/concerns about Council members.</p>	<p>A simple, non-legalistic process for dealing with complaints or concerns about Council members was formally adopted by the new Council at its first meeting in January 2009<sup>5</sup>.</p> <p><b>CHRE commented:</b></p> <p>We welcome the change of approach in the NMC's process for dealing with complaints or concerns about Council Members. Has the NMC resolved the previous complaints about Council Members?</p> <p><b>NMC responded:</b></p> <p>There is one outstanding investigation into a complaint about two former Council members. We expect the investigator to report to us in March and we will identify any lessons to be learned. It is unlikely that we will be able to take action against any individuals following the report as they are no longer Council members.</p> <p>No complaints have been made against current Council members.</p>	<p>The process is contained within the Governance Handbook<sup>14</sup>. All outstanding complaints have been resolved and there are no outstanding or ongoing issues.</p>
<p>5.1 v) Individuals are appointed against competencies which reflect the skills and</p>	<p>We are the first of the healthcare regulators, together with the GMC, to adopt the new constitutional structure<sup>7</sup> proposed in the White Paper, <i>Trust, Assurance and Safety – the Regulation of Health Professionals in the 21<sup>st</sup> Century</i>. As of 1 January 2009, all our Council members are appointed against a set of competences<sup>8</sup>.</p>	<p>We are in the process of appraising Council members. The Appointments Commission was approached to take on the role of appraising the Chairs for all the regulatory bodies but declined, expressing concern that this would not be appropriate. The matter has been referred to the Department of Health. In the meantime, we are planning to</p>

<sup>7</sup> The Nursing and Midwifery Council (Constitution) Order 2008 – Legislation - <http://www.nmc-uk.org/About-us/Governing-legislation-and-external-oversight/Legislation/>

<sup>8</sup> Role of Council members and competencies required – [Note – this link is not currently available.]

<p>knowledge required for the role of Council member.</p>	<p>We have a separate set of competences for the Chair<sup>9</sup>. We are developing an appraisal process for Council members, which will be implemented in 2009<sup>10</sup>. Standard 5.3(i) provides information about the induction we provided for our new Council. [Note: this standard was removed for 2009-2010 and the information is not included in this submission.]</p>	<p>ask an external assessor to manage our Chair's appraisal on the basis of feedback from Council members.  The partner members of our committees were also appointed against a set of competences and will be subject to a similar appraisal process.</p>
<p>5.1 vi) Council and the executive have clear lines of accountability.</p>	<p>In preparation for the move to a smaller, more strategic Council, we have reviewed and updated our governance infrastructure so that it supports the Council in its strategic role and defines the role of the Executive. We are implementing a new scheme of delegation<sup>11</sup>, together with updated Standing Orders<sup>12</sup> and Financial Regulations<sup>13</sup>.  Building on our existing Members' Handbook, we have issued a new Governance Handbook<sup>14</sup> to all Council Members and introduced them to its content during their induction programme. The Handbook provides the necessary information about the NMC to support members, committee members and senior staff in undertaking their role. It includes documents such as the NMC Code of conduct for members; the scheme of delegation; the Standing Orders and the Financial</p>	<p>The Governance Handbook<sup>14</sup> was presented to the Council for adoption at its first meeting in January 2009. Having reviewed the document, the incoming Council asked that the lines of delegation be more closely aligned to the standing orders and this was done.  We are currently in the process of scoping out a review of the governance structure, which we agreed would be done at the end of the Council's first year in office. An initial survey of Council, partner members, lead officers and directors has indicated that they are broadly happy with the structure. The Business Planning and Governance Committee will make recommendations to Council for any changes.  In March 2010, we will be reviewing the Council's first year of performance as a governing board.  Since taking office, the Council has been working at a</p>

<sup>9</sup> Role of Chair and competencies required – [Note – this link is not currently available.]

<sup>10</sup> Appraisal process for Council members – [Note – this link is not currently available.]

<sup>11</sup> Delegation of the powers and functions of the Nursing and Midwifery Council, January 2009 – [Note – this link is not currently available.]

<sup>12</sup> NMC Standing Orders 2009 - <http://www.nmc-uk.org/About-us/The-Council/NMC-Standing-Orders-2009/>

<sup>13</sup> Financial Regulations – [Note – this link is not currently available.]

<sup>14</sup> NMC Governance Handbook – [Note – this link is not currently available.]



	<p>Regulations.</p> <p>The strategic work of the new Council is supported by six policy and governance committees, one of which is statutory; their terms of reference are annexed to the Standing Orders.</p> <p>The Chief Executive and Registrar is accountable to the Council through the Chair. There is an Executive Management Board, chaired by the Chief Executive and Registrar, which meets on a monthly basis. Each member of the Executive Team works directly with one or more of our committees.</p>	<p>more strategic level. Its meetings are much shorter and there are fewer matters referred back to either the committees or the executive. The committees are also managing business at a strategic level and there is less repetition between committees than under the previous structure.</p> <p>We have introduced an Executive Report to Council meetings, which is publicly available as part of the Council papers. This provides the Council with up to date management information and allows the monitoring of progress against key performance indicators.</p>
Extra supporting information	<p>We advertised the roles of Chair and Council member extensively to attract a diverse range of candidates. In addition to placing advertisements in 11 national papers across the four countries and four publications across the nursing and midwifery professions, we also advertised in the <i>Pink Paper</i>, <i>Disability Now</i> and <i>Eastern Eye</i> (whose target market is British Asians). The recruitment campaign for committee members, in December 2008 and January 2009, included articles in women's magazines, tabloid newspapers, radio interviews and billboard advertising<sup>15</sup>. Towards the end of 2008, we established a dedicated website (NMC People)<sup>16</sup> to recruit committee members and panel members.</p> <p>Under the Order<sup>17</sup>, we are required to submit an annual report and our audited accounts<sup>18</sup> to the Privy Council,</p>	<p>As a charity, we have more stringent reporting requirements than most of the other regulators. Our annual report and accounts, which are available on our website<sup>22</sup>, meet the Charity Commission's Statement of Recommended Practice requirements. We are also one of only two healthcare regulators who are required to be audited by the National Audit Office as well as by our own external auditors. We are seeking to have this requirement removed from our legislation as it is inconsistent with our status as a registered charity and with the principle of independent regulation.</p> <p>While Council meetings have always been open to the public, we have increased the advertising of those meetings and are publishing the draft agenda earlier. Starting with the meeting in September 2009, details of the</p>

<sup>15</sup> NMC recruitment drive – [Note – this link is no longer available.]

<sup>16</sup> Dedicated website – Nursing and midwifery regulation needs your skills – [Note – this link is no longer available.]

<sup>17</sup> Articles 50 and 52 – footnote 7 provides link to Legislation

<sup>18</sup> Accounts for the year ended 31 March 2008 - [http://www.nmc-uk.org/Documents/Annual\\_reports\\_and\\_accounts/NMC%20Annual%20report%20and%20statutory%20accounts%202007%202008.pdf](http://www.nmc-uk.org/Documents/Annual_reports_and_accounts/NMC%20Annual%20report%20and%20statutory%20accounts%202007%202008.pdf)

	<p>which lays copies before both Houses of Parliament. In 2009, we will also produce an Annual Review for our stakeholders, which will include a less formal version of this information. Another requirement of the Order<sup>19</sup> is that we publish an annual report of our fitness to practise work<sup>20</sup>, this provides statistics and analysis of cases heard during the year. Under recent amendments to the Order we will be submitting future editions of this report to the Privy Council.</p> <p>We are currently required, under the Order, to set out the fees associated with registration in rules. Any fee increases are subject to consultation before being effected by means of amendment rules<sup>21</sup>.</p>	<p>next meeting are included in our monthly email that goes out to around 40,000 stakeholders, we provide a link to the draft agenda and an online form for people to apply to attend the public session. We also include links to these items on the homepage of our website. Since we started doing this, there has been an increase in the number of people applying to attend the open session.</p> <p>Since January 2009, we have been publishing the papers of all our committee meetings on our website one week before each meeting. We are investigating methods of increasing access to our committee meetings.</p> <p>While our Council meetings are usually held in London, as part of our 'devolved dialogue' programme we are now holding one meeting a year in one of the devolved administrations. Our meeting in November 2009 was held in Edinburgh and was attended by 18 observers. (See Standard 5.2(iii) for further information.) Planning is now underway for the Council to meet in Belfast in September 2010.</p> <p>During the last year, we have created an extranet for members. This allows all Council and partner members to access papers for meetings and to view briefings covering the latest news and policy developments relating to nursing, midwifery and healthcare regulation. There is also a calendar of forthcoming events, to be attended by the Chair and the senior management team, enabling Council</p>
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<sup>19</sup> Article 50 – footnote 7 provides link to Legislation

<sup>20</sup> Fitness to Practise Annual Report, 1 April 2007 to 31 March 2008 - [http://www.nmc-uk.org/Documents/Annual\\_reports\\_and\\_accounts/FTP%20annual%20reports/NMC%20Fitness%20to%20practise%20annual%20report%202007%202008.pdf](http://www.nmc-uk.org/Documents/Annual_reports_and_accounts/FTP%20annual%20reports/NMC%20Fitness%20to%20practise%20annual%20report%202007%202008.pdf)

<sup>21</sup> Footnote 7 provides link to Legislation

<sup>22</sup> Nursing and Midwifery Council, Annual Report and Accounts for the year ending 31 March 2009 - [http://www.nmc-uk.org/Documents/Annual\\_reports\\_and\\_accounts/NMC%20Annual%20report%20and%20statutory%20accounts%202008%202009.pdf](http://www.nmc-uk.org/Documents/Annual_reports_and_accounts/NMC%20Annual%20report%20and%20statutory%20accounts%202008%202009.pdf)

		<p>members to network effectively and ensure views and experiences (particularly of nurse and midwife members) are taken into account.</p> <p>We are seeking to have the requirement for registration fees to be set out in rules and to be subject to Privy Council approval, removed from our legislation. We are not seeking any change to the requirement to consult on any changes to the fees.</p>
Supporting evidence	Provided in footnotes.	Provided in footnotes.

<b>Standard</b>		
<b>5.2 The regulator seeks continuously to improve and decisions are based on up-to-date management information and are directed to protecting, promoting and maintaining the health, safety and well-being of the public.</b>		
<b>Minimum requirements</b>	<b>2008-2009 Response</b>	<b>2009-2010 Response</b>
<p>5.2 i)</p> <p>The regulator gathers evidence from its activities, including audits, and external information including recommendations from CHRE. The regulator disseminates it throughout the</p>	<p>We analyse information gathered from our fitness to practise processes to inform the development of standards and guidance. One very recent example of this is the preparation of the <i>Guidance on care of older people</i> (see Standard 1.1(iv)).</p> <p>Our current review of the guidance on records and record keeping is informed by data gathered from fitness to practise and from a series of 19 meetings with nurses and midwives held around the UK.</p> <p>We analyse and report on information gained through the</p>	<p>Since April 2009, our internal auditors have reviewed the security around personal data, the first stage of the stakeholder engagement programme and completed a review of our process for reviewing Local Supervising Authorities (LSAs). All actions arising out of the recommendations in the resulting reports have been incorporated into action plans and business plans as appropriate.</p> <p>We previously reviewed recommendations for management action, contained in audit reports, on a quarterly basis but, since September 2009, the Executive</p>

<sup>23</sup> UKIPG, The UK Inter-Professional Group - <http://www.ukipg.org.uk/>

<p>organisation. This evidence informs policy development.</p>	<p>supervision of midwives and the framework for assessing Local Supervising Authorities. We combine this information with feedback from fitness to practise cases to inform new policy development our reviews of standards and guidance and the QA framework for pre-registration midwifery education (see Standard 1.1, Extra supporting information).</p> <p>In our QA monitoring of education and training providers, we use the results from previous years to determine the monitoring required in the current year. This ensures that the areas of highest risk receive the most attention (see Standard 4.3(i)).</p> <p>We have undertaken significant work internationally. For example, we have worked with the competent authorities in Bulgaria, to establish an application process that meets the requirements of the EU Directive. As a result of that, we have simplified our application paperwork. We are engaging in a similar way with Romania at the end of January 2009. (See Standard 5.2(vii))</p> <p>We have an annual plan for internal audit, which focuses on areas considered to be high risk; the work is carried out by external experts. During the last year we have carried out an analysis of our financial systems, in support of our external audit. We have also looked at</p>	<p>Management Board (EMB) has been monitoring them on a two monthly basis. Progress reports of actions taken on 'high priority' recommendations are monitored by the Audit, Risk and Assurance Committee (ARAC) at each meeting.</p> <p>Standard 5.1 provides an update on a number of governance issues relating to our Council and committees.</p> <p>An internal working group has carried out a review of existing Memoranda of Understanding (MOUs) and identified other potential external MOU partners. We have started work with two organisations and a further seven have been prioritised for action during 2010. We will also be looking at the processes that are needed to sustain an effective MOU (for example: named individuals; clear roles and responsibilities; alert and monitoring mechanisms.) In November 2009, we signed an MOU with the Association of Chief Police Officers, the Crown Prosecution Service and the General Medical Council. This replaced an earlier information sharing protocol.</p> <p>Revision of the joint health and social care regulators' leaflet <i>Who regulates health and social care professionals?</i> was completed earlier this year. Publication will be held over until May 2010, to capture the establishment of the new General Pharmaceutical Council and changes to the professions to be regulated by the</p>
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<sup>24</sup> NMC – Reward, reimbursement and accessible involvement policy (pilot) - <http://www.nmc-uk.org/Documents/Consultations/nmcRewardandReimbursementPolicy2009.pdf>

<sup>25</sup> Policy development - <http://www.nmc-uk.org/Get-involved/Consultations/Past-consultations/By-year/Pre-registration-nursing-education-Phase-2/Policy-development/>

<sup>26</sup> The e-portal was hosted externally and is no longer available.

<sup>27</sup> *Care and respect every time. What you can expect from nurses* - <http://www.nmc-uk.org/Documents/Guidance/nmcCareandRespectEveryTime2009.pdf>

<sup>28</sup> 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/>

	<p>fitness to practise, QA and the security of our IT systems. Early in 2009, we will be looking at our HR function and the LSA reviews undertaken by the Midwifery Unit.</p> <p>We have acted speedily to make changes in the light of the CHRE Special Report, published in June 2008, developing an action plan in response to the recommendations contained in the Report; we are making good progress on implementing that plan. With the move to the newly constituted Council, we have reviewed all our governance procedures and will be ensuring that these are reviewed and updated on a regular basis. The new Council has been provided with an innovative induction programme tailored to ensure that they are aware of their responsibilities. We have given every member a copy of our Governance Handbook, containing all of the governance procedures and associated information; we used the induction programme to introduce them to its content.</p> <p>As part of the move to the new Council, we have reviewed our committee structure and realigned it to the functions of the NMC. Following the CHRE Special Report, we have paid particular attention to our lines of decision making and accountability and have reduced the number of committees from 13 to six.</p> <p>We have a Memorandum of Understanding with the Healthcare Commission, setting out the processes for co-operation on a wide range of regulatory issues. We are developing another with NHS London, which will serve as a template for all Strategic Health Authorities.</p> <p>We participate in the work of the Joint Health and Social</p>	<p>Health Professions Council from April 2010. The document will be circulated to public libraries, care homes, GP surgeries and UK politicians.</p> <p>We play a key role in the regulators' joint patient public involvement (PPI) group, which has developed a presentation highlighting PPI work. Roll-out of the presentation to the healthcare regulators began in November 2009 and it will be given to our Council in January 2010.</p> <p>Work on developing a consultation list to facilitate the sharing of information and joint working between regulators is ongoing. We regularly provide contacts to people in other organisations and countries.</p> <p>Terms of reference have been prepared for the Joint Healthcare Regulator Forum on Equality and Diversity, which now reports to the Chief Executives' Steering Group. The forum is working with the Joint Health and Social Care Regulators' Public Patient Involvement Group to develop a mental health event to be held early in 2010. This will be the first time these two groups have worked together on such an event.</p> <p>We continue to be a proactive member of the Alliance of UK Healthcare Regulators on Europe (AURE). A key focus for the group is the exchange of information and expertise on compensation measures for EU applicants. We will share our expertise and experience of setting up adaptation programmes for these applicants with the other UK regulators. We will also work collaboratively to develop the proactive exchange of fitness to practise information across EU borders.</p> <p>We continue to chair and service the regular meetings of</p>
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	<p>Care Regulators' Public Patient Involvement (PPI) Group and are currently leading work to revise the information leaflet <i>Who regulates health and social care professionals?</i> We are also contributing to the development of a PPI presentation for use by the healthcare regulators to promote an understanding of PPI among their members. The Group is also looking at developing a consultation list to facilitate the sharing of information and joint working, where this is appropriate.</p> <p>We established and lead the Joint Healthcare Regulator Forum on Equality and Diversity, which meets quarterly. The Forum is currently taking forward the issues of equality monitoring and good health standards and encouraging closer working and sharing of expertise in these areas. The Department of Health and the Equality and Human Rights Commission have used the Forum as a means of reaching all the regulators efficiently and effectively.</p> <p>We have established a Health Regulators Information Policy Group (HRIPG) with other health regulators. In addition to producing a standard Freedom of Information Health Regulators Definition Document, the members of the Group liaise and share expertise in records and information policy and management.</p> <p>We continue to have regular meetings with the other UK healthcare regulators under the auspices of AURE. Current work includes joint work on the draft Directive on patients' rights in cross border healthcare and an email exchange of views on the EC's code of conduct for regulators in relation to EU registrations.</p> <p>We continue to convene and service the regular meetings of the Chief Executives' Steering Group</p>	<p>the Chief Executives' Steering Group (CESG), which offer an important forum for the regulators to meet and discuss items of cross-regulatory interest. These meetings continue to benefit from the input of colleagues from CHRE and the Department of Health (England).</p> <p>During the last year, through the CESG, we have encouraged discussions on the development of a draft set of principles on 'whistleblowing' (escalating concerns), which were originally prepared by CHRE on the basis of existing regulatory guidance (see also Standard 1.1(iv)); the development of closer, more effective links with the systems regulator, the Care Quality Commission; and a sharing of intelligence of the respective approaches to revalidation.</p> <p>As a member of the CESG, we have discussed language testing of EEA-trained health professionals in the context of EU legislation on the recognition of professional qualifications and the current inability of regulators to test the English language skills of these applicants. We have been concerned that many employers are unaware of their responsibility to ensure that recruitment processes include checks on a health professional's ability to communicate in English. We are keen to work with employers and, through our Professional Practise and Registration Committee, we are developing a campaign to highlight the employer's role in this area.</p> <p>As part of our stakeholder engagement work, we have established a policy on reward, reimbursement and accessible involvement, which clearly states our commitment to being accessible, adequately supporting those who give their time and recognising their contribution. The policy, published on our website<sup>24</sup>,</p>
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	<p>(CESG), which provides a forum for regulators to share thinking on common issues and discuss a range of cross-regulatory matters. A notable feature of CESG meetings in 2008 has been the contribution and engagement from CHRE and the Department of Health (England). CESG work in 2008 has included agreement of a joint statement on student registration, discussion on the development of a common approach to the collection of equality and diversity information for registrants and complainants, and initial work on developing an approach to dealing with unregistered practitioners who are practising. In 2009, the CESG will be seeking to maximise engagement with and input to the existing range of cross-regulatory groups.</p> <p>We have joined other regulators in working with CHRE to develop the processes to be used for CHRE's auditing of the initial stages of the fitness to practise procedures. We have also contributed to joint working on the potential for developing a set of common sanctions for fitness to practise.</p> <p>The Director of Fitness to Practise holds regular meetings with his counterparts in other healthcare regulators on an individual basis and participates in a cross regulator forum, which is hosted by CHRE. The Director also meets with regulators from other fields (including Bar Standards Board, Civil Aviation Authority and Financial Reporting Council) to ensure that best practice is identified and adopted from a variety of sources. We are currently using information gathered from these meetings to develop our scheduling techniques for fitness to practise hearings with a view to ensuring that avoidable adjournments are minimised.</p>	<p>applies to patients, service users and the general public and we are reviewing and gaining feedback on its application. One example of its use is our work to review the <i>Midwives rules and standards</i>, where we will be rewarding the lay contributors for their time spent working on this project.</p> <p>We are using a variety of methods to engage stakeholders in our work. We have taken the opportunity to learn from feedback received about the initial stage of the review of pre-registration nursing education. In planning our stakeholder engagement for the second stage of this work, we developed our partnership working by establishing a number of project groups.</p> <ul style="list-style-type: none"> <li>• An advisory group, which included representatives of the four health departments, unions, education providers, employers and organisations that represent patients and the public. The group advised on engagement and strategic issues relating to the impact of our proposals.</li> <li>• A working group to help us develop the generic competencies and to consider the requirements for teaching, learning and assessment. We recruited 20 people in March 2009.</li> <li>• Four additional working groups to help us develop competencies for the four fields of nursing. They also considered the requirements for teaching, learning and assessment.</li> <li>• A reference group, with a membership of around 250 people, which provided support and expert information to the working groups.</li> </ul> <p>We used our website to advertise for members for the</p>
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	<p>Our web team are visiting other regulators to learn from their experiences in developing their websites and are considering setting up a cross-regulator network of web content managers.</p> <p>Our Director of Corporate Governance is a member of the working group considering the governance structure of the new General Pharmaceutical Council.</p> <p>We are a member of the UK Inter Professional Group<sup>23</sup> and have representatives on a number of its working groups.</p>	<p>working groups and the reference group. The five working groups all included representatives from higher education institutions, programme providers and representatives of patients and the public. Details about the groups and their work are available on our website<sup>25</sup>, together with monthly update bulletins, which are also emailed directly to interested parties.</p> <p>In April 2009, we established an e-portal<sup>26</sup>, which enabled the project team to test out ideas during policy development. It also enabled us to work with experts in their fields, and the public, in an open and transparent way. The e-portal had a 'Members' area, which members of the project groups were invited to use to participate in interactive discussions via a discussion forum. This was a completely new method of engagement for us. Another part of the e-portal gave the public an opportunity to take part in this stage of the project. All of this work took place in preparation for the formal consultation (see Standard 4.1 (iii)) and we are currently evaluating the effectiveness of the methods used, as well as the project group structure.</p> <p>During the formal consultation on the standards for pre-registration nursing education (early 2010), we will be holding a number of events for seldom heard groups and their representatives. These groups tend to be regular users of the services of nurses and it is important that they are able to contribute to the consultation. In the early stages of policy development, a scoping exercise was undertaken with national charities and other groups and organisations that represent people that receive care under the four fields of nursing. Our aim was to determine, from the outset of the project, how we can best involve service users and to identify some of the issues that are</p>
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		<p>most relevant to particular groups. We are now working in partnership with organisations including Mencap, Rethink, Alzheimer's Society, Children's Hospices UK and Age Concern/Help the Aged to engage the people they represent in the most appropriate ways.</p> <p>As reported in Standard 1.3(i), we worked with older people and their representatives, including members of older people's forums, to develop our leaflet <i>Care and respect every time. What you can expect from nurses</i><sup>27</sup>. This helped us to ensure that information in the leaflet is relevant and useful to the intended audience.</p> <p>We used in-depth telephone interviews to help us understand the fitness to practise procedures from the perspective of participants (see also Standard 3.2(i)). We also used this method for part of our review of the <i>Midwives rules and standards</i>, where a sample of midwives was interviewed to find out how they use the standards (see also Standard 1.1(v)).</p> <p>We established a user representative group to inform our work on the review of the <i>Midwives rules and standards</i>. The group encompasses a wide range of maternity service users, including fathers and breastfeeding mothers. The purpose of this lay group is to secure 'user' input to the review on an ongoing basis, to work with these groups to disseminate information about the review and to encourage participation of those who use the services of midwives.</p> <p>During 2009, we carried out market research with members of the public, employers, educators, nurses and midwives to find out their perceptions of us and our role in safeguarding the public's health and wellbeing. We sampled the views of 2,063 members of the public, using a</p>
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		<p>British Market Research Bureau omnibus survey. The aims of survey were to gauge public awareness of the regulation of nurses and midwives, together with opinion and perception of the NMC as the regulator. We also interviewed almost 900 professionals to understand their views of the NMC and their communications needs. We will use the evidence from the surveys to reshape our marketing and communications strategy.</p> <p>During the year, we continued to seek opportunities to gather information on the priorities and concerns of our stakeholders and members of the public. We held a number of events aimed at specific user groups including:</p> <ul style="list-style-type: none"> <li>• a workshop to inform those involved in patient help lines about our fitness to practise procedures and to learn from their experiences (see also Standard 5.2(vi))</li> <li>• five roadshows for supervisors of midwives (see also Standard 1.2, extra supporting information)</li> <li>• six 'Highway Code' events for front line nurses and midwives, which looked at the impact of the new <i>code</i> (see also Standard 1.2(ii))</li> <li>• a workshop for members of the Traveller Community, during which we identified a number of issues to take forward (see also Standard 5.2(iv))</li> <li>• an event, with 23 user representatives from the National Voices User Panel, to discuss professional regulation, our role and their questions</li> </ul> <p>We are planning a small number of similar events in the new year and the findings will be fed directly to our Council.</p>
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		<p>newsletter, which had been distributed since 2006.</p> <p><b>CHRE commented:</b></p> <p>What action has been taken by the NMC in response to CHRE's policy projects published in 2009/10?</p> <p><b>NMC responded:</b></p> <p>Our action can be summarised as follows:</p> <p><i>Quality assurance of undergraduate education by the healthcare professional regulators</i></p> <p>We continue to operate a risk based approach to the quality assurance of nursing and midwifery education. This ensures our activity is targeted, proportionate and always focussed on public protection by upholding high standards. We are the only regulator to grant providers earned autonomy when they are demonstrating effective risk control.</p> <p><i>Health conditions: Report to the four UK Health Departments</i></p> <p>During the year 2010-2011, we are committed to:</p> <ul style="list-style-type: none"> <li>• EqIA our fitness to practise health procedures and implement recommendations from that work</li> <li>• revise our good health good character guidance</li> <li>• produce some advice around how reasonable adjustments can be used successfully to enable nurses and midwives to practise safely.</li> </ul> <p>In addition to this we continue to work with:</p> <ul style="list-style-type: none"> <li>• our expert panel of disabled people</li> <li>• the Equality and Human Rights Commission on</li> </ul>
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		<p>best practice</p> <ul style="list-style-type: none"> <li>• other regulators to share best practice in this area - our latest discussions were around sharing best practice for making reasonable adjustments for internationally trained health professionals who sit enrolment tests before admittance on to regulators' registers.</li> </ul> <p>The fitness to practise directorate will also be considering the issue of health when reviewing its legislation in preparation for the anticipated fitness to practise section 60 order later this year.</p> <p>The Nursing and Midwifery Order 2001 requires the Council to prescribe the evidence of good health required for registration. Removing this will have to be done by means of a section 60 order.</p> <p><i>Advanced practice: Report to the four UK Health Departments</i></p> <p>We will be considering this report as part of a review of our position on the regulation of advanced practice.</p> <p><i>Handling complaints – sharing the registrant's response with the complainant</i></p> <p>This report was discussed by the Fitness to Practise Committee at a seminar at the end of February 2010. We will update you with progress at the review meeting on 10 March 2010.</p> <p><i>Healthcare for people with disabilities</i></p> <p>We are working with Mencap on their Learning Disability Week campaign for June 2010, which is focussing on health. We are contributing to their</p>
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		<p>guidance for health professionals and will have information related to the week on our website.</p> <p>We continue to provide a specialist qualification specific to the care of people with learning disabilities. Our pre-registration nursing curriculum incorporates this topic and all programmes will consider issues of equality in healthcare generally and specifically in relation to people with disabilities.</p> <p>We continue to support Mencap's campaign "Getting it Right".</p> <p><i>Student fitness to practise – should the regulators receive every outcome?</i></p> <p>Our QA review plan this year includes consideration of students' fitness to practise and emphasises student responsibility to declare conduct and health issues. The annual QA report will capture the results of this activity.</p> <p><b>CHRE commented:</b></p> <p>What information was gathered from the British Market Research Bureau Omnibus survey on the NMC?</p> <p><b>NMC responded:</b></p> <p>The key objective for this research was to measure awareness and perceptions of the NMC, and nursing and midwifery regulation, on the part of members of the public, nurses, midwives, employers, educators and students. We needed a baseline understanding of what these groups knew about regulation in general and their awareness and understanding of our role and functions. This information will form the evidence base for our communications activity in the next few years and provide a baseline for future</p>
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		<p>audience awareness and perceptions work. We will publish the research alongside our communications strategy in the summer of 2010.</p> <p>Key findings of the research with professionals (conducted through 900 telephone interviews) were as follows:</p> <ul style="list-style-type: none"> <li>• overall nurses, midwives, educators, employers and students hold a positive view of the NMC</li> <li>• 19 per cent of nurse directors held a negative view of the NMC</li> <li>• nurses and midwives were the least likely to think that our role is to protect the public</li> <li>• nurses and midwives were not clear on our role with many thinking we are their professional association rather than their regulator</li> <li>• educators and employers felt relatively well informed about our role and function and felt confident that they understand how to apply our standards and guidance to their practice</li> <li>• respondents highlighted the need for regular, timely and targeted communication from the NMC</li> <li>• the top three improvements respondents wanted to see are more and improved communication by email, more face-to-face communication and more regular communication</li> </ul> <p>Key findings of the research with the public carried out by telephone and questionnaire (2,063 respondents) were as follows:</p> <ul style="list-style-type: none"> <li>• two in three UK adults are aware that nursing and</li> </ul>
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		<p>midwifery is regulated in the UK</p> <ul style="list-style-type: none"> <li>• one in 30 could spontaneously name the NMC, people were twice as likely to believe the regulator to be the RCN.</li> <li>• of those who had heard of the NMC, 27 percent were neutral and 21 percent had no view, 46 percent held a positive opinion and 4 percent held a negative one. This compared favourably to RCN and better than the GMC and NICE, which had slightly worse results</li> <li>• one in six people understood that regulation is involved in the maintenance of standards and quality in the professions</li> <li>• three in four were clear that registration with the NMC is mandatory for nurses and midwives</li> <li>• London residents, people from black and minority ethnic groups, males and younger adults are consistently less aware of the NMC and its functions. Those in D and E social groups were also less aware.</li> </ul>
<p>5.2 ii) The regulator has a planning process, which ensures that functions are sufficiently resourced and takes account of risks.</p>	<p>Strong and focused financial management has delivered a stable and sustainable financial base. We are in a sound financial position following the implementation of our recovery plan, established to deal with the weak position we inherited from the UKCC.</p> <p>We prepare our business plan and budget for the forthcoming year in the autumn of the preceding year. During 2008/09, we have introduced, for the first time, a three year business plan for the period 2009/12. This details specific objectives to deliver the strategic themes</p>	<p>We have maintained our continued application of strong and focused financial management and the financial targets laid out in the recovery plan are on course for delivery in the 2009-2010 financial year. Our Annual Report and Accounts for the year ending 31 March 2009 are available on our website<sup>22</sup>.</p> <p>The arrival of a new Council meant that members were able to input to the first stages of the development of a strategic vision. This, supported by a corporate plan, was put together and agreed after extensive engagement with</p>



	<p>of the NMC and is preceded by clear statements of our vision, aims and values. The objectives reflect our core business as well as the development work undertaken through a portfolio management model. The plan was considered by the new Council at its first meeting and we are updating it in the light of their comments before publishing it on our website</p> <p>The financial envelope that determines the level of resource and degree of prioritisation to be incorporated into the plans, and more practically the budgets, is determined by updating the strategic model for estimates and assumptions. There is particular focus on the income potential for the forthcoming year, based upon all available information and trend analysis.</p> <p>We developed the business plan through seminars and workshops held with staff, directors and Council members and in conjunction with the risk assessments and equality and diversity analysis.</p> <p>We are developing our budgeting processes for our projects as a means of ensuring the development work is effectively resourced and costed.</p> <p>We have developed, over recent years, a comprehensive risk management methodology with regular assessment and reporting of risks across the organisation, both for our core business and on a project by project basis.</p> <p>Working with the individual directorates, we prepare a detailed work plan that breaks each of our objectives into the many workflows and projects that need to be completed to ensure that the objective is achieved. We cross-reference this document to the relevant risk</p>	<p>staff and professional stakeholders. These documents will provide a basis for ongoing monitoring and reporting (see also Standard 5.1(i)).</p> <p>Individual departments have prepared management plans in the context of the corporate plan; these also include an assessment of risks and an equality and diversity plan. Individual personal objectives will form the base layer of the delivery model.</p> <p>The budgeting process is informed by these plans and by consideration of the financial strategy. The current financial strategy is reaching its close and we have started the process for agreeing a new one. This work will be concluded by March 2010.</p> <p>During the period under review, we have implemented the reporting of an agreed menu of key performance indicators. Our externally reported indicators, which highlight progress on our core work, are monitored on a quarterly basis by the Business Planning and Governance Committee. Our internal indicators, which we use as tools to manage delivery on a day to day basis, are monitored on a quarterly basis by the EMB.</p> <p>Early in 2009, we streamlined our risk registers and now have one register for each directorate and one for each project. We identify the risks to the strategic objectives in our corporate plan and log them on directorate registers. Each director is accountable for the management of risks within their directorate. The highest risks are escalated to the corporate risk register, which is reviewed by EMB on a quarterly basis and at each meeting of ARAC. The highest risks are notified to Council on a quarterly basis.</p> <p>Our programme of risk management training, which</p>
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	<p>registers to enable appropriate decision making and prioritisation of work.</p> <p>We have established an on-going programme for training in risk management, which is provided on three levels to meet the needs of staff across the organisation. It has been tailored to our needs and reflects our move to project-based working. During the second half of 2008, we provided risk management training to directors and staff directly involved with risk management. We will provide risk awareness training to other staff during 2009 and will also be providing training for the members of the new Council.</p> <p>As a result of the recent training, risk managers and project leads now use a simpler model to describe risks more succinctly. We also require them to provide data and evidence to support the highest risks. This will enable us to make our risk management process more robust.</p> <p>We are in the process of establishing a statement of our risk appetite and an associated impact equivalence table.</p> <p>IT staff carried out a successful disaster recovery exercise in July 2008.</p>	<p>commenced in 2008-2009, is ongoing. During the current year, we have run two types of training: a two-day course for managers, or project leads and a half-day risk awareness session for support staff. As of November 2009, we have trained 80 percent of our managers across the organisation and provided risk awareness training to 25 percent of support staff. More training sessions are taking place in the final quarter of this year and during 2010-2011. This programme is monitored through our risk management department and learning and development team. In September 2009, we held a seminar on risk management for members of the new Council, which included discussion of risks to the strategic vision.</p> <p>In addition to risk registers, we use issue logs for the management of risks that materialise or adverse events that happen. Those with a high priority are escalated to EMB and ARAC. In July 2009, EMB agreed an accident policy and in November 2009 it agreed a formal incident reporting policy. We will be providing incident management training in the final quarter of this financial year. At the same time, we will be reviewing our risk guidelines and will include our risk appetite.</p> <p><b>CHRE commented:</b></p> <p>Has the NMC undertaken an internal audit to review the integrity of its fitness to practise process in light of the CHRE's report on the GSCC? We would be interested to know the outcomes of this work.</p> <p><b>NMC responded:</b></p> <p>We read CHRE's report of the GSCC's conduct function with interest and, at the time, offered GSCC our support, should we have any expertise they would find helpful. Our</p>
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		<p>Fitness to Practise Director now sits on the GSCC advisory group for conduct process redesign.</p> <p>We have not formally mapped the recommendations against our own work as we believe the reports produced by CHRE in 2008 and 2009, together with the audit of the early stages of our fitness to practise functions, offered a comprehensive analysis of the issues we face in this area. In addition, many of the recommendations to GSCC relate to their position as an NDPB funded by Government and are not easily carried over to us.</p> <p>Our current focus is on improving our performance against established key performance indicators, as well as improving our performance across the fitness to practise function. This is set out in our action plan, which was designed to take into account the issues raised in CHRE's reports and audit. Progress against the action plan is monitored weekly by the Chief Executive together with the Director of Corporate Governance and Organisational Development and the Director of Fitness to Practise.</p> <p>We also have an internal audit plan in place, which is reviewed at the beginning of each year by our Directors and by our Audit Risk and Assurance Committee. For 2010, this plan includes a significant piece of work around fitness to practise. Any recommendations arising from the internal audit are monitored by all directors and by the Committee to ensure that any actions arising from the recommendations are implemented and improve the controls we have in place.</p>
5.2 iii) The regulator takes	We are proactive in seeking involvement on a UK-wide basis from a wide range of lay and professional stakeholders on new policies, practice standards and	During 2009, we established our 'devolved dialogue' programme. This is a structured programme of engagement activities with stakeholders in the four UK

<p>into account the differences between England, Scotland, Wales and Northern Ireland when devising its policies and processes and in engaging with stakeholders.</p>	<p>guidance. We also engage stakeholders in initiatives to improve our business processes and customer-facing services. Comments gathered at a series of equality and diversity road show meetings across the UK, revealed local and cultural differences between the four countries which will inform our approach to the collection of equality and diversity information. We asked nurses, midwives, employers and members of the public for their views on our services, for a customer relationship management survey which will contribute to improving our IT services and services for our customers.</p> <p>Following the CHRE Special Report, published in June 2008, we strengthened our communications and stakeholder engagement activities. A series of five UK-wide stakeholder meetings, held in the Autumn of 2008, indicated the need for an NMC presence in Scotland focused on our fitness to practise activities. The need for us to strengthen links with policy makers, patient groups and professional stakeholders across the UK has been underlined by the marked differences in healthcare policy development in the four UK countries. We have recently recruited a Deputy Public Affairs Manager who will focus on working with the devolved administrations and we are working on the feasibility of a permanent presence in Scotland for our fitness to practise hearings.</p> <p>Our staff and Council members regularly engage with the devolved governments and individual politicians within the National Assembly for Wales, the Northern Ireland Assembly, the Scottish Parliament and Westminster on a range of issues. For example, members from Scotland, and those from Wales, established regular meetings with representatives of their national Department of Health,</p>	<p>countries, which has the following objectives:</p> <ul style="list-style-type: none"> <li>• to maximise our dialogue with stakeholders and public audiences within the four countries (senior representatives of the devolved government, education providers, nurse directors, patient and public groups, such as the Scottish Health Council, systems regulators, such as NHS Quality Improvement Scotland, professional bodies, trade unions and mental and social care practices</li> <li>• to gather intelligence of, and promote high level discussion about, changing healthcare priorities within the devolved administrations, how these differ from the rest of the UK, their implications for the regulation of nursing and midwifery and how we can address these issues as a four country regulator</li> <li>• to raise awareness among, and develop better relationships with, devolved audiences, educating them about the NMC and explaining how devolved partners can help us to better discharge our main objective of safeguarding the health and wellbeing of the public</li> </ul> <p>The Council's first meeting under this programme, in Scotland in November 2009, was the focus of four days of meetings, events and visits with stakeholders in Edinburgh. We will extend the programme to Northern Ireland in 2010, followed by England and Wales in subsequent years.</p> <p>During the Edinburgh event, Council members and staff split into groups to visit different care settings across the city, including:</p>
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	<p>including the Chief Nursing Officer, to discuss issues of mutual interest. We have staff representatives on a number of key UK working groups contributing to the development of national policy initiatives including:</p> <ul style="list-style-type: none"> <li>• Modernising Nursing Careers (led by CNO England)</li> <li>• Midwifery 2020 (led by CNO Scotland)</li> <li>• Research into the regulation of healthcare support workers (led by CNO Scotland).</li> </ul> <p>We have invited the Chief Nursing Officers from the four UK countries to address the Council at its first Awayday in March 2009.</p> <p>We hold consultation events in the four countries, thereby giving us the opportunity to identify national differences and take them into account.</p> <p>We invited key stakeholders from the four countries to comment on an early draft of the briefing document for a recent consultation on the content of the statutory committee constitution rules. We also invited them to identify potential attendees for the focus group events.</p>	<ul style="list-style-type: none"> <li>• a simulated learning session with nursing students</li> <li>• meeting older people receiving care on a flagship 'beacon' ward at Western General Hospital</li> <li>• meeting staff and patients at the Edinburgh Crisis Centre</li> </ul> <p>The Chair and Chief Executive met politicians, nursing and midwifery leaders and key stakeholders in a round table discussion on cross border regulation. Health Minister Nicola Sturgeon sponsored a Parliamentary Reception on our behalf at Holyrood. We met a number of Scottish Parliamentarians, patients' groups and stakeholders who had been in contact with us or who had worked with us throughout the year.</p> <p>We maintain regular contact with the devolved administrations throughout the year and offer meetings and provide supplementary information on an issue driven basis.</p> <p>We are consolidating our relationships with patient groups in England and extending this work to the other three countries. Devolved dialogue, and other work, has enabled us to focus on building relationships with patient groups in Scotland.</p> <p>In October 2009, an article about our work was published in a <i>Voluntary Health Scotland</i> newsletter, which is circulated to over 200 voluntary organisations working in the health and community sectors. The article outlined our role, gave details of the Council meeting in Edinburgh, including an invitation to attend, and gave details of how to subscribe to our newsletters.</p> <p>We are developing an understanding of the different NHS</p>
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		<p>complaints systems across the four countries. At our patient helpline and complaints event (see also Standard 5.2(vi)), we were pleased to work with participants from England, Scotland and Wales.</p> <p>We regularly work with local people in each of the four countries when organising events.</p> <p>When setting up telephone interviews in connection with our review of the <i>Midwives rules and standards</i>, we ensured that the sample size for each country was in proportion to the number of midwives on the effective register for that country.</p> <p>When establishing the project groups for the review of pre-registration nursing education, we took care to ensure that members of the groups came from across the UK (see also Standards 4.1(iii) and 5.2(i)).</p> <p>We held our 'Highway Code' and supervisor of midwives events across the UK (see also Standard 1.2(ii) and Standard 1.2 extra supporting information).</p> <p>At the European level, we monitor emerging EU policy and work with our colleagues in Scotland, Wales and Northern Ireland to understand the devolved perspective. As it is relevant to our work, we have identified key stakeholders, in particular from Scotland and Wales, who have a strong presence in Brussels,. We are meeting with them during the first half of 2010 to discuss establishing formal collaboration.</p> <p><b>CHRE commented:</b></p> <p>We note that the NMC appears to have a comprehensive Devolved Dialogue programme. Could the NMC provide a specific example of how it has taken into account the</p>
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		<p>differences between the four countries in its work?</p> <p><b>NMC responded:</b></p> <p>The Devolved Dialogue programme provides a structured approach to high level engagement with politicians, civil servants, educators and patient public involvement groups across the UK. The programme includes regular high level reciprocal meetings with the UK Chief Nursing Officers, civil servants, politicians, educators and patient public involvement groups in different meeting formats including, roundtable events, Parliamentary receptions, stakeholder receptions and meetings.</p> <p>As reported in our main submission for Standard 5.2(iii), the Council's meeting in Edinburgh in November 2009 was the first in the series of annual meetings that will rotate around the UK. We made links with a number of organisations including a first meeting with patients groups in Scotland, which have resulted in subsequent meetings and contact.</p> <p>In September 2010, the Council meeting will be in Belfast and will include a programme of visits to practice and education settings, a roundtable event for key stakeholders and a Parliamentary reception at Stormont. In targeting political stakeholders for our events in Belfast in the Autumn, colleagues briefed us on the implications of power sharing within the Northern Ireland executive and how best to engage with politicians about key regulatory developments such as health care support workers and advanced nurse practice.</p> <p>The devolved dialogue programme complements the long established working relationships that we have with our stakeholders across the UK and we continue to</p>
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		<p>demonstrate our commitment to and acceptance of difference within the four countries.</p> <p>An NMC presence in Scotland is under active consideration for 2010.</p>
<p>5.2 iv</p> <p>The regulator is committed to promoting the principles of the Human Rights Act and respect for equality and diversity. It ensures that all activities are free from discrimination.</p>	<p>Our registration and fitness to practise processes are compliant with the Human Rights Act (HRA) and we are committed to promoting its principles throughout all our work. Examples of how we have put this into practice include:</p> <ul style="list-style-type: none"> <li>• The new <i>Guidance for the care of older people</i>, due to be published in March 2009, reflects the obligations placed on public authorities by the HRA and identifies Articles 2, 3 and 8 as being most relevant. The Guidance also reflects the five UN Principles for Older Persons. It makes it very clear that human rights principles have a central role in the provision of nursing care and they are embedded in many aspects of the guidance.</li> <li>• Our standards for pre-registration education require that all members of the nursing and midwifery professions must demonstrate an inviolable respect for persons and communities.</li> <li>• We will be running a training session, on the HRA, for staff during 2009.</li> </ul> <p>We have an Equality and Diversity Unit which leads our work in this area; a review of its activities in 2007/2008 is published on our website<sup>29</sup>.</p>	<p>We have consolidated and updated our existing equality schemes into a single scheme, which addresses race, gender, disability, age, sexual orientation, and religion and belief. To develop this scheme, we drew on the findings from our <i>Have your say on equality and diversity</i> consultation events, which we reported on in last year's submission, together with the thoughts of our expert panel of disabled people and members of the public. The draft scheme was considered by the Council at its meeting in November 2009<sup>33</sup> and will be published, together with its accompanying action plan, early in 2010.</p> <p>We have provided ongoing training and learning aids for staff in relation to equality impact assessments (EqIAs). These are now an integral part of our project management systems and a recent development was the inclusion of equality and diversity updates in highlight reports. We have also built EqIAs into our decision making and business planning processes. A phase of monitoring and auditing use of EqIAs will begin in early 2010. At the same time, we will also be embarking on a full EqIA of our health processes in relation to fitness to practise.</p> <p>We continue to work with our expert panel of disabled people. Participation in the work of the panel led one member to successfully apply to become a member of one of our committees. RADAR, a leading disability organisation, has highlighted this as an example where</p>

<sup>29</sup> Equality and Diversity Unit, Annual Review 2008 – [Note – this link is no longer available.]



	<p>Our equality schemes support us in embedding equality throughout all areas of our work. We have separate race, gender and disability equality schemes and an overarching equality scheme, which demonstrates our commitment to promoting equality and diversity in the area of sexual orientation, religion/belief and age. We publish all of these on our website<sup>30</sup>.</p> <p>We have developed and introduced an Equality Impact Assessment (EqIA) policy, procedure and toolkit. The EqIA process was developed with staff and key stakeholders and is now being used across the NMC.</p> <p>Our engagement activities have included seven <i>Have your say on equality and diversity</i> consultation events, six with nurses and midwives including those who work in Higher Education Institutions and one for the public and patient groups. We used these to discuss issues such as equality data monitoring, good health standards and how to reach as many diverse groups as possible. We published our findings in two reports<sup>31 and 32</sup>.</p> <p>We have established an expert panel of disabled people,</p>	<p>involving disabled people for a specific purpose has led to encouraging wider strategic participation from disabled people and more diversity within governance structures.</p> <p>As noted in Standard 2.1(ii), we launched our diversity data collection exercise with nurses and midwives in July 2009, sending questionnaires to all new entrants to the register. During August 2009, we started collecting information from those already on the register; questionnaires were included with the notices for September's renewals and retentions. This process will continue for a 12-month period until every nurse and midwife on the register has been contacted. By July 2010 all existing nurses and midwives on our register will have been invited to complete a questionnaire.</p> <p>The launch was supported by a cover feature in the August 2009 edition of <i>NMC News</i><sup>34</sup>, which included quotes and endorsements for the exercise from nurses and midwives and a union representative.</p> <p>Our website has a section devoted to the diversity data collection exercise<sup>35</sup>, which includes an online version of</p>
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<sup>30</sup> Schemes and documents - <http://www.nmc-uk.org/About-us/Equality-and-diversity/Schemes-and-documents/>

<sup>31</sup> Focus Group Consultation Report on 'Have your say on equality and diversity' – [Note – this link is no longer available.]

<sup>32</sup> Supplementary report on the 'Have your say on equality and diversity' engagement events – [Note – this link is no longer available.]

<sup>33</sup> Joint equality scheme (NMC/09/61) - [http://www.nmc-](http://www.nmc-uk.org/Documents/Council%20papers%20and%20documents/November%202009/NMC%2009%2061%20Our%20Joint%20Equality%20Scheme.pdf)

[uk.org/Documents/Council%20papers%20and%20documents/November%202009/NMC%2009%2061%20Our%20Joint%20Equality%20Scheme.pdf](http://www.nmc-uk.org/Documents/Council%20papers%20and%20documents/November%202009/NMC%2009%2061%20Our%20Joint%20Equality%20Scheme.pdf) and Annexe - <http://www.nmc-uk.org/Documents/Council%20papers%20and%20documents/November%202009/NMC%2009%2061%20Joint%20Equality%20Scheme%20Annexe%201.pdf>

<sup>34</sup> *NMC News*, August 2009 (page 16) - <http://www.nmc-uk.org/Documents/NMC-News-NMC-Update/nmcNewsIssue29August2009.pdf>

<sup>35</sup> Did you know you can fill out your diversity questionnaire online? - <http://www.nmc-uk.org/About-us/Equality-and-diversity/Did-you-know-you-can-fill-out-your-diversity-questionnaire-online/>

<sup>36</sup> Literature review: reasonable adjustments in nursing and midwifery - <http://www.nmc-uk.org/Documents/Research%20papers/Reasonable%20adjustments%20literature%20review.pdf>

	<p>which comprises five disabled registrants (four nurses and one midwife) and five disabled people with an interest and expertise in health issues. The panel has been involved in revising our disability equality scheme. We are also using it to help us develop our work in relation to the good health standards and the work arising from the Disability Rights Commission's report into health standards in nursing, teaching and social work.</p> <p>Our HR strategy ensures that equality and diversity principles are built into all our activities. We gather relevant diversity information from all employees, and applicants for jobs, to assist us in understanding and planning appropriate activities. Our review of HR policies and procedures is ongoing and, where relevant, includes an Equality Impact Assessment.</p>	<p>the questionnaire for those who find this more convenient. This also allows nurses and midwives to update their response whenever they wish; the system will only hold the most recent response.</p> <p>The questionnaire asks nurses and midwives about their ethnic origin, sexual orientation, religious beliefs and if they consider themselves to be disabled. (We already have data on age and gender.) There is a 'prefer not to say' option for each category.</p> <p>Up to the end of November 2009, we achieved a response rate of 37 percent. We are hoping to improve this in the new year with additional publicity for the exercise and, in particular, by encouraging those who may not have returned the form to respond via the on-line option. We anticipate that we will have a good understanding of the make up of the register by the early Autumn next year.</p> <p>We have started a piece of work to analyse gender and age information for those who enter the fitness to practise process during the 2009 calendar year and will produce a report in spring 2010. The report will deliver key statistics relating to the proportion of men and women and the age breakdown (in defined categories) of respondents at each stage of the process. These statistics will be compared to the gender and age profile of the register to understand how our processes affect different groups of nurses and midwives. If we discover any variances, we will consider why they are occurring and what action we should take.</p> <p>In November 2008, as part of our on-going work to address the recommendations contained in the Disability Rights Commission's report <i>Promoting equality: maintaining standards</i>, we commissioned an independent literature review of good health requirements. The purpose</p>
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		<p>of the review was to identify advice and guidance which addresses the issue of making reasonable adjustments for disabled nurses, midwives and other related health professionals. It looked at information provided by regulators, unions and professional bodies, government departments, employers, universities and disability organisations, it also considered relevant information from abroad. The review also identified where there were gaps in the provision of advice and guidance.</p> <p>This review has identified for us where there is good advice to draw upon and where we need to concentrate our attention when devising advice of our own. As well as publishing the literature review on our website<sup>36</sup>, we held a seminar in March 2009 that was attended by over 70 representatives from hospitals, higher education institutes and unions. The seminar included speakers from the Equality and Human Rights Commission, SKILL, the General Medical Council (GMC), and a member of our expert panel of disabled people.</p> <p>In September 2009, we held an event with the Traveller Community to learn about their experiences of nursing and midwifery care and where they felt improvements could be made. This was organised, in collaboration with the charity National Voices and members of the Traveller Community, to be as inclusive and as accessible as possible. Fifteen delegates attended the event and much of the discussion was facilitated by the members of the Traveller Community. We will use our learning from the event to develop more appropriate advice for nurses and midwives and, in Spring 2010, we'll raise awareness of the issues with an article in <i>NMC News</i>. We will also prepare information specifically targeted at the Traveller</p>
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		<p>Community.</p> <p>As noted in Standard 5.2(i), we are working with others on the organisation of a mental health event to be held early in 2010.</p>
<p>5.2 v)</p> <p>The regulator has an accessible, effective and efficient complaints procedure for dealing with complaints about itself. Learning from the complaints is disseminated to the complainant, throughout the organisation, informs policy development and improves practices.</p>	<p>We publish our procedure for dealing with complaints about our service on our website, together with contact details<sup>37</sup>.</p> <p>We have provided staff with guidance as to what constitutes a complaint and what action needs to be taken when one is received. We use complaints about our fitness to practise to develop and improve our processes. Information about all other complaints is passed to the Chief Executive's office, where it is collated and monitored, action is taken as appropriate.</p> <p>For example, following complaints received in April 2008, we have reviewed our procedures for linking midwives' intention to practise notifications to the published register. A new procedure will prevent the problem happening again in 2009 and ensure that the information is available on 1 April, the beginning of the notification year.</p>	<p>On 1 April 2009, we implemented our new procedure for dealing with complaints and feedback about our services. The Office of the Chair and Chief Executive (OCCE) is leading the implementation, which is being taken in stages. As a first step, we have developed the tracking of complaints, including feedback, received by the Chief Executive's office and the recording of statistical information on our approach to complaints handling. Information on the speed of our responsiveness to complaints is now one of our key performance indicators (KPIs).</p> <p>To date, the majority of complaints received relate to our fitness to practise and registrations work. Among the more common issues that have been highlighted are:</p> <ul style="list-style-type: none"> <li>• the length of time taken to process fitness to practise cases</li> <li>• quality issues (loss of documentation, staff responsiveness)</li> <li>• difficulties with registration renewals</li> <li>• the service received from our professional advisory service</li> </ul> <p>The EMB reviews the complaints information on a quarterly basis and we are developing our approach to</p>

<sup>37</sup> How to make a complaint about the NMC - <http://www.nmc-uk.org/About-us/How-to-make-a-complaint-about-the-NMC/>  
Complaining about NMC services - <http://www.nmc-uk.org/About-us/How-to-make-a-complaint-about-the-NMC/Complaining-about-NMC-services/>

		<p>ensure that we act on feedback from the process. We are addressing the complaints about aspects of our fitness to practise work as part of the second phase of the fitness to practise action plan, which focuses on quality improvements to our service.</p> <p>Currently, our service standard is to acknowledge complaints within two working days of receipt and to respond within 20 working days. The figures for the first quarter of this year, April to June, show that we responded to 76 percent of complaints within the advertised timeframe. We improved our performance in the second quarter, July to September, achieving a figure of 86 percent.</p> <p>We are refining our process on an ongoing basis and reviewing the level of information required in addition to that provided to meet the KPI.</p> <p>Later in 2010, we will roll out the complaints procedure across the organisation so that all staff will begin to capture information on the complaints being received in their area. This will be fed back to the OCCE for collating. Over time, we will be able to create a more complete picture of the complaints (and feedback) we have received.</p> <p>Our new procedure for linking midwives' intention to practise notifications to the published register, mentioned last year, ensured that the information was available on 1 April 2009, as planned.</p> <p><b>CHRE commented:</b></p> <p>How will NMC improve the timeliness of its responses to corporate complaints? What learning has been gathered from corporate complaints and how has this been used?</p>
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		<p>Why will it not be rolled out to all staff until later in 2010?</p> <p><b>NMC responded:</b></p> <p>The focus, during the first year following the introduction of our complaints handling process, has been to try and channel the complaints received - and their handling - through the Chief Executive's (CE's) office. As a result, we have already built up a significant amount of information (through the 108 complaints dealt with by the process) about the issues raised by people who have been dissatisfied with aspects of our work.</p> <p>However, given multiple points of entry within the organisation and the amount of more informal feedback received by a variety of colleagues around the NMC through telephone and face-to-face contact, we have been considering how we can broaden our current approach to account for more of the feedback we receive.</p> <p>This year we will be developing a network of colleagues around the organisation who will be responsible, at a local level, for applying the approach to the handling of complaints about our services and reporting their work to a central point in the CE's Office. Our current thinking is that this work will be led by a team member with specific responsibility for internal complaints handling and our developing thinking on complaints handling will be informed by the approach that has been adopted by the other regulators. We also plan to use other organisations' complaints procedures in order to learn from best practice in this area.</p> <p>Learning from the first year of complaints handling has fed into the development of the post of quality assurance manager in our fitness to practise directorate, as well as</p>
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		<p>the wider review of our fitness to practise correspondence. Specifically:</p> <ul style="list-style-type: none"> <li>• complaints about the tone of the letters we send to close cases at the Investigating Committee stage have led to us to review our approach in this area</li> <li>• feedback on the content of our registration renewal form has prompted us to look at the presentation of our paperwork to make it clearer to nurses and midwives</li> </ul>
<p>5.2 vi) The regulator cooperates with other organisations with a common interest. It develops strategic alliances, coordinates goals and project planning.</p>	<p>We have three projects within our Stakeholder Engagement Programme specifically related to building relationships with organisational stakeholders. The ones for regulators and other bodies, and EU and international are ongoing; the project for Westminster and devolved administrations will begin later this year.</p> <p>Following the CHRE Special Report, published in June 2008, we have formalised our meetings with our professional stakeholders by establishing a group that meets on a quarterly basis. The work of the President's Coalition (established by the NMC's first President), involving a wider range of stakeholders, is ongoing.</p> <p>We have participated in the Health Hotel since 2005. This is a mini conference that takes place at the three main annual political party conferences and is the collaborative work of 35 organisations, representing statutory bodies, charities and professional bodies with a health policy interest. The Health Hotel includes a consultation event, which is used by Ministers and their Shadow counterparts to test policy ideas and gain</p>	<p>We closed the Stakeholder Engagement Programme in October 2009 and transferred the remaining projects to business as usual. The project on devolved administrations has been developed into our 'devolved dialogue' programme. (Standard 5.2(iii) provides further information.)</p> <p>We continue to meet and discuss issues with our key professional stakeholders on a regular basis. The meetings provide us with the opportunity to update them on our key work streams, including progress with the implementation of the action plan prepared in response to the 2008 CHRE Special Report and to respond to their questions about our other work streams.</p> <p>We have found these meetings helpful in rebuilding the trust with our key stakeholders and we feel that we enjoy mature and robust discussions on a range of issues. The passage of time since the 2008 CHRE Special Report, and our documented progress on a number of key issues, has enabled us to move the substance of these meetings away from solely focussing on the delivery of the action plan to a</p>

<sup>38</sup> The NMC at the Health Hotel 2008: Accountability in healthcare - <http://www.nmc-uk.org/About-us/Policy-and-public-affairs/Politics-and-parliament/The-Health-Hotel/Health-Hotel-2008-Accountability-in-healthcare/>

	<p>feedback from the health sector. This provides us with a valuable opportunity to network with parliamentarians but also senior representatives from the other 34 Health Hotel member organisations.</p> <p>At the 2008 Health Hotel, we collaborated with the Medical Protection Society and the Patients' Association on a fringe event <i>The Blame Game: is the balance right between culpability and accountability in healthcare?</i><sup>38</sup>.</p> <p>We have two strategic reference groups for midwifery, one for the Lead Midwives for Education and one for the Local Supervising Authority Midwifery Officers. Each group meets three times a year and there is one joint meeting each year. The Midwifery Unit has a quarterly briefing meeting with the Royal College of Midwives. Our Midwifery Advisors are involved in all levels of the Midwifery 2020 Programme, which is being led by Scotland on behalf of the four departments of health.</p> <p>We have participated in the review of nursing careers, both pre and post registration, through the Modernising Nursing Careers coalition, which is led by the CNO England on behalf of the UK. A significant workstream for us has been the Review of pre-registration education and the move to an all graduate entry (see Standard 4.1(iii)).</p>	<p>wider discussion about mutual challenges.</p> <p>Our meetings have focussed on a range of professional issues, including our work on 'raising and escalating concerns', professional indemnity insurance, swine flu planning and our engagement in the four countries.</p> <p>We have continued to develop our links with our key patient and public stakeholders. We hosted a high-level meeting of key groups in July 2009, which we have followed up with a detailed written briefing to attendees feeding back on the issues that were raised. Our patient stakeholders were keen to hear about our work on fitness to practise issues and our discussions prompted a follow-up workshop, with representatives from complaints services and patient help lines, in September 2009. This was enormously useful to us and highlighted a number of additional areas to address, including dealing with unsatisfactory local resolution, dealing with repeated 'minor' concerns, and the amount of information and updates that complainants receive. We will be using this information in the next phase of our fitness to practise communications review.</p> <p>We will continue to engage with key public and patient groups in 2010.</p> <p>We continue to participate in the Health Hotel, which provides us with a valuable opportunity to engage and</p>
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<sup>39</sup> Health Hotel 2009: Patient safety, an election priority? - <http://www.nmc-uk.org/About-us/Policy-and-public-affairs/Politics-and-parliament/The-Health-Hotel/Health-Hotel-2009-Patient-safety-an-election-priority/>

<sup>40</sup> Royal College of General Practitioners – Shared Record Professional Guidance – [Note – this link is no longer available, two alternative links follow. *Final (reference) report of the shared record professional guidance project*, published in June 2009 - [http://www.rcgp.org.uk/PDF/Get\\_Involved\\_SRPG\\_final\\_ref\\_report.pdf](http://www.rcgp.org.uk/PDF/Get_Involved_SRPG_final_ref_report.pdf); *Informing shared clinical care, a summary* - [http://information.connectingforhealth.nhs.uk/prod\\_images/pdfs/37542.pdf](http://information.connectingforhealth.nhs.uk/prod_images/pdfs/37542.pdf)]



		<p>network with Parliamentarians and senior representatives from a wide range of stakeholders, including patient groups and professional bodies. The membership of the Health Hotel has now increased to 45 organisations. We have served as Vice-Chair of the Board of Directors for the current year and will be Chair in 2010.</p> <p>This year, we collaborated on a fringe debate event with the Care Quality Commission, the GMC and the Health Professions Council. Each fringe debate argued that effective healthcare regulation is essential for patient safety, high quality care and professional and public confidence. It examined how each Party in government would use professional healthcare regulation to enhance patient safety and ensure regulation is proportionate, responsive and fit for purpose. Further information about our participation can be found on our website<sup>39</sup>.</p> <p>In August 2009, we responded to the Conservative Party's consultation <i>The Future of Nursing</i>. As a result of this, we were asked to lead a policy seminar, for their shadow ministerial health team and their policy unit, on the role of the NMC.</p> <p>We are in the process of establishing a third strategic reference group (SRG) for midwifery. The new group, comprising heads of midwifery and consultant midwives, will follow the same meeting pattern as the other two groups (the Lead Midwives for Education SRG and the Local Supervising Authority Midwifery Officers SRG). We will hold two meetings a year for each SRG and one joint meeting.</p> <p>In July 2009, we gave a presentation at the Royal College of Midwives (RCM) legal birth conference and updated the delegates on our role and work, including the fitness to</p>
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		<p>practise processes. A podcast of the presentation has been made by the Midwives Information and Resource Service (MIDIRS) and will be hosted on their website.</p> <p>We are participating in a policy review of no-fault compensation, which is being led by the Department of Health in Scotland.</p> <p>We participate in the Education Inter-Regulatory Group, which is hosted by the GMC.</p> <p>We have been a member of a working group established by the Royal College of General Practitioners, which has been preparing guidelines on shared record keeping. We have endorsed the guidelines, which were published in August 2009<sup>40</sup>.</p> <p>We have also been working with the Office of the Public Guardian in relation to the mental capacity legislation and with the Information Standards Board for Health and Social Care, England on information systems, standards, interoperability and safety.</p> <p>As reported in Standard 1.1(v), we have worked with the Medicines and Healthcare products Regulatory Agency (MHRA) on a number of medicines related issues.</p> <p>We have contributed to the Royal College of Nursing (RCN) Forum <i>Nursing in the criminal justice system</i> and liaised with the Metropolitan Police Authority about applying the code in the custody environment. We have also participated in the work of a number of Department of Health working groups and reference groups.</p> <p>We regularly submit responses to consultations issued by the Department of Health and other organisations.</p> <p>To enable us to have a more focused and constructive</p>
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		<p>dialogue with UK stakeholders on EU specific issues, we have developed the NMC UK European Forum, reviewing the membership and making it more effective. The forum, which is chaired by a Council member, involves two or three meetings a year with professional bodies (RCN, RCM, UNISON), nursing and midwifery educators, (Tuning project, FINE) and representatives of the Bologna process (EUA - the European University Association) as well as independent experts. Keynote speakers and observers from other UK regulators are invited on an ad hoc basis. Discussions at the meeting in June 2009 focused on nursing education and APEL (accreditation of prior experiential learning). The meeting in December 2009, held at the NMC, focused on work with the European Parliament and was attended by two Members of the European Parliament (MEPs).</p>
<p>5.2 vii) The regulator engages in the development of international regulation.</p>	<p>We contributed to the development of, and are a signatory to, the Memorandum of Understanding drawn up by Healthcare Professionals Crossing Borders; this is concerned with the exchange of information between competent authorities, particularly fitness to practise data. We participate as observers to the Hpro (health professionals' card) project funded by the EU that works on the exchange of information among regulators.</p> <p>Increased freedom of movement for workers, both globally and in Europe, and increasing opportunities for patients to travel across EU borders for healthcare, have generated new concerns about patient and public protection. This area of work is growing in importance and impact and we have responded strategically by setting up a dedicated multi-lingual team of specialists to focus on intelligence gathering, EU policy analysis and lobbying on a range of regulatory and public protection</p>	<p>We continue to participate in the work of Healthcare Professionals Crossing Borders. In February 2010, we are starting a project-based exercise to look into the implementation of a proactive exchange of fitness to practise information, both for EU and overseas applicants to our register and for UK registered nurses and midwives moving to work in other countries.</p> <p>We continue to be observers of the HPro card initiative and made significant contributions to its development. We attended the HPro European Parliament reception in November 2009 for the launch of the initiative.</p> <p>Our EU and international policy team has expanded to include a policy adviser for EU registration and standards.</p> <p>We continue to draft NMC position statements in relation to EU affairs and have responded to the EU consultation (Green paper) on the healthcare workforce for health. All</p>

	<p>issues. Their work includes registration matters, recognition of professional qualifications, fitness to practice issues, language testing and promoting the need for engagement with, and acknowledging the interests of, lay people.</p> <p>We published a position statement setting out our concerns about the European Commission's draft Directive on Patients' Rights in Cross Border Healthcare. We shared our position statement with a number of European stakeholders including John Bowis MEP (European Parliament rapporteur), education institutions, competent authorities and associations.</p> <p>The position statement formed the basis for our response to the Department of Health consultation on this matter and for evidence that we forwarded to a House of Lords inquiry into cross border healthcare. As a result of this, on 20 November 2008, our then President, in conjunction with the GMC, gave evidence, about the public protection concerns, to the House of Lords Sub-Committee responsible for the inquiry.</p> <p>We are a leading member of FEPI, now known as the European Council of Nursing Regulators and are currently involved in modernising the organisation's governance arrangements and in developing strategy. FEPI is currently collaborating on influencing EU policy making and our Chair will chair a working group on EU policy. We are leading discussions about increasing lay</p>	<p>our positions are posted on the EU and international policy page of our website<sup>41</sup>.</p> <p>We have developed strong relationships with both the European Commission and European Parliament with a view to promoting public safety in their policies. As a result, we have had three meetings with the European Commission between March and October 2009 and one teleconference, to discuss issues regarding EU registrations and qualifications. We have also scoped our relations with MEPs and are participating in a number of public hearings and Parliamentary receptions during the course of 2009-2010; we are planning to co-host, with FEPI, a European Parliamentary reception in autumn 2010.</p> <p>We have influenced the concept of public trust and patient safety as part of FEPI's definition of regulation. We have succeeded in getting agreement for lay representation on FEPI's executive board. This has been a lengthy and difficult process and our Chair, a lay member, was elected Vice-President of FEPI in November 2009<sup>42</sup>.</p> <p>We have worked closely with other FEPI members and through its policy working group, which is chaired by our Chair, on the development of policy statements and a declaration on nursing regulation.</p> <p>In May 2009, we hosted a very successful summit of European midwifery regulators. Representatives from 18 European countries were present and agreed key areas</p>
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<sup>41</sup> EU and international policy - <http://www.nmc-uk.org/About-us/Policy-and-public-affairs/EU-and-international-policy/>

<sup>42</sup> NMC Chair elected Vice-President of European organisation - <http://www.nmc-uk.org/Press-and-media/News-archive/NMC-Chair-elected-Vice-President-of-European-organisation/>

	<p>involvement in FEPI's work.</p> <p>FEPI has developed a European code of conduct for nursing that is being used as a tool and guide to regulators in different European countries. We have been heavily involved in the drafting of this code, which coincided with the updating of our own Code.</p> <p>We are collaborating with the French regulator of midwives to set up an EU network of regulators of midwives. We are hosting an EU summit for regulators of midwives in May 2009, when it is expected that at least 18 countries will join the network. We are currently undertaking a survey to map midwifery regulation in Europe.</p> <p>We are establishing bilateral contacts and collaborating with regulators in the EU countries from which we receive the highest numbers of applications for registration. In doing this, we visit the Minister of Health, the regulator (if it is not the Ministry) and relevant associations. The purpose of these visits is to foster a common understanding, to clarify responsibilities and to develop processes to facilitate the registration process. We had a very productive visit to Bulgaria in 2008 and will be visiting Romania in 2009.</p> <p>We are putting in place an action plan for our involvement with European and international patient/user and women groups as well as our collaboration with international organisations such as WHO and OECD.</p>	<p>of concern and further work. A brief report, together with the presentations, is available on our website.<sup>43</sup></p> <p>We carried out a mini survey on European midwifery regulation, which was published in June 2009 and is available on our website<sup>44</sup>. Twenty countries responded to the survey, which was distributed to all EU member states, the European Commission and the European Parliament.</p> <p>We continue to work collaboratively with the French regulator of midwives (L'Ordre de Sages Femmes) in the development of the European network of midwifery regulators. Meetings with the European Commission to promote the network took place in September 2009.</p> <p>A second European midwifery summit took place in Brussels in November 2009. This was attended by competent authorities (regulators for midwifery) from 17 countries and three high level officials of the European Commission. Four MEPs (two French, one UK and one Bulgarian) gave their support through videoconferencing. Discussions focussed on the exchange of fitness to practise information and the sharing of information about regulatory systems for midwifery in Europe. The European Commission invited summit participants to draft a report on their experience of the Directive on the recognition of professional qualifications.</p> <p>We continue to have constructive bilateral relationships with other regulators in Europe, with the view to exchanging good practice and promoting nursing</p>
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<sup>43</sup> NMC hosts summit of EU Midwifery Regulators: 22 May 2009 - <http://www.nmc-uk.org/Press-and-media/News-archive/NMC-hosts-summit-of-EU-Midwifery-Regulators-22-May-2009/>

<sup>44</sup> NMC Survey of European midwifery regulators - <http://www.nmc-uk.org/Documents/EU-International%20documents/Survey%20of%20European%20Midwifery%20Regulators%20July%202009.pdf>

	<p>We are active in exchanging information and sharing expertise on an international basis. As an active member of the International Congress of Nurses, we attended a conference in Sydney in November 2008, which focused on helping developing countries to assess models for regulating their nursing professionals. As a member of the Department of Health (England) working group on professional regulation, the Director of Standards and Registration was part of Health Minister Dawn Primarolo's public health team that visited Durban in May 2008, to discuss regulation with the South African Nursing Board. We were invited to Chicago in March 2008 to meet with the State Nursing Boards of the USA to discuss handling complaints against nursing professionals. The ICN has invited the NMC to a meeting in South Africa in April 2009 to give a presentation about how we revised and produced <i>The Code - Standards of conduct, performance and ethics for nurses and midwives</i>.</p>	<p>regulation in Europe. In 2009, we visited Romania and Bulgaria to discuss registration issues.</p> <p>Our promotion of regulation internationally, through targeted relationship stakeholder building, led to increased interest in our work. Representatives from Belgium, Croatia, France, Ireland, Italy, Norway, Poland and Spain visited us in 2009 to discuss regulatory issues ranging from registrations to nursing and midwifery standards, and revalidation.</p> <p>We have increased our international activity (outside the EU) with the view of promoting our model of regulation and our standards more widely. As part of this objective, in 2009 we received visitors from Canada, China, Ghana, Japan, Indonesia, Mauritius, Russia and Turkey.</p> <p>The Chinese health authorities are currently reforming their nursing education and registration processes and have identified the UK as an example to emulate. As a result of this, we were one of the organisations invited to share best practice. During a visit to China, in November 2009, we gave presentations on the UK approach to the regulation of nursing and midwifery, our standards for education and practice and the effect of EU legislation on the migration of overseas nurses and midwives to the UK. We also met with officials from ministries, regulators and the professional bodies.</p> <p>We have completed the scoping exercise of EU and international patient and public groups. As a result, we have joined the International Association of Patient Organisations (IAPO) and will be presenting during their next conference in February 2010. We are also developing stronger relations with European Public Health Alliance (EPHA) and European Patient Forum (EPF). We are</p>
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		<p>considering inviting a patient organisation to our European Parliament reception.</p> <p>We continue to be involved in the activities of the International Council of Nurses (ICN). This year, we gave a presentation on our overseas nurses' programme during the annual regulation and credentialing forum that took place in Lisbon in November 2009. We worked with the RCN to prepare the UK country report on nursing, which will be shared with international nursing associations.</p> <p>We participated in the World Health Professions Conference on Regulation (WHPCR), the first of its kind, in 2008 and are planning to participate again in 2010. We will be looking to raise awareness about the model of nursing regulation in the UK.</p>
<p>5.2 viii)</p> <p>The regulator meets its statutory responsibilities in sharing information and in seeking, retaining and destroying personal and sensitive information.</p>	<p>We publish our data protection policy on our website<sup>45</sup>.</p> <p>We have adopted and maintain a publication scheme under the Freedom of Information Act 2000. We provide a link to the scheme, together with a FOI request form and details of our FOI complaints procedure, on our website<sup>46</sup>.</p> <p>During the year, we have completed a review of the security of data transferred to external third parties. The recommendations of the review have been implemented and procedures have been put in place to strengthen the security of all such data transfers.</p> <p>We have a records management policy setting out the obligations on us to retain records and who has responsibility for those records. We are currently</p>	<p>We have created a Freedom of Information (FoI) policy for dealing with requests. This provides statements on how the different types of requests would generally be dealt with and the exemptions that may apply. It includes procedures for staff in dealing with the requests.</p> <p>Our disclosure policy for fitness to practise sets out what information should be disclosed to the relevant parties during the course of a case. This supports staff dealing with FoI requests to understand what is normally provided to those involved in cases (during the duration of a case) and what should be dealt with as an FoI request. (See also Standard 3.2(ii).)</p> <p>As reported in Standard 5.2(i), our internal audit programme for 2009 included an audit of personal data</p>

<sup>45</sup> Data protection policy - <http://www.nmc-uk.org/Website-terms-of-use/Data-protection/Data-protection-policy/>

<sup>46</sup> Freedom of information - <http://www.nmc-uk.org/Freedom-of-information/>

	<p>reviewing our retention schedules for our fitness to practise and committee service records. We began implementing a corporate records management system late in 2007. During 2008, Phase 1 of the implementation saw the migration of existing records onto the system and newly created documents being saved onto the system. During Phase 2 of the implementation, in 2009, we will be applying retention schedules to the records in the system.</p> <p>The new system will enable us to operate more efficiently in a number of ways:</p> <ul style="list-style-type: none"> <li>• Better sharing of information across the organisation and reduction in the duplication of documents</li> <li>• Different access levels ensure restricted access to confidential information</li> <li>• Records destroyed according to agreed retention periods, ensuring records not accidentally destroyed.</li> </ul>	<p>security. The report described the assurance level as “Adequate in most respects but needs further refinement to fully safeguard the NMC”. Recommendations included:</p> <ul style="list-style-type: none"> <li>• Reviewing and updating the data protection policy to consider Cabinet Office guidance. This is scheduled to be undertaken by end January 2010.</li> <li>• A policy to be created which will focus on prevention of data loss and investigation of any loss; the policy to be made available to all staff. The deadline for this is March 2009.</li> <li>• Data protection learning should be developed and included in the programme of e-learning. This needs to be enabled by IT and is scheduled to commence in March 2010.</li> </ul> <p>We commenced our electronic records retention programme in June 2009. This involves reviewing and agreeing retention of records in the Electronic Records Management System and applying the electronic retention schedules. This will produce a corporate retention schedule.</p> <p>The electronic retention schedules will enable us to routinely destroy records in accordance with their agreed retention while retaining a metadata audit trail of their life cycle.</p> <p><b>CHRE commented:</b></p> <p>We have received feedback from complainants and registrants that confidential information about fitness to practise cases has been sent to the wrong addresses. Will these incidents be taken into account when revising the NMC’s information governance and security</p>
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		<p>arrangements?</p> <p><b>NMC responded:</b></p> <p>It would be helpful to have details of these complaints so we can investigate further. Naturally, any learning will be incorporated into governance and security arrangements.</p> <p>The case management system (CMS) has been configured to prevent these errors occurring. When a change of address is notified and updated on our WISER database, CMS refreshes overnight and updates the newest address as the default address. When documents are issued from CMS, the system will only allow the default address to be used.</p> <p>The work on the revision of our information governance and security arrangements addresses the handling of all sensitive information, both electronic and paper. Our draft <i>Information Security Policy</i> applies to all sensitive information and all staff must adhere to the policy. Awareness of this policy will be included in all induction training for new staff and will be included as appropriate on refresher training courses for existing staff. A summary of this policy will be communicated to all. The policy emphasises that all members of NMC staff are to report all security related incidents to their line managers or through other specified channels as appropriate. Reporting is required of all security incidents, software malfunctions and suspected security weaknesses in systems or procedures.</p> <p>The CMS, awareness of the <i>Information Security Policy</i> and training will help ensure that incidents of confidential information being sent to the wrong address do not</p>
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		happen.
Extra supporting information	An important strand of our recent engagement work has been to focus on those stakeholders with an interest in the CHRE Special Report published in June 2008. Jim Devine MP has agreed to host a Parliamentary Reception for the NMC, on 24 February 2009, to welcome the new Council. This provides an opportunity for Parliamentarians and other key stakeholders to recognise our progress.	The Parliamentary Reception in February 2009 was well attended by our stakeholders and included a speech from the then Secretary of State for Health, Ben Bradshaw.  We are undertaking a major review of our website and are planning to launch a new version in Spring 2010. The new site will have sections for the public, nurses and midwives, employers, educators, and students. Navigation will be clearer and there will be an improved search facility.
Supporting evidence	Provided in footnotes.	Provided in footnotes.