

CHRE Performance Review 2008/09 – Nursing and Midwifery Council

NOTE: For the purposes of publication, the comments made by CHRE, together with NMC's responses, have been amalgamated into the NMC's original submission.

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.

1. First Function: Standards and Guidance

No	Standard	
1.1	The regulator publishes standards of competence and conduct which are appropriate, comprehensive, prioritise patient interests and reflect up-to-date professional practice.	
	Minimum requirements	2008/09 Response
1.1 i)	Standards prioritise patient safety and patient interests	<p>Our objective of safeguarding the health and well-being of the public is at the heart of everything we do and the driver for the standards we set¹.</p> <p>Our educational standards define the minimum level of practice and behaviour expected of those on our register. They are a benchmark for employers and the public, demonstrating the competences of qualified nurses and midwives.</p> <p><i>The Code – Standards of conduct performance and ethics for nurses and midwives</i>² has been revised. The new version, which came into effect on 1 May 2008, prioritises patient safety and patient interests by requiring that our registrants:</p> <ul style="list-style-type: none"> • <i>Make the care of people your first concern, treating them as individuals and respecting their dignity</i> • <i>Work with others to protect and promote the health and wellbeing of those in your care, their families and carers, and the wider community</i>

¹ Article 3(4) of the Order - <http://www.nmc-uk.org/aArticle.aspx?ArticleID=34>

² The Code - <http://www.nmc-uk.org/aSection.aspx?SectionID=45>

		<ul style="list-style-type: none"> • <i>Provide a high standard of practice and care at all times</i> • <i>Be open and honest, act with integrity and uphold the reputation of your profession.</i> <p>We developed our <i>Standards of proficiency for nurse and midwife prescribers</i>³, published in 2006, in response to the Shipman Inquiry Fourth Report 2005, with the prime aim of ensuring public protection. The Standards, which set out our requirements for the education and training of those registrants who are ‘qualified to prescribe’, reflect the new and emerging roles of practitioners in the modern healthcare environment.</p> <p>Our framework for the statutory supervision of midwives protects the public by promoting best practice, preventing poor practice and dealing with unacceptable practice. Every midwife working in the UK is subject to the supervision framework regardless of her employment status.</p> <p>As part of the supervision framework, our <i>Standards for the preparation and practice of supervisors of midwives</i>⁴, published in 2006, protect the public by ensuring that supervisors of midwives are properly trained to undertake their role fully. The standards make it explicit that supervisors must work in partnership with the women using maternity services, enabling them to make informed choices.</p> <p>The <i>Standards for the supervised practice of midwives</i>⁵, published in 2007, ensure that a robust and consistent process is followed when a midwife demonstrates a lack of competence. The midwife is required to participate in a formal process, with academic and practice outcomes, to demonstrate that she is competent to practise a midwife. Failure to demonstrate competence at the end of a period of supervision will result in referral to our fitness to practise procedures.</p>
1.1 ii)	Core standards are formulated as general principles which apply widely to all situations	<i>The Code</i> clearly sets out our requirements as general principles that a nurse or midwife can apply to her own field of practice. Other examples include our <i>Standards for medicines management</i> ⁶ , first published in 2007, which set out broad principles for practice in the modern healthcare

³ Standards of proficiency for nurse and midwife prescribers - <http://www.nmc-uk.org/aFrameDisplay.aspx?DocumentID=1645>

⁴ Standards for the preparation and practice of supervisors of midwives - <http://www.nmc-uk.org/aFrameDisplay.aspx?DocumentID=2229>

⁵ Standards for the supervised practice of midwives - <http://www.nmc-uk.org/aFrameDisplay.aspx?DocumentID=3288>

⁶ Standards for medicines management – <http://www.nmc-uk.org/aDisplayDocument.aspx?DocumentID=6228>

	and areas of practice	environment. As noted in Standard 4.2(iii), our standards of proficiency governing education and training ⁷ enable training providers to develop high quality programmes in consultation with commissioners and local service providers.
1.1 iii)	The core standards are easy to understand for registrants and clearly outline registrants' personal responsibility for their practice	<p><i>The Code</i> uses clear language and presents the requirements in terms of "you must", clearly putting the onus on the nurse or midwife to comply. <i>The PREP handbook</i>⁸, which deals with the standards for post-registration education and practice, uses the same language. It also includes 17 case studies, providing examples of how the PREP requirement may be met.</p> <p>We will be publishing new <i>Standards for pre-registration midwifery education</i> in February 2009. In reviewing the standards we have used Plain English making them more accessible to the public, employers and midwives. (Standard 4.1(iv) provides more detail)</p>
1.1 iv)	The core standards include, as a minimum, the principles expressed in the Statement of Common Values	<p>In developing <i>The Code</i> we ensured that it was focused on the interests and safety of those receiving care from nurses and midwives. Compliance with <i>The Code</i> will ensure that nurses and midwives also comply with the principles of the Statement of Common Values.</p> <p>CHRE commented:</p> <p>We would be interested in hearing how you consider that compliance with the Code will ensure that nurses and midwives also comply with the principles of the Statement of Common Values.</p> <p>NMC responded:</p> <p>We believe that the language used in <i>The Code</i> echoes that used in the Statement of Common Values and that we have incorporated the principles contained in the Statement into our document. For example <i>make the care of people your first concern, treating them as individuals and respecting their dignity</i>, maps to the first Statement of Common Values. We will provide detail of the linkage between the two documents at the meeting.</p>
1.1 v)	Where appropriate,	We produce 61 advice sheets to give additional support to nurses and midwives in applying <i>The</i>

⁷ Standards of proficiency for pre-registration nursing education - <http://www.nmc-uk.org/aFrameDisplay.aspx?DocumentID=328>

Standards of proficiency for pre-registration midwifery education - <http://www.nmc-uk.org/aFrameDisplay.aspx?DocumentID=171>

Standards of proficiency for specialist community public health nurses - <http://www.nmc-uk.org/aFrameDisplay.aspx?DocumentID=324>

⁸ The PREP handbook - <http://www.nmc-uk.org/aFrameDisplay.aspx?DocumentID=4340>

	<p>supplementary guidance is produced to help registrants apply the core standards about specialist or specific issues</p>	<p><i>Code</i>. These are regularly updated (see <i>Extra supporting information</i> section below) and give advice on matters ranging from free birthing⁹ to withdrawing care. These are available through the Advice section of our website¹⁰ and are used by staff to provide advice to nurses, midwives and the public. Our Advice Centre is open from 08.00 – 18.00 on weekdays.</p> <p>We are responsible for the statutory supervision of midwives. The <i>Midwives rules and standards</i>¹¹ is a framework for supervision which sets out how supervision operates, the standards required and gives guidance on the interpretation of the rules and standards and how they apply in practice.</p> <p>We will be publishing <i>Guidance for the care of older people</i> in March 2009. The Guidance supports <i>The Code</i>, setting out what we expect of registrants caring for older people. It gives advice and support to nurses providing care and provides employers with a set of care principles. A key driver behind the guidance was our awareness of the rising number of allegations, from employers and members of the public, regarding abuse of the older people.</p> <p>We recently revised the advice on accountability and delegation. We are considering additional guidance on ethics specifically around confidentiality and consent.</p>
1.1 vi)	<p>Standards form the basis for all regulatory functions</p>	<p>The Order requires us to establish standards in respect of our functions, for example, education and training; conduct, performance and ethics; the local supervision of midwives. These standards are key to our role in protecting the health and well being of those using the services of our registrants. They form the basis of all our regulatory functions and are the standards against which nurses and midwives are judged in our fitness to practise procedures.</p> <p>Examples of standards underpinning our regulatory functions include: the education and training standards for entry to the three parts of the register⁷; <i>Standards to support learning and assessment in practice</i>¹²; <i>Standards for the preparation and practice of supervisors of midwives</i>⁴; <i>The Code – Standards of conduct performance and ethics for nurses and midwives</i>².</p> <p>The <i>Midwives rules and standards</i>¹¹ set the standards which the Local Supervising Authorities use to the monitor and support safe practice. The Rules enable a Local Supervising Authority to</p>

⁹ Women choosing to give birth with no professional attendance

¹⁰ Advice - <http://www.nmc-uk.org/aSection.aspx?SectionID=11>

¹¹ Midwives rules and standards - <http://www.nmc-uk.org/aFrameDisplay.aspx?DocumentID=169>

¹² Standards to support learning and assessment in practice - <http://www.nmc-uk.org/aFrameDisplay.aspx?DocumentID=4368>

		suspend from practice any midwife identified as being a significant risk to the public and refer her to our fitness to practise procedures.
1.1 vii)	The regulator regularly reviews its standards to ensure that they are up-to-date, and revises its standards and produces supplementary guidance as required	<p>We undertake a comprehensive review of all our standards and guidance on a regular basis to ensure that they remain up to date and meet our objectives. We also identify areas where further guidance is needed; this may be for one of a number of reasons: practice has changed, we or stakeholders have identified issues that have changed in importance, or we have identified a rising number of complaints or concerns in an area.</p> <p>We have a Lead Officer for each standard, who continually monitors the standard to ensure that it remains consistent with current practice in the light of any new or emerging issues or policy changes. We will, if necessary, issue supplementary advice.</p> <p>We issued 16 NMC Circulars during 2008¹³, providing registrants and other stakeholders with updated information and guidance relating to a range of standards including medicines management, standards to support learning and assessment in practice and the preparation and practice of supervisors of midwives. Mindful that electronic communications are providing opportunities for services to be delivered remotely and the need to ensure patient safety, we used one of these Circulars to set out our position on remote assessment and prescribing¹⁴.</p> <p><i>The Code</i>, which we published in 2008, was produced following a major review of the previous version, carried out during 2006/2007. As is the case following the publication of any new or updated standards, we then reviewed our advice sheets and, where necessary, updated them to ensure consistency.</p> <p>We are currently reviewing pre-registration nursing education¹⁵ (Standard 4.1(iv) provides more detail). We are also reviewing our <i>Guidelines for records and records keeping</i> and will launch the new guidelines early in 2009. In the meantime, we have produced an advice sheet¹⁶, incorporating the original document and new guidance on electronic record keeping and delegation.</p> <p>We have completed our review of the <i>Standards of proficiency for pre-registration midwifery</i></p>

¹³ NMC Circulars - <http://www.nmc-uk.org/aArticle.aspx?ArticleID=59>

¹⁴ Remote assessment and prescribing - <http://www.nmc-uk.org/aFrameDisplay.aspx?DocumentID=5103>

¹⁵ Review of pre-registration nursing education - <http://www.nmc-uk.org/aArticle.aspx?ArticleID=2641>

¹⁶ Record keeping - <http://www.nmc-uk.org/aFrameDisplay.aspx?DocumentID=4008>

		<p><i>education</i> and will be publishing the new standards in February 2009.</p> <p>We are reviewing our <i>Midwives rules and standards</i> and the development phase of this project will begin early in 2009. The initial scoping has been informed by stakeholder feedback from an on-line survey conducted during the International Congress of Midwives conference in Glasgow in May 2008. Additional stakeholder views have been gained through 12 UK-wide Roadshows for Supervisors of Midwives and strategic reference meetings with the Local Supervising Authority Midwifery Officers and Lead Midwives for Education.</p> <p>We have invited nurses and midwives to participate in an on-line evaluation of the <i>Standards for medicines management</i>. The survey closed on 9 January 2009 and the report will be available in the Spring of 2009.</p> <p>CHRE commented:</p> <p>It is stated that standards and guidance are updated on a regular basis. It would be helpful to know how often the standards and guidance are reviewed and updated.</p> <p>NMC responded:</p> <p>We review all our standards every three years, to ensure that they remain up to date in a modern healthcare environment and support good practice. Guidance is reviewed as necessary, often in response to external factors, but at least once in every three year period.</p> <p>CHRE commented:</p> <p>We believe that the NMC's use of circulars is a useful way of providing registrants and other stakeholders with updated information and guidance relating to a range of standards and this approach could be something that other regulators should consider. We would like to discuss this with you at our meeting.</p> <p>NMC responded:</p> <p>We look forward to discussing our use of circulars with you at the meeting.</p>
<p>Extra supporting information</p>		<p>We review the content of our advice sheets (see Standard 1.1(v)) on a regular basis, taking into account a monthly review of inquiries received by the Advice Centre. Existing advice is updated and new advice is added. As a result of intelligence gathering, we added advice on free birthing⁹ and child protection before either of these issues came to prominence in the press. We also update the content in response to documents and advice issued by other organisations. For example,</p>

	<p>during the last year, advice on personal relationships has been updated to reflect the CHRE report <i>Clear sexual boundaries between healthcare professionals and patients: responsibilities of healthcare professionals</i>.</p> <p>We have established a framework to provide assurance that the Local Supervising Authorities (LSAs) are fulfilling their statutory function to ensure safety for women and babies using the services of midwives¹⁷. We require each LSA to submit an annual report¹⁸ providing information on a number of matters related to Rule 16 of the <i>Midwives rules and standards</i>. We published the analysis of the reports for the year 2007 – 08, <i>Supervision, support and safety</i>¹⁹ in December 2008. The report covers issues such as the numbers of supervisors, the involvement of service users in the monitoring of the supervision function, evidence of engagement with higher education institutions, complaints about the discharge of the function and the LSA investigations of untoward incidents.</p> <p>On the basis of the report, we issued alert letters to the relevant LSAs, Care Commissioners, employers and inspecting bodies, highlighting trends that may affect the safety of women and babies and which showed no improvement since the last reporting year. This enables our stakeholders to take action to protect women and babies in areas that fall outside our statutory remit.</p> <p>We use a risk scoring framework to identify, from the information in the Annual Reports, which LSAs should be reviewed; six were reviewed in 2008. The risk framework has been developed with the safety of women and babies as its priority; we are reviewing the framework to ensure it remains robust and fit for purpose. Each year, we will also visit some LSAs who are demonstrating good practice in order to test out the framework; our reviewing team includes lay membership. The risk-based approach to identify LSAs for review is similar to that used for our quality assurance of providers of education and training (see Standard 4.3 for further information) in that the reports for one year are used as the basis for determining the programme of visits for the following year.</p>
Supporting evidence	Provided in footnotes.

¹⁷ Framework for reviewing Local Supervising Authorities - <http://www.nmc-uk.org/aArticle.aspx?ArticleID=2580>

¹⁸ Local Supervising Authority reports - <http://www.nmc-uk.org/aArticle.aspx?ArticleID=2438>

¹⁹ Supervision, support and safety - <http://www.nmc-uk.org/aFrameDisplay.aspx?DocumentID=5035>

No	Standard	
1.2	The regulator makes its standards available or accessible proactively to registrants and potential registrants in the UK, and informs them of their current or future responsibility to meet these standards.	
	Minimum requirements	2008/09 Response
1.2 i)	Standards are published in formats that are easily accessible to potential registrants and registrants. For example in plain English, in a variety of languages tailored to prominent communities in the UK, easy read, Braille and audio versions.	<p>Our standards are available on our website in PDF format²⁰, five of them are available as hard copies and may be ordered via the website²¹. We disseminate information on standards via <i>NMC News</i>, a quarterly publication circulated to all registrants, which also includes articles showing how the standards should be applied in practice. For example, the February 2009 edition includes an article by UNISON's Head of Nursing, which supports nurses and midwives using <i>The Code</i> to improve care for their patients and clients²². In addition to this, our Professional Advisors and Midwifery Advisors regularly undertake speaking engagements on related topics.</p> <p>We are currently reviewing our standards for education and training and will produce a comprehensive Library of Standards. As part of this project we will be revising our processes for the development and dissemination of standards. This will improve accessibility and make the standards easier to update, it will also ensure that education providers can access the current versions more easily.</p> <p>When we launched <i>The Code</i> in April 2008, we sent it to every registrant as an insert with the April edition of <i>NMC News</i>, together with a business card with the four key requirements of <i>The Code</i> on one side and our contact details for obtaining advice on the other. We made additional copies of the business card available and we encouraged registrants to pass them on to those using their services to inform them of what they should expect from a nurse or midwife.</p> <p>We enlisted the help of nurses and midwives to act as 'Code champions' across the UK. Their role was to promote <i>The Code</i> in their units and areas of practice, thereby increasing awareness amongst their peers, colleagues and members of the public.</p> <p>We held media launches in each of the four UK countries, which was picked up by television and</p>

²⁰ Standards - <http://www.nmc-uk.org/aArticle.aspx?ArticleID=1658>

²¹ Ordering free publications - <http://www.nmc-uk.org/aArticle.aspx?ArticleID=2442>

²² What difference does it make? (NMC News, February 2009, page 13) – <http://www.nmc-uk.org/aFrameDisplay.aspx?DocumentID=5221>

		<p>newspapers. The NMC also linked the speeches in London to YOU TUBE for wider dissemination. We are actively looking to extend our use of networking sites in the future.</p> <p>In approving the new <i>Guidance for care of older people</i> in December 2008, the Council also approved the development and circulation of the main principles in an ‘easy read’ format.</p> <p>Key publications such as <i>How to complain about a nurse or midwife</i> and <i>How to contact health and social care regulators in the UK</i> can currently be downloaded from our website in PDF format in the 11 languages most commonly used in the UK²³. Other languages and formats are available on request.</p> <p>Making our publications accessible to our diverse audiences, together with external evaluation and benchmarking of our publications through a quality mark mechanism (eg: Crystal Mark) are key deliverables for the NMC communications and stakeholder engagement strategy.</p> <p>CHRE commented:</p> <p>We believe that the NMC has demonstrated excellence in the way that it has made its standards accessible for example, linking the London media launch of the Code to ‘You Tube’, having ‘Code champions’ and publishing key publications in different languages and easy read format. Additionally, in 1.3 i) the NMC also state that they published the Code as an A6 booklet and on a business card. We would like to discuss this further with you?</p> <p>NMC responded:</p> <p>We look forward to discussing this with you at the meeting.</p>
1.2 ii)	The regulator has a clear communications strategy to promote the standards, which has taken account of the views of registrants and potential registrants, and is targeted to meet their needs.	We develop our standards in consultation with nurses and midwives; we work with them to ensure that the information meets their needs and is communicated in languages, and in formats, that are accessible to them. We communicate and promote new standards in different ways, tailored to the target audience. Information about new standards is highlighted through an NMC Circular then followed up with a news release, editorial in <i>NMC News</i> , publication on the NMC website and highlighted through our e-newsletter. Key documents are often highlighted through a formal press launch, such as the midwives supervision report in December 2008.
Any extra information that supports the	We are proactive in informing registrants of their responsibility to meet the requirements of <i>The</i>	

²³ Information for the public - <http://www.nmc-uk.org/aArticle.aspx?ArticleID=1688>

regulator's case but that does not fit within the minimum requirements above	<p><i>Code</i>. For example, part of the declaration made by those applying for readmission to the register is a commitment to conform to the requirements of <i>The Code</i> at all times.</p> <p>We published <i>Modern supervision in action, a practical guide for midwives</i>²⁴ in January 2008. This is a joint publication with the UK Forum of Local Supervising Authority Midwifery Officers, following a review of guidance previously published by the English National Board. We sent a copy to every midwife when we issued the personalised Intention to Practise notification forms in January 2008.</p>
Supporting evidence	Provided in footnotes.

No	Standard	
1.3	The regulator informs the public of the standards that registrants should meet and the action that they can take if these standards are not met.	
	Minimum requirements	2008/09 Response
1.3 i)	Information on the standards professionals should meet is available in accessible formats.	<p>As noted in Standard 1.2(i), our standards are available on our website in PDF format²⁰, hard copies may be ordered via the website²¹. <i>The Code</i> is published in paper format as an A6 booklet, designed to be carried in a pocket; the four key requirements are published on a business card for easy reference. The main principles contained in the new <i>Guidance for care of older people</i>, agreed by Council in December 2008, will be produced in an 'easy read' format.</p> <p>We provide special formats of our publications, such as Braille or audio, on request.</p>
1.3 ii	The regulator has a clear and targeted communications strategy to inform the public, employers and other stakeholders, which takes account of the stakeholders' views on how best to	We set up a Stakeholder Engagement Programme to undertake the transformation of our communications and stakeholder engagement work. Stakeholders were active participants in the development of the programme, providing direct input on what information they would like to receive, from us, when and in what format and this has informed the communications and stakeholder engagement strategy. A number of projects and work streams are already underway to deliver the priorities included in the strategy. These include: the development and dissemination of core messages and consistent language about our role and purpose; increasing awareness of what patients and service users can expect from nurses and midwives; improving fitness to practise

²⁴ Modern supervision in action, a practical guide for midwives - <http://www.nmc-uk.org/aFrameDisplay.aspx?DocumentID=3623>

	communicate with them	communications; launch and promotion of key work streams, such as our new <i>Guidance on care of older people</i> and revalidation; and the development of a new, more user friendly website. The communications and stakeholder engagement strategy was agreed by the Council in January 2009 ²⁵ .
Any extra information that supports the regulator's case but that does not fit within the minimum requirements above	<p>We have worked with parent groups, including the National Childbirth Trust and Fathers To Be, to produce an advice leaflet on the role of supervisors of midwives, <i>Support for parents: how supervision and Supervisors of Midwives can help you</i>²⁶. This provides information for pregnant women about the role of supervisors of midwives and what women can expect from them. We launched the leaflet at the NCT conference in June 2008 and it was commended recently by the Royal College of Midwives. We are negotiating to have it distributed via the Bounty (pregnancy, baby and parenting) network in early 2009; this will bring it to the attention of 98% of pregnant women in the UK.</p> <p>The new <i>Guidance on the care of older people</i> has generated a lot of publicity in the national media, raising awareness of our work and the guidance itself. We have also been complimented by organisations such as Age Concern, England. We will build on this interest when we formally publish the guidance. We will also use it more generally to further our patient and public activities.</p> <p>CHRE commented:</p> <p>We were pleased to see that the NMC has received such positive feedback from its stakeholders on the work that it has undertaken on its guidance on the care of older people and advice leaflet for parents on the role of supervisors of midwives.</p> <p>NMC responded:</p> <p>Our <i>Guidance for the care of older people</i> will be available from 16 March 2009 to download and order from our website. We are launching a leaflet for the public on the same day with a national PR campaign. A summary of the guidance will be inserted in every edition of <i>NMC News</i> being mailed at the beginning of April. We will provide you with copies of the final artwork for all three documents at the meeting.</p>	
Supporting evidence	Provided in footnotes.	

²⁵ Communications and stakeholder management strategy (NMC/09/11) - <http://www.nmc-uk.org/aFrameDisplay.aspx?DocumentID=5207>

²⁶ Support for parents: how supervision and Supervisors of Midwives can help you - <http://www.nmc-uk.org/aFrameDisplay.aspx?DocumentID=4373>

No	Standard	
1.4	The regulator requires registrants to maintain standards through a process of continuing professional development (CPD) or equivalent systems.	
	Minimum requirements	2008/09 Response
1.4 i)	CPD is targeted to the specific learning needs of individual registrants and public protection is prioritised.	<p>Each registrant determines what CPD is relevant for her particular area of practice and <i>The PREP handbook</i>⁸ provides examples for a number of different scenarios. Registrants may receive supplementary advice on meeting the standard, by telephone or e-mail, from the NMC's Advice Centre.</p> <p>The statutory supervision of midwives requires that every practising midwife has an annual meeting with her supervisor of midwives, the purpose of which is to review the midwife's practice and identify her training needs. CPD is one of the issues discussed at that meeting.</p>
1.4 ii)	The regulator requires/ encourages registrants to complete varying amounts of CPD, the amount and type varying between registrants proportionally to risks identified by the regulator (e.g. clinical or regulatory)	<p>PREP is the NMC's process for ensuring registrants maintain standards. In accordance with the Nursing and Midwifery Council (Education, Registration and Registration Appeals) Rules 2004²⁷ every registrant applying to renew her registration is required to declare that she has completed 450 hours of practice and 35 hours of CPD during the three years ending with the date of renewal of registration. Those renewing both a nursing and a midwifery registration are required to complete 900 hours of practice – 450 hours for each profession.</p> <p>Supervisors of midwives are required to undertake a minimum of six hours of learning relevant to that role in each year of appointment⁴.</p> <p>We issued an NMC Circular in July 2008 introducing our <i>Guidance for continuing professional development for nurse and midwife prescribers</i>²⁸. This follows from the recommendation arising from the Shipman Inquiry that there should be mandatory CPD requirements for all prescribers. We expect nurse and midwife prescribers to ensure that their CPD enables them to continue to meet</p>

²⁷ Legislation - <http://www.nmc-uk.org/aArticle.aspx?ArticleID=34>

²⁸ Guidance for continuing professional development for nurse and midwife prescribers – NMC Circular – <http://www.nmc-uk.org/aFrameDisplay.aspx?DocumentID=4487>

²⁸ Guidance for continuing professional development for nurse and midwife prescribers – Guidance - <http://www.nmc-uk.org/aFrameDisplay.aspx?DocumentID=4488>

		the <i>Standards of proficiency for nurse and midwife prescribers</i> ³ where appropriate.
1.4 iii)	The regulator defines the outcomes of what they expect from the registrant's CPD	<i>The PREP handbook</i> requires that CPD must be relevant to the work the registrant is doing and must help her to provide the highest possible standards of practice and care. We do not define specific outcomes.
1.4 iv)	The content design of CPD, where relevant, takes account of the public's and patients' views	The registrant is responsible for ensuring that her CPD informs and improves her practice and places the needs of patients first.
1.4 v)	The regulator regularly audits their registrants' CPD profiles	The registrant is required to maintain a personal professional profile of her CPD and to comply with any request from the NMC to audit how she has met the requirements.
	Any extra information that supports the regulator's case but that does not fit within the minimum requirements above	<p>We do not place specific requirements on CPD or audit registrants' PREP; we believe that the most effective way to improve public protection is to focus our resources on establishing a system of revalidation.</p> <p>CHRE commented in relation to 1.4 iii), iv) and v):</p> <p>We consider that these requirements are not met and believe that this is an area of weakness for the NMC particularly as it has not made significant progress on its plans for a system of revalidation.</p> <p>NMC responded:</p> <p>We agree that we do not meet these three requirements. As noted in our original submission, we believe that the most effective way to improve public protection is to focus our resources on establishing a system of revalidation.</p> <p>Our current model for PREP was established by the UKCC. The NMC recognised that it needed to be reviewed and updated and began work on developing new standards for maintaining registration. That work was put on hold pending the outcome of the two reviews on healthcare professional regulation and was overtaken by the publication of the White Paper when Council agreed that our focus should move to revalidation.</p> <p>The revalidation work was itself delayed pending the Department's Working Group for Non-medical Revalidation completing its work and establishing a set of principles for revalidation. That report was published in October of last year, following which a paper setting out the various stages of the</p>

	project was presented to Council in January 2009 ²⁹ . The initial, information gathering, stage of the project, which is due to be completed by March 2010, will include collecting information about the current situation regarding CPD and PREP.
Supporting evidence	Provided in footnotes.

No	Standard	
1.5	The regulator is working towards a system of revalidation.	
	Minimum requirements	2008/09 Response
1.5 i)	The regulator works with others (including public and patient groups) towards a system of revalidation carried out at appropriate intervals and with appropriate intensity proportionate to risk for each registrant, and with targeted remedial action.	<p>We are developing a risk based model for the revalidation of nurses and midwives²⁹. The risk framework will identify the issues which pose the greatest risk to the public, enabling us to implement a proportional and focussed revalidation regime.</p> <p>There are four stages to our implementation of revalidation: Information Gathering, Policy Development, Introduction and Rollout. As part of the Information Gathering Stage we will work with stakeholders to map the information and evidence already available on nurses and midwives. This will inform the development of our risk framework and ensure that the risks are relevant and focussed on public protection. This work will be completed by March 2010.</p> <p>The policy development stage will enable us to develop a model for revalidation based on the risk framework developed during the first stage. There will be significant stakeholder involvement at this stage including (but not limited to) service users, the professions, independent practitioners and employers.</p> <p>During the introduction stage we will create the necessary IT and operational infrastructure to put our revalidation into practise before implementing it across both professions during the rollout stage.</p>

²⁹ Revalidation Update (NMC/09/07) - <http://www.nmc-uk.org/aFrameDisplay.aspx?DocumentID=5205>

		<p>This key project will be delivered through the portfolio management system under the Maintaining and Promoting Professional Standards Programme Board. We established a revalidation Steering Group in September 2008 to lead this work.</p>
<p>Any extra information that supports the regulator's case but that does not fit within the minimum requirements above</p>		<p>We have been allocated a sum of £500K from the Department of Health for the information gathering stage of the project, which began in January 2009.</p> <p>We have already identified revalidation as a priority for the new Council; it was considered at the first meeting on 15 January 2009.</p>
<p>Supporting evidence</p>		<p>Provided in footnotes.</p>