

CHRE performance review 2010-2011

Guidance and standards

NOTE: Throughout this document, references to ‘the order’ are to the Nursing and Midwifery Order 2001, as amended. Where available, web links are provided in endnotes as supporting evidence.

For the purposes of publication, questions raised by CHRE, together with our responses (submitted in March 2011), have been added to the end of our original submission of December 2010.

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First standard	Standards of competence and conduct reflect up-to-date practice and legislation. They prioritise patient safety and patient centered care.
1	<p>In July 2010, Council approved our <i>Strategic context report</i>,¹ which provides an overview of policy drivers that affect the regulation of nurses and midwives. It reflects, among other issues, demographic trends that affect delivery of care; implications for public health; legislation requirements, such as equality and diversity; training and mobility of professionals. The strategic context has been developed with a focus on patient centred care and public protection. The document will be updated at least once a year to reflect any changes in legislation, regulation and external policy drivers.</p>
2	<p>We regularly assess our standards, to ensure they remain up to date and enable nurses and midwives to practise in a way that improves patient safety and patient centred care. A formal review process of each of the standards involves.</p> <ul style="list-style-type: none"> 2.1 Using evidence as this is generated from external resources such as feedback from conferences and events we organise or attend; these involve front line staff or patients and the public, service user and carer groups 2.2 Organising thematic discussions with external stakeholders, either on a regular basis, such as the Chair's round table discussions, or as a one off event 2.3 Specifically commissioned research to identify issues and evaluate the current situation. 2.4 Analysing intelligence that comes to our attention through our professional advice centre (an email and telephone service) 2.5 Analysis of stakeholder engagement activities 2.6 Analysis of fitness to practise cases to inform policies and standards
3	<p>We also monitor changes in our legislation, together with relevant external legislation, such as that relating to medicines and human rights, mapping any changes against our existing policies. This enables us to identify any revisions that may be required to ensure that our standards reflect both up to date practice and current legislation. We also identify whether we need to update our guidance or provide additional advice for nurses and midwives.</p>
4	<p>We are in the process of developing a new systematic, evidence based approach to the review of our standards. This will include agreeing a set of criteria, methods and tools for standards' evaluation. At the beginning of November 2010, our newly established</p>

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<p>Corporate Leadership Board (CLB) (the group of senior managers that replaced the Executive Management Board (EMB) in August 2010) agreed a way forward in relation to policy development. This relates to evidence based practice to underpin the development, monitoring and evaluation of our policies and standards. One of the first results of the policy development work will be the drafting of methodologies for the development and evaluation of standards along with a systematic approach to their review. We are also developing a framework to enable us to adopt a more systematic approach to commissioning research.</p> <p>5 We continue to quality assure the function of the Local Supervising Authorities (LSAs) through our analysis of the annual reports, which they are required to submit to us, and the LSA review framework. The review cycle occurs at a minimum on a 3-yearly basis but is also linked to a risk framework. The review team includes an LSA Midwifery Officer (LSAMO), a midwife, a lay reviewer and one of our midwifery advisers. It comprises an initial paper review, a site visit and meetings with the Chief Executive Officer, heads of nursing and midwifery, midwifery educationalists, supervisors of midwives, midwives, service users and students. This process enables us to ensure that LSAs are complying with the standards set out in the <i>Midwives rules and standards</i>.² We are also able to identify where there is good practice that can be shared with other LSAs and areas for further development. Detailed information about the review framework is available on our website; the section includes links to reports and action plans.³</p> <p>6 Over the past year, we have worked on the development of a quality monitoring tool for reviewing the LSAs. The aim of this tool is to provide us with evidence of the ongoing monitoring of the LSA standards, as set out in the <i>Midwives rules and standards</i>,² and will enable us to review issues and any perceived future threats that may have implications for the health and wellbeing of women and their babies. We will also be able to monitor progress on actions arising from the annual reports and reviews undertaken in the previous year. The tool was piloted by four LSAMOs during October 2010, the final version was agreed by the Midwifery Committee in November 2010⁴ and quarterly reporting will commence in January 2011. Our analysis of the 2009-2010 annual reports will be published in January 2011, when it will be made available on our website.⁵</p> <p>7 Our project to update the <i>Midwives rules and standards</i>,² reported on in previous submissions, is ongoing and scheduled for completion in Spring 2012. As part of this project, we are also updating the <i>Standards for the preparation and practice of supervisors of midwives</i>⁶ and the <i>Standards for the supervised practice of midwives</i>.⁷ The revised rules and standards will be published together in a single document. This work is being informed by an extensive stakeholder engagement strategy with key organisations and individuals. We have also used targeted, focus group meetings with service users, to gain their views on the practice and supervision of midwives. Details of our background research and stakeholder engagement for this project were provided in a paper considered by Council in December 2010.⁸ Paragraphs 34 to 38 in the third standard provide further information about our consultation on the policy underlying the revision of the midwives rules. The protection of women and their</p>	

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<p>babies is central to all these standards and the midwives rules.</p> <p>8 As reported in our submission last year, we have contributed to the work undertaken by the Department of Health (DH) policy review group on professional insurance and indemnity. The report was published in July 2010 and the high level principles, which included the overarching recommendation that there should be a statutory requirement for registered nurses and midwives to have cover as a condition of registration, were considered by Council in September 2010.⁹ We are awaiting the Government's response to the report, which may entail overarching amendments to all regulatory legislation, before reviewing our current policy, as set out in <i>The code: Standards of conduct, performance and ethics for nurses and midwives</i> (the code).¹⁰</p> <p>9 We are working closely with the Medicines and Healthcare Products Regulatory Agency (MHRA) with regard to delegation of the administration of medicines. This has included legislative changes relating to the updating of those medicines that can be supplied and administered by midwives and the administration, by student midwives, of medicines listed in midwives exemptions. We issued an NMC Circular to update midwives on the changes.¹¹ We have also contributed to work on extending the range of controlled drugs that nurse and midwife independent prescribers may prescribe, these legislative changes are expected to come into force during 2011.</p> <p>10 A major review of The Medicines Act 1968 and other existing medicines legislation is scheduled for 2011 and will be led by the MHRA. Once we know the results of that review, we will be reviewing our standards and guidance to ensure they take account of any new legislation. As an interim measure, we have issued updated guidance and advice in the form of NMC circulars and advice sheets. The <i>Prescribing</i> section of our website provides links to this information,¹² together with quick links to relevant external sites, such as the MHRA and the British National Formulary. For ease of reference, all the NMC circulars relating to prescribing matters have been brought together on a single page on our website.¹³</p> <p>11 Three or four times each year, our Chair convenes a 'round table' event, bringing together stakeholders from the professions, other regulators (as relevant), government departments, patient and user groups, educators and researchers. In 2010, the meetings focused on new policies and standards on the regulation of healthcare support workers, advanced practice and health visiting.</p> <p>12 In April 2010, we introduced 'Meet the NMC' events. These are one day sessions, held at our offices in London, for directors of nursing, directors of human resources and heads of midwifery to meet the Chief Executive and Registrar and NMC directors. The objective is to develop effective partnerships with senior nurses and midwives who can positively influence the behaviour of nurses and midwives and promote public safety. We use these sessions to inform stakeholders of current work streams and provide them</p>	

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<p>with an opportunity to address any issues from practice. As noted in paragraph 5 of the first standard of the fitness to practise function, these events include a session on fitness to practise and a tour of our offices at 61 Aldwych.</p> <p>13 We have collected very positive feedback from these events, some of which has helped inform ongoing standards development. The eight events held during 2010 have focused on the NHS; a further nine events are planned for 2011, when we will be inviting representatives from the larger private hospital and nursing home groups.</p> <p>14 During the period October to December 2010, we held a series of five road shows across the UK for employers and managers. These events, which are aimed at anyone who has managerial or supervisory responsibility for nurses or midwives, include an update on our current work streams, a discussion workshop and a session on fitness to practise. A further 12 events are planned for 2011. (See also paragraph 7 of the first standard in the fitness to practise function.)</p> <p>15 Recent reports into failings at Mid-Staffordshire, Basildon and Thurrock and other NHS trusts have highlighted the importance of regulatory bodies taking a more proactive approach to public protection. Our Chief Executive has stated publicly the intention to ensure a greater focus on this aspect of patient safety. Early in 2010, we commissioned some critical thinking around the problem of growing concerns about safeguarding patients and what proactive action we may be able to take. We specified that the work was to include identifying legitimate sources of information that could form an internal early warning system; providing high-level criteria to assist decision making about intervention; and providing a menu of possible interventions.</p> <p>16 The report of this work was considered by the Council in September 2010,¹⁴ when it was agreed that we would develop a critical standards intervention system to assist in the identification of possible systemic failure in an organisation. This will require us to develop internal systems capable of bringing together existing data and to undertake further work to develop an indicator framework based on six key indicators, which are likely to be:</p> <ul style="list-style-type: none"> 16.1 complaints received from patients and the public 16.2 fitness to practise referrals 16.3 registration renewals 	

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	<p>16.4 problems identified during the quality assurance process in education settings</p> <p>16.5 problems identified through the annual reports and reviews of the LSAs</p> <p>16.6 raising and escalation of concerns by nurses and midwives</p> <p>17 We seek feedback on our standards through our regular online channels of communication with nurses and midwives (e-newsletter, Facebook, the website, our advice centre) and targeted engagement with the offices of the four Chief Nursing Officers, together with employers, nurses and midwives at the events and conferences we organise or attend.</p> <p>18 In May 2010, the launch of our new website enabled us to establish a page to encourage nurses and midwives to provide ongoing feedback on their experiences of using the code in their daily practice.¹⁵ This information will be used to inform the 2011-2012 review of the code.</p> <p>19 Through our proactive engagement and our fitness to practise data, we have already identified that we need to develop additional material to support the code in two areas: for the armed forces and those in leadership roles. We are in the process of devising methods and tools for developing such additional material. These will focus on the identification of positive practice and will use illustrative case studies. It is envisaged that the final product will be in the form of a publication that promotes effective practice by providing specific examples. Each of the case studies will be linked to an example of how a registered nurse or midwife has applied a specific part of the code in an effective and innovative way that enhances public protection. The selection criteria for the case studies will address:</p> <p>19.1 relevance to a particular section of the code</p> <p>19.2 relevance to the targeted audiences</p> <p>19.3 transferability to other professionals and diverse working environments</p> <p>19.4 clarity of the information provided</p> <p>19.5 innovation and originality of applying the code in a way that protects the public</p>

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19.6	relevance to equality and diversity

Second standard	Additional guidance helps registrants to apply the regulators' standards of competence and conduct to specialist or specific issues including addressing diverse needs arising from patient centered care.
20	The order includes powers for the Council to give guidance and requires that we consult before doing so. All our guidance is available on our website. ¹⁶ We also provide advice to nurses and midwives on the standard of professional conduct required of them in the exercise of their professional accountability and practice, which is available, by topic, on our website. ¹⁷ The advice sections are dynamic documents and are updated regularly to reflect current practice. They often include links to other relevant information and organisations and provide the opportunity for the reader to give us feedback.
21	In our submission for 2009-2010, we reported on the work we were doing to develop our advice sheet on whistleblowing into more formal guidance. <i>Raising and escalating concerns: Guidance for nurses and midwives</i> ¹⁸ was approved by Council in September 2010 and published at the beginning of November. This was produced following extensive consultation with our key stakeholders and experts such as Public Concern at Work, a leading charity in this area. The guidance explains how nurses and midwives can raise and escalate concerns, about the safety and wellbeing of patients in their care, without endangering their registration. It also provides information about the legislation in this area and sources of confidential help and advice. Details on the distribution of the guidance are provided in paragraph 57 of the fourth standard.
22	As part of the review of its <i>No secrets</i> policy, the DH asked if we could clarify the role of nurses in safeguarding adults. In order to gauge the level of awareness and appetite in relation to safeguarding adults, we sought the views of nurses and midwives through a survey on our website, Facebook and our email newsletter. There was a good level of engagement from nurses and midwives and we used this information to shape our approach.
23	Our new advice on safeguarding adults supports nurses and midwives in recognising, and effectively managing, situations where they suspect a person in their care may be at risk of harm. Following analysis of a survey of 1,400 website visitors, when we asked them to identify their experiences of safeguarding adults and their awareness of issues, we have provided advice in relation to the following settings: a midwife providing antenatal care, nursing older people in a care home and caring for a person with a learning

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<p>disability. In developing this resource, we have not relied on the traditional method of only providing written information but have used new technologies to offer nurses and midwives different ways of accessing information. We have developed a toolkit of resources including films with discussion guides, posters and postcards and a power point presentation, all of which are available through the <i>Safeguarding adults</i> section of our website.¹⁹ Links are provided to a number of useful external resources, including Dignified Revolution, Action on Elder Abuse, Age UK and Mencap. There is also a link to our online resource hub for raising and escalating concerns.²⁰ More information on how this information has been distributed and accessed is provided in paragraph 56 of the fourth standard.</p> <p>24 In March 2009, we published <i>Guidance for the care of older people</i>.²¹ At the same time, in response to stakeholder feedback, we published a supplementary leaflet for the public <i>Care and respect every time - what you can expect from nurses</i>.²² This is the first time that we have produced a separate document specifically for the public. As at the end of November 2010, we have distributed 176,113 copies of the guidance, 184,677 copies of the English version of the supplementary leaflet and 5,689 issues of the Welsh version.</p> <p>25 Six months after publishing the guidance, we completed the first phase of its evaluation, using an online survey to gather largely quantitative data. An email survey was sent to 5,000 people who had placed an order for the guidance; we received 829 responses, a response rate of 16.6 percent. Findings from phase one were reported to our EMB in January 2010, when it was agreed that a further evaluation should be carried out. The second phase of the evaluation focused on gathering qualitative information from nurses, who had previously reported using the guidance, to see how it was being used a year after its publication.</p> <p>26 Overall, the guidance and supplementary leaflet met or exceeded participants' expectations. Positive comments were made about our branding and the timing of the introduction of the guidance to coincide with the DH <i>Dignity in Care</i> campaign launch. A selection of the positive feedback is available on our website.²³ Most participants used the guidance as a benchmark for practice, it was also used as a reference source in appraisal, staff meetings and clinical supervision as well as in internal and external audit processes. It was suggested that the guidance could be produced in other languages, and in large print format. We have a process in place for producing our publications in other languages and formats on request.</p> <p>27 As reported in paragraph 7 of the first standard in the education and training function, the guidance in relation to our requirements for good health and good character has been updated to take account of the Equality Act 2010.^{24 25} A more comprehensive review of this guidance will take place during 2011.</p>	

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28	<p>We use feedback to evaluate whether our guidance is achieving its aim of providing adequate and clear information to support safe and effective practice. Feedback often comes from a different 'sample' of people to that used during the development of our approach, allowing us to base our judgment on a broader set of data.</p>
29	<p>For example, as part of our work on safeguarding adults, we have created an activity log to monitor the response and will use this information to evaluate our approach to this issue. The log records.</p> <p>29.1 Public enquiries, comments and feedback</p> <p>29.2 Media enquiries and interview requests</p> <p>29.3 Tweets and Facebook posts by us</p>

Third standard	In development and revision of guidance and standards, the regulator takes account of stakeholders' views and experiences, external events, developments in the four countries, European and international regulation and learning from other areas of its work.
30	<p>Our submissions for the last three periods have all provided detailed information about our extensive stakeholder engagement work during the review of pre-nursing education. Further information is provided in the first standard of this year's submission for the education and training function (see in particular paragraphs 13 to 18).</p>
31	<p>During the course of our work with Alzheimer's Society, as part of the review of pre-registration nursing education, a number of issues emerged around care of people with dementia and cognitive impairment. We are currently working with the society to explore these further and have identified key messages that it may be possible to embed in some of the work we will be undertaking in the future. We are also reviewing aspects of how we produce and provide advice for nurses and midwives. The outcome of this work will be used to inform our thinking with regards to communicating, to nurses and midwives, the key messages about care of people with cognitive impairment and dementia.</p>

Third standard	<p>In development and revision of guidance and standards, the regulator takes account of stakeholders' views and experiences, external events, developments in the four countries, European and international regulation and learning from other areas of its work.</p>
32	<p>The draft of our new guidance on raising and escalating concerns was developed in association with a number of organisations including Public Concern at Work, Action on Elder Abuse, Medical Defence Union, National Childbirth Trust (NCT), Royal College of Nursing (RCN), Royal College of Midwives (RCM), and Unison. All interested individuals, groups and organisations were able to participate in the consultation by completing an online survey accessible via our website. The report of the consultation is available on our website.²⁶</p>
33	<p>As part of the consultation, we also held a series of focus groups around the UK, to see how the guidance would work in practice, and whether there are any barriers to its implementation. These events were attended by nurses and midwives, managers, employers, educators, students and representatives from various organisations. The report of the consultation focus groups is available on our website.²⁷ We are preparing a document detailing how the guidance was revised in response to the consultation and will be making that available on our website in due course.</p>
34	<p>Our submission for 2009-2010 provided information about our stakeholder engagement work during the early stages of our project to revise the <i>Midwives rules and standards</i>; further information is provided in paragraph 7 of the first standard. During the period April to July 2010, we carried out a consultation on the policy underlying our revision of the NMC Midwives Rules 2004 (the midwives rules) and received over 700 responses. Respondents included 602 individuals, 477 of whom identified themselves as midwives, together with a number of groups and organisations including lay groups.</p>
35	<p>We developed a lay survey, with relevant organisations advising which areas of this complex consultation would be of particular interest to the people they represented. Having agreed which of the questions from the main survey would be included, we adapted the supporting information to make it more accessible to a lay audience, taking care not to change the meaning. Asking the same questions as in the main survey allowed direct comparison between the responses. Sixty-two lay surveys were completed. This was a new approach and differed from the work on the new standards for pre-registration nursing education where the lay surveys were completely different to the main surveys.</p>
36	<p>Following a request from a person with a visual disability, we worked with the RNIB to produce the consultation and the <i>Midwives rules and standards</i> in audio format. We will be using this format again for the next stage of the consultation. As reported in paragraph 47 of the fourth standard, we have also made the code available in audio format.</p>

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37	<p>The report of the consultation was considered by the Council at its meeting in December 2010.²⁸</p>
38	<p>In the Spring of 2011, we will be consulting on the draft of the standards that will support the new midwives rules and have already had discussions with Netmums and Bounty about how we can involve mothers and fathers in this next phase.</p>
39	<p>Our engagement with other nursing and midwifery regulators, both in Europe and internationally, helps us influence change in European Union (EU) legislation. It also allows us to share good practice in areas of work where we feel we could benefit from international comparison.</p>
40	<p>For example, our <i>Guidance for the care of older people</i>²¹ was published at the same time as the Irish nursing regulator, An Bord Altranais, was issuing guidance on the care of the elderly. We have been in contact with colleagues in Dublin and shared information in the development of both publications. Following publication of our guidance, we have shared information with other European regulators during discussions on the changes in the European healthcare workforce and the role of healthcare support workers.</p>
41	<p>During the last year, we have made significant progress in developing sustainable European networks for both nursing and midwifery regulation. In relation to midwifery, the European network of midwifery regulators, established in May 2009, was enhanced this year with further members joining the network and competent authorities, such as Germany, showing an increased interest in its work. The network now has a website²⁹ and a newsletter, which is published two to three times a year. A smaller policy development group meets three to four times each year, while a larger meeting, involving all members, takes place at least once a year. Exchange of information on guidance and advice has been part of the network and we have worked collaboratively towards exchanging good practice in a number of policy areas. Discussions so far have included nursing and midwifery training, CPD, language testing and the care of older people. The network produced two surveys on midwifery regulation and led the evaluation of the European directive on the recognition of professional qualifications (the directive)³⁰ for the midwifery profession.</p>
42	<p>In May 2010, the European Commission invited us to be the nursing lead for its evaluation of the directive. This involved collecting and analysing national experience reports from 25 EU member states, together with Norway. Information about the evaluation, together with the experience reports from the competent authorities for the different professions, is available on the European Commission's website.³¹ As noted in paragraph 25 of the first standard in the registration function, our experiences of assessing</p>

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<p>European Economic Area (EEA) applications against the directive were fed into this review.</p> <p>43 As part of the review process, we created and administered an online information sharing platform, which was a significant innovation. This was very successful and allowed competent authorities to share their draft reports. It also quickly evolved into a forum where competent authorities and the European Commission could initiate and discuss nursing related issues outside the evaluation of the directive. Issues discussed included guidance on the care of older people within the EU and the structure of nursing education in EU member states. The online platform was met with general enthusiasm and it was agreed that the group of competent authorities would continue using this tool in the future.</p> <p>44 The establishment of this informal network of competent authorities for nursing is a significant achievement that has been applauded by the European Commission and many competent authorities.</p> <p>45 <i>Midwifery 2020</i> was a UK-wide collaborative programme, led by the four UK Chief Nursing Officers and carried out in partnership with the Royal Colleges, the NMC and with a range of partners and stakeholders in maternity care including, professional bodies, higher education professionals, interest groups and employers across all four countries. The programme of work has looked at maximising the midwifery contribution to improving the experience of women during their maternity care, meeting the health and social care needs of a rapidly changing population and improving the outcomes for mothers, babies and families. Three of the five key workstreams related to the core role of the midwife,³² public health³³ and measuring quality.³⁴ The final report of the programme, <i>Midwifery 2020: Delivering expectations</i>, was launched in September 2010 and is available from the programme's website.³⁵ This, together with the workstream reports, will provide a key resource for the review of the <i>Midwives rules and standards</i> and any additional guidance required for midwives.</p> <p>46 We continue to work collaboratively through the Alliance of UK Healthcare Regulators on Europe (AURE); recent discussions have included the issue of language testing. In particular, we have had a very constructive collaboration with the General Medical Council (GMC) on this issue and have achieved the following over the last year.</p> <p>46.1 We concluded a legal analysis of the issue of EEA language testing, including comparing EU legislation and guidance with DH interpretation, the regulations produced by DH and the Department for Business Innovation and Skills (BIS) and our order in relation to the Medical Act 1983. This led to conclusions around our powers and ability to language test EEA applicants. We shared information with the GMC and the DH and we also talked to the European Commission and other EU</p>	

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<p>regulators through our networks.</p> <p>46.2 We have issued new information to employers of nurses and midwives specifically on the area of language and communication and reminded them that we do not language test EEA trained applicants to the register.</p> <p>46.3 We have commissioned a literature review with a university that looks into the link between language competence of a nurse or midwife and the health and wellbeing of patients. The results of the review will be available in March 2011.</p> <p>46.4 In sharing best practice with other EU regulators, we came to the conclusion that there were possibilities for assessing language competence of EEA trained applicants after registration in a proportionate manner that complied with EU legislation. We are exploring this further and are working closely with the DH in formulating a policy and process.</p>	

Fourth standard	The standards and guidance are published in accessible formats. Registrants, potential registrants, employers, patients and members of the public are able to find the standards and guidance published by the regulator and can find out about the action that can be taken if the standards and guidance are not followed.
<p>47 All our standards and guidance are available on our website through a <i>Publications</i> link at the top of the home page. The publications page³⁶ provides links to the various categories of publication, with dedicated pages for standards³⁷ and guidance.³⁸ Both the code and the <i>Midwives rules and standards</i> are available as an audio download, as indicated by a headphone icon on the standards page. Some publications, including the code, are available in Welsh through a dedicated page.³⁹</p> <p>48 Paragraph 1 of the first standard of the fitness to practise function describes the information we provide, on our website, for anyone wishing to refer a nurse or midwife to our fitness to practise procedures. As noted in paragraph 4 of that standard, an updated version of the joint regulators' leaflet for the public will be available in January 2011. Core information for the public is available in 13 languages other than English.⁴⁰</p>	

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49	<p>In September 2009, we introduced comprehensive house style guidance for use by all staff. This is ‘living’ guidance that emphasises the need for plain English in all communications, which continues to be revised in the light of experience; reviews took place in March and September 2010. The consultation documents for the draft of the new standards for pre-registration nursing education, and the standards themselves, were checked by an independent company to ensure that they used plain English.</p> <p>50 We recognise that it is important that distribution of our standards, guidance and other documentation is targeted appropriately and, therefore, develop distribution strategies accordingly. We have invested considerable effort over the past year in diversifying our communications channels, ensuring they are targeted and cost-effective, while ensuring we reach different groups with the information they need.</p> <p>51 Every nurse and midwife on our register receives an annual copy of <i>NMC Update</i>,⁴¹ which is sent at renewal and retention of registration. It lists all the standards, guidance and other information that has been published over the previous twelve months, together with details of how this information can be accessed. From January 2011, a new edition of <i>NMC Update</i> will be published each month.</p> <p>52 In May 2010, we launched our new website. One of the drivers for the project was to update the technology running the site to ensure it meets recognised standards for accessibility, the ‘AA standards’.⁴² We also took the opportunity to restructure the information, with defined areas for the general public, nurses and midwives, employers and managers, educators, students and the media. This has made the website easier for users to navigate and allows us to target different groups more effectively. Since its launch, the website has had 938,229 unique visitors (as at the end of November 2010), with the most popular areas being search the register (18 percent of visits) and the employer confirmations service (5 percent).</p> <p>53 In September 2010, we launched a micro-site, the library of standards.⁴³ This secondary website is currently used to present our new <i>Standards for pre-registration nursing education</i>, although the intention is that all our education standards should be presented online. Presenting the standards in this way allows us to make minor amendments in a transparent and accessible way, rather than issuing NMC circulars to amend the standards.</p> <p>54 In May 2010, we also revised and updated our email newsletters. We currently send a fortnightly email newsletter to over 65,000 nurses and midwives, and monthly email newsletters to employers and managers (over 9,000 subscribers) and educators (over</p>

<p>Fourth standard</p>	<p>The standards and guidance are published in accessible formats. Registrants, potential registrants, employers, patients and members of the public are able to find the standards and guidance published by the regulator and can find out about the action that can be taken if the standards and guidance are not followed.</p>
<p>8,000 subscribers). We are currently gaining around 1,100 new subscribers to these emails each month.</p> <p>55 We have made considerable use of social media, particularly Facebook, with over 14,500 people 'liking' our Facebook page.⁴⁴ We have found this particularly useful in engaging with nurses and midwives at the early stages of their career. This group is more likely to use Facebook than visit our main website; it is also used for first line responses to queries about registration and applications to join the register, particularly from outside the UK. Our postings to our Facebook page are designed to draw people back to our website, and highlight changes in our standards and guidance. We have also developed a simple quiz about the code,⁴⁵ which encourages reflection on conduct issues in an engaging way. Both the GMC and General Teaching Council for England have asked us to share with them our experiences of using social media to engage with registrants, and we have recently presented our learning to their communications staff.</p> <p>56 An example of how we have used these technologies and innovations together is in our recent campaign on <i>Safeguarding adults</i>, which aimed to promote and support best practice and policy guidelines in safeguarding adults from harm, abuse and neglect, including poor practice. At the core of the campaign was a website resource¹⁹ featuring four short films, links to useful resources, a training toolkit and access to order promotional posters and postcards. Through a combination of promotional activities, including media relations, email newsletters, SMS text messaging and sharing on Facebook, during an initial eight-week period, the campaign achieved.</p> <p>56.1 18,066 combined online views of the four films</p> <p>56.2 50,231 visits to our safeguarding resource hub</p> <p>56.3 280 interactions about safeguarding on our Facebook page</p> <p>56.4 27 positive media hits which clearly communicated key messages</p> <p>The resource hub will continue to be promoted over the next year, forming the main feature in <i>NMC Update</i> during 2011.</p> <p>57 We continue to use more traditional methods of informing nurses and midwives about our standards and guidance. In November</p>	

Fourth standard	The standards and guidance are published in accessible formats. Registrants, potential registrants, employers, patients and members of the public are able to find the standards and guidance published by the regulator and can find out about the action that can be taken if the standards and guidance are not followed.
<p>2010, we sent everyone on our register a copy of our new publication <i>Raising and escalating concerns: Guidance for nurses and midwives</i>.¹⁸ We also sent copies of the guidance to employers and will be distributing copies to educators before the end of 2010. We have also made posters, highlighting the key points of the guidance, available to order through our website. As with <i>Safeguarding adults</i>, we have created an online hub with links to relevant information and training resources.²⁰</p> <p>58 As will be seen from the third standard of this function and the first standard of the education and training function, we have done a lot of work over the past year to try and improve accessibility, examples include lay surveys and audio documents. We plan to start an evaluation of four of our recent consultations before the end of 2010.</p>	

CHRE's questions and NMC's responses

Standard 1: Standards of competence and conduct reflect up-to-date practice and legislation. They prioritise patient safety and patient centered care.	
Question 1: When will the NMC's new approach to systematic review of standards be in place?	
59	We are in the process of developing the evaluation methodology and have agreed to pilot it for the <i>Standards of pre-registration nursing education</i> . It is expected that the methodology will be agreed by June 2011, by which time we will start using it for standards and guidance that are due for evaluation and subsequent review. Following on from the restructuring reported in paragraphs 15 and 16 of the overview section of our original submission, we have already invested in a new policy team which will provide greater analysis of data and evidence.

Question 2: How does the NMC ensure that intelligence recorded through the professional advice line is used to inform its standards development? Could any examples be provided?

60 We are in the process of establishing a 'standards and ethics helpline', which will ensure we are consistent in our approach to advice and have a more structured and formal method of capturing data. In addition, the helpline will.

60.1 Provide help, advice and clarity on our standards

60.2 Provide information on the regulatory context within which we work and how this supports nursing and midwifery practice and safeguards the health and wellbeing of the public

60.3 Serve as a signpost to other information and best practice sources, where appropriate

60.4 Feedback to our policy and standards colleagues, highlighting trends and instances where standards, or their application, might need to be strengthened or reviewed

Question 3: What decision has the NMC's Council reached about professional indemnity insurance being a requirement for registration?

61 The government response to the independent review group report on professional insurance and indemnity was considered by Council at its meeting in January 2011.⁴⁶ It was agreed that our review of the NMC policy on professional insurance and indemnity would commence once we are clear what is to be included in the legislation, which will apply to all healthcare regulators. This will ensure that such policies that we develop will be compliant with the new legislation. We anticipate that the policy review will be able to commence in the coming financial year and will link in with the review of *The code: Standards of conduct, performance and ethics for nurses and midwives*¹⁰ (the code).

62 In partnership with the Royal College of Midwives (RCM), we have funded a piece of work on developing an approach to indemnifying (by insurance or other means) the work of midwives working outside of the NHS.

Question 4: When does the NMC plan to implement the critical standards intervention system? What risk assessment has it carried out to assess the impact this system could have on its already large fitness to practise caseload? How will it ensure that relevant information is shared with other bodies?

- 63 The development of the Critical Standards Intervention (CSI) unit will further enhance the proactive way that we act upon the concerns we receive. Intelligence from press reports, letters and emails and the content of external reports, such as those recently prepared by the Patients Association and the Parliamentary and Health Services Ombudsman, is analysed and shared with our fitness to practise (FtP) team to assess how we will address any public protection issues that are raised.
- 64 We are currently recruiting to the role of Head of Critical Standards Intervention. The primary focus of the role will be to consider what information is already accessed by the NMC and how different departments can share information more effectively. We will also build on our success following the development of the memorandum of understanding with the Care Quality Commission where communication is now frequent and has resulted in shared action. This system would also highlight individuals whose fitness to practise may be in question, which would enable us to act more proactively. The risk analysis would be undertaken following any development of interventions. We are also drafting material in support of the code for nurse and midwifery leaders, which will highlight responsibilities at senior level.

Question 5: How has feedback from the 'Meet the NMC' events been used to improve the NMC's performance?

- 65 The appointment of a Head of External Liaison in the FtP team is as a direct result of the excellent feedback that we have received from the 'Meet the NMC' events. The role will facilitate our high level assistance to directors and heads of midwifery on fitness to practise cases. A dedicated telephone 'hotline' has also been established and we have written to all directors of nursing and midwives in the UK to raise awareness of our approach to providing advice on fitness to practise matters.
- 66 More generally we have established a process of collating feedback and communicating it to the various project leads who will then use it in relevant pieces of work. We are in the process of planning a consistent way of analysing and reporting feedback from all of our stakeholder events, including 'Meet the NMC'. This is a longer term project and we will be able to report progress next year.

Question 6: How does the standards department ensure that it uses the NMC's fitness to practise data to identify gaps in standards development?

67 We have a number of recent examples of the standards directorate using fitness to practise data to inform policy development:

- 67.1 In looking at the scope of the new standards and ethics helpline, mentioned in response to question 2 (paragraph 60), fitness to practise data on referrals was part of the evidence we used in trying to determine our main customer groups. The data showed that the majority of referrals were made during the first five years of being registered, which indicated that those new to the register should be one of our main target groups.
- 67.2 We have looked at the potential risks associated with insufficient knowledge of English. In this context, we analysed data on all fitness to practise cases, related to EU or EEA trained registrants since 2005, to look for potential trends in the nature of the allegations.
- 67.3 As part of the revalidation research, undertaken on our behalf by an external supplier, we carried out a review of 500 cases from 2004-2010. As a result of this work, we were awarded a grant from the Department of Health (DH) to transfer all fitness to practise records from this period to the case management system. This will allow us to use the data to help inform the risk based model of revalidation and the proposed standard.
- 67.4 We are revising *Record keeping: guidance for nurses and midwives* and are engaging with fitness to practise panel members as to the shortfalls identified in reviewing cases. We are developing a new standard to address the wider issues which culminate in poor record keeping. The project will also explore the wider processes of critical thinking, decision making, assessment and diagnosis undertaken by nurses and midwives, which determine the care they provide and the subsequent content of their records.

Standard 2: Additional guidance helps registrants to apply the regulators' standards of competence and conduct to specialist or specific issues including addressing diverse needs arising from patient centered care.

Question 7: Will the NMC's work on safeguarding adults be evaluated using the new approach to standards development and revision? If not, how will the NMC use the feedback received on its work to improve/revise the guidance, case studies etc?

68 We will be using the evaluation methodology to assess the impact of the project, please see answer to question 1 (paragraph 59).

Standard 4: The standards and guidance are published in accessible formats. Registrants, potential registrants, employers, patients and members of the public are able to find the standards and guidance published by the regulator and can find out about the action that can be taken if the standards and guidance are not followed.

Question 8: How will the NMC ensure that registrants and staff are aware of any updates made to the standards and guidance on the online library?

69 Any changes that are made to the standards and supporting information in the online library of standards are flagged up in the standards themselves. A summary of any changes will also appear in our monthly newsletter for educators.

70 Currently there are over 7,500 subscribers to this newsletter, which includes a 'refer a friend' feature that allows it to be passed on. Between the launch of the library of standards on 16 September 2010 and 31 January 2011 there have been 14,546 unique visits to this site.

Question 9: How does the NMC ensure that if fitness to practise complaints are received through Facebook or Twitter that these are referred to the fitness to practise department?

71 We have not received fitness to practise complaints through Facebook or Twitter. We do, however, have a very clear process for referring any such complaints, received via our website, to our FtP directorate. We would refer any complaints raised on Facebook or Twitter in the same way.

Question 10: How has the NMC assured itself that there is sufficient information for patients and the public about the general role of the NMC?

- 72 Our website includes clear and concise information about our roles, for patients and the public,⁴⁷ including a facility to contact us for further information. We are reviewing this information to ensure that it remains up to date and, as part of that work, we will also be making changes that will make it easier for people to make complaints.
- 73 The joint regulators' leaflet *Who regulates health and social care regulators?* contains general information about the role of health and social care regulators, including the NMC. This leaflet has undergone a revision and will be made available shortly.
- 74 We are also working with the Patients Association to provide training on the role of the NMC to all of their helpline volunteers and we have close links with numerous other patient and voluntary groups. We have recently met with the Parliamentary and Health Service Ombudsman and, in 2010, with her equivalent in Northern Ireland and Scotland to establish approaches to closer working.

¹ *Strategic context report* - <http://www.nmc-uk.org/Documents/Strategic%20context%20report.pdf>

² *Midwives rules and standards* - <http://www.nmc-uk.org/Documents/Standards/nmcMidwivesRulesandStandards.pdf>

³ NMC framework for reviewing LSAs - <http://www.nmc-uk.org/Nurses-and-midwives/Midwifery/Supervisor-of-midwives/NMC-Framework-for-reviewing-LSAs/>

⁴ NMC quality monitoring tool for reviewing local supervising authorities (paper M/10/39, pages 15-27 in link) - <http://www.nmc-uk.org/Documents/CouncilPapersAndDocuments/Committees/MC/24November2010/Midwifery%20Committee20102411.pdf>

⁵ Local supervising authority reports - <http://www.nmc-uk.org/Nurses-and-midwives/Midwifery/Supervisor-of-midwives/Local-Supervising-Authority-Reports/>

⁶ *Standards for the preparation and practice of supervisors of midwives* – <http://www.nmc-uk.org/Documents/Standards/nmcStandardsforThePreparationAndPracticeofSupervisorsOfMidwives.pdf>

⁷ *Standards for the supervised practice of midwives* - <http://www.nmc-uk.org/Documents/Standards/nmcStandardsGForSupervisedPracticeofMidwives2007.pdf>

⁸ Revision of NMC Midwives Rules 2004: Background research and stakeholder engagement (Annexe 4 to NMC/10/45, pages 41-48 in link) - <http://www.nmc-uk.org/Documents/CouncilPapersAndDocuments/Council2010/December2010/NMccouncilPapers9December2010.pdf>

⁹ Review of policy on professional insurance and indemnity (paper NMC/10/36) - <http://www.nmc-uk.org/Documents/CouncilPapersAndDocuments/Council2010/September2010/NMC%2010%2036%20Review%20of%20policy%20on%20professional%20insurance%20and%20indemnity.pdf>

Independent review of the requirement to have insurance or indemnity as a condition of registration as a healthcare professional – June 2010 (Annexe to paper NMC/10/36) - [http://www.nmc-](http://www.nmc-uk.org/Documents/CouncilPapersAndDocuments/Council2010/September2010/NMC%2010%2036%20Review%20of%20policy%20on%20professional%20insurance%20and%20indemnity.pdf)

[uk.org/Documents/CouncilPapersAndDocuments/Council2010/September2010/NMC%2010%2036%20Review%20of%20policy%20on%20professional%20insurance%20and%20indemnity%20\(Annexe%201\).PDF](http://www.nmc-uk.org/Documents/CouncilPapersAndDocuments/Council2010/September2010/NMC%2010%2036%20Review%20of%20policy%20on%20professional%20insurance%20and%20indemnity%20(Annexe%201).PDF)

¹⁰ *The code: Standards of conduct, performance and ethics for nurses and midwives* - <http://www.nmc-uk.org/Documents/Standards/The-code-A4-20100406.pdf>

¹¹ Changes to midwives exemptions (NMC circular 06/210) - http://www.nmc-uk.org/Documents/Circulars/2010circulars/NMccircular06_2010.pdf

¹² Prescribing - <http://www.nmc-uk.org/Nurses-and-midwives/Prescribing/>

¹³ Prescribing circulars - <http://www.nmc-uk.org/Publications-/Circulars/Prescribing-Circulars/>

¹⁴ Critical standards intervention (NMC/10/37) - [http://www.nmc-uk.org/Documents/CouncilPapersAndDocuments/Council2010/September2010/NMC%2010%2037%20Critical%20Standards%20Intervention%20\(Cover%20sheet\).pdf](http://www.nmc-uk.org/Documents/CouncilPapersAndDocuments/Council2010/September2010/NMC%2010%2037%20Critical%20Standards%20Intervention%20(Cover%20sheet).pdf)

Critical standards intervention project final report (Annexe 1 to NMC/10/37) - [http://www.nmc-uk.org/Documents/CouncilPapersAndDocuments/Council2010/September2010/NMC%2010%2037%20Critical%20Standards%20Intervention%20\(Annexe%201\).pdf](http://www.nmc-uk.org/Documents/CouncilPapersAndDocuments/Council2010/September2010/NMC%2010%2037%20Critical%20Standards%20Intervention%20(Annexe%201).pdf)

¹⁵ Code feedback - <http://www.nmc-uk.org/Nurses-and-midwives/The-code/Code-feedback/>

¹⁶ Guidance - <http://www.nmc-uk.org/Publications/Guidance/>

¹⁷ Advice by topic - <http://www.nmc-uk.org/Nurses-and-midwives/Advice-by-topic/A/>

¹⁸ *Raising and escalating concerns: Guidance for nurses and midwives* (guidance document) - <http://www.nmc-uk.org/Documents/RaisingandEscalatingConcerns/Raising-and-escalating-concerns-guidance-A5.pdf>

¹⁹ Safeguarding adults <http://www.nmc-uk.org/Nurses-and-midwives/safeguarding/>

²⁰ Raising and escalating concerns (online resource hub) - <http://www.nmc-uk.org/Nurses-and-midwives/Raising-and-escalating-concerns/>

²¹ *Guidance for the care of older people* - <http://www.nmc-uk.org/Documents/Guidance/Guidance-for-the-care-of-older-people.pdf>

²² *Care and respect every time - what you can expect from nurses* - <http://www.nmc-uk.org/Documents/Guidance/nmcCareandRespectEveryTime2009.pdf>

²³ Feedback about the guidance (care of older people) - <http://www.nmc-uk.org/General-public/Older-people-and-their-carers/Feedback-about-the-guidance/>

²⁴ Good health and good character – Guidance for educational institutions - <http://www.nmc-uk.org/Educators/Good-health-and-good-character/>

²⁵ Good health and good character: Guidance for students, nurses and midwives - <http://www.nmc-uk.org/Students/Good-Health-and-Good-Character-for-students-nurses-and-midwives/>

²⁶ NMC Guidance for raising and escalating concerns – report on consultation - http://www.nmc-uk.org/Documents/Consultations/NMC-Guidance-for-Raising-and-Escalating-Concerns_Report-on-Consultation.pdf

²⁷ Raising and escalating concerns: Guidance for nurses and midwives – consultation focus groups - <http://www.nmc-uk.org/Documents/Consultations/NMC%20Consultations%20-%20Raising%20concerns%20%20focus%20group%20report%20February%202010.pdf>

²⁸ Consultation on proposed changes to the Midwives rules (2004) – Report of consultation findings (Annexe 1 to NMC/10/45) - http://www.nmc-uk.org/Documents/CouncilPapersAndDocuments/Council2010/December2010/NMC-10-45_Review-of-the-Midwives-Rules_Annexe-1_Report-on-consultation-findings.PDF

²⁹ Network of European midwifery regulators - <http://www.nemir.eu/>

³⁰ Directive 2005/36/EC

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- ³¹ European Commission – Evaluation of the Directive [link no longer available]
- ³² Midwifery 2020 programme – Core role of the midwife workstream – Final report - http://www.midwifery2020.org/documents/2020/Core_Role.pdf
- ³³ Midwifery 2020 programme – Public health workstream – Final report - http://www.midwifery2020.org/documents/2020/Public_Health.pdf
- ³⁴ Midwifery 2020 programme – Measuring quality workstream – Final report - http://www.midwifery2020.org/documents/2020/Measuring_Quality.pdf
- ³⁵ Midwifery 2020 website - <http://www.midwifery2020.org/>
- ³⁶ Publications - <http://www.nmc-uk.org/Publications/>
- ³⁷ Standards - <http://www.nmc-uk.org/Publications/Standards/>
- ³⁸ Guidance - <http://www.nmc-uk.org/Publications/Guidance/>
- ³⁹ Rhifynnau - <http://www.nmc-uk.org/Publications/Rhifynnau1/>
- ⁴⁰ Other languages - <http://www.nmc-uk.org/Other-languages/>
- ⁴¹ *NMC Update* - <http://www.nmc-uk.org/Publications/NMC-Update/>
- ⁴² Accessibility - <http://www.nmc-uk.org/Accessibility/>
- ⁴³ Library of standards – welcome page - <http://standards.nmc-uk.org/>
- ⁴⁴ <http://www.facebook.com/nmcuk>
- ⁴⁵ http://www.facebook.com/nmcuk?v=app_115028828523887
- ⁴⁶ Review of NMC policy on professional insurance and indemnity (paper NMC/11/04, pages 29-31 of link; annexe, pages 33-34 of link) - <http://www.nmc-uk.org/Documents/CouncilPapersAndDocuments/Council2011/NMCCouncilpapers20110126.PDF>
- ⁴⁷ What we do - <http://www.nmc-uk.org/General-public/What-the-NMC-does/>
- Reporting a nurse or midwife to the NMC - <http://www.nmc-uk.org/General-public/Reporting-a-nurse-or-midwife-to-the-NMC/>
- What's in this section? Information about the languages used on our website - <http://www.nmc-uk.org/Other-languages/Whats-in-this-section/>