

## CHRE performance review 2010-2011

### Registration

**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	Only those who meet the regulator's requirements are registered.
1	<p>Those applying for entry to our register are required to satisfy the Registrar that they meet the standards the Council considers necessary for safe and effective practice as a nurse or midwife. They must.</p> <p>1.1 Hold an approved qualification, or equivalent for those trained outside the UK, thereby demonstrating that they meet the standards necessary for admission to the relevant part of the register</p> <p>1.2 Meet the requirements regarding good health and good character</p>
2	<p>Our processes for checking that applicants meet these requirements vary depending on whether the applicant has been trained in the UK, another European Union (EU) or European Economic Area (EEA) member state or in a country outside the EU or EEA.</p>
3	<p>In order to ensure public protection, nurses and midwives trained in the UK are required to hold an approved qualification, awarded by an approved education institution (AEI). In this context, 'approved' means that the qualification or education institution meets our standards for education and training. The third, fourth and fifth standards in the education and training function provide information about our activities in quality assuring education and training. When a student successfully completes an approved education programme, the AEI electronically uploads that information to us and it is entered into our registration system. A personalised application form for registration is issued automatically; the applicant is required to complete and return this, together with the fee for registration.</p>
4	<p>At the start of training, the AEI undertakes an identity check and a criminal records bureau (CRB) check. During their training, students are required to notify the AEI if they are not of good health or they receive a caution or conviction. These matters are considered by local fitness to practise panels who may make reasonable adjustments in respect of health conditions, or remove the person from training, if appropriate, for either health or good character issues.</p>
5	<p>At the completion of training, each student who applies to be registered is required to sign a self declaration confirming their good health and good character. This must be supported by a written declaration from the authorised signatory at the AEI, who must hold an effective registration, confirming the applicant is of good health and good character.</p>
6	<p>All EU and EEA applicants must detail their education and practice as part of the application process. In addition, we require that all supporting documentation is translated and certified by an approved signatory. We are able to cross reference these documents to check the identity of the applicant against their registration, qualification and practice. These requirements also apply to</p>

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7	<p>applicants trained outside of the EU, who are additionally required to provide references from two referees, who should be senior nurses or midwives.</p> <p>As with the UK, all EU and non-EU applicants are required to sign a self declaration confirming their good health and good character. This must be supported by a written declaration from the competent authority or registration body, in their home member state or country, confirming that they have not been found guilty of any misconduct or impairment of fitness to practise. The supporting declaration must also confirm that no cautions or conditions have been applied to their registration and that their character is sufficiently good to enable safe and effective practice. All supporting declarations are viewed before they are scanned onto the applicant's file, to highlight any anomalies and to detect fraud.</p>
8	<p>Applications from nurses and midwives trained in an EU or EEA member state are considered in accordance with the directive on the recognition of professional qualifications<sup>1</sup> (the directive). This provides for three different routes of assessment for the recognition of professional qualifications.</p>
8.1	<p>Automatic recognition – the nurse or midwife commenced their training after the date of accession, to the EU, of their country of training. On accession the member state is required to implement the minimum training standard stipulated in the directive. When the nurse or midwife travels from one member state to another, the host member state is obliged to recognise their qualification and register them.</p>
8.2	<p>Acquired rights – the nurse or midwife commenced their training prior to the date of accession of their country of training but has a specific period of recent practice or training that, for the purposes of movement, obliges the host member state to register them.</p>
8.3	<p>The general system - the nurse or midwife commenced their training prior to the date of accession of their country of training but does not meet the provisions of acquired rights. They must meet the provisions of the general system in order to be eligible for assessment. If the level of their qualification is not sufficiently high (defined in the directive by such details as its length and whether it was taken at a secondary or post secondary level), we are not obliged to assess the nurse or midwife under the provisions of the directive.</p>
9	<p>We have developed our policy for the assessment of these applications to ensure we are consistent in applying the legal requirements set out in the order and the directive. Our comprehensive policy framework comprises a policy document, outlining the requirements of each route to registration, together with a series of member state specific flowcharts. We have a clear</p>

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	<p>escalation process for problematic applications, which ensures governance and consistency. We provide regular staff training and updating and decisions made by the International Assessment Team are subject to quality assurance sampling.</p> <p>10 We are updating the information on our website and the new pages, providing clear, member state specific guidance, will be available early in 2011. These will outline the available routes to registration and guide applicants through the process. An interactive map of the EEA will allow the applicant to click on the relevant member state to access the contact details of the competent authority, together with information on the documentation required when submitting an application. Additionally, there will be generic information, designed to offer the applicant a holistic understanding of the registration process.</p> <p>11 We have good links with competent authorities across the EU, which have been developed further by our use of the internal market information (IMI) system. This is a secure mailing system designed to support the flow of communication and information between competent authorities. The IMI system is a useful tool in ensuring that those who gain registration meet our standards. Particular success has been achieved in affirming the authenticity of documents supplied by competent authorities. The system has a provision to attach scanned images which we use to resolve complex cases.</p> <p>12 Applicants can seek the opinion of other bodies to verify the accuracy of our assessments; often the competent authority in their home member state will contact us through the IMI system for this purpose.</p> <p>13 In addition, applicants can contact an organisation called SOLVIT. This is an on-line problem solving network in which EU Member States work together to solve issues surrounding the mis-application of Internal Market law by public authorities, without the need to resort to legal proceedings. We have worked with SOLVIT on a number of occasions to detail our assessments; this offers the applicant an objective affirmation of the accuracy of the assessment.</p> <p>14 Advice to staff for the assessment of nurses and midwives trained outside of the EU is detailed in our overseas policy document, which is based upon the minimum training standard outlined in the directive. The assessment process includes a check on English language competencies of the applicant through an IELTS exam. The authenticity of the test scores is verified through the IELTS website. We assess the applicant's level of training against the minimum training standards, using the applicant's transcript of training. The transcript provides an hourly breakdown of both their theoretical and clinical training.</p> <p>15 All nurses and midwives trained outside of the EU are required to complete successfully a mandatory adaptation programme prior to registration. These adaptation programmes are designed, in part, to assess the competency of the individual's knowledge and</p>

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	skills in practice.
16	Any application for registration, renewal or readmission that raises a cause for concern regarding the good health or good character of the applicant is referred to the Registrar, who will determine whether he is satisfied they are capable of safe and effective practice as a nurse or midwife.
17	If the nurse or midwife from the EU or EEA does not meet the provisions of the general system their application for registration is rejected.
18	Applicants from outside the EU and EEA must have active registration, training of at least three years or 4,600 hours (or 5,000 hours as a midwife) and post registration practice of at least 12 months. In addition, for midwives, they must have worked for at least 750 hours in the last five years.
19	The main reason why applications from outside the EU and EEA are rejected, is the length of the applicant's training. The accelerated learning of nursing education has become more common in a number of countries, particularly Australia and the USA. Although there is provision for accelerated learning in our assessment policy, the training must be no less than two years in length and be preceded by a relevant prior degree. The relevance is defined by us and is recognised through the presence of modules that are components of a three year nursing programme.
20	The criterion that allows for accelerated learning in other countries is also usually contingent upon prior completion of a degree, however, often the relevance of that degree is defined differently. For example completion of a social science degree may be relevant in one country but we would not define it as relevant for admission to our register. In addition the accelerated courses are sometimes less than two years in length, which does not meet our minimum standard.
21	In addition to the length of the applicant's training, we also consider the balance of the theoretical and clinical training. The clinical aspect of the programme must total at least 50 percent of the overall training hours and the theoretical aspect must total at least 33 percent for nurses and 40 percent for midwives. The rejection of some applications is due to the applicant's training not satisfying this balance requirement.
22	Other reasons for rejection relate to the applicant having less than 12 months post-registration experience and, for midwives, if they have not practised for 750 hours in the last five years.

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23	During the period November 2009 – October 2010, we considered 2,249 applications from the EEA and rejected 62 of them (2.7 percent). We also considered 912 applications from outside the EEA and rejected 150 of them (16.4 percent).
24	During the period April to November 2010, we have received two appeals against a Registrar's decision, both of which are still ongoing.
25	Our experiences of assessing EU applications against the directive have been fed into an ongoing review of the directive, which is being carried out by the European Commission. The review is looking at the practical application of the directive, its benefits and imperfections. Our policy team was invited to co-ordinate the work for the profession of nursing and collate the information provided by other member states. We are, therefore, in a strong position to gain support for public protection improvement opportunities amongst our European stakeholders and influence any future changes in the directive. Further information about the review is provided in paragraphs 42 to 44 of the third standard of the guidance and standards function.
26	Our development of an aptitude test for EU nurses and midwives has also been influenced by the EU registration process. Under the provisions of the general system if an applicant has training and experience that does not meet the minimum training standards outlined in the directive, compensation measures can be requested of the applicant in the form of an adaptation period or an aptitude test.
27	Since October 2009, nurses trained within the EU requiring a period of adaptation to make up shortfalls in their training and experience, have been processed successfully through a pilot programme offered by 15 AEs. This pilot programme was established to improve the availability of individually tailored adaptation programmes in line with agreements made with the Department of Health (DH) (England) and the European Commission.
28	In October 2010, following the results of this pilot, we also started a project on the provision of aptitude tests for EU trained nurses and midwives. Our approach focuses on close collaboration with AEs to develop and deliver the test. We expect that the first of these will be available for applicants in April 2011.
29	The IMI system has also helped to affirm our understanding of various parts of the directive through contact with the policy department and consultation with other competent authorities and the DH. This has helped to influence our policy and how we train staff in our Registrations department.

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30 The key performance indicator for registration applications is the percentage processed in less than five days. The volumes and results for the period November 2009 to October 2010 are shown below; the figures for initial registrations are shown by location of training.

	Valid applications received	Processed in less than five days (Percent)
<b>Initial registrations</b>		
UK	19,243	99.90
EU and EEA	2,228	99.96
International (non-EU)	911	100.00
3-yearly periodic renewal	202,829	99.74
Annual retention	440,942	100.00

31 As reported in our submission for 2009-2010, we launched our diversity data collection exercise with nurses and midwives in July 2009, sending questionnaires to all new entrants to the register; that aspect is ongoing. During the period August 2009 to July 2010, we have sent over 660,000 questionnaires to everyone on our register, as they renewed or retained their registration. We allowed up to the end of October 2010 for the last of those to be returned.

32 During the period July 2009 to September 2010, we issued 724,419 questionnaires to those registering for the first time and those

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already on our register. As at the end of October 2010, 432,165 had been returned, a response rate of 60 percent.

33 The table below sets out, for each category of data, the number of responses received and the number who provided the information; each figure is then expressed as a percentage of the number of questionnaires issued. The two figures are not the same because we offered 'prefer not to answer' as being a valid response.

Data category	Responses received		Provided information	
	Number	Percent	Number	Percent
Ethnic background	424,606	59	374,773	52
Disability	428,855	59	372,640	51
Sexual orientation	427,505	59	338,545	47
Religion or belief	428,121	59	354,633	49

34 Detailed analysis of the data, which is ongoing, will include identifying any potential barriers to registration. We will also use it to help us to ensure that our outcomes are consistent and our processes are non-discriminatory in all areas. We are planning to publish the results of the detailed analysis by the end of March 2011.

35 The home page of our website<sup>2</sup> includes a link to the registration section,<sup>3</sup> which provides detailed information for anyone who



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<p>wishes to practise as a nurse or midwife in the UK. Information about the application process is provided for:</p> <p>35.1 UK nursing or midwifery students<sup>4</sup></p> <p>35.2 Nurses or midwives trained in an EU or EEA member state<sup>5</sup></p> <p>35.3 Nurses or midwives trained in a country outside of the EU or EEA<sup>6</sup></p> <p>35.4 Nurses and midwives returning to the register<sup>7</sup></p> <p>36 Other links from the registration section provide information on staying on the register, leaving the register, working outside the UK and other useful information.</p> <p>37 In September 2010, we published the second edition of our annual student magazine <i>&amp;YOU</i>. Copies of the magazine, together with copies of our <i>Guidance on professional conduct for nursing and midwifery students</i><sup>8</sup> were issued to AEIs for distribution to all first year nursing and midwifery students.</p> <p>38 In November 2010, the Corporate Leadership Board (CLB) agreed, in principle, an information security policy, which will be managed by our Information Governance and Security Group. The group, which reports to the CLB, is chaired by the Director of Resources, who is the Senior Risk Owner for data handling and security; its membership includes the Deputy Chief Executive and Registrar who is the Senior Data Owner for data quality.</p> <p>39 We have recently appointed an Information and Data Governance Manager who will coordinate all such activity across the organisation and with appropriate external stakeholders.</p> <p>40 All new starters (permanent, contract and temporary staff) are required to read, understand and sign the ICT user policy which covers their obligations to comply with the information and data security policies. In addition, ICT staff (permanent, contract and temporary) are required to read, understand and sign an ICT user policy supplement which provides for tighter controls over a group of people who have more access to information and data.</p> <p>41 Routine reminders are sent to all staff, via email, of their obligations to comply with the ICT user policy and to highlight risks</p>	

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<p>associated with security issues. All laptops have their data encrypted.</p> <p>42 In order for us to handle credit card data, for the payment of fees, it is necessary for the organisation to be compliant with Payment Card Industry (PCI) requirements. An external Qualified Security Inspector is regularly involved in the reviews of compliance and any required actions from the reviews.</p> <p>43 A full systems penetration test was completed in May 2010 and quarterly scans of our external facing systems are completed in compliance with PCI regulations. Systems security is maintained by user log-in with a clear policy of access only to the information required for an individual to perform their job function. Anti-virus systems are kept up to date, external facing systems are appropriately protected, user passwords are classed as 'complex' and changes are forced on a regular basis, in accordance with industry best practice.</p> <p>44 In January 2011, we will begin a more formal programme of staff awareness training on information security; this training will also be included as part of the induction program for new starters.</p> <p>45 A full and accurate inventory of all ICT hardware and software assets exists and is maintained. As part of our target of compliance with ISO27001 standards, a consolidated register of all information assets will be compiled in 2011, we will also be considering whether to adopt the Government Security Policy Framework.</p> <p>46 Current procurement processes, including our standard terms and conditions, contain appropriate clauses concerning data and information confidentiality.</p> <p>47 By March 2011, we will have reviewed all data losses and breach incidents recorded to date, completed an appropriate risk assessment, established a classification of severity for such incidents and produced a policy for reporting. The severity of the incident will determine the level of reporting, departmental or corporate, and what action is taken.</p> <p>48 In the meantime, logs of data loss and breach incidents are maintained at a departmental level. In all recorded cases, the appropriate line manager has been involved with any required discipline or retraining of the incident originator.</p> <p>49 We continually seek business improvement opportunities from the registration process. In the past year, we have introduced a</p>	

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<p>number of 'business as usual' improvements, such as.</p> <p>49.1 Offering a secure internet portal where nurses and midwives can pay their registration fees</p> <p>49.2 Providing a web link from the fee portal to our equality and diversity survey to encourage people to complete this online</p> <p>49.3 Installing a new telephone system, which offers enhanced facilities including</p> <p>49.3.1 advising callers of their position in the queue (where appropriate)</p> <p>49.3.2 providing more detailed management information via large LCD wall board displays, which are visible to all staff</p> <p>49.3.3 offering advanced self-service call routing options via 'caller menu choice'</p> <p>49.4 Providing additional computer stations, adjacent to our reception area, for staff dealing with nurses and midwives who visit our offices in person; there is also one station dedicated for use by nurses and midwives</p> <p>49.5 Changing our registration documents to encourage nurses and midwives to set up a direct debit to pay their registration fees</p> <p>50 As a result of feedback from the CHRE and others, regarding the risks associated with nurses and midwives who receive a police caution or criminal conviction for an alcohol or drug related offence, we are strengthening our registration and renewal policy in this area. As reported in paragraph 49 of the fifth standard in the fitness to practise function, we are also revising our fitness to practise policy regarding such offences. Because of concerns that these individuals may have an underlying health condition that they are not managing, we are piloting a new process for registrations and renewals and ask every applicant with a first caution or conviction to provide a supporting health reference from a GP. Any applicant who declares a second or subsequent caution or conviction for an alcohol or drug related offence is asked to attend a health assessment. The report of that assessment is considered by the Registrar to ensure he is satisfied the individual meets the good health requirements for registration and is capable of safe and effective practice as a nurse or midwife. Our new operational approach for drug and alcohol related offences, which will be applied to both registration and fitness to practise, will be finalised and implemented early in 2011.</p> <p>51 We are improving our information sharing with NHS employers and have commenced a project to integrate data on our register</p>	

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<p>into the NHS Electronic Skills Register (ESR) system, which is available to the majority of NHS employers who are responsible for an estimated 60 percent of registered nurses and midwives in the UK. The system will provide an accurate record of professional qualifications, registration status and any conditions of practice or cautions imposed following a fitness to practise hearing. If the nurse or midwife's registration lapses, the employer will proactively receive a notification message, which will alert them to remove the person from professional practice until the matter has been resolved. We plan to launch this initiative in April 2011.</p> <p>52 As reported in paragraph 3 of the first standard, information about students who successfully complete their training in the UK is electronically uploaded to us, by the AElS, for entry into our registration system. We are currently working to improve this process and the security of these uploads. Key targets of the project include.</p> <p>52.1 Establishing a secure website for the transmission of registrants' data from the AElS, removing the need to transmit such data by email</p> <p>52.2 Making AElS responsible for entering the students' qualifications</p> <p>52.3 Reducing the Registration department's workload for managing uploads from AElS</p> <p>52.4 Improving turn around time for AElS to add qualifications to the records of nurses and midwives already on our register</p> <p>52.5 Improving the validation of qualifications by collecting additional data</p> <p>52.5.1 Academic route – this will allow accurate verification that the programme is currently approved</p> <p>52.5.2 Full or part time – this will allow validation of the length of the time taken to complete the programme</p> <p>52.6 Providing a facility to collect Independent Safeguarding Authority registration numbers should they be implemented</p> <p>53 We have also started a project to establish a student index for those undertaking initial education programmes. The aim of the index, which will record when each student starts and completes training, is to prevent any student who has been discontinued from a programme, by reason of an issue related to fitness to practise, good health or good character, from inappropriately enrolling on another programme at a different AEl. It will also improve awareness of the number and location of students who are</p>	

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<p>undertaking training, helping us to improve the processes for registering those who successfully complete their programme.</p> <p>54 We will have a greater opportunity to engage with students and develop a relationship with them. This will help them to appreciate their forthcoming professional responsibilities, when they apply for registration and join our register.</p>	

<b>Third standard</b>	<b>Through the regulators' registers, everyone can easily access information about registrants, except in relation to their health, including whether there are restrictions on their practice.</b>
<p>55 Our published register, which lists only those nurses and midwives currently holding an effective registration, is available via prominent links on both the home page of our website and the <i>General public</i> section.<sup>9</sup> It can be searched by name or, where known, the registrant's personal identification number (PIN). The following information is available.</p> <p>55.1 Full name</p> <p>55.2 Expiry date of the registration</p> <p>55.3 Geographical location</p> <p>55.4 Register entry – this will show the part or parts on which the individual is registered, together with the start date for each entry</p> <p>55.5 Any recorded qualifications, together with the start date for each</p> <p>55.6 For a midwife, the entry will indicate whether or not she is entitled to provide midwifery care; a midwife will only be so entitled if she has submitted a notification of intention to practise for the current year, which runs from April to March</p> <p>55.7 Where relevant, whether the registrant is currently subject to an interim conditions of practice order, a conditions of practice</p>	

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<p style="text-align: center;">order or a caution order, imposed following fitness to practise proceedings</p> <p>56 We also offer a confirmations service to employers and other authorised stakeholders, which provides more detail than is available on the published register. A prominent link to the service is provided at the top of the <i>Employers and managers</i> page of our website.<sup>10</sup> Further information about this service is provided in paragraphs 59 to 61 of the fourth standard.</p> <p>57 We receive user comments about the register from a variety of sources including telephone calls, emails, face to face interviews and written complaints. These are all reviewed and considered by the relevant operational manager. The work on the NHS ESR system, reported in paragraph 51 of the second standard, is an example of our responding to feedback about accessibility to the register. We expect this enhancement to improve public protection by helping to prevent nurses and midwives who are not registered from practising.</p> <p>58 We have also received feedback that it would be helpful for the register to identify if a midwife has been appointed as a 'supervisor of midwives', within the framework of the statutory supervision of midwives. We are undertaking IT work to facilitate this and hope to have it in place for April 2011.</p>	

<b>Fourth standard</b>	<b>Employers are aware of the importance of checking a health professional's registration. Patients and members of the public can find and check a health professional's registration.</b>
<p>59 As noted in paragraph 56 of the third standard, we offer a confirmations service to employers and other authorised stakeholders. This service is available via a prominent link at the top of the <i>Employers and managers</i> page of our website, Information about the service is included in our publication <i>Advice and information for employers of nurses and midwives</i>.<sup>11</sup></p> <p>60 We actively encourage employers to use this service on a regular basis to check their employees' registration. It is available 24 hours a day through the internet, or via a telephone call to our offices. We also provide a batch process for employers with large numbers of practitioners to check; the employer submits an electronic file containing the details of their nurses and midwives which is checked and returned.</p>	

<b>Fourth standard</b>	<b>Employers are aware of the importance of checking a health professional's registration. Patients and members of the public can find and check a health professional's registration.</b>
61	<p>Every authorised user wishing to access the service is issued with a caller code and caller pass number which are then validated by the system when the service is accessed. Internet users are required to enter the PIN and date of birth of the registrant. The system will confirm the full name of the registrant; PIN; date of birth; registered and recorded qualifications; the status of the registration – effective, lapsed, struck-off (removed for those cases heard under the old rules) or suspended; expiry date for the registration; and, where relevant, information about any fitness to practise sanctions. The user is advised to print the screen for written confirmation. During the period November 2009 to October 2010, we provided just over 4.2 million confirmations, an increase of 46 percent on the previous 12 month period when we provided just under 2.9 million.</p>
62	<p>As described in paragraph 55 of the third standard, prominent links to the facility for the public to search our register are provided on both the home page of our website<sup>2</sup> and the <i>General public</i> section.<sup>9</sup></p>

<b>Fifth standard</b>	<b>Risk of harm to the public and of damage to public confidence in the profession related to non-registrants using a protected title or undertaking a protected act is managed in a proportionate and risk based manner.</b>
63	<p>While our legislation reserves the use of the titles “registered nurse: first level”, “registered nurse: second level”, “midwife” and “specialist community public health nurse” to those on our register, it does not provide any protection for the title ‘nurse’. We believe that this causes significant public protection issues as members of the public cannot be confident that someone calling themselves a nurse has met the requirements to be on our register. We also think it is confusing for the public to have ‘nurse’ used in connection with other professions and undermines their understanding of the role of a registered nurse. We have raised this issue with the DH (England).</p>
64	<p>One of the recommendations in the report of the Prime Minister's independent Commission on the Future of Nursing and Midwifery was:</p> <p style="padding-left: 40px;">“To ensure public protection and allay confusion about roles, titles and responsibilities, urgent steps must be taken to protect the title ‘nurse’ and limit its use to nurses registered by the Nursing and Midwifery Council.”</p> <p>The Government is expected to publish its response to the report before the end of 2010 and we await developments in this</p>

<b>Fifth standard</b>	<b>Risk of harm to the public and of damage to public confidence in the profession related to non-registrants using a protected title or undertaking a protected act is managed in a proportionate and risk based manner.</b>
<p>area with interest.</p> <p>65 We regularly remind employers and registrants that, in order to practise as a registered nurse, a midwife or a specialist community public health nurse, they must renew their registration with us every three years and pay a retention fee in the intervening years. Employers are reminded to check registration regularly. This can be done through our employer confirmations service, which includes a facility for bulk checking, as described in paragraph 60 of the fourth standard. Registrants are reminded that, if they do not pay their retention fee or renew their registration, their registration will lapse and they may be committing a criminal offence if they continue to work as a registered nurse, a midwife or a specialist community public health nurse.</p> <p>66 If we identify someone who appears to be working as a registered nurse, midwife or specialist community public health nurse when they are not entitled to do so, we raise this with the relevant employer and, where appropriate, with the police.</p> <p>67 The order makes it an offence for someone who is not a registered midwife or registered medical practitioner (or a student training to be a midwife or doctor) to attend a woman in childbirth. Our publications draw this to the attention of registrants and employers.</p> <p>68 We are not aware of any prosecutions in the last year for unregistered practice as a nurse or midwife.</p>	

## CHRE's questions and NMC's responses

<b>Standard 1: Only those who meet the regulator's requirements are registered.</b>	
<b>Question 1:</b> How does the NMC identify problematic issues (paragraph 9)? What is the escalation process used to ensure that only those registrants who meet the regulators' standards are registered?	
69	In the first instance, any application which does not meet our standards is escalated to the team manager, who will consult with colleagues and may contact the relevant EU competent authority using the internal market information (IMI) system. The IMI system is used to affirm the authenticity of documentation and to seek clarification of qualifications in line with the EU directive on



the recognition of professional qualifications.<sup>1</sup> The system also offers up to date and accurate contact details for competent authorities that can be used outside of the system.

- 70 All applications which are not resolved at this stage are escalated to the registrar for his formal 'decision' at a weekly meeting of the Registrar's Advisory Group. The registrar also considers any applications where there is a concern regarding the applicant's good health or character (for example, a declaration of a health condition or a caution or conviction), or if the authenticity of the applicant's documentation is in doubt.

**Question 2:** How does the NMC assure the quality of its registration decisions? (We note that it does quality assure a sample of decisions made by the International Assessment Team).

- 71 We assure the quality of registration decisions by arranging periodic audits, which are undertaken by external auditors. These are commissioned and reviewed by our Audit Committee.

- 72 The periodic audits are supplemented by internal checking of a random sample of different types of registration decisions on an ongoing basis. This is undertaken by the team responsible for managing registration.

**Question 3:** What work has the NMC carried out with the NHS Counter Fraud Services to identify potential fraudulent applications?

- 73 In the last year, we have worked with the NHS Counter Fraud Service (CFS) on seven cases of potential fraud, providing multiple witness statements, registration information, and expertise.

- 74 Regular update meetings take place between Registrations staff and NHS CFS colleagues to consider how we might further improve the intelligence exchange and how both organisations can interact more efficiently. To facilitate this, we are working on developing a joint MoU.

- 75 The NHS CFS published an article on the NMC in a recent newsletter, highlighting the work being undertaken by both organisations and the contact details of NMC staff who can assist with queries about potentially fraudulent applications.<sup>12</sup>

- 76 We have arranged for NHS CFS to present a series of seminars for NMC staff in May 2011. The aim of these is to brief our team on how they might better detect fraudulent applications and most efficiently refer potential fraud cases to NHS CFS.

77 As a result of our work with NHS CFS, we have established contact with the Multi-Agency Intelligence Network (MAIN), the UK Anti-doping Authority, and the Serious Organised Crime Agency (SOCA). Meetings are being set up with these agencies to explore the potential for exchanging information and expertise in regards to the detection and prevention of fraudulent applications and other criminal activity.

**Question 4:** Have the registration appeals noted in the submission concluded? If so, how has learning from these appeals been used to improve the NMC's processes?

78 Both the appeals referred to in the submission were concluded with the decisions being upheld. We have three further appeals which are ongoing; two of these have hearing dates scheduled for May 2011 and the third is pending an independent medical assessment.

79 As a direct result of the concluded appeals, we are currently reviewing:

79.1 The roles and responsibilities required of staff from our FtP and Registrations teams in order to ensure an effective and efficient appeals process

79.2 The required level of access to internal legal advice to ensure applicants are given accurate information about the reasons for the registrar's decision

79.3 The documentation provided to appellants

**Standard 2: The registration process, including the management of appeals, is fair, based on the regulators' standards, efficient, transparent, secure, and continuously improving.**

**Question 5:** When does the NMC anticipate it will be compliant with the ISO27001 standards?

80 We will be reviewing the potential benefits of accreditation with ISO 27001 and will conclude our initial review by the end of 2011, following which we will take a view as to whether we wish to seek full accreditation. If we decide not to seek full accreditation and only become compliant we will seek to achieve this by the end of 2012.

**Question 6:** How is information received by the accredited education institutions via email currently kept secure?

- 81 The data file received is uploaded to our registration system and the original file is saved in our secure document management system.
- 82 We are working on a new system which will improve security further by allowing AEIs to upload programme completion data directly into a secure web interface. We hope to test this with a number of AEIs during the summer of 2011 before rolling it out to all by the end of the year.

**Question 7:** How are the NMC currently managing the risk of students leaving one programme and enrolling onto another course? How does the NMC planned programme take account of any remediation that the student may be able to demonstrate?

- 83 We believe that AEIs should manage the risk and expect them to have robust procedures in place to mitigate this. As part of our QA monitoring programme in 2010, we looked at how good character is confirmed prior to students working with patients or service users. This included sampling CRB checks undertaken by AEIs, and confirming the effectiveness of local fitness to practise processes.
- 84 We are aware that a very small number of students have applied for programmes having been previously discontinued due to concerns about their fitness to practise. We are also aware that some of the individuals who have compromised public protection have moved between AEIs before completing their training. As a result of this, we intend to re-introduce a 'student index' in September 2011, which will assist AEIs in managing this risk. The index was used previously but was discontinued when the NMC was established. Stakeholders, including employers and AEIs, are very supportive of the reintroduction of indexing.
- 85 The student index will improve public protection by ensuring the details of all students are entered at the commencement of training; the record of any student who is discontinued for reasons of misconduct or concerns about their fitness to practice is flagged accordingly. If a discontinued student subsequently applies to another AEI, we will disclose the reasons for the discontinuance to the new AEI to allow them to investigate the matter further. The new AEI will use their existing local fitness to practise processes to satisfy themselves that the misconduct or concerns are not prejudicial to the student commencing another approved programme and do not put public safety at risk. As part of this process, they will take into account any remediation that the student can demonstrate. The record of the discontinuance will remain on the student index.
- 86 The index will also give us a means of communicating with students before they enter the register so that we can introduce them

to the professional standards required of a registered nurse or midwife.

**Standard 3: Through the regulators' registers, everyone can easily access information about registrants, except in relation to their health, including whether there are restrictions on their practice.**

**Question 8:** The NMC and the HPC's legislation are very similar. The HPC has taken legal advice which states that it is able to annotate the register when a registrant is suspended or has an interim suspension order imposed. What consideration has the NMC given to annotating the register with suspension information?

87 We believe our legislation allows us to annotate the register for any fitness to practise sanction. We currently annotate the register to show all fitness to practise statuses including "interim suspension" "suspension" and "struck off". Employers and other authorised users can access this information, from our website, at any time via secure login to our confirmation service.

88 Our 'search the register' facility, available to any user of our website, shows the details of all nurses and midwives who are currently eligible to practise, including those with a "caution", "interim conditions of practice" or "conditions of practice" order. Nurses and midwives with "lapsed" registration, or who have been struck off, suspended or interim suspended are not eligible to practise and their details are not shown on the published register.

**Question 9:** What consideration has the NMC given to the register including a 'sounds like' function to help individuals searching the register for names?

89 Our 'search the register' facility currently allows users to carry out a search for any name variation by entering an asterisk (\*) after the last known character of the surname, or after the last known character of both the first name and surname (where both are known).

90 We have not considered including a 'sounds like' function.

**Standard 4: Employers are aware of the importance of checking a health professional's registration. Patients and members of the public can find and check a health professional's registration.**

**Question 10:** How does the NMC 'actively encourage' employers to use its confirmation service?

91 We actively encourage the use of our confirmations service when meeting and talking to employers during:

91.1 Employer road shows

91.2 'Meet the NMC' events

91.3 Telephone calls made to our advice centre

92 As noted in paragraph 59 of the registration section of our original submission, our publication *Advice and information for employers of nurses and midwives* includes specific advice for employers on their responsibility to check the registration of all nurses and midwives. This booklet is distributed at events, available to download from our website,<sup>11</sup> and posted free to anyone who requests it. We have recently written to all directors of nursing and midwifery in the UK about the need for effective checks to ensure that nurses and midwives have current and effective registration.

**Question 11:** Given that patients will soon have more control of their healthcare through personal budgets and may therefore be recruiting independent nurses, what work has the NMC undertaken in 2010 to inform patients and the public about the importance of checking a health professional's registration?

93 As a member of the joint regulators Patient and Public Involvement Group, we have been one of the lead regulators taking forward the revision of the information leaflet for patients and the public *Who regulates health and social care professionals?* This leaflet includes a reference to the registers and the ability to search them or to call a regulator to find out if someone is registered. The updated version will be available shortly.

94 To support this we have redesigned our website to make it easier for members of the public to find the information they may require. A dedicated page<sup>9</sup> provides links to information about our role, the standards we expect nurses and midwives to follow and how to complain about a nurse or midwife. We emphasise that all nurses and midwives must be registered with us and how

to check this. Our 'search the register' facility is available directly from this page and our main website page.<sup>2</sup>

**Standard 5: Risk of harm to the public and of damage to public confidence in the profession related to non-registrants using a protected title or undertaking a protected act is managed in a proportionate and risk based manner.**

**Question 12:** How many cases did the NMC deal with in 2010 regarding nurses and midwives working whilst unregistered? What learning was identified from these cases?

95 In 2010, we had four instances when we questioned the eligibility of nurses being able to practise, due to discrepancies with their registration status, one of these was subsequently refused registration by the Registrar.

96 The learning from these cases resulted in us working with the NHS Electronic Skills Record (ESR) project team to provide daily uploads of registration data to the NHS. The ESR system is now 'live' and provides alerts to responsible officers, in the NHS, when the registration or fitness to practise status of any of their nurses or midwives changes.

**Question 13:** How does the NMC protect the public by liaising with police forces regarding prosecutions for unregistered practice?

97 In the last year, we have liaised with a number of forces, including the Metropolitan Police, West Mercia Constabulary, Fife Constabulary, Humberside Police, Strathclyde Police, Warwickshire Police, Northumbria Police, South Yorkshire Police and Northants Police to verify the registration status of nurses and midwives under investigation for unregistered practice.

98 We are currently working as an integral stakeholder with Gwent Police on Operation Jasmine, a multi-disciplinary investigation into suspicious deaths in care homes. We attend quarterly review meetings and have provided advice, information, and multiple witness statements, which have helped to secure criminal convictions. As part of this, we recently verified the registration of five nurses trained outside of the EU.

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<sup>1</sup> Directive 2005/36/EC

<sup>2</sup> NMC website – home page - <http://www.nmc-uk.org/>

<sup>3</sup> Registration - <http://www.nmc-uk.org/Registration/>

<sup>4</sup> Trained in the UK – Information for UK graduates on joining the register - <http://www.nmc-uk.org/Registration/Joining-the-register/Trained-in-the-United-Kingdom/>

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<sup>5</sup> Trained in Europe – Information for nurses and midwives who trained in an EU or EEA member state - <http://www.nmc-uk.org/Registration/Joining-the-register/Trained-in-the-EU-or-EEA/>

<sup>6</sup> Trained outside Europe – Information for nurses and midwives who did not train in an EU or EEA member state - <http://www.nmc-uk.org/Registration/Joining-the-register/Trained-outside-the-EU--EEA/>

<sup>7</sup> Returning to the register – Information on rejoining the register after a break - <http://www.nmc-uk.org/Registration/Joining-the-register/Returning-to-the-register/>

<sup>8</sup> *Guidance on professional conduct for nursing and midwifery students* - <http://www.nmc-uk.org/Documents/Guidance/NMC-Guidance-on-professional-conduct-for-nursing-and-midwifery-students.PDF>

<sup>9</sup> General public - <http://www.nmc-uk.org/General-public/>

Search the register - <http://www.nmc-uk.org/Search-the-register/>

<sup>10</sup> Employers and managers - <http://www.nmc-uk.org/Employers-and-managers/>

Employer confirmations - <https://www.nmc-uk.org/Employer-confirmations/>

<sup>11</sup> *Advice and information for employers of nurses and midwives* (see page 8) - [http://www.nmc-uk.org/Documents/FtP\\_Information/Advice-and-information-for-employers-of-nurses-and-midwives.pdf](http://www.nmc-uk.org/Documents/FtP_Information/Advice-and-information-for-employers-of-nurses-and-midwives.pdf)

<sup>12</sup> Engage - NHS Counter Fraud Service, Autumn 2010 Stakeholder Bulletin - <http://www.nhsbsa.nhs.uk/CounterFraud/Documents/CounterFraud/ENGAGE.pdf>