

Response to the consultation on the registration fees for nursing associates

October 2018

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Introduction

The Nursing and Midwifery Council (NMC) is the independent healthcare regulator for nurses and midwives in the UK and for nursing associates in England.

We exist to protect the public by regulating nurses and midwives in the UK and nursing associates in England. We do this by setting standards of education, training, practice and behaviour so that nurses, midwives, and nursing associates can deliver high quality healthcare throughout their careers.

We maintain a register of nurses and midwives who meet these standards, and we have clear and transparent processes to investigate nurses and midwives who fall short of our standards. From 2019, nursing associates will also be able to apply to join our register.

Our role, functions and powers are set out in the Nursing and Midwifery Order 2001 ('the Order').

Background

In October 2015, the UK Government announced that there would be a new healthcare profession in England called nursing associates. In January 2017, we agreed to the Department of Health's request to become the regulator for nursing associates.

From 16 October 2017 to 26 December 2017 the Department of Health consulted on the changes that were needed to the Order and other legislation to give us the legal powers to regulate nursing associates. The Department of Health and Social Care published its response to this consultation in April 2018.¹ Parliament then approved the changes to our legislation in July 2018, which is when we became the regulator of nursing associates in law. These changes extend our current regulatory approach for nurses and midwives (set out in the Order) to nursing associates. These include our key functions of:

- registering qualified and competent nursing associates in England
- setting standards of conduct, practice, education, training, and continuing professional development for nursing associates in England; and approving nursing associate education and training programmes in England
- operating fitness to practise procedures to deal with nursing associates if there are concerns about an individual's practice, and
- evaluating qualifications held by people from outside England (including those from other parts of the UK, the EEA, and internationally) who wish to apply to join the nursing associate part of the register.

¹ www.gov.uk/government/consultations/regulation-of-nursing-associates-in-england

As a professional regulator, we are independent of government and are funded by fees paid by the people on our register. Our fees are set at the level required to meet the global costs of regulating the professions on our register.

We consulted on proposals to introduce fees for nursing associates between 4 December 2017 and 26 February 2018.

The same regulatory approach will apply to all three professions that we regulate – nurses, midwives and nursing associates. Therefore in our consultation we proposed that our approach to nursing associate fees mirrors that in place for nurses' and midwives' fees. Our main fee to join the register and the annual registration fee are currently £120.

An independent research company, Why Research, analysed responses to the consultation. The data in this report is provided by Why Research.

The consultation received 863 responses. Most responses came from individuals (832), and we also had 31 responses from organisations. The highest proportion of individual responses came from UK-registered nurses (411, or 49%), followed by nursing associate students (137, or 16%) and educators (50, or 6%). The highest proportion of organisational responses came from NHS employers of nurses or midwives (15, or 48%).

Most respondents who indicated their sex were female (54%), 15% of respondents were male and 3 respondents identified as non-binary. The spread across age groups was fairly even, with the largest group between the ages of 45-54 (21%). 7% of respondents reported a disability. 50% of respondents identified as 'any white ethnicity'. Other ethnicities made up 5% of respondents although 32% of respondents declined to answer this question. 8% of respondents reported their sexual orientation as gay, lesbian or bisexual. With regard to religion, the highest proportion of individuals were Christian (38%) or of no religion (24%).

We're grateful to everyone who responded. Your input has helped us to shape our final approach.

Executive summary of consultation findings

Most respondents supported our proposals. In particular, 66% agreed with the principle that the fee structure for nursing associates should mirror our current fee structure for nurses and midwives.

Some comments indicated a degree of misunderstanding. This affected two questions: [question 4](#) and [question 6](#). Overall the proposals in these questions received less support and we have addressed these areas of misunderstanding in the relevant sections below.

There was a high level of support across all questions from registered nurses and midwives. Nursing associate students were less supportive of our proposals, however, we recognise that any group that is asked to pay a fee is more likely to object.

It is our statutory duty to regulate the professions on our register, and our registration fees are set at a level which covers the global costs associated with these statutory responsibilities. We are reassured that most respondents agreed with our proposals and believe that this remains the correct approach.

Our fee structure

Our fee categories are set out in legislation (The Nursing and Midwifery Council (Fees) Rules 2004)) and they are:

- Qualification evaluation fees
- Initial registration application fees
- Retention of registration fees
- Renewal of registration fees (revalidation)
- Readmission fees
- Additional fees for registrable and recordable qualifications.

Most nurses and midwives who register with us have completed their education and training in the UK. They pay £120 to join our register (the initial registration application fee). Once registered, all registrants pay £120 a year to stay on the register (the retention and renewal (revalidation) fees).

The consultation set out our proposals for nursing associates for the fee categories outlined above.

This report provides an overview of the responses that we received to the consultation. For each question, we provide an outline of our proposals, an overview of the responses received and our conclusions.

Stakeholder consultation responses and our conclusions

The fee structure for nursing associates

Question 1: Do you agree or disagree in principle that the fee structure for nursing associates should mirror our current fee structure?

We considered a number of possible approaches to setting the fees for nursing associates including proposals that:

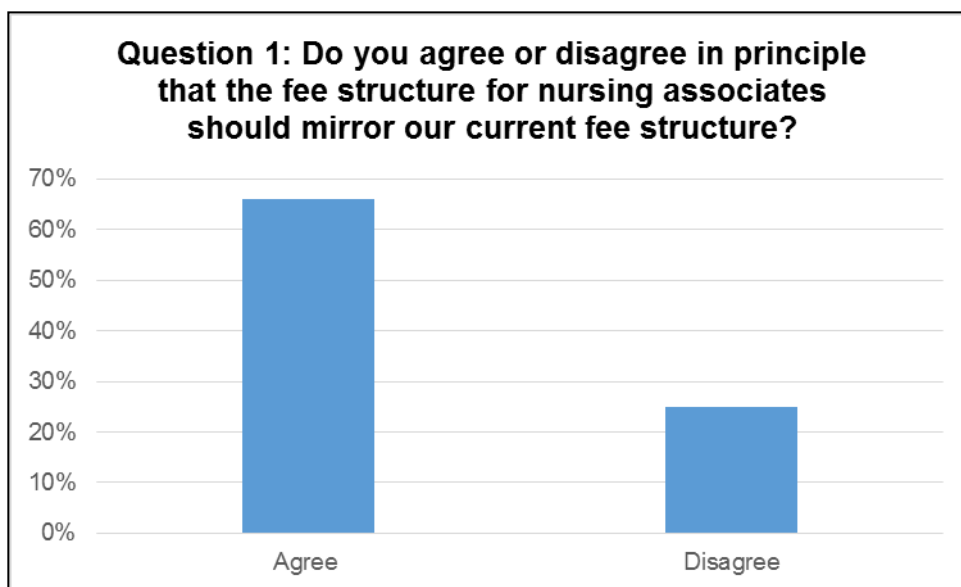
- Nursing associates pay the same fees as nurses and midwives
- Nursing associates pay a different fee to nurses and midwives.

Nursing associates will be subject to the same model of regulation and the same regulatory processes (for example, registration, revalidation, fitness to practise etc.) as nurses and midwives. So without evidence to the contrary, we have no basis on which to assume that the costs of regulating nursing associates will be markedly different from the costs associated with regulating nurses and midwives. As a result, the consultation proposed that the current fee structure apply to nursing associates.

Two thirds (66%) of all respondents agreed with the proposals, while 25% disagreed. 6% of respondents neither agreed nor disagreed and 3% answered 'don't know'. Individuals were slightly more supportive of the proposals (66% agreed), than organisations (65% agreed).

This graph illustrates the levels of agreement and disagreement in response to this question. It doesn't include respondents who neither agreed nor disagreed or who answered 'don't know'.

Figure 1: Levels of agreement and disagreement in response to Question 1



Supportive responses

Of those who were supportive of the proposals and who provided a reason for their response, the main theme to emerge was that the fee should be the same across all NMC regulated professions as the same processes and regulatory approach would apply. This was the most common theme among educators (29% gave this answer), organisations (24%) and UK registered nurses/midwives (20%).

Respondents also felt that having the same fee would encourage professionalism, accountability and the protection of staff and patients, and would show the importance of the nursing associate role.

They highlighted that having the same fee would ensure equality, fairness and uniformity and would reflect the costs to regulate nursing associates. They also pointed to the fact that there is currently no difference in fees between registered nurses and midwives, even though they have different salaries. A number of respondents were concerned that any difference in fees would mean that registered nurses or midwives would be subsidising nursing associate fees.

Unsupportive or other comments

The main perspective of respondents who disagreed with this proposal and who provided views was that the fee for nursing associates should be lower than for nurses and midwives, as nursing associates will earn less than registered nurses. Nursing associates are likely to attract a Band 4 salary.² This theme was most common in responses from student nursing associates (49% of student nursing associates gave this answer).

Some respondents (13% of those who disagreed) felt that we should link the fees to earnings or should reflect potential earnings.

Other respondents argued that nursing associates would have less responsibility, or assumed they would have to be supervised by a registered nurse. For example one comment noted:

“...given that nursing associates have more limited scope of practice than RNs and that their practice is supervised by RNs, the risk for harm is lower and therefore the cost to the regulator should be lower.” [professional organisation or trade union]

Some respondents also said that the fees should be lower as the qualifications a nursing associate needs are different to those that a nurse needs.

A number of responses from organisations asked for information about the size of the risk that nurses and midwives would subsidise the regulation of nursing associates and the likelihood of it occurring.

Conclusion

A number of the themes raised in response to this question appear frequently in responses to other questions throughout the consultation. We've therefore addressed these themes in full below, and will refer back to this section where relevant.

We welcome the overall positive response to this proposal. This question received a high level of support, illustrating that respondents were in favour of the principle behind our proposals of applying the same fee structure to nursing associates. Support for the proposal was particularly strong among UK-registered nurses/midwives (80% of those that responded) and educators (82%).

It's clear to us that responses from people already on our register show that there's no desire from nurses and midwives for us to set a lower fee for nursing associates. Student nursing associates, however, were in general less supportive of the proposals, with only 36% agreeing.

Some of the responses pointed to the level of supervision and responsibility that nursing associates would have as a justification for lower costs (because, in their view, it would

² This refers to the Agenda for Change pay rates (<https://www.healthcareers.nhs.uk/working-health/working-nhs/nhs-pay-and-benefits/agenda-change-pay-rates>)

diminish the chance of error) and therefore a lower fee. However, levels of supervision and responsibility already vary across the people on our register (for example, newly qualified nurses often get a greater level of supervision than more senior nurses). We therefore don't believe that this justifies a separate fee for nursing associates.

Some respondents also stated that nursing associates would have a limited scope of practice and again pointed to this as justification for a lower fee. We'll set the standards of proficiency for nursing associates and nursing associates will need to achieve these standards before they can register. However, in common with other professionals, nursing associates may develop additional competencies, and health and care providers may have local policies and governance arrangements to allow suitably trained staff to complete additional procedures. As such, it would be inappropriate to lower the fee for nursing associates on this basis.

We don't make a distinction in terms of the fees that we charge based on profession, (that is, nurse or midwife) or based on an individual's salary. Some responses that supported applying the same fee to nursing associates recognised this.

We anticipate that nursing associates will be a Band 4 role in the NHS. The current annual salary for Band 4 roles is between £19,409 and £22,683. Following qualification, registered adult nurses and midwives begin their careers in the NHS at pay Band 5, which covers annual salaries between £22,128 and £28,746³, so some Band 5 nurses and midwives already on our register will earn the same wages as future nursing associates.

Some respondents commented that nursing associates would have a salary ceiling. The salaries awarded to individuals are a matter for the employers and the NHS. It's important to note that Agenda for Change bandings cover employees in the public sector. Individuals in private sector or other sector roles may be paid differently.

We appreciate that some healthcare regulators do make a distinction in terms of the fee that they charge for separate professions or for those on lower incomes. However, we believe that across the board our fees compare favourably with the fees charged by other regulators.

Part of our role as a regulator is to ensure that we meet the costs of regulation through the fees that we charge. [In 2014 we reviewed the cost of fulfilling our statutory functions and commitments and the fees paid by nurses and midwives](#). This showed that the annual cost of regulation was £120 per person. In this consultation we proposed to set the fees for nursing associates at the same level as the fees for nurses and midwives on the basis that the same regulatory framework will apply to nursing associates.

Our 2014 review showed that the proposed fees cover the global cost of that regulatory framework. We have no evidence to show that this will be any different for nursing associates. As discussed in our consultation, we review our fees regularly to make sure that they're in line with the costs of regulation for all of the people on our register.

³ Figures from Agenda for Change – pay rates from April 2017. www.healthcareers.nhs.uk/working-health/working-nhs/nhs-pay-and-benefits/agenda-change-pay-rates

As highlighted in our consultation, nursing associates will have the option of spreading the cost of their annual fee across four quarterly instalments. If their employer does not pay or reimburse their fee, they'll also be able to claim tax relief on their annual fee through HM Revenue and Customs (HMRC). We'll consider how we can promote awareness of these options to nursing associates joining the register.

For these reasons and those outlined in the consultation we remain of the view that the fee structure for nursing associates should mirror our existing fee structure for nurses and midwives.

Qualification evaluation fees

As part of our role as the regulator, we set the standards for nursing and midwifery education in the UK and we quality assure education programmes in the UK. We do this by approving education providers to deliver nursing and midwifery programmes based on our standards of education. We then hold these providers to account to make sure that they continue to meet our standards.

We can therefore be satisfied that people with qualifications awarded by NMC approved UK providers have met our standards without the need for further evaluation.

Because the governments in Scotland, Wales and Northern Ireland have decided not to introduce or regulate nursing associates, we'll only have powers under our legislation to set nursing associate standards and quality assure nursing associate education programmes in England. This means that for nursing associates, only qualifications awarded by approved providers in England will meet our standards without the need for further evaluation.

If people applying to join our register have qualifications awarded in countries where we do not have the power to approve qualifications, we need to evaluate their qualification. We pass the cost of this on to the applicant through a qualification evaluation fee.

The consultation proposed qualification evaluation fees for applicants with qualifications awarded in the EU/EEA, non-EU/EEA countries and Scotland, Wales and Northern Ireland, where we do not have the powers to approve qualifications.

Applicants trained in the EU/EEA

Question 2: Do you agree or disagree that the qualification evaluation fee for applicants to the nursing associate part of the register, trained in the EU/EEA should be the same as the fee for nurses and midwives, currently £110?

Individuals trained in EU/EEA countries can join our register in several ways.

Under European legislation, some are entitled to have their qualifications recognised automatically. Others may be eligible for recognition under the 'general system' route.

The 'general system' route requires us to individually assess an applicant's qualifications by comparing the training completed in their country with the UK training requirements. We then propose compensation measures, if necessary.

Applicants to the nursing associate part of the register who trained in the EU/EEA will not be eligible for automatic recognition, and will therefore apply through the 'general system' route.

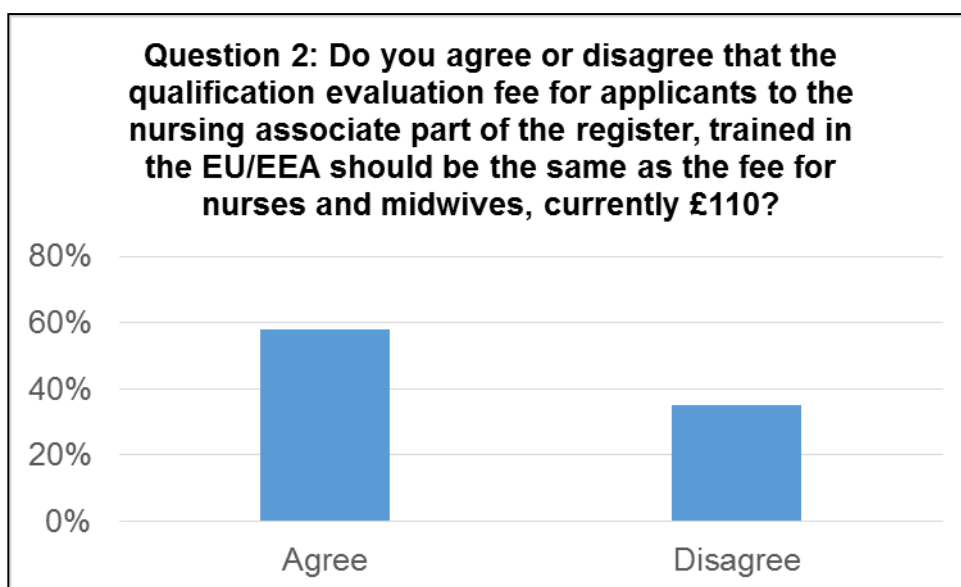
We charge nurses and midwives with EU/EEA qualifications a fee of £110 to cover the cost of our EU/EEA qualification evaluation process. This charge represents the average cost of an EU/EEA application.

We currently do not distinguish between applicants eligible for automatic recognition and those eligible for the 'general system' route in terms of the fee that we charge. The consultation therefore proposed charging the same fee of £110 to people applying to the nursing associate part of the register with EU/EEA qualifications.

Over half (58%) of all respondents to this question agreed with the proposal. 35% disagreed, 6% neither agreed nor disagreed and 1% answered 'don't know'. Agreement was higher among organisations (62%) than individuals (57%).

This graph illustrates the levels of agreement and disagreement in response to this question. It doesn't include respondents who neither agreed nor disagreed or who answered 'don't know'.

Figure 2: Levels of agreement and disagreement in response to Question 2



Supportive responses

Of those respondents who provided a reason for their answer, the main supportive theme was that the fee should be the same, as the costs to regulate nursing associates would be the same. This was the main theme from organisations (33% of organisations mentioned this).

Some respondents pointed to the need for equality, uniformity or fairness and highlighted that we'd apply the same processes and regulatory approach to nursing associates as we do to nurses and midwives.

Unsupportive or other comments

Comments from those less supportive of the proposals were along similar lines to the responses to question 1, with the main theme that the fee level should be lower as nursing associates will earn less than registered nurses. This was the main theme across respondent groups who provided a reason for their answer, with the exception of organisations.

Other comments suggested that the fee should be lower because of the differences between nurses and nursing associates and their qualifications, or because nursing associates would have less responsibility or because they assumed nursing associates would have to be supervised by a registered nurse.

One organisation questioned why nursing associates would not be charged a higher fee as they would be processed through the "more expensive 'general systems' route":

"Applicants are likely to need to be assessed through the more expensive 'general systems' route but this has not been considered in the proposal... it also seems odd that, for a nonharmonised support role, EEA applicants should be paying less than UK applicants from the devolved administrations." [professional organisation or trade union]

Conclusion

We welcome the positive response to this proposal. We note that, in general, the themes identified reflect those given in response to question 1 (on our proposed fee structure). [We have responded to the majority of these comments above.](#)

We recognise that nursing associate applicants who trained in the EU/EEA will apply through the 'general system' route. As noted in our consultation, we currently charge a single qualification evaluation fee for all EU/EEA applicants which reflects the average cost of the EU/EEA evaluation process. This is because, for nurse and midwife applicants, we can't establish at the point of application whether the applicant is eligible for automatic recognition or will need to be processed through the general system.

If we were to charge nursing associates a different fee, then this would not be in keeping with the general principle described in question 1 (and supported by

responses), of applying the same approach across nurses, midwives and nursing associates. It would also mean that there would be different levels of fees for applicants processed via the same 'general system' route (one fee for nursing associate applicants and a different fee for nurse and midwife applicants). So the consultation proposed extending the existing EU/EEA fee of £110 to nursing associates.

As noted in our consultation, we'll keep these costs under review as we continue to improve the efficiencies of our application process.

We remain of the view that extending the current EU/EEA qualification evaluation fee to applicants to the nursing associate part of the register is the fairest option and the most in keeping with the principle proposed (and supported) in question 1.

Applicants trained outside the EU/EEA

Question 3: Do you agree or disagree that the qualification evaluation fee for applicants to the nursing associate part of the register trained outside the EU/EEA should be the same as the fee for nurses and midwives, currently £140?

For the reasons given above, applicants with qualifications awarded outside the EU/EEA must also have their qualifications evaluated so that we can be sure that they meet our standards.

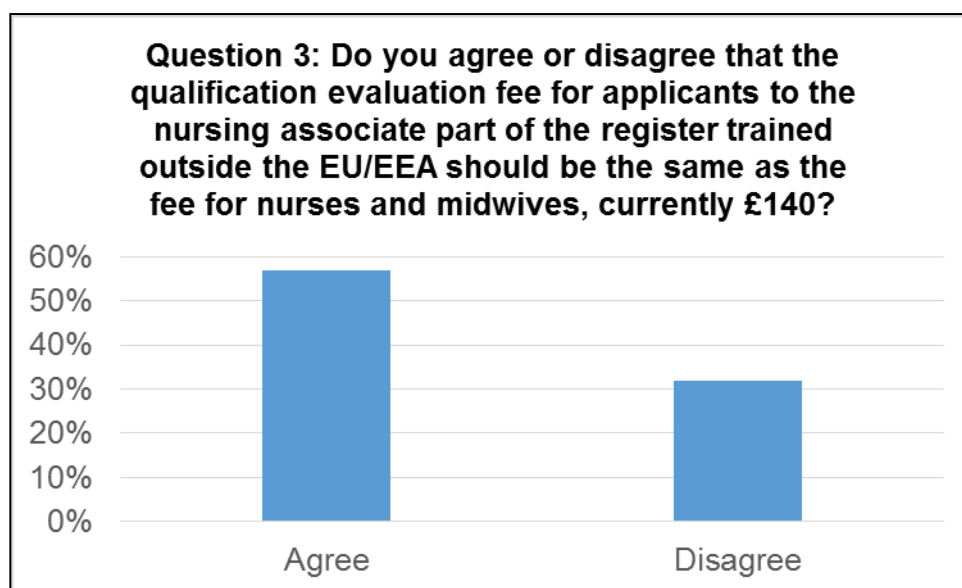
This involves an evaluation process which currently includes assessments of their qualification certificates and transcripts. We do this on an individual basis. To cover our costs, we charge these applicants an evaluation fee of £140.

Applicants to the nursing associate part of the register who trained outside the EU//EEA will be subject to the same evaluation process as nurse and midwife applicants. The consultation therefore proposed that the qualification evaluation fee for nursing associate applicants be the same.

57% of respondents agreed with the proposal, while 32% disagreed. 9% of respondents neither agreed nor disagreed and 3% answered 'don't know'. The level of the agreement between individuals (56%) and organisations (57%) was similar.

This graph illustrates the levels of agreement and disagreement in response to this question. It doesn't cover respondents who neither agreed nor disagreed or who answered 'don't know'.

Figure 3: Levels of agreement and disagreement in response to Question 3



Supportive responses

Of those that agreed with the proposal, the main theme from their responses was that the fee should be the same, as the costs for nursing associates would be the same. This was the main theme from educators and one of the main themes from organisations and UK registered nurses/midwives.

As with previous questions (1 and 2), other prominent themes were ensuring equality, uniformity or fairness and that the fees should be the same, as the same processes and regulatory approach would apply.

Unsupportive or other comments

Of those who disagreed with the proposal and provided a reason, the main theme of their responses related to nursing associates earning a lower salary than registered nurses, as described above. This was the main answer given by nursing associate students.

Other prominent themes included that the fee should be lower because of the differences between nurses and nursing associates in terms of their roles and qualifications, and that the fee should be lower as it is too expensive and may put people off applying.

Themes across responses (supportive and unsupportive)

We identified a further theme across all responses, whether supportive or unsupportive of our proposal. This was the need to ensure robust process and checking for all, and/or the need to ensure the quality of training. This theme appeared in 9% of the responses overall; 13% of those who agreed, 4% of those who disagreed, and 33% of those who gave a neutral answer.

Conclusion

In addition to the themes identified in response to previous questions, and explored [above](#), for this question less supportive respondents also highlighted the importance of ensuring that the non-EU/EEA fee did not act as a disincentive to people applying. However, this was balanced across responses by the need to ensure that robust processes were in place and that levels of quality were maintained.

Our overarching duty is to protect the public. Where we can't set the standards of education and training for individuals directly, we conduct a rigorous evaluation to ensure that applicants meet our high standards. We ask applicants to cover the cost of this process, through a qualification evaluation fee. As with any fee, we recognise that this will have a financial impact on applicants, but as a regulator, independent of Government, we need to cover our costs. If we didn't charge an evaluation fee to applicants, people on our register would need to meet this cost. This is in line with the approach taken by other regulators.

We believe that the processes that we have in place to evaluate non-EU/EEA qualifications are justified given the need to ensure public protection. We also believe that it is right to pass the cost of this evaluation onto the applicant. For these reasons, we remain of the view that the proposal put forward in the consultation is the right approach.

As noted in the consultation, we are currently reviewing our approach to the overseas application process to ensure that it is straightforward and cost effective, while maintaining robust controls to ensure public protection. The outcome of this review may have implications for the fee that we charge non-EU/EEA applicants, including those who will apply to the nursing associate part of the register. We'll consult on any proposals to change the fee in the future.

Applicants trained in Scotland, Wales and Northern Ireland

Question 4: Do you agree or disagree that the qualification evaluation fee for applicants to the nursing associate part of the register trained in Scotland, Wales and Northern Ireland should be £140?

We regulate nurses and midwives across the UK, but we'll only regulate nursing associates in England. This means that any applicants to the nursing associate part of our register, who trained in Scotland, Wales or Northern Ireland, will be relying on qualifications which won't have been awarded by an approved provider of nursing associate education. As a result we'll need to evaluate their qualifications to determine whether they meet our education and training requirements.

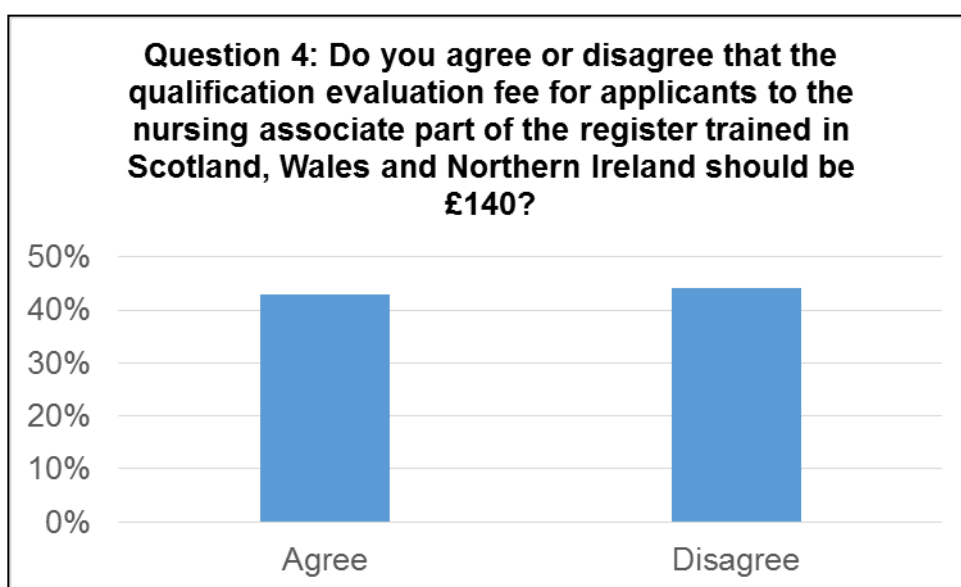
The process that we'll use to evaluate these applications to the nursing associate part of the register will be similar to the process that we currently use to evaluate applications for nurses and midwives from outside the EU/EEA (question 3). Currently this includes asking for evidence, including certificates of qualification, to individually assess and ensure that applicants meet our standards before allowing them onto our register. The

consultation therefore proposed a qualification evaluation fee of £140 for applicants educated in Scotland, Wales or Northern Ireland.

43% of respondents agreed with the proposal, while 44% of respondents disagreed. 10% of respondents neither agreed nor disagreed and 3% answered 'don't know'. Agreement was higher among individuals, with 40% of individuals agreeing, compared to 39% of organisations.

This graph illustrates the levels of agreement and disagreement in response to this question. It doesn't include respondents who neither agreed nor disagreed or who answered 'don't know').

Figure 4: Levels of agreement and disagreement in response to Question 4



Supportive responses

For those respondents who provided a reason for their answer, the main supportive theme was that the proposal would ensure equality, uniformity or fairness and that it would reflect administration costs.

Unsupportive or other comments

The main theme to emerge from those respondents who disagreed with the proposal and who provided reasons, was that the fee should not be higher than England or should be the same across the UK. This was the main theme from UK-registered nurses/midwives (34%) and educators (44%). Among organisations the main theme of responses was that the fee should not be higher than for EU applicants.

For example:

“Scotland, Wales and Northern Ireland do not have any plans as yet to introduce this role, but as the CNOs have been taking a keen interest in the work undertaken to develop this role it is likely that should this position change, the same model would be introduced. [The organisation] therefore does not consider they should be treated differently.” [professional organisation or trade union]

The main theme from student nursing associates who provided reasons for their responses was that the fee level should be lower as nursing associates would be on a lower pay than registered nurses and will have a salary ceiling as they would remain on a Band 4 wages.

Other themes from this group included that:

- the fees should be lower as they are too expensive and may put people off applying
- the fees should be lower as the nursing associate role is not the same as the registered nurse role and the qualifications required are different.

Themes across responses (supportive and unsupportive)

As with the previous question, the need to ensure the same robust process and checking for all and/or the need to ensure quality of training was highlighted across responses (4% overall; 12% of those who agreed and 17% of those who gave a neutral answer).

Conclusion

The level of agreement across groups was lower in response to this question than others in the consultation.

In addition to comments about the overall fee level, which we have explored in our response to question 1, there were also some specific comments about applying a qualification evaluation fee to applicants trained in Scotland, Wales or Northern Ireland, with some respondents stating that the fees should be the same across the UK. We recognised in the consultation that this was a complex issue, and it was clear from the responses that some individuals misunderstood the proposals.

We understand the desire to have a unified approach across the UK, and this is the approach we take in relation to nurses and midwives, who we regulate throughout the UK. However, in the case of nursing associates, governments in Scotland, Wales and Northern Ireland decided that they did not wish to introduce or regulate the role at this time. The changes to our legislation reflect this.

Our legislation only allows us to set standards and quality assure education programmes in countries where we have the power to regulate. For nursing associates this means that we will only have the power to set standards and quality assure in England.

For applicants who qualified in Scotland, Wales or Northern Ireland, we'll need to evaluate their qualification in much the same way as we evaluate applications from individuals with non-EU/EEA qualifications. This is because, under our legislation, we can't hold education providers in these countries to account to ensure that they are meeting our standards. If we didn't charge a qualification evaluation fee to applicants, the people on our register would need to meet this cost. We feel that this would be unfair, and it is for this reason that we propose charging applicants from Scotland, Wales and Northern Ireland a qualification evaluation fee.

If the governments in Scotland, Northern Ireland or Wales decide to introduce and regulate nursing associates, and we become the regulator, we wouldn't need to charge applicants from these countries a qualification evaluation fee. This would be because we'd have the powers to approve education programmes in these countries and hold them to account.

Some respondents pointed to the fact that the EU/EEA qualification evaluation fee was lower than the qualification evaluation fee that we propose to charge applicants trained in Scotland, Wales or Northern Ireland. We've explained the reasons behind the EU/EEA qualification evaluation fee [above](#) and noted that we're reviewing our processes. We can't process applications from individuals trained in Scotland, Wales or Northern Ireland as EU/EEA applications because the legislation that would allow us to do this does not apply to them as individual countries. Only the UK, is a designated EU member state, not Scotland, Wales or Northern Ireland as individual countries.

Initial registration application fee

After we've evaluated their qualification, we need to assess an applicant's full registration application, and they must pay an initial registration application fee. This also covers the first year of their first registration period (a registration period is three years).

As nursing associates will be subject to all of our regulatory functions, in the same way as nurses and midwives, we have no basis on which to assume the costs of regulation will be lower or higher. We therefore proposed that the initial registration application fee structure for nursing associates mirrors that of nurses and midwives.

Applicants trained in the UK

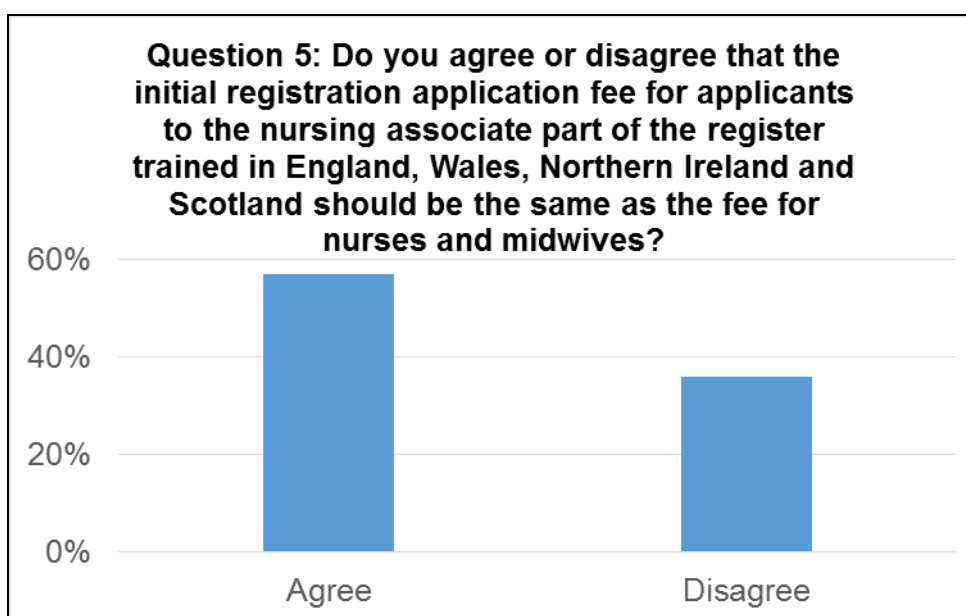
Question 5: Do you agree or disagree that the initial registration application fee for applicants to the nursing associate part of the register trained in England, Wales, Northern Ireland and Scotland should be the same as the fee for nurses and midwives, currently £120?

We charge applicants trained in the UK an initial registration application fee of £120. We have no basis to justify charging nursing associates anything different. The consultation proposed an initial registration fee of £120 for applicants trained in England, Wales, Northern Ireland, and Scotland.

57% of respondents agreed with this proposal. 36% disagreed, 6% neither agreed nor disagreed and 1% answered 'don't know'. Agreement was higher amongst individuals (58%) as compared to organisations (57%).

This graph illustrates the levels of agreement and disagreement in response to this question. It doesn't include respondents who neither agreed nor disagreed or who answered 'don't know'.

Figure 5: Levels of agreement and disagreement in response to Question 5



Supportive responses

Once again, the main theme of the supportive responses was that the fee should be the same for all as it ensures equality, uniformity or fairness. Other main themes from those who agreed included: that the fee reflects the costs of regulation, and that the fee should be the same as the same processes and regulatory approach would apply.

Unsupportive or other comments

As with previous questions the main theme to emerge in responses from those disagreeing with the proposal related to nursing associate salaries (the fee level should be lower as nursing associates will earn less than registered nurses). This was the main answer given by nursing associate students and, on this occasion, was also the main theme from UK-registered nurses/midwives and educators.

Other themes from those who disagreed included:

- the fee should be lower as the nursing associate role is not the same as the registered nurse role and the qualifications required are different
- the fee should be lower as nursing associates have less responsibility or respondents assume that they have to be supervised by a registered nurse

- that the fee should be lower (no reason given for view)
- we should link the fee to earnings or should reflect potential earnings.

Conclusion

Overall, respondents were supportive of this proposal. Where respondents disagreed, the themes of their responses mirrored those outlined in question 1. We remain of the view that our proposed approach is the correct one.

Individuals training to be nursing associates before regulation is in place

Question 6: Do you agree or disagree that the initial registration application fee for those individuals training to be a nursing associate before regulation is in place should be the same as the fee for nurses and midwives, currently £120?

At the start of 2017, around 2,000 individuals began their nursing associate training on a pilot programme developed by Health Education England (HEE). In addition to this pilot programme, the Institute for Apprenticeships has developed an apprenticeship standard for nursing associates – some students will begin their apprenticeships before we set the standards and approve education programmes.

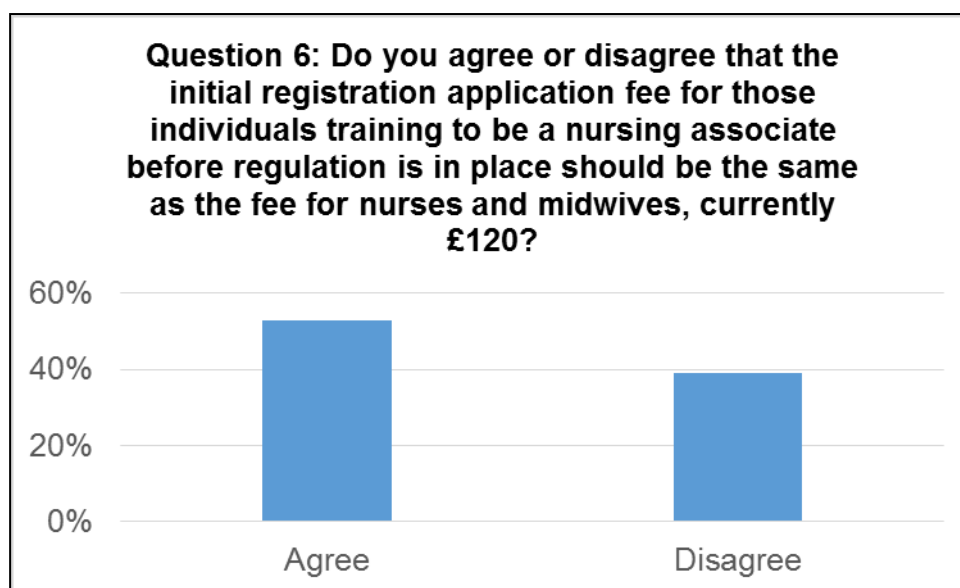
Although these people started their training before we became the regulator for nursing associates, changes to our legislation provide a route for this group to join our register once they have qualified⁴. We'll treat them as though they have an approved qualification as long as they meet our standards of proficiency. In our consultation we proposed charging these individuals an initial registration fee of £120.

Just over half (53%) of all respondents agreed with the proposals. 39% disagreed with the proposals, 6% neither agreed nor disagreed and 2% answered 'don't know'. Agreement was higher among individuals (53%) than organisations (48%).

This graph illustrates the levels of agreement and disagreement in response to this question. It doesn't include respondents who neither agreed nor disagreed or who answered 'don't know'.

⁴ The Order provides that this route will be available to those who completed or started their training before 26 July 2019.

Figure 6: Levels of agreement and disagreement in response to Question 6



Supportive responses

Most of those who agreed with this proposal indicated general agreement, with no reason given. Other themes again related to ensuring equality, uniformity or fairness and the need to reflect administration costs.

Unsupportive or other comments

For those respondents who disagreed with the proposal and provided a reason, the main theme of their responses was that the fee should be lower as nursing associates would be on a lower pay than registered nurses and will have a salary ceiling as they will stay on a Band 4 wage. This was the main answer given by nursing associate students, and the main theme from UK registered nurses/midwives and educators.

Other themes included:

- that the fee should be linked to earnings or should reflect potential earnings
- that the fee should be lower as the nursing associate role is not the same as the registered nurse role and the qualifications required are different.
- the fee should be lower (no reason given).

Across responses

A new theme displaying a degree of misunderstanding appeared in response to this question: that nursing associates should not have to pay or join the register 'before regulation is in place' (11% of all responses, 2% of those who agreed, 14% of those who disagreed and 23% of those who gave a neutral response). Examples of comments were:

“How can you charge for a regulation that is not in place? The nursing associates would be handing money over and not know what they are getting in return.”
(nursing associate student)

“If they are unregulated they should not be paying a fee.” (UK-registered nurse).

A small proportion of respondents (2% overall) also commented that those on the pilots were not or will not have been aware of the potential fees.

Conclusion

Just over half (53%) of respondents agreed with our proposal, with the main supportive and less supportive themes echoing those raised in response to previous questions. However, in this case the responses also highlighted that there was some misunderstanding of this proposal.

A significant proportion of those who disagreed or who gave a neutral response and who provided a reason stated that nursing associates should not have to pay or join the register before regulation is in place. To clarify, we won't charge nursing associate students from the HEE pilot programmes or apprenticeships before regulation is in place. We'll only charge the fee to individuals when they apply to join the nursing associate part of the register, which will open in January 2019.

A small number of respondents commented that current nursing associate students may not know that they'll need to pay a fee. We're confident that the first nursing associate students to join our register are aware of the fee. Our Council agreed to regulate nursing associates in January 2017, which was when the first nursing associate students began their programmes. We have been engaging with them about what regulation means since that time. On our website we have a dedicated nursing associate area, and we regularly send out a nursing associate newsletter, which a substantial number of nursing associate students have signed up to. We've also engaged with nursing associate students through events and during the consultation process.

Now that we have the legal powers to regulate nursing associates, and as we get closer to the opening of the nursing associate part of the register in January 2019, we'll be intensifying our communications with nursing associate students so that they're fully prepared to apply to join the register.

Applicants trained in the EU/EEA

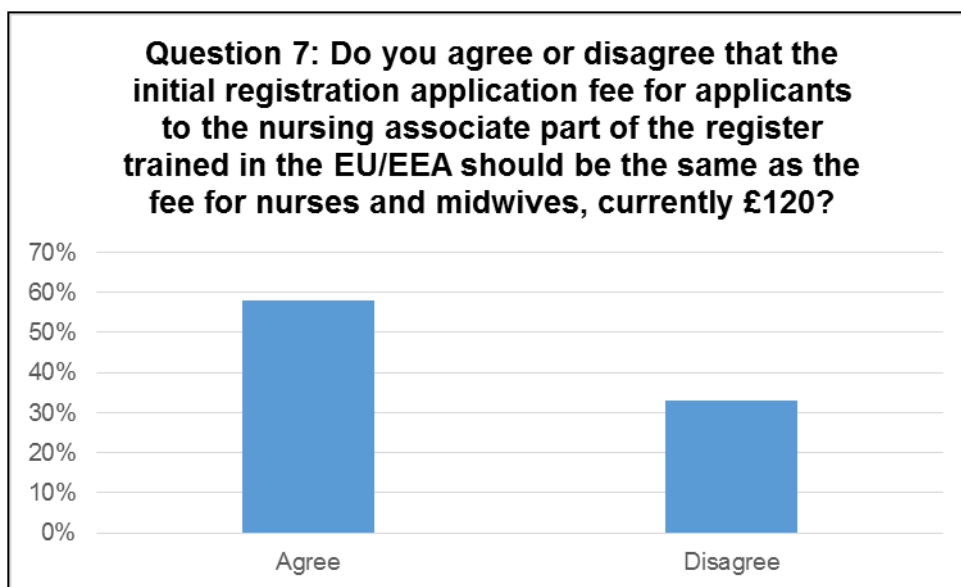
Question 7: Do you agree or disagree that the initial registration application fee for applicants to the nursing associate part of the register trained in the EU/EEA should be the same as the fee for nurses and midwives, currently £120?

We currently charge applicants with qualifications awarded in the EU/EEA a £120 initial registration application fee. We proposed charging the same fee for applicants to the nursing associate part of the register.

58% of respondents agreed. 33% of respondents disagreed, 8% neither agreed nor disagreed, 1% answered 'don't know'. Agreement was higher amongst individuals (58%) than organisations (50%).

This graph illustrates the levels of agreement and disagreement in response to this question. It doesn't include respondents who neither agreed nor disagreed or who answered 'don't know'.

Figure 7: Levels of agreement and disagreement in response to Question 7



Supportive responses

Again, the need to ensure equality, uniformity or fairness was the main theme of the supportive responses to this question. This was the main comment from UK-registered nurses/midwives.

Another theme was that this would reflect administration costs (the main comment from educators). A number of other respondents agreed with the proposal but gave no reason.

Unsupportive or other comments

For respondents who disagreed with the proposal, the main theme from their responses was again related to the pay of nursing associates (the fee level should be lower as they would be on a lower pay and would have a salary ceiling as they would stay on a Band 4 wage). This was the main view given by nursing associate students.

Other themes from those who disagreed included:

- the fee should be lower as the nursing associate role is not the same as the registered nurse role and the qualifications required are different

- the fee should be lower (no reason given)
- the fee should be lower as nursing associates have less responsibility or respondents assume they have to be supervised by a registered nurse
- that the cost seems low or should be higher, given the work involved.

Conclusion

Most respondents supported our proposal and the responses raised no new themes. We've addressed those themes that did arise in our response to the previous questions. We are therefore content that this is the correct approach.

Applicants who trained outside the EU/EEA

Question 8: Level of agreement that the initial registration application fee for applicants to the nursing associate part of the register who trained outside the EU/EEA should be the same as the fee for nurses and midwives, currently £153?

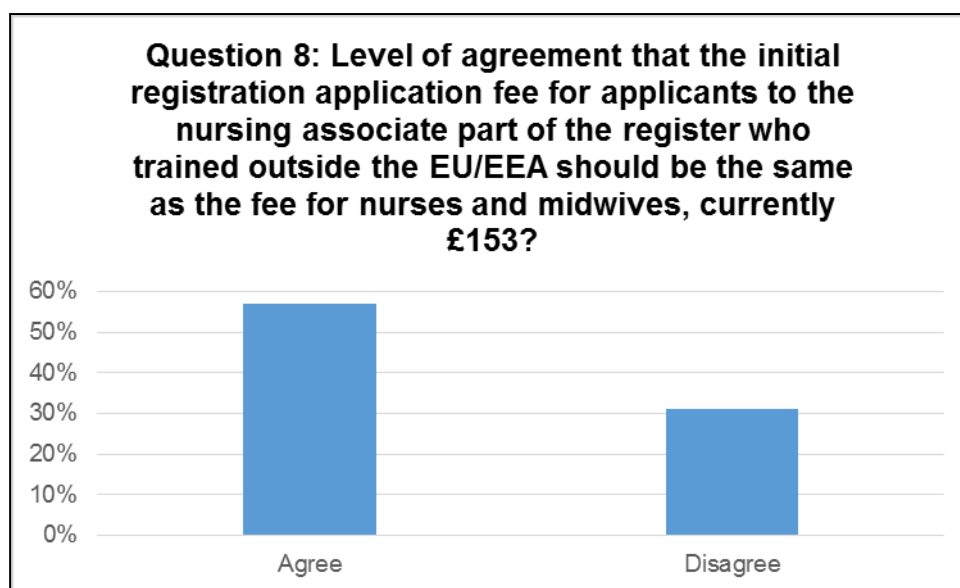
The initial registration application fee for individuals with international qualifications is currently set at £153. The difference in fee level for those individuals applying for outside the EU/EEA reflects the additional administrative costs of processing their initial registration applications.

As these processes will be the same for applicants to the nursing associate part of the register with qualifications awarded from outside the EU/EEA, the consultation proposed charging these applicants the same initial registration application fee of £153.

57% of respondents agreed with the proposal. 31% of respondents disagreed, 9% neither agreed nor disagreed, 2% answered 'don't know'. Agreement was higher among individuals (57%) than organisations (55%).

This graph illustrates the levels of agreement and disagreement in response to this question. It doesn't include respondents who neither agreed nor disagreed or who answered 'don't know'.

Figure 8: Levels of agreement and disagreement in response to Question 8



Supportive responses

The need to ensure equality, uniformity or fairness was the main theme amongst responses agreeing with the proposal and one of the main comments from UK-registered nurses/midwives.

Other themes related to the need to reflect administration costs and ensure the same robust process, checking and/or the need to ensure quality of training.

Unsupportive or other comments

Of those who disagreed with the proposal and provided a reason, the main theme related to the pay of nursing associates (the fee should be lower as nursing associates would be on a lower pay than registered nurses). This was the main answer given by nursing associate students.

Other themes from those who disagreed included:

- the fee should be lower as it is too expensive and may put people off applying
- the fee should be lower (no reason given)
- the current fee is too high
- the cost seems low or should be higher
- we should link the fee to earnings or should reflect potential earnings.

Conclusion

We've already covered a number of the themes raised in relation to this question in our responses to previous questions. However, in response to this question some respondents suggested that the current fee for all non EU/EEA applicants was too high. On the other hand, some respondents felt that the costs were too low or should be

higher. As in the response to question 3, concerning the non-EU/EEA qualification fee, some respondents were also concerned that the fee could put people off applying to join the register.

We've noted above that while we acknowledge the financial impact of fees on potential applicants, our overriding duty is public protection. In response to the comments that the current fee is too high, or too low, as stated in the consultation and above, we're currently reviewing our application processes for all our non-EU/EEA applicants. This will affect all non-EU/EEA applicants, whether they're nurses, midwives or nursing associates. We'll consult on any proposed fee changes resulting from this review. Until then, we remain of the view that it is right to extend the current approach to nursing associates.

Retention of registration, renewal of registration and readmission fees

Question 9: Do you agree or disagree that the retention of registration, renewal of registration and readmission fees for nursing associates should all be set at the same level as those for nurses and midwives, currently £120?

The initial registration application fee covers the first year of the initial three year registration period. For the next two years, registrants pay an annual retention fee to maintain their registration. This annual fee is the same for all registrants, regardless of where they trained. At the end of their registration period, registrants must revalidate and pay a fee to renew their registration. These fees are set at £120. This means that once registered, all individuals on our register pay an annual fee of £120.

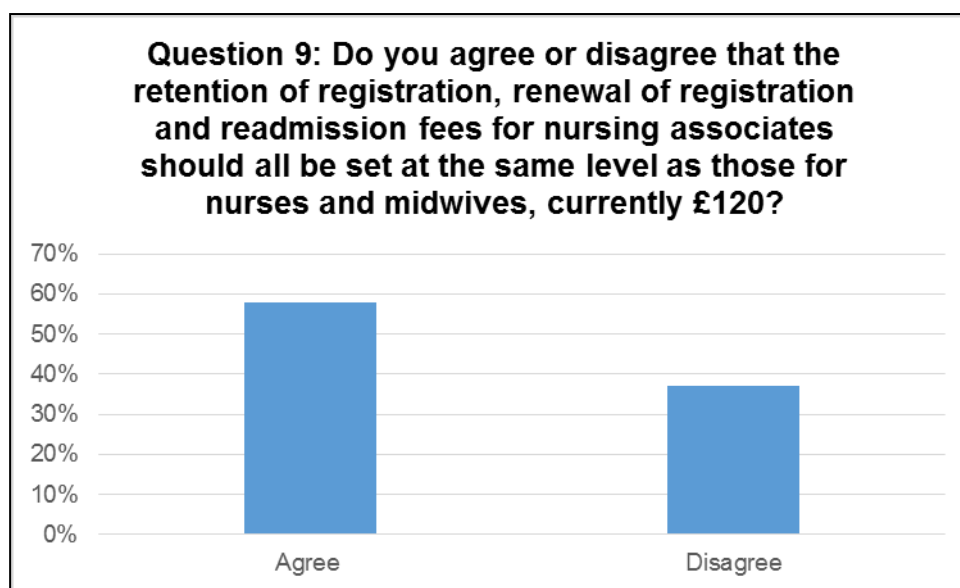
If someone's registration lapses and they wish to re-join the register, we charge them £120 for readmission or restoration.

The consultation proposed extending this approach to nursing associates, so that they would pay an annual retention fee of £120, £120 to renew their registration at the end of their registration period and £120 if their registration lapsed and they wanted to apply for readmission.

58% of respondents agreed with the proposal, while 37% disagreed. 5% neither agreed nor disagreed and 1% answered 'don't know'. Agreement was higher among individuals (57%) than organisations (48%).

This graph illustrates the levels of agreement and disagreement in response to this question. It doesn't include respondents who neither agreed nor disagreed or who answered 'don't know'.

Figure 9: Levels of agreement and disagreement in response to Question 9



Supportive responses

Once again, the main theme of the responses from those who supported the proposals was that the fee should be the same to ensure equality, uniformity or fairness. Comments that the fee reflects the costs of regulation also featured.

Unsupportive or other comments

Of those who disagreed with the proposal and provided a reason, the main comments related to the pay of nursing associates (see above). This was the main answer given by nursing associates and was also a theme in the comments from UK-registered nurses/midwives, educators and organisations.

Other themes from those who disagreed included:

- the fee should be lower as the nursing associate role is not the same as the registered nurse role and the qualifications required are different.
- the fee should be linked to earnings or should reflect potential earnings
- the fee should be lower (no reason given for view)
- the fee should be lower as nursing associates have less responsibility or respondents assume they have to be supervised by a registered
- the current fee is too high.

Conclusion

Respondents raised similar themes in response to this question as in question 1. Those who supported the proposal pointed to the principles of fairness and equality and the need to cover the costs of regulation. Those who disagreed in general felt that differences between the nurse and nursing associate professions and their qualification and the levels of pay meant that the fee should be lower.

We've explored and provided our responses to these themes [above](#). In addition, as noted, we've stressed that we periodically review our fees to make sure that they cover the costs of regulating the individuals on our register.

Most respondents agreed with the proposal and we therefore see no reason to alter our approach for nursing associates.

Entering additional qualifications

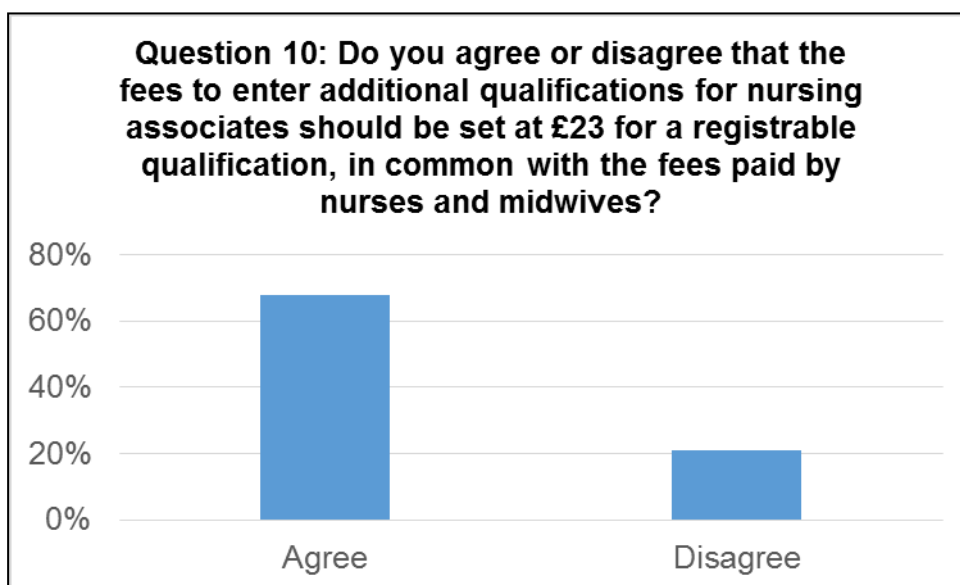
Question 10: Do you agree or disagree that the fees to enter additional qualifications for nursing associates should be set at £23 for a registrable qualification, in common with the fees paid by nurses and midwives?

The consultation proposed charging the same fees to enter a registrable qualification for nursing associates as we charge nurses and midwives. For example, if a registered nurse also wishes to enter a qualification as a midwife, we would charge them £23 to do this.

68% of respondents agreed with this proposal. 21% disagreed, 9% neither agreed nor disagreed and 2% answered 'don't know'. Agreement was higher among individuals (68%) than organisations (62%).

This graph illustrates the levels of agreement and disagreement in response to this question. It doesn't cover respondents who neither agreed nor disagreed or who answered 'don't know'.

Figure 10: Levels of agreement and disagreement in response to Question 10



Supportive responses

The main theme of the supportive responses to this question was the need to ensure equality, uniformity or fairness. Other comments stated that the fee should be the same as the costs to regulate nursing associates would be the same.

Unsupportive or other comments

The main theme of comments from those who were less supportive of the proposal was again linked to pay (nursing associates will earn less than registered nurses).

Another theme of those who disagreed was that adding qualifications should be included in the cost of registration and renewal, or should be free.

Other respondents gave no reason for their answer or pointed to differences between nurses and nursing associates and their qualifications in justification of their view that the fee should be lower.

Themes across responses (supportive and unsupportive)

The main theme of this question, across all responses, related to queries over what would happen if a nursing associate became a registered nurse, or what qualifications a nursing associate would need to register (14% overall; 15% of those who agreed, 43% of those who gave a neutral answer and 6% of those who disagreed).

Examples of comments included:

“If a Nursing Associate went onto complete a pre-reg nursing programme and become an RN would this principle still apply?” (a NHS employer)

“Clarification of what is a registrable qualification for this group is needed” (UK-registered nurse)

Conclusion

Over two thirds of respondents agreed with this proposal. Many of the themes reflected those raised in previous questions, which we've addressed above. However, there were a number of new themes arising in response to this question.

A large proportion of respondents asked for clarification over the circumstances in which we'd apply the fee.

Registrable qualifications are those that allow an individual to enter a specific part of the register, so for example a qualification as a nurse, nursing associate or a midwife. This allows an individual to have dual registration. Instead of asking registrants to submit an entirely new application to join the register when they gain an additional registrable qualification, we allow individuals to enter their additional qualification for a nominal fee of £23. This fee covers the administration costs involved.

The consultation proposed applying this approach to nursing associates so that if a registered nursing associate were to subsequently qualify as a nurse, they'd be able to pay a fee of £23 to add their nursing qualification to their existing register entry.

Given the strong support for this proposal and support for the principle of applying the fee structure for nurses and midwives to nursing associates, we see no reason to amend this proposal.

Equality and diversity

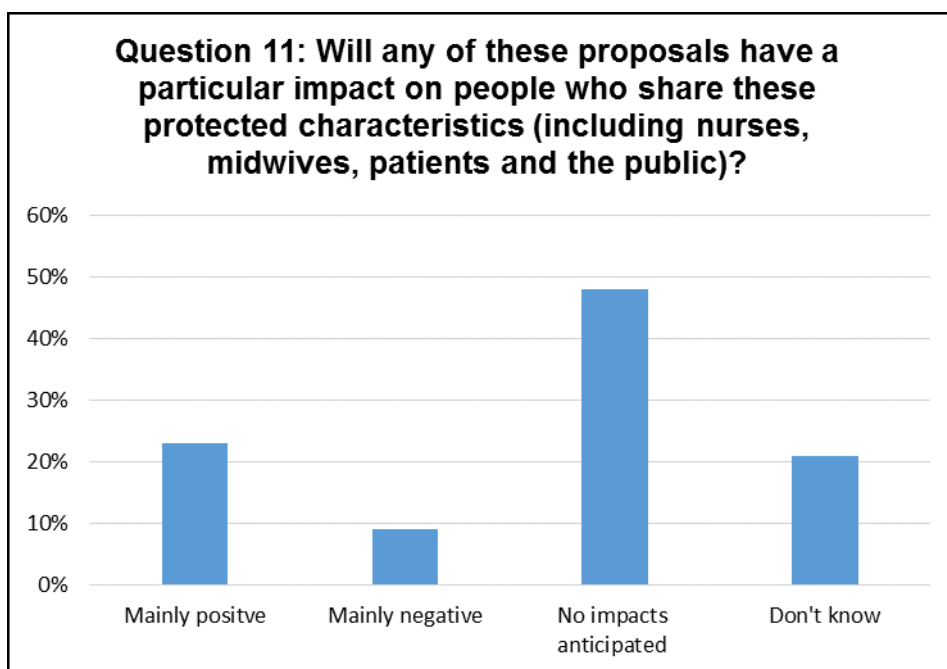
There were some differences in responses to questions in the consultation across demographic groups. Those who classed themselves in the 'any other ethnicities' category were less supportive of our proposals than those in the 'any white ethnicity' category. However, we note that the number of individuals who classed themselves as 'any other ethnicity' was very low (5% of respondents) and so it may not be representative. It's therefore very difficult to draw meaningful conclusions from the differences in responses. Despite this we will monitor the situation in future consultation responses.

Question 11: Will any of these proposals have a particular impact on people who share these protected characteristics (including nurses, midwives, patients and the public)?

Almost half of all respondents (48%) did not anticipate any impacts. Overall, respondents were more likely to see positive impacts (23%) than negative ones (9%). Nursing associate students were the group most likely to see mainly positive impacts (34%). Individuals were more likely (23%) to see mainly positive impacts than organisations (11%).

The following graph shows the overall breakdown of responses to this question:

Figure 11: Breakdown of responses to Question 11



There were some differences between different age groups (with the 35-44 age group more likely to anticipate positive impacts and the 45-54 age group more likely to anticipate no impacts), and between those of different ethnicities ('other ethnicities' were more likely (40%) to anticipate mainly positive impacts and 'any white ethnicities' were more likely (52%) to anticipate no impacts).

Those anticipating no impact

Of those who anticipated no impact the main theme was that there was no reason for any impact as we would treat all individuals fairly. Other themes were that the proposals would impact all equally and were non-discriminatory, and that policies were already in place or protected characteristics were protected in law.

Those anticipating positive impacts

The main theme from these respondents was that registration would protect patients and staff.

Those anticipating negative impacts

The main theme from those who anticipated negative impacts and gave their reasons was that the fees would impact upon those with low incomes, or on older people or disabled people.

Those who said they did not know

The main theme from these respondents was that the nursing associate profession was new and so the impacts were unknown.

Conclusion

We welcome the fact that most respondents don't anticipate any negative impacts or anticipate mainly positive impacts. We also note that nursing associate students were the group most likely to anticipate mainly positive impacts.

We've noted the comments from respondents who anticipated mainly negative impacts. As stated above, registrants have the option to pay their annual fee in quarterly instalments and are able to claim tax relief, if their employer does not pay or reimburse their fee. We'll look at how we can further communicate these options to nursing associates.

We'll use this information to update our equality and diversity impact assessment and action plan, which we use to monitor, and if required, address any unwarranted adverse impacts of our work.

Question 12: How can we amend the proposals to advance equality of opportunity and foster good relations between groups?

The main theme from responses related to comments about the level of fees, reflecting the themes noted in questions 1-10 and not directly relevant to question 12.

Other comments included the need to make sure that everyone was treated equally or to promote equality and equal access (13% of responses) and to ensure continued consultation and open communication (7% of responses). 11% of responses commented that no amendments were necessary.

We'll use this information to update our equality and diversity impact assessment and action plan.

Next steps

If Council approves the proposals, they'll make the necessary changes to our Rules which will then be submitted to Parliament for approval in autumn 2018. This will allow us to make sure that the fees for nursing associates are in place in time for the first nursing associates to join the register in January 2019.