



Continued use of new powers arising from the coronavirus pandemic

Consultation Analysis

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1. Introduction

1.1 Background and context

1.1.1 About the NMC

The Nursing and Midwifery Council (NMC) regulates nurses, midwives, and nursing associates in England, Wales, Scotland, and Northern Ireland.

Its core roles are to:

- maintain the register of nurses and midwives who meet the requirements for registration in the UK, and nursing associates who meet the requirements for registration in England;
- set the requirements of the professional education that supports people to develop the knowledge, skills and behaviours required for entry to, or annotation on, the register;
- shape the practice of the professionals on the register by developing and promoting standards including the NMC's Code, and promotion of lifelong learning through revalidation; and
- investigate and, if needed, take action where serious concerns are raised about a nurse, midwife, or nursing associate's fitness to practise.

1.1.2 The Covid-19 pandemic

Measures introduced by the government and devolved administrations in March 2020 in response to the coronavirus pandemic meant that the NMC could no longer continue to work in the same way. To make sure that the NMC could continue to perform its regulatory functions, including vital public protection activities, and to keep nurses, midwives, and nursing associates working at this crucial time, the Department of Health and Social Care (DHSC) introduced some rules ("the rules").¹ These came into force on 31 March 2020, giving the NMC powers to make changes to its operating procedures with respect to fitness to practise (FtP) and registrations.

The rules that were introduced on 31 March 2020 made changes in relation to two main areas of the NMC's work:

- Fitness to practise processes and registration appeals
- Revalidation and fee payment

¹ NMC (Emergency Procedures) (Amendment) Rules 2020 Order of Council 2020

The FtP process and registration appeal changes enabled:

- hearings and meetings to take place fully by video-conference, audio-link and telephone, rather than face-to-face
- service of notices of hearing by email rather than post
- the Council to extend the appointment of any panel member who as of the 3 March 2020 was serving a second term (as many panel members would have come to the end of their second term and it would have been difficult to recruit and train new panel members during the emergency)
- the reduction of the quorum of an FtP panel event to two and the waiver of the requirement for one FtP panel member to be a registrant (this was important as the NMC was aware of the potential need to free up colleagues on the register from panel duties to prioritise their work in the health and care system).

The revalidation and fee payment changes were as follows:

- Powers to consider an extension of any length of time for revalidation; and
- Powers to extend the time for nurses, midwives, and nursing associates to pay their annual fee.

Due to the circumstances in which the changes were introduced, the NMC was unable to undertake a full consultation with stakeholders. It did, however, discuss the changes with the DHSC, its public support steering group, and relevant trade union and representative bodies. The NMC has also held regular meetings with the trade unions and representative bodies to discuss the impact of the changes on its operating procedures, and how its powers are working in practice.

The rules initially contained a “sunset clause” stating that the provisions would come to an end when the emergency was declared to be over. The DHSC later amended the rules because of the uncertainty surrounding the pandemic and the risk of further “waves”. These amendments came into effect on 31 August 2020 and the sunset clause was removed. This means that the rules now have no prescribed end date.²

1.1.3 Consulting on emergency powers

At an open Council session in July 2020, the NMC committed to holding a full public consultation by 31 March 2021 on the changes brought in by the rules and the continued use of the emergency powers. At that time, the NMC also agreed not to use these powers beyond the end of March 2021 in a non-emergency period, without having first consulted stakeholders.

To that end, the NMC launched a consultation in the autumn of 2020. Between 4 November 2020 and 15 January 2021, a consultation on the continued use of the NMC’s new powers was open to

² NMC (Coronavirus) (Amendment) (No. 2) Rules Order of Council 2020

responses from both individuals – including professionals and members of the public – and stakeholder organisations including trade unions and representative bodies.

The NMC commissioned Pye Tait Consulting, an independent research agency, to undertake an analysis of the responses received to the online responses to this consultation, including the freeform responses received.

In addition to the online consultation, Pye Tait Consulting was commissioned to undertake qualitative fieldwork with “seldom heard” members of the public, undertaking focus groups and depth interviews with individuals using health and social care services to understand how the new powers could be used in the future and to understand their considerations / needs, and the implications of any changes being made.

This report presents the findings from the two activities organised for the consultation, and a summary may be found in Chapter 8.

1.2 Methodology

There were two main strands to the consultation.

Firstly, the NMC designed and hosted an online consultation which ran from 4 November 2020 until 15 January 2021. This consultation was open to responses from individuals including members of the public and nursing professionals, and stakeholder organisations including trade unions and representative bodies. An easy-read version and Welsh language equivalent version of the consultation were also available. A copy of the survey can be found in Appendix B.

Note: Some charts in this report may not total 100% due to rounding.

Secondly, the NMC commissioned Pye Tait Consulting to undertake qualitative research with members of the public from the following social groups:

- Gypsy Roma Traveller communities
- Refugee and asylum seekers
- People with learning disabilities and autism
- Carers
- LGBT+ groups
- Minority ethnic groups

A series of focus groups and in-depth interviews were undertaken over the course of December 2020 and January 2021. Pye Tait Consulting recruited participants and ran these groups and interviews. The topic guide and discussion guide used in the research were co-designed in partnership by Pye Tait and the NMC and questions cover the same topics within the online consultation.

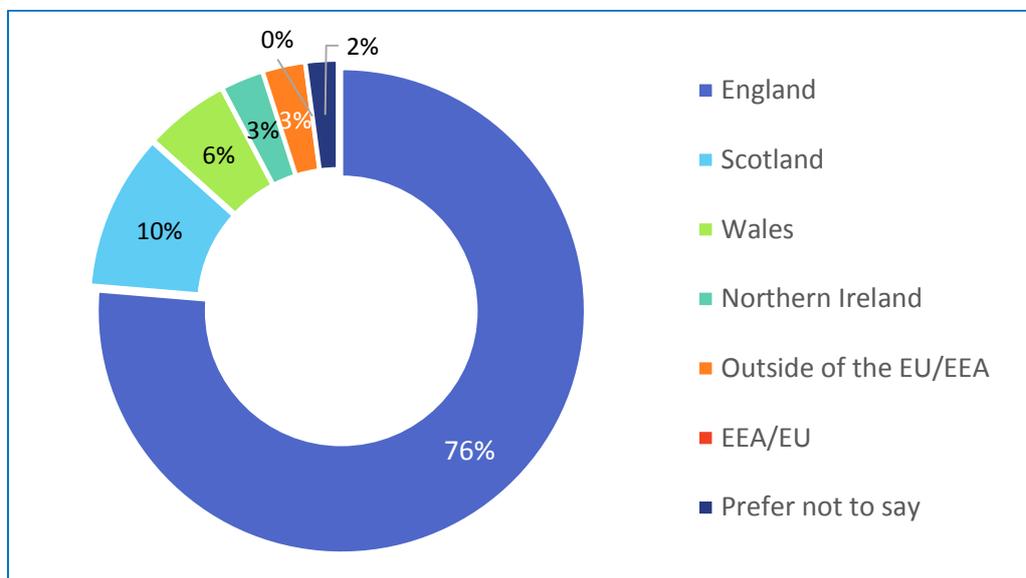
1.3 Respondent overview

1.3.1 Online consultation respondent profile

In total, 151 responses were received to the online consultation, of which four (3%) are from organisations and the others from individuals. In addition, nine freeform responses were received offline, of which eight were from organisations, and one from an individual.

Individual respondents to the online consultation are based across the four nations of the UK, with three quarters living in England (76%), and smaller proportions in Scotland (10%), Wales (6%), and Northern Ireland (3%). A small minority of survey respondents are based outside of the EU/EEA (3%).

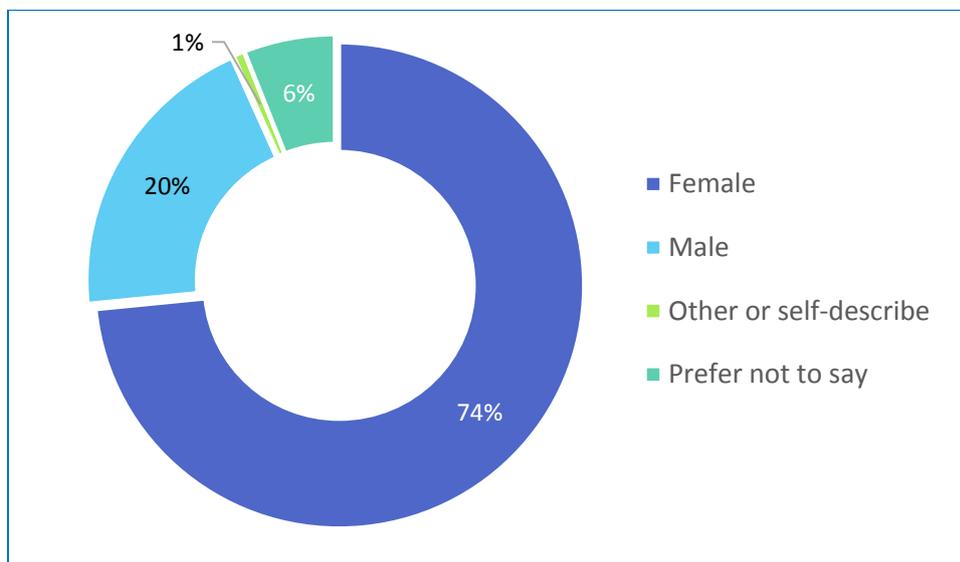
Figure 1 Respondent profile by nation



Base: 144 respondents. Source: NMC consultation, January 2021.

The majority of respondents to the online consultation are women (74%) while men account for a fifth (20%) of all respondents. A minority (7%) prefer not to state their gender, or identified as neither man nor woman.

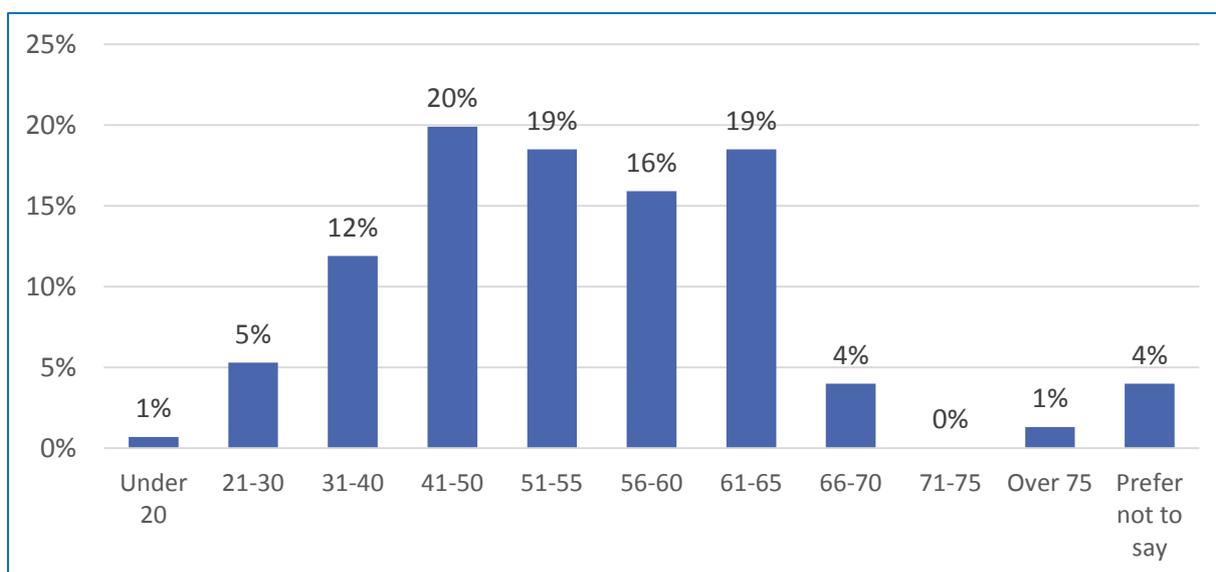
Figure 2 Respondent profile by gender



Base: 151 respondents. Source: NMC consultation, January 2021.

A fifth of all individual respondents to the online consultation are aged between 41 and 50 (20%) while a minority are aged between 21 and 30 (5%). Those aged between 51 and 55 and 61 and 65 comprise over a third (37%) of all respondents.

Figure 3 Respondent profile by age



Base: 151 respondents. Source: NMC consultation, January 2021.

1.3.2 Qualitative research profile

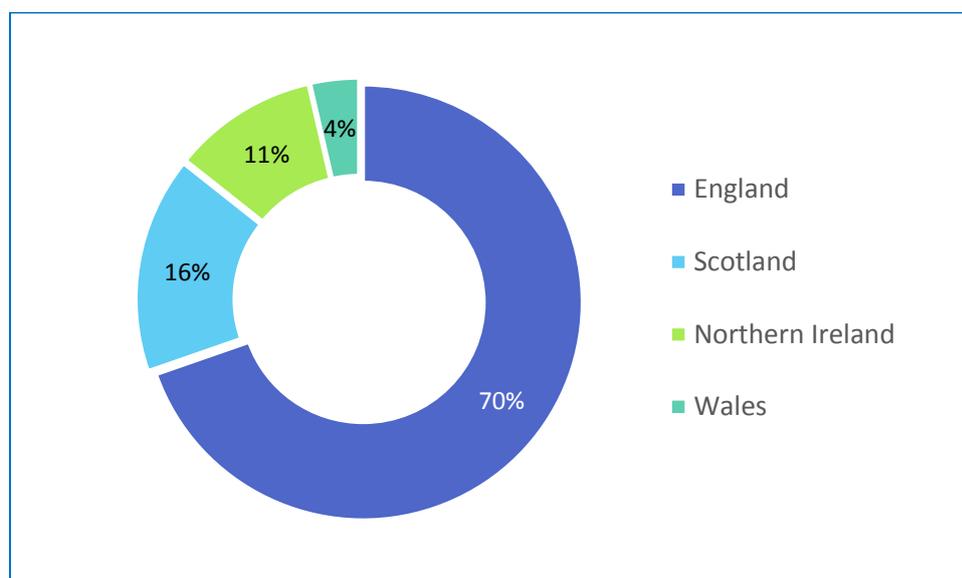
A total of four focus groups and 25 in-depth interviews were undertaken, involving a total of some 56 additional responses. The following numbers of responses were received per social group.

Table 1 Respondent profile of qualitative research by social group

Group	No. of respondents
Gypsy Roma Traveller communities	9
Refugee and asylum seekers	10
People with learning disabilities and autism	6
Carers	6
LGBT+ groups	11
Minority ethnic groups	14

Participants in the qualitative research were from across all four nations of the UK, with most living in England (70%) and one in six being based in Scotland (16%).

Figure 4 Qualitative research respondent profile by nation



Base: 56 respondents. Source: Pye Tait Consulting, 2021.

Greater detail on the profile of respondents to the online consultation, and the breakdown of respondents in the focus groups and depth interviews, can be found in Appendix A.

2. Fitness to Practise (FtP) processes and registration appeals

2.1 Overview

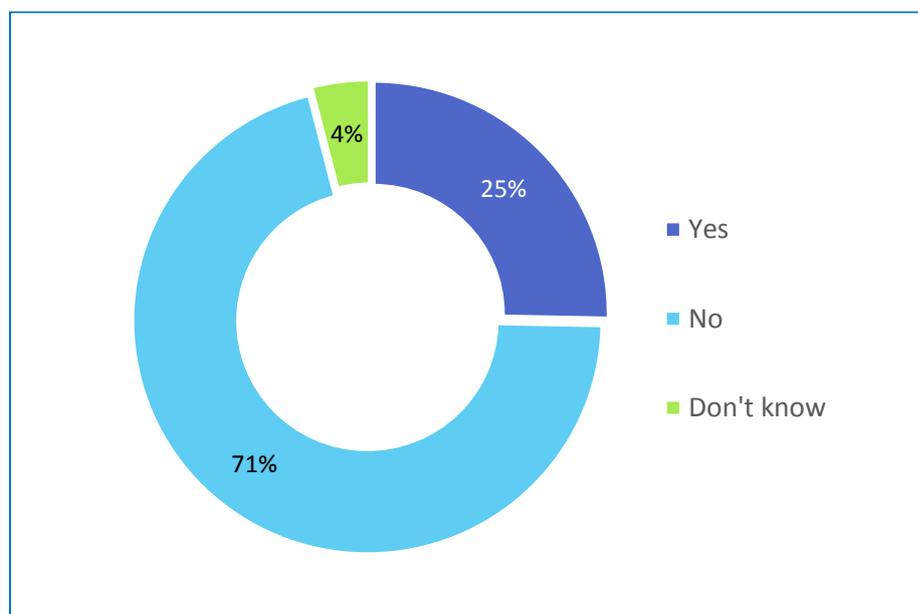
The measures put in place in response to the coronavirus pandemic by the government and devolved administrations meant that the NMC could not continue to hold meetings and hearings in the same way. However, the rule changes allowed the NMC to continue holding meetings and hearings to consider concerns raised about nurses, midwives, or nursing associates.

Before the emergency period, meeting panels met face-to-face. Hearings could be held in which individuals attended by video-link or telephone, but the NMC had not previously had hearings with all parties attending virtually. Fitness to practise (FtP) and registration appeals and hearings took place face-to-face at one of four hearing venues (one in each nation) and hearings were usually held in public, which meant that anyone could attend including members of the public (subject to the capacity of hearing rooms). Since then, most hearings and all meetings have taken place by videoconference, audio-link and telephone.

2.2 Key findings

The consultation asked respondents to consider whether these changes – introduced as a result of the pandemic – should be retained, to what extent, and the considerations and implications of any changes.

Figure 5 Do you think there are any reasons why the NMC should not continue to hold hearings virtually, once the emergency period ends?



Base: 150 respondents. Source: NMC consultation, January 2021.

The majority of respondents to the online consultation (71%) do not think there are any reasons why the NMC should not continue to hold hearings virtually once the emergency period ends. Reasons cited for this include:

- Virtual hearings and meetings reduce travel and accommodation costs and as well as saving on the time travelling to and from the venue.

“Hearings are costly and time consuming where panel members need to travel and be accommodated for attending meetings which could as easily be undertaken virtually.”

- Virtual hearings are more accessible to people who would normally struggle to travel to a venue.
- Increased levels of registrant engagement, feeling more empowered to attend from a private setting.

Around one in four survey respondents who answered ‘no’ to this question, however, have reservations and noted these in the open comments sections. These concerns are centred around people’s access to the internet and/or suitable technological devices, whether registrants are/can be still provided with support if conducted virtually, and if people would be given a choice between face-to-face and virtual hearings, and if some hearings “can be held the normal way” too. Some also noted that the public should still be able to access virtual hearings.

“We feel that virtual hearings should continue to be an option for regulators so long as the needs of participants can be met, and the circumstances of the case make it suitable for a virtual hearing. However, there may be some circumstances in which a remote hearing is not appropriate at all, for example if an individual cannot access a computer or internet.”

A quarter of respondents to the online consultation (25%) raise concerns by answering ‘yes’ to this question, and these concerns tend to focus on issues around what they see as “fairness” and access to internet and devices, while some respondents also disagree with the principle of virtual hearing altogether stating that face-to-face enables clearer communication. Similar to the caveats raised by those answering ‘no’, a number of respondents answering ‘yes’ also state that the NMC should give registrants and witnesses the option to choose which method (face-to-face, or virtual) works best for them.

In the focus groups and depth interviews, the majority of respondents see the advantages of holding hearings virtually (for the same reasons outlined above), but only a few go so far as to state this would be their preferred method. More are concerned about being able to convey their point via a screen and “being able to read body language”.

Wider considerations were picked up in both the online consultation and the focus groups and in-depth interviews, and these include:

- A sizeable minority of respondents commenting think that individuals should be provided with the option to attend face to face or virtually to ensure “fairness”.

“The NMC should really give people the option. If someone feels more comfortable doing it at home virtually, then those people should, and those who would rather do it face-to-face or cannot work computers should be able to attend face-to-face.”

- Some people may find virtual meetings and hearings less intimidating than face-to-face meetings and hearings. People may feel more comfortable in the space of their own home than at a venue.

“Going to a new unfamiliar place might make me feel anxious. I would feel anxious being scrutinized face-to-face too.”

- Non-verbal communication/body language is lost during virtual conversations and thus forming opinions/impressions of people over a computer/phone screen is more difficult, especially for people with a learning disability or autism.
- Some believe that immediate support (legal support or emotional support from family/friends) will be provided to the registrant if held face-to-face. It is generally thought that this will not be the same if held virtually and the registrant could be left at home alone without any support.
- Long and complex hearings with numerous witnesses should be held face-to-face, while more straightforward hearings could continue to be held virtually.

“In my experience virtual hearings work well when the matters are not complex. I feel that in circumstances where matters are more complex, virtual hearings are less satisfactory for many reasons.”

- People may feel that they cannot get their point across well over a computer screen compared to in person.

“The environment is different which I think impacts the psychological effect. Maybe people won’t take it as seriously if it’s held online. People’s mentality will change. Physically, if you are there, you’re more involved in the environment. You feel more present.”

- Sustained concentration and screen time may impact on individuals’ health.
- Rural locations often suffer from poor internet connection.
- Not everyone is “tech-savvy” and may not be comfortable using online platforms thus inducing stress and confusion for that participant. Linked to this, some respondents noted they had experienced technical difficulties accessing hearings and suggest these are resolved in advance.
- Relationship-building and rapport between panellists are more difficult to create virtually.
- Unrepresented registrants may be more adversely impacted by the switch to virtual.
- There is not yet enough evidence been gathered to be able to make an informed decision as to whether meetings and hearings should continue virtually after the emergency period ends, and these respondents suggest further research is undertaken to understand the benefits and drawbacks of this approach in greater detail.

“Outcomes of substantive hearings are unknown as a limited number have taken place and these have tended to be less complicated cases. Research should be commissioned to look at the longer-term use of virtual hearings.”

2.3 Findings by respondent sub-group

Gender: Around one in five female respondents to the online consultation (19%) think there are reasons why the NMC should not continue to hold hearings virtually once the emergency period ends, in contrast to just under half of male respondents (43%).

Organisations: Several organisations note that, while virtual hearings have been necessary during lockdown, there is insufficient evidence as to the benefits and drawbacks of holding hearings virtually and recommend that a review/research is undertaken in this regard in the short to mid-term. Several also note that it is important to make sure that the public can readily access hearings, and that this is provided in a fair and equal manner for all, with some raising specific concerns about digital poverty.

Disability: Two in five respondents to the online consultation who are disabled (as defined by The 2010 Equality Act) (38%) do think there are reasons why the NMC should not continue to hold hearings virtually once the emergency period ends compared to one in four non-disabled respondents (24%).

“If an independent party deems a virtual hearing not appropriate for a registrant, for reasons relating to a protected characteristic, for example if a person has a disability which would impact their ability to engage via virtual means, it should be the NMC’s responsibility to hold a physical hearing where required. On the whole, except for specific reasons, virtual hearings should continue.”

Sexual orientation: Just under half of gay and lesbian respondents do not think there are reasons not to hold hearings virtually after the pandemic ends (46%) (cautionary note: small sample size) compared with three quarters of heterosexual respondents (75%).

2.3.1 Qualitative research

Respondents with learning disabilities and autism believe that holding hearings virtually after the pandemic ends is a good idea because they will not be expected to travel to their nearest hearing venue and may feel more comfortable at home. However, there were concerns that emotions could get lost if held virtually.

Additionally, whether hearings continue to be held virtually or face-to-face, respondents with learning disabilities and autism said they would need an advocate with them for support.

Some refugee and asylum seeker respondents also felt that they would need support from an advocate and/or translator if they were required to give evidence as a witness or complainant, either face-to-face or virtually.

“If I needed anything in advance to be able to attend a hearing or give evidence, I would expect the NMC to let me know in advance and arrange anything like a translator as it removes the stress from me.”

One respondent from the Roma Gypsy and Traveller community stated that continuing to hold hearings virtually after the emergency periods end would be a disadvantage to people in their community. They explained that many Roma Gypsies and Travellers have reduced access to the internet, and many do not have laptops, and further that many are illiterate or have limited literacy and therefore would have difficulty accessing online platforms or reading online instructions.

“Doing things virtually does exclude a large percentage of people from my community. It can be difficult for someone who is literate and knows how to use a laptop, let alone for people who’ve never used them.”

Carers welcome the idea that virtual hearings may continue after the pandemic period ends as reducing travel times and costs would be a benefit. However, some carers of children with severe learning disabilities and autism asserted that in order to participate virtually or listen to the hearing they would still need to arrange care for their child similar to if they had to physically attend.

“I can’t do any calls with my son at home so accessing anything for me with him at home would be a big no.”

3. Public access to hearings

3.1 Overview

Rule 19 of The Nursing and Midwifery Council (Fitness to Practise) Rules 2004 says that hearings must be open to the public except in certain circumstances, such as when someone's health is being discussed. When the NMC started holding virtual hearings in March 2020, it did not allow observers to attend these hearings because the rules amended Rule 19 so that it did not apply to hearings conducted by audio or video conferencing. This meant that the NMC could focus on making sure that all parties to the virtual hearing could participate in the proceedings. The NMC continued to make sure that its processes were transparent during this time by making transcripts of the hearings available, and by continuing to publish panel decisions and reasons.

Rule 19 came back into use on 31 August 2020 with the changes that the DHSC made to the rules. This meant that virtual hearings, and hearings with some or all parties attending a hearing centre, had to be open to the public (except in certain circumstances as outlined above). The NMC's capacity to allow observers at hearing centres has, however, been limited by the need for social distancing, and so the NMC limited the number of observers at virtual hearings in order to make sure that they ran safely and smoothly. The NMC currently offers audio access to hearings. Observers can also view events on a screen at a hearings centre where the NMC has capacity to facilitate this.

The NMC made this decision to balance allowing public access to its hearings with concerns about protecting participants from the risk that observers could record or take screenshots of the proceedings. The NMC is now considering whether to allow remote visual access from observers' own premises in addition to observers being able to attend these hearing centres and view proceedings on a screen. This is to make sure that hearings are as open and transparent as possible, in light of the objective to act in the public interest.

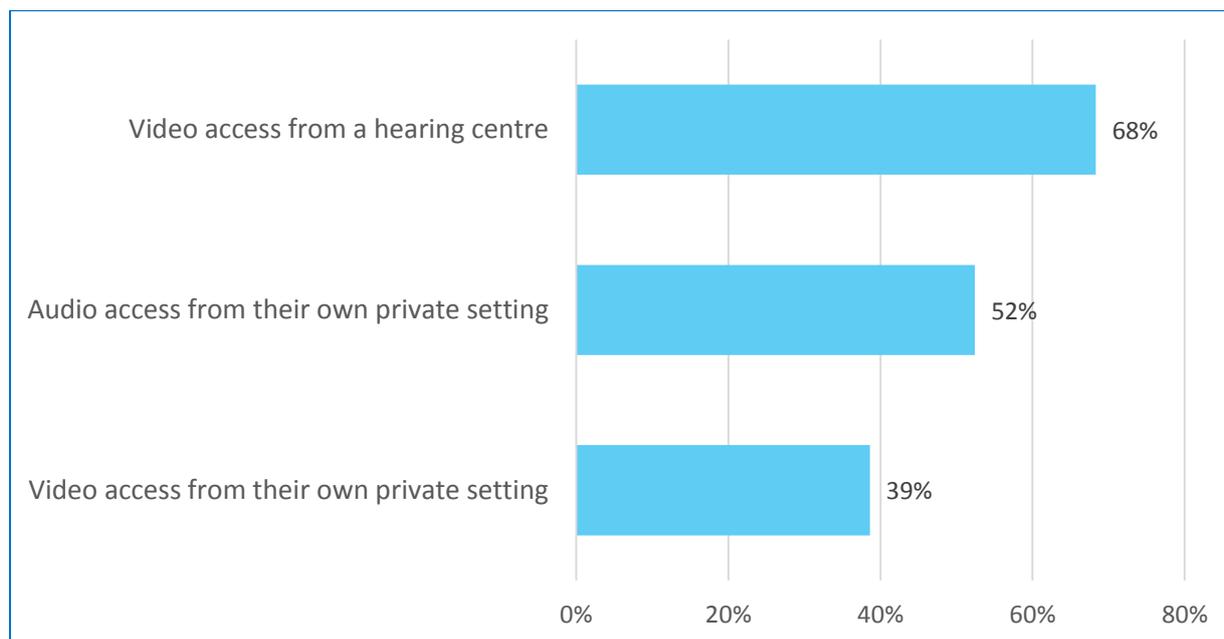
3.2 Key findings

To that end, the consultation asked how members of the public should have access to virtual hearings.

Around half of respondents to the online consultation provide comment on the importance of transparency during these proceedings and believe that it is right to promote public access to NMC's hearings and meetings. Over two thirds of respondents to the online consultation believe that the public should have video access from a hearing centre (68%).

"This option would be the most secure from unauthorised recordings and provide most safeguards for any confidentiality issues which might arise. The other options would create technical problems regarding capacity."

Figure 6 How do you think that members of the public should have access to our virtual hearings?



Base: 145 respondents (multiple options could be selected). Source: NMC consultation, January 2021.

Audio access is deemed more appropriate than audio and video, with just over half agreeing the public should be granted audio access to hearings from their own private setting (52%), while a slightly lower proportion believe the public should be granted video access from their own private setting (39%). Reasons provided included:

- Public access to hearings is important because it promotes openness and transparency.

“Public scrutiny of process is essential.”

- Audio access is generally considered appropriate for members of the public as it is easier to manage and access. It is also thought that audio protects an individual’s identity more so than video access, especially if the video is viewed from a private setting.

“Audio access should be enough for them to be able to follow proceedings whilst still protecting the identity of the people involved to at least some extent.”

Five survey respondents and a large majority of respondents from the focus groups and depth interviews raise concerns and do not think it is “fair” that members of the public can be granted access by video, claiming the hearings should remain private to protect the registrant and witnesses.

The majority of the survey respondents are concerned about who is able to listen to hearings and meetings via telephone or video, citing data and privacy reasons. Other concerns focus on whether it is appropriate for a member of the public to be able to access such information in an unauthorised setting (although no-one could define what substantive difference “authorisation of a setting” made).

One in six survey respondents (16%) chose all three options provided stating that the public should be offered numerous ways of accessing the hearings in order to ensure transparency of procedures.

In summary, the following key themes and considerations are noted by respondents in relation to public access to hearings:

- There are concerns from a large number of respondents regarding privacy and members of the public making unauthorised recordings from their private setting either dialling in via telephone or if members of the public were granted video access.
- Just over half of respondents feel that if members of the public are able to hear proceedings then it is “fair” that they are able to see it too, however, others acknowledge that members of the public do not need to take part and therefore audio access should be adequate.
- Many respondents question the need for public access and are against public access all together, and/or think public access should be limited. However, as stipulated in Rule 19, hearing must be made accessible to the public in some form (except in certain circumstances). Respondents typically note that uncontrolled public access may cause distress for the registrant and any potential witnesses, and may impact on the latter’s willingness to participate.

“I wouldn’t want random strangers being able to listen. You cannot understand their actions. People won’t want to open up if they know people are listening on a telephone.”

- The majority of concerned respondents to the online consultation are apprehensive about who can gain access to a hearing or meeting from an unauthorised location and what the listener may do with the information heard (or seen if given video access).

“Providing the general public access outside of a hearing centre means that information could be recorded or filmed. This is not allowed during in-person hearings and is something that should be protected against if hearings remain online.”

- Concerns are raised by a minority that some individuals may lack the technological capacity to be able to access hearings from their own private setting, either by audio or video.
- Audio-only access may pose difficulties for those with hearing impairments and those who rely on lip reading. Two organisations state that transcripts could be provided to address this.

“What about people who are deaf? [Audio only] could infringe on their right to that hearing - that’s against the Equalities Act.”

Some organisations suggest that the NMC carries out an equalities impact assessment to ensure its method is inclusive. Others suggest that alternative virtual platforms are used.

3.3 Findings by respondent sub-group

Nation: England, Scotland, and Wales show little deviation from the overall response. However, three quarters of respondents from Northern Ireland (75%) agree that video access should be provided to a private setting (cautionary note: small sample size).

Gender: Male survey respondents do not appear to feel strongly about the three options for members of the public accessing hearings, with approximately 60% of male respondents thinking that each access option is appropriate. This contrasts with female respondents, a third of whom think video access from a private setting should be granted (34%), while video access from a hearing centre is most preferable to women (68%) closely followed by audio access from a private setting (52%).

Individuals vs organisations: Organisations – both those responding offline and those responding directly to the online consultation – generally agree that video access to hearings from a private setting is inappropriate for privacy reasons, but suggest that video access in a controlled setting is a suitable alternative.

Disability: Over half of survey respondents with a disability (56%) believe that video access from a private setting should be granted to members of the public, while two thirds believe that audio access from a private setting (69%), compared to around a third (37%) and a half (51%) of non-disabled survey respondents, respectively.

Sexual orientation: Over two thirds of heterosexual survey respondents believe video access from a hearing centre is the most appropriate option for members of the public to access hearings (70%), whereas gay or lesbian survey respondents are more in favour of video access from a private setting (69%).

People with learning disabilities and autism note that they would find it helpful if they could see as well as hear what was taking place during the hearing.

“People have similar sounding voices [which] can get quite confusing if you can only hear.”

One respondent from a minority ethnic background comments that audio-only access from a private setting may reduce unconscious bias taking place as members of the public will not be able to see skin colour or what the person is wearing. However, they are aware that unconscious bias can also take place if a registrant or witness has an accent.

“They might see a person of colour and assume that they did something wrong as a nurse, midwife or nursing associate because they can’t read English properly. However unconscious bias can also occur if they hear an accent when someone speaks or if they see a ‘non-British’ sounding name written down or on a screen.”

4. Constitution of panels

4.1 Overview

Panel members are independent people who are appointed to make decisions at the NMC's meetings and hearings. The Panel usually comprises three people. One of those people will be a nurse, a midwife, or a nursing associate. Due to the Coronavirus pandemic, the changes to the rules have allowed the NMC to hold meetings and hearings where there is not a panel member who is a nurse, midwife or nursing associate.

In its consultation documentation, the NMC recognises the importance of having the experience of a registrant panel member and that having three panellists allows for a greater range of views and experience to contribute to decision making.

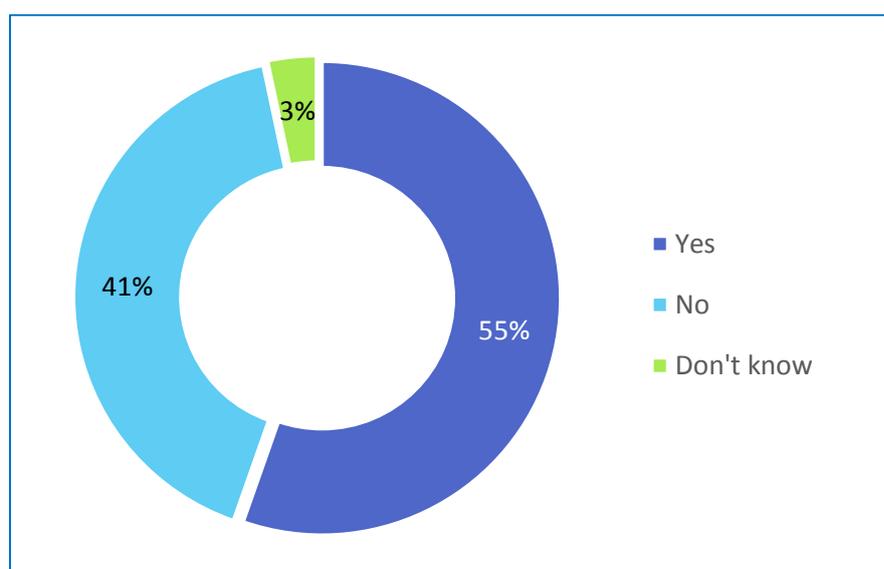
4.2 Key findings

To gather views from wider stakeholders in this regard, respondents were asked whether they agree with the NMC's proposed approach, i.e. not to use its powers to have a panel without a nurse, midwife, or nursing associate outside of a national emergency.

Just over half of respondents to the online consultation (55%) agree with this proposed approach. The main reason cited for this is that the registrant panel member has a professional and clinical understanding of the job and responsibilities of the nurse, midwife, or nursing associate at the hearing, and so is an important part of the panel.

"Registrant panel members provide an important perspective to proceedings."

Figure 7 Do you agree with this approach? (with respect to panel make-up)



Base: 150 respondents. Source: NMC consultation, January 2021.

However, a sizeable minority (41%) disagree with this proposed approach. Typically, respondents claim it may be acceptable to have a panel without a registrant member outside of a national or local emergency, if finding a replacement panel member were to cause a severe delay to the hearing, or if a panellist were to fall ill or become otherwise unavailable once hearing proceedings had begun. Some also disagreed with this approach as they believe the panel should contain a registrant, even in a national emergency.

Respondents to the online consultation were also asked for their thoughts on whether there might be other circumstances (outside an emergency) in which it would be reasonable to run a panel without a registrant member.

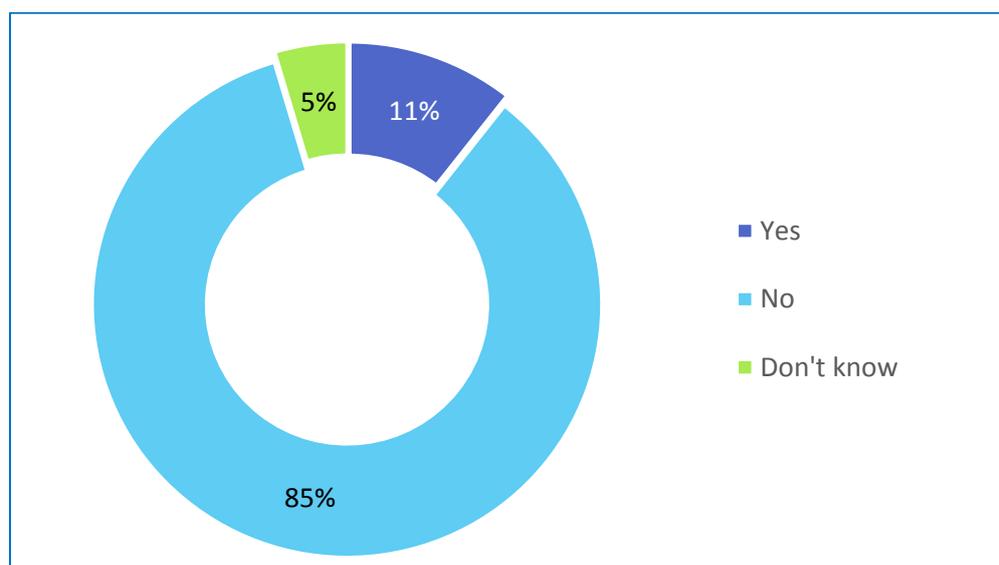
The vast majority of respondents to the online consultation (85%) believe there are no circumstances in which this would be appropriate, with respondents understanding that nurses, midwives, and nursing associates are busy working during the pandemic, however, they could not envisage any other circumstances in which there should not be a registrant panel member.

Meanwhile, a minority (11%) believe there are circumstances where it might be reasonable to run a panel without a registrant member. Illness and family bereavement are cited as “acceptable” examples of exceptional circumstances whereby a registrant panel member may not be able to attend a hearing, and most participants in the focus groups and depth interviews agree with this viewpoint. This same cohort of respondents note it may be “acceptable” to have a panel without a registrant member in the case of a national or local emergency, but that, if possible, a replacement should be found and/or the hearing adjourned until a registrant is available.

“Where it would mean an unreasonable delay in the hearing. However, I don't think it should continue without a registered member under any circumstances.”

“The missing panel member must be replaced like with like, so a registrant is not replaced with a lay panellist. If recruitment is appropriate, then it should always be possible to find a registrant. There should always be three panellists.”

Figure 8 Do you think there are any other circumstances where it would be reasonable for the NMC to have a panel without a registrant member?



Base: 151 respondents. Source: NMC consultation, January 2021.

A small minority also think it would be acceptable to run a hearing with only two panel members if a panel member fell ill or suffered a family bereavement during the hearing rather than find a replacement panel member. However, it was noted that if there were two panel members, one of those should be a registrant to ensure there is someone with relative experience of the registrant in question.

Generally, the majority of respondents do not think it would be “fair” to run a panel with only two panel members, especially if a registrant panel member is not in attendance. Around half of all respondents to the online consultation do not think that it is “fair” to have a panel with only two members, claiming that a panel should have an odd number to give a clear decision and to give greater discussion and diversity of opinion. Depending on the severity of the hearing, respondents note that hearings should be rearranged for a time when three panel members can attend.

“Emergency care should take priority over having to sit on a panel. If there’s a possibility for it to be rescheduled with a third person it should, or it could proceed with just two. That should be the choice of the person defending themselves.”

There is stronger weight of feeling among members of the public participating in depth interviews and focus groups, with the large majority agreeing with the NMC’s proposed approach on both counts, i.e. that a panel should only run with a nurse, midwife, or nursing associate present, and that a panel should comprise three members, arguing that this would give greater diversity of views, and a “casting vote” across the panel.

“If a nurse or midwife [or nursing associate] is there, they’d have more insight having worked in a hospital and health environment and can give an informed opinion based on lived experience. If the case absolutely needs that opinion, it shouldn’t run without the nurse/midwife [or nursing associate].”

4.3 Findings by respondent sub-group

Nation: Survey respondents from all four nations agree with NMC’s approach to not run a panel without a nurse, midwife, or nursing associate outside of a national emergency, except Northern Ireland where three of the five respondents (60%) do not agree with this approach (caution: small sample size). All nations feel strongly that there are not any circumstances where it would be reasonable for the NMC to run a panel without a registrant member.

Individuals vs organisations: All four organisations responding to the online survey agree with the NMC’s approach not to run a panel without a nurse, midwife or nursing associate outside of national emergency with no organisation disagreeing (caution: small sample size). This is in contrast to 55% of individuals who agree with NMC’s suggested approach. The vast majority of responses received offline from organisations agree that the NMC should take all reasonable steps to ensure panels include a registrant member, and more than two panel members.

Disability: A quarter of those respondents with a disability (25%) believe there are other circumstances where it would be reasonable to have a panel without a registrant member, compared to a small minority of those with no disability stating likewise (7%).

The majority of respondents who are asylum seekers and refugees do not think it would be appropriate to run a panel with only two panel members, especially if neither is a registrant member, however, one respondent comments otherwise, claiming a registrant panel member may judge more harshly than a lay panel member.

Some respondents from the Gypsy Roma and Traveller communities do not think a hearing should take place without a registrant panel member. One respondent notes that the registrant panel member might “stand up for other medical professionals” and a panel with only two lay members would be acceptable.

People with learning disabilities and autism are generally in favour of always having three panel members. One respondent notes that the fewer people autistic people have to deal with at a hearing or a meeting would be better. An organisation representing this group comments that for cases involving individuals with learning disabilities and autism, the panel should include experts in this regard.

“The more people I’m introduced to, the more I have to try to process that, so having fewer people is preferable. The downside would be less input if you’ve got fewer people and decision-making would be better with more.”

5. Sending notices of meetings and hearings

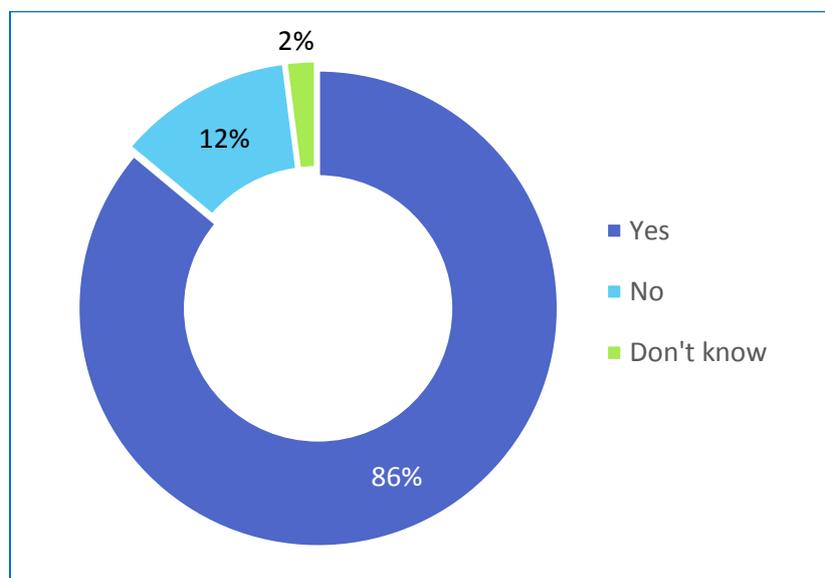
5.1 Overview

When the NMC wanted to notify someone of a meeting or hearing before the Covid pandemic, they usually sent them a notice by recorded delivery to that person's home address via post. Because of the Coronavirus pandemic, the changes to the rules now allow the NMC to send notices of hearing and meetings by email.

5.2 Key findings

Respondents were asked whether the NMC should continue to send notices of its hearings and meetings by secure email, once the emergency period ends. The vast majority of respondents to the online consultation (86%) agree this should continue, while a small minority (12%) disagree with this approach.

Figure 9 Do you think the NMC should continue to send notices of its hearings and meetings by secure email?



Base: 151 respondents. Source: NMC consultation, January 2021.

Respondents in favour of continuing to send notices of hearings and meetings by email typically argue that this is a more efficient and cost-effective method than sending letters. Other reasons also raised include:

- Most people are moving to paperless ways of working and communicating and most respondents regularly check their emails.

- Due to the Coronavirus pandemic, some people have been receiving their post late and therefore an email would be quicker, more efficient and reduce costs of postage.

“I’ve had terrible experience with post [...] with Covid-19 we still see delays with the post service even after lockdown.”

Survey respondents who agree and disagree used the open comments section to elaborate on their answers. A number of respondents highlight that email should be used if there is guarantee that everyone has an email address that is checked regularly and that the NMC receives notification that the individuals have read the email.

Those who disagree with the continued practice of sending emails rather than letter note that not everyone has an email address. There are additional, wider concerns raised around access to technology, regarding the possible need to print or photocopy information which would be at the expense of the registrant or witness.

“Registrants can’t necessarily print documents off either due to not having facilities to do so or money to pay for photocopying pages. Hard copies should always be sent out in addition to electronic.”

A number of wider considerations, via the survey and focus groups and depth interviews, were also raised in regard to the way in which the NMC communicates when sending notices of hearings and meetings. Such points include:

- Many respondents note that receiving a letter and email will be good practice in case one of the options goes missing or is lost.

“A belt and braces approach of post and email should continue to be utilised. Not everyone has access to an email, not everyone checks their emails regularly, and we all know emails can go into a spam or junk folders that are rarely checked.”

- Just under half of respondents are in favour of a telephone call to follow up a letter and/or an email to ensure they have received the invite and can ask questions if needed. Receiving a text message reminder is also favoured by a small minority of respondents.
- A small number of respondents state that the NMC should take into consideration the fact that some people may need an easy read version of the text. Some people may need the information in another language if their level of English is not comprehensive.

“I would need all the information in the letter or email to be in easy read.”

- All communication should avoid jargon and include all information that the invitee requires such as transport links and what, if anything, they need to bring with them.

“I would need contact information in case I need to speak to someone about it, and an understanding of why I’m being called and what is expected of me.”

5.3 Findings by respondent sub-group

Nation: All survey respondents based in Wales agree with the continued use of secure email to notify people of hearings and meetings. One in five survey respondents based in Northern Ireland (20%) do not agree with secure email (Cautionary note: small sample sizes).

Individual's background: Professionals (88%) and members of the public (90%) both strongly feel that secure email is the best way of sending notices of hearings and meetings.

Gender: The majority of women (90%) believe that the NMC should continue sending notices via secure email. A smaller proportion of men feel likewise, with just under three quarters of male respondents agreeing in this regard (73%) and the remainder disagreeing (27%).

Disability: There is broad consensus among survey respondents with a disability (94%) that sending secure emails should continue, with the remaining 6% unsure in this regard. Respondents without a disability agree to a slightly lesser extent that the NMC should continue sending notices via secure email (87%).

Respondents to the focus groups and depth interviews with a learning disability and autism in particular noted they would need the email or letter to be in easy read format with clear instructions. One respondent stated that a phone call to their advocate would be better.

"A phone call [to my advocate] would be better so she can explain it to me and come with me to help. I know her and she knows me."

Respondents from the LGBT+ community stated that the NMC would need to be mindful of which pronouns are used when communicating with people via email or letter.

"The NMC should ask something along the lines of 'please let us know of preferable pronouns'. That is really important."

Some respondents from the Gypsy Roma and Traveller community note they would prefer a letter rather than an email. This is because some community members either do not check their emails regularly or do not have an email address at all. Some respondents said that a text message would be best for them.

"At least if it's on my phone I can ask someone what it is and what it means."

Another respondent stated that a phone call or sending WhatsApp voice notes would work better for Gypsy Roma and Traveller community members who are illiterate.

"WhatsApp is popular as a lot of people in our community are illiterate, so they send voice notes. They are embarrassed that they cannot read so this gets around this barrier. Using visuals to explain things with less text will also be helpful."

Respondents from a minority ethnic background, and asylum seekers and refugees, state that notices sent by the NMC should be offered in another language for those who need it, as the notice will contain important information that the individual needs to clearly understand.

"If you could have it translated to your native language that would be great so you can understand – it's very important to be able to understand what the letter contains."

One respondent who is a carer said that an email or phone call would be better as their child often opens letters. Another carer noted that an email and back-up letter would be appreciated as they are likely to need reminding.

“I think for a lot of family carers do need both, just because some families are not in great situations.”

6. Revalidation and fee payment

6.1 Overview

Nurses, midwives, and nursing associates have to go through a process called revalidation to maintain their registration with the NMC. This ensures that they are fit to practise and have the correct skills, knowledge, good health, and character to work safely and effectively. Registrants also have to pay fees every year to the NMC.

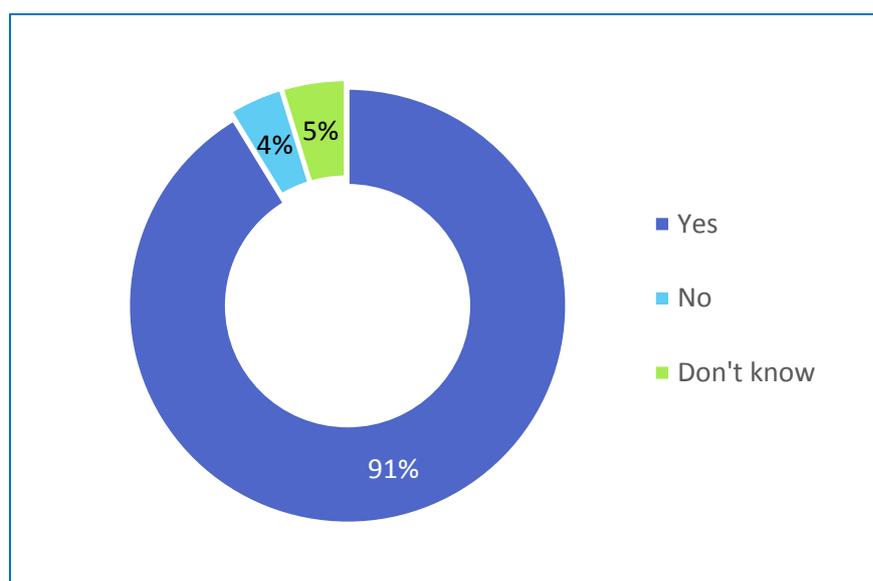
Before the Covid-19 pandemic, the NMC gave nurses, midwives, or nursing associates experiencing exceptional circumstances (for example, illness, bereavement, etc.) an extra three months to submit their revalidation application and pay their fees. Because of the Coronavirus pandemic, some nurses, midwives, and nursing associates are busier than usual working in the hospitals and so to support these workers, the changes to the rules granted the NMC powers to:

- Consider an extension of any length of time for revalidation; and
- Extend the time for nurses, midwives, and nursing associates to pay their annual fee.

6.2 Key findings

Respondents to the consultation were asked whether the NMC should continue to grant revalidation and fee payment extension in limited circumstances (such as illness or bereavement). The vast majority of respondents (91%) agree with this proposal.

Figure 10 Do you think the NMC should continue to grant revalidation and fee payment extensions in limited circumstances such as those outlined above?



Base: 150 respondents. Source: NMC consultation, January 2021.

“This promotes care and understanding towards registrants.”

Only a small minority disagree (4%) while the remaining 5% of respondents are unsure.

“The revalidation period is long enough, and registrants have plenty of time to plan. The usual 3-month extension is long enough.”

Of the small minority who do disagree, few expanded in the open comments section that extensions should be granted in wider circumstances.

“[The NMC] should broaden your approach to what circumstances you will class as appropriate.”

The large majority of respondents who believe that extensions should continue to be granted in limited circumstances, justify their answer by noting that:

- This extension provided by the NMC has been a “fair” and reasonable adjustment for the nurses, midwives, and nursing associates who have been working during the Coronavirus pandemic and demonstrates compassion and understanding for professionals who have worked through an extraordinary and stressful period.

“It is not easy for working nurses and midwives at the moment. Add in something like bereavement or illness, [and that] can make it especially hard to find a person to have [a] revalidation discussion with.”

- A set/limited amount of time should be provided for extension to ensure all professionals are fit to practise and up-to-date in their skills and knowledge.

“Yes, but stick to limited [extension] - do not expand.”

Other themes emerging centre on the timescale of any extension:

- A small number of respondents feel that an extension of up to three to six months would be more appropriate as they are concerned that the extension could be put further back meaning that payments and revalidation applications may build up creating more stress for the nurse, midwife, or nursing associate.
- Many respondents (from the depth interviews and focus groups particularly) are concerned that a nurse, midwife, or nursing associate could be practising when they are not actually fit to practise because they have been granted an extension to submit their revalidation application. The nurse, midwife, or nursing associate may make a mistake by accident and therefore some respondents believe an extension should be capped or reviewed monthly on a case-by-case basis.

“The initial three months is good, but if they’re still struggling to complete, they should be able to apply for an extra two weeks or a month. If they are seriously ill or going through a bad personal situation, they should of course be given an extension, but it should have a cap.”

- A small minority of respondents comment that extensions should be granted on an individual, case-by-case basis.

6.3 Findings by respondent sub-group

Nation: Survey respondents from across all four nations strongly feel that the NMC should continue to grant revalidation and fee payment extensions in limited circumstances. The only UK nation which any respondents disagreeing in this regard is England (4%), while a quarter of survey respondents based outside of the UK disagreed that the NMC should continue to grant extensions in limited circumstances (25%).

Individual's background: Both professionals (94%) and members of the public (97%) are also highly in favour of the NMC continuing to grant revalidation and fee payment extensions in limited circumstances.

“The NMC represents a caring profession and it needs to be able to show some compassion when the nurses they represent have one of life's challenging events happen to them. Nobody plans these and most nurses know that revalidating is easier to do then a back to nursing course so I would like to think it would not be abused by the majority.”

Disability: A slightly smaller proportion of respondents with a disability (88%) agree that the NMC should grant extensions in limited circumstances, compared to 94% of those with no disability. One in eight respondents with a disability (13%) were unsure whether extensions should be granted in limited circumstances or not.

Respondents who are carers agree that extensions should be granted in limited circumstances only and that three to six months is an acceptable amount of time.

“Bereavement and illness would be obvious limited circumstances. About three months I'd personally feel comfortable with, six months or beyond you're increasing risks.”

7. Other comments

While not directly linked to any of the specific rule changes, respondents noted additional, broader points for consideration by the NMC as it reviews the use of its new powers arising from the pandemic.

- A small number of respondents believe it to be “unfair” for nurses, midwives, and nursing associates to pay fees this year due to the coronavirus pandemic because of the stress and pressure they have worked through.

“I’m wholeheartedly in favour of nurses, midwives, and nursing associates not paying fees to do their job, especially after this awful year.”

- Taking into consideration the multiple lockdowns and the varying strains of the virus, a small number of respondents comment that the NMC should continue to review the use of the Emergency Powers as it is unclear when the pandemic will end.

“I think that the Emergency Powers should be continuously reviewed depending on the circumstances of the pandemic because no one really knows what sort of normalcy there will be. Reviewing the Emergency Powers would be the best option.”

- Respondents from the LGBT+ community emphasised the importance of panel members and others involved in the processes of meetings and hearings to use the correct pronouns during the hearing. If an individual’s gender or pronouns are used incorrectly then this can be degrading and humiliating for that person.

“These sorts of things are from the ‘straight world’ and may not be trans-friendly or non-binary friendly. If someone wants to be referred to as ‘they’ or ‘them’, the panel members need to know that information beforehand. I don’t think a lot of people think about that or the impact that it has to the individual if used incorrectly.”

A small number of additional comments, not directly linked to the topic of the consultation itself, were also received.

8. Summary

This report has presented the findings emerging from an analysis of the responses received to the NMC's consultation on the continued use of its new powers arising from the coronavirus pandemic. The key themes arising from the consultation are summarised herein.

8.1 Fitness to practise processes and registration appeals

The majority of respondents to the online consultation (71%) do not think there are any reasons why the NMC should not continue to hold hearings virtually once the emergency period ends as this will save on time and costs and make hearings more accessible.

Concerns are raised around individual's access to technology/devices, and a minority suggest that a mix of online and face-to-face hearings could be used in the future, at the choice of individuals.

Other points raised focus on the extent to which individuals can/do engage virtually compared to in person, whether support can/is provided in either setting, individual's ability to communicate fully via a virtual medium, and issues around those with slow/no internet access.

8.2 Public access to hearings

Over two thirds of respondents to the online consultation believe that the public should have video access from a hearing centre (68%). Audio access is deemed more appropriate than audio and video, with just over half agreeing the public should be granted audio access to hearings from their own private setting (52%), while a slightly lower proportion believe the public should be granted video access from their own private setting (39%).

Access to hearings in general is considered appropriate for openness and transparency reasons. Audio access is generally considered more appropriate than video – unless this is in a managed/controlled setting – with respondents raising concerns around privacy, although a minority note that audio-only access may have accessibility implications.

8.3 Constitution of panels

Just over half of respondents to the online consultation (55%) agree with the NMC's proposed approach not to use its powers to have a panel without a nurse, midwife, or nursing associate outside of a national emergency. The main reason cited for this is that the registrant panel member has a professional and clinical understanding of the job and responsibilities of the nurse, midwife, or nursing associate at the hearing, and so is an important part of the panel. However, a sizeable minority (41%) disagree with this proposed approach. Typically, respondents claim it may be acceptable to have a panel without a registrant member outside of a national or local emergency, if finding a replacement panel member were to cause a severe delay to the hearing, while some state hearings should not occur without a registrant at all.

The vast majority of respondents to the online consultation (85%) believe there are no circumstances (outside an emergency) in which it would be reasonable to run a panel without a

registrant member. Illness and family bereavement are cited as “acceptable” examples of exceptional circumstances, but most respondents state that they could not envisage any other circumstances in which there should not be a registrant panel member.

Generally, the majority of respondents do not think it would be “fair” to run a panel with only two panel members, especially if a registrant panel member is not in attendance. Around half of all respondents to the online consultation do not think that it is “fair” to have a panel with only two members, claiming that a panel should have an odd number to give a clear decision. Depending on the severity of the hearing, respondents note that hearings should be rearranged for a time when three panel members can attend. There is even stronger weight of feeling in this regard from participants in the depth interviews and focus groups.

8.4 Sending notices of meetings and hearings

The vast majority of respondents to the online consultation (86%) agree that the NMC should continue to send notices of its hearings and meetings by secure email, once the emergency period ends. Respondents typically argue that continuing to send notices of hearings and meetings by email is a more efficient and cost-effective method than sending letters.

Those who disagree with the continued practice of sending emails rather than letter note that not everyone has an email address, or that email addresses may be out of date. Many participants in the depth interviews and focus groups note that receiving a letter and email (or follow-up telephone call and email) would be good practice in case one of the options goes missing or is lost.

8.5 Revalidation and fee payment

The vast majority of respondents to the online consultation (91%) agree that the NMC should continue to grant revalidation and fee payment extension in limited circumstances (such as illness or bereavement). Respondents typically note that this extension provided by the NMC has been a “fair” and reasonable adjustment, and note that a set/limited amount of time should be provided for extension to ensure all professionals are fit to practise and up-to-date in their skills and knowledge

A small number of respondents feel that an extension of up to three to six months would be more appropriate. Many participants (in the depth interviews and focus groups particularly) are concerned that a nurse, midwife, or nursing associate could be practising when they are not actually fit to practise because they have been granted an extension to submit their revalidation application.

8.6 Next steps

The findings from this consultation will provide an evidence base for the NMC to make informed decisions as to how it continues to use its powers. The NMC’s Council will decide whether and how it should use the powers arising from the coronavirus pandemic beyond 31 March 2021, after any emergency period ends. In the event that the emergency period lasts beyond the end of March 2021, the NMC will continue to use its powers under the current rules, and will take on board any feedback it receives as part of this consultation and may change its processes where appropriate.

Appendix A: Detailed respondent profile

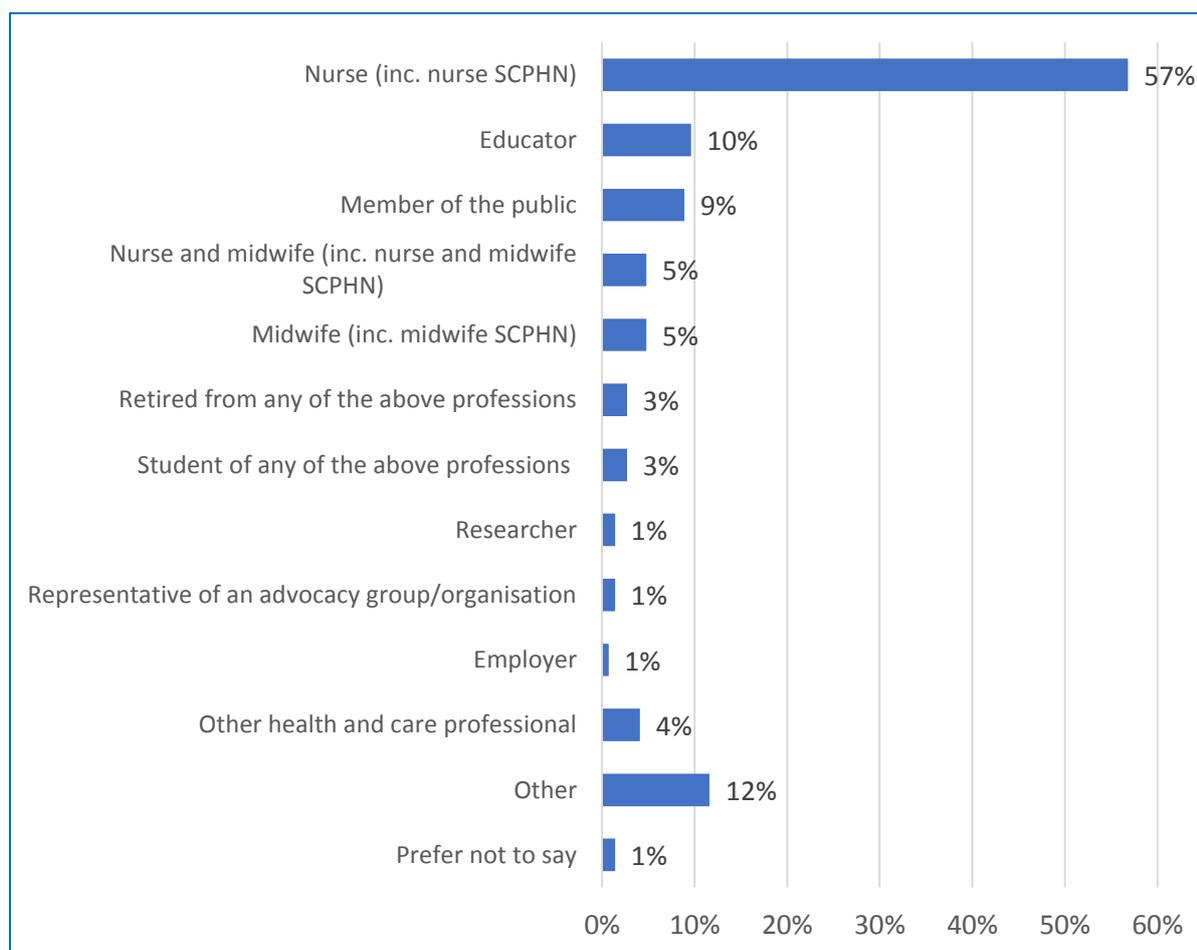
An overview of the respondent profile was provided in section 1.3. This Appendix provides a more detailed overview of the profile of respondents participating in this consultation.

Online consultation: Individuals

Over half of all survey respondents are nurses (including nurse SCPHN) (56%), some 9% are members of the public and classify themselves as 8% are educators. Some 5% of survey respondents are midwives (including midwife SCPHN), a similar proportion are nurse and midwives (including nurse and midwife SCPHN), and 4% are other health and care professionals. Most 'other' respondents (11% of those responding) note they are panel members, or are retired nurses or midwives.

The majority of respondents (91%) work in the same country where they live. Those who do not live and work across the border between England and Scotland.

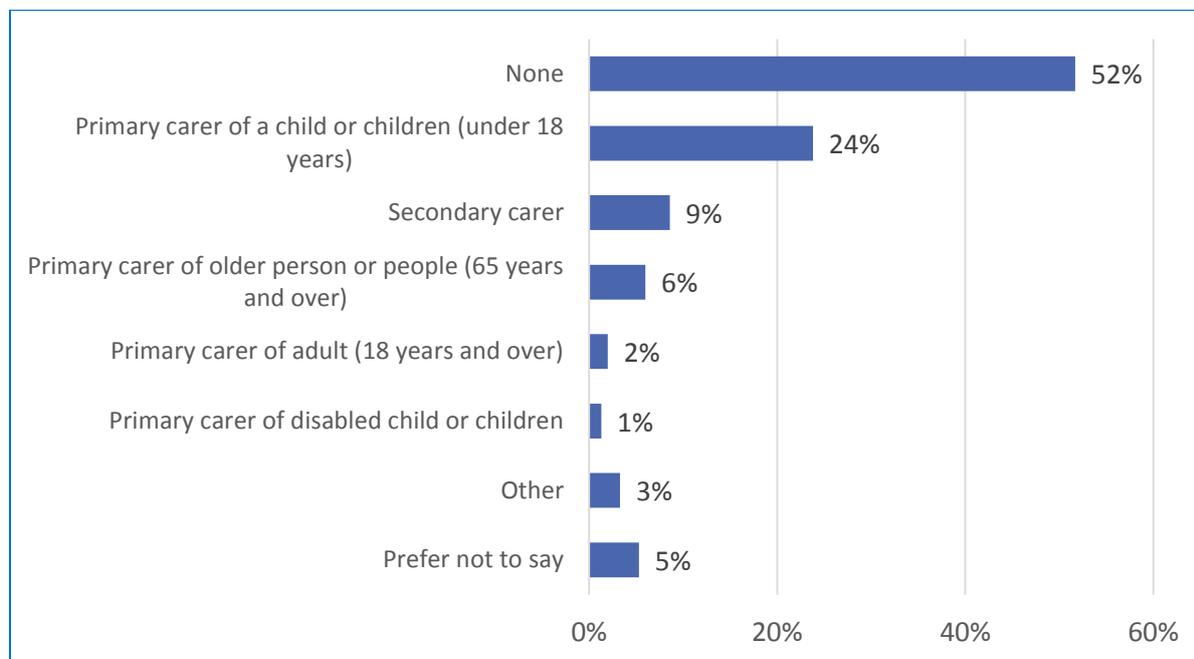
Figure 11 Respondent profile by role



Base: 146 respondents (multiple responses permitted). Source: NMC consultation, January 2021.

Most survey respondents have no caring duties (52%), while a third have primary care duties e.g., caring for a child or children under 18 years or caring for someone above the age of 65 years (33%). Some 9% of survey respondents have secondary care duties.

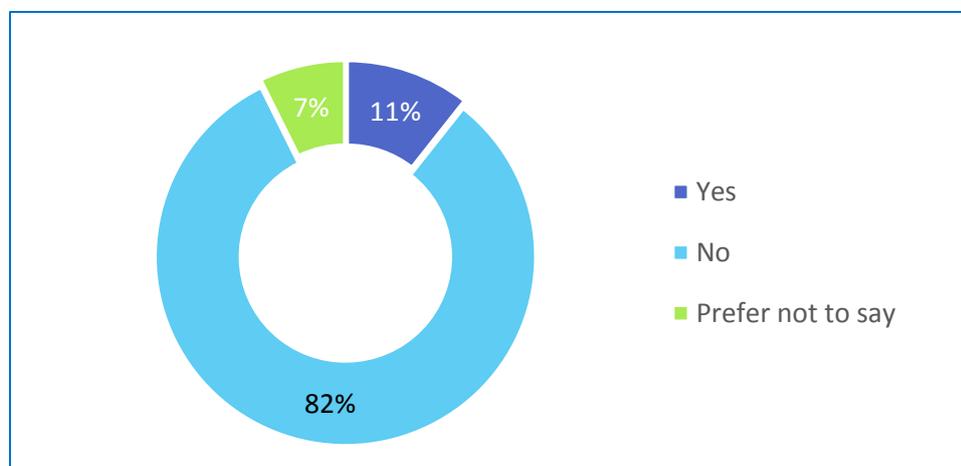
Figure 12 Respondent profile by caring responsibilities



Base: 151 respondents (multiple responses permitted). Source: NMC consultation, January 2021.

The majority of survey respondents state that they do not have a disability (82%). Of those 11% of respondents with a disability, 38% are deaf or have hearing loss, 25% have a mental health concern, and 25% have mobility issues.

Figure 13 Respondent profile by disability

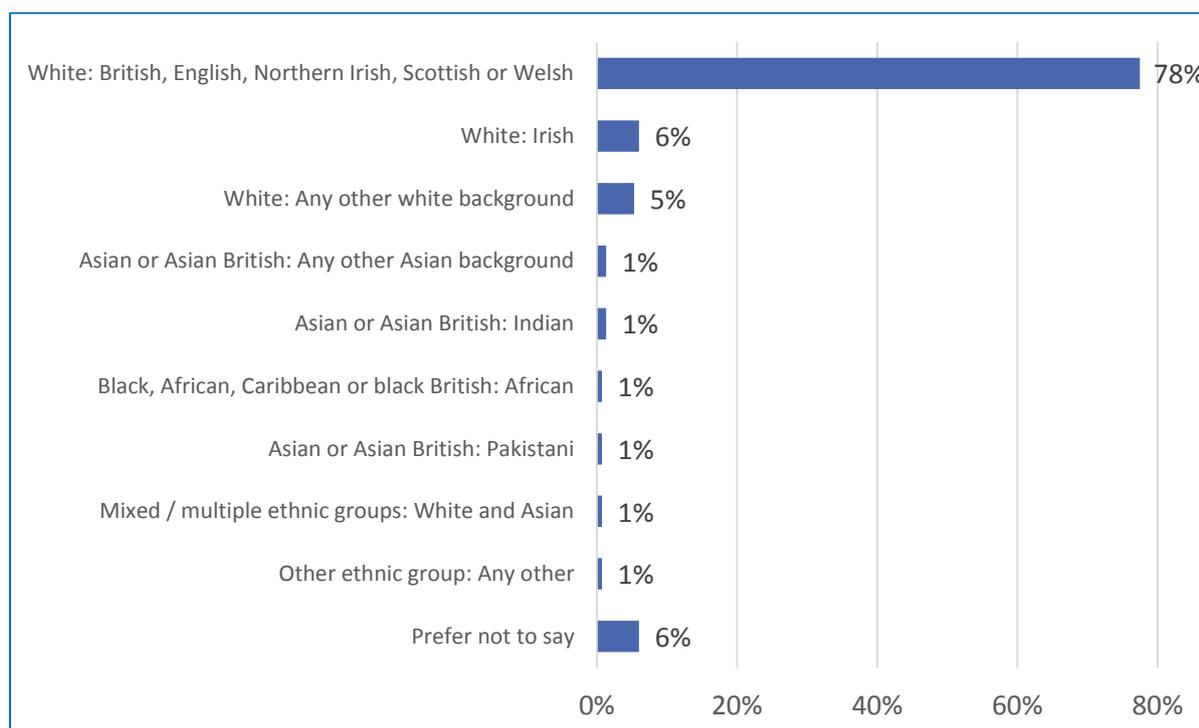


Base: 151 respondents. Source: NMC consultation, January 2021.

The majority of survey respondents are White British, English, Northern Irish, Scottish or Welsh (78%), with a minority stating they are White: Irish (6%) or any other white background (5%), and small minorities from other ethnic backgrounds. The qualitative research (focus groups and depths interviews) specifically sought to gain views from groups under-represented in the online consultation.

Two thirds of respondents describe themselves as British (68%), while 11% describe themselves as English, 8% as Scottish, 5% as Welsh, 1% as Northern Irish, and 3% as Irish.

Figure 14 Respondent profile by ethnicity



Base: 151 respondents. Source: NMC consultation, January 2021.

Three quarters of survey respondents describe themselves as heterosexual (76%), while 8% describe themselves as gay or lesbian, and 2% as bisexual. Some 13% prefer not to state their sexual orientation or do not identify with the options provided.

Over half of respondents describe themselves as Christian (52%), while a third state they have no religion or belief (34%). A very small number of respondents are Buddhist (1%), Jewish (1%), Muslim (1%), while one in ten (10%) prefer not to state their religion or belief.

Online consultation: Organisations

The four organisations responding to the online consultation are:

- General Medical Council
- Locala Community Partnerships
- NHS Education for Scotland
- University Hospitals Derby and Burton

Two of the four organisations taking part in the online survey officially represent the views of nurses, midwives, or nursing associates, and/or the public that share the following protected characteristics:

- Older (e.g. 65 years and over)
- Younger (e.g. under 18 years of age)
- Disabled (including mental health)
- Ethnic minorities
- Gender-based difference
- Lesbian, Gay and/or Bisexual
- Trans/gender diversity
- Pregnancy/maternity
- Religion or belief

Of the four responding organisations, one describes itself as a regulatory body, two as employers of nurses, midwives, and/or nursing associates, and one as being a national education organisation.

Two of the four responding organisations represent/work across the UK, while two do so in England, and one in Scotland.

The eight organisations responding to the consultation offline are:

- Health Education England
- Mencap
- Professional Standards Authority
- Royal College of Nursing
- Scottish Social Services Council
- Social Care Wales
- UNISON
- Unite

Qualitative research: Focus groups and depth interviews

In total, four focus groups were held with members of the public, each with a specific social group. One focus group was held with individuals from the Gypsy Roma Traveller community, one with refugees and asylum seekers, one with people with learning disabilities or autism, and one with individuals from minority ethnic groups.

A breakdown of participants in the depth interviews and focus groups is shown in the table.

Table 2 Respondent profile of qualitative research by social group

Group	No. of interviewees	No. of focus group participants	Total
Gypsy Roma Traveller communities	1	8	9
Refugee and asylum seekers	-	10	10
People with learning disabilities and autism	2	4	6
Carers	6	-	6
LGBT+ groups	11	-	11
Minority ethnic groups	5	9	14

Appendix B: Consultation questions

A public consultation on the use of our new powers arising from the coronavirus pandemic after the emergency period ends

Introduction

This survey asks for your views on the use of our emergency powers, which were introduced in response to the coronavirus pandemic in March 2020. At that time, the Department of Health and Social Care (DHSC) introduced some rules and gave us powers to make changes to our operating procedures in fitness to practise and registrations.

At our open Council session in July 2020, we committed to holding a full public consultation by 31 March 2021 on the changes brought in by the rules and the continued use of our powers. We also agreed not to use these powers beyond the end of March 2021 in a non-emergency period, without undertaking this consultation.

All responses to this survey are anonymous and you don't need to provide any personal information. We will ensure that all feedback we publish is fully anonymised so that no-one is identifiable.

If you can't submit your response using the online survey, please contact us at consultations@nmc-uk.org for an alternative format. You can also use this email address if you have any questions.

All consultation questions are optional except for the 'About you' questions. This shows us if we have engaged with a diverse and broad range of people. Responses on behalf of organisations will be analysed separately from responses from individuals, so it's important that we know which capacity you are responding in.

If you're responding on behalf of an organisation we'll ask for your name and the organisation's name. However, you have the option to remain anonymous if you wish.

The consultation will run from **4 November 2020 until 15 January 2021**.

Any responses received after this time won't be included in the analysis of the consultation responses.

The consultation

Fitness to practise and registration appeals and hearings

We'd like to continue holding hearings virtually once the emergency period ends, so long as we can do so in a way which is practical and fair for everyone involved.

Q1. Do you think there are any reasons why we shouldn't continue to hold hearings virtually, once the emergency period ends?

- Yes
- No
- Don't know

Please explain your answer here:

Public access

Our rules say that our hearings must be open to the public except in certain circumstances, such as when someone's health is being discussed. Our current approach to virtual hearings is to allow observers to have audio access from their own private setting. We don't currently allow observers to have remote visual access to our virtual hearings. If observers want to view a virtual hearing, they can attend our hearings centre and we will display the virtual hearing on a screen where we have capacity to do so.

**Q2. How do you think that members of the public should have access to our virtual hearings?
(Please select as many as apply)**

- Audio access from their own private setting
- Video access from their own private setting
- Video access from a hearing centre

Please explain the reasons for your answer:

Constitution of panels

- The changes to our rules allow us to hold meetings and hearings where:
- we do not have a panel member who is a nurse, midwife or nursing associate
- we have panels of two panel members rather than three.

We don't intend use our power to have a panel without a nurse, midwife or nursing associate member, outside of a national emergency.

Q3a. Do you agree with this approach?

- Yes
- No
- Don't know

Q3b. Do you think there are any other circumstances where it would be reasonable for us to have a panel without a registrant member?

We would use our power to have a panel of two members (i.e. one lay member and one nurse, midwife or nursing associate) in exceptional circumstances only. Our current approach where a panel has started hearing a matter and one panel member is unable to continue (for example, due to illness or incapacity), is to carry on with the hearing with a new panel member. We intend to continue with our current approach, however we are interested in hearing your views as to whether there are circumstances where we could have panels with two members.

- Yes
- No
- Don't know

Q3c. What do you think the exceptional circumstances should be where we would have a panel with two members?

Sending notices of meetings and hearings

The changes to our rules allow us to send notices of our hearings and meetings by email.

Q4. Do you think we should continue to send notices of our hearings and meetings by secure email?

- Yes

- No
- Don't know

Please explain the reasons for your answer:

Revalidation and fee payment

We only grant revalidation and fee payment extensions in limited circumstances. This may be, for example, where there has been an unforeseen event such as illness or a recent bereavement that has prevented a nurse, midwife or nurse associate from completing their revalidation application or paying their fee on time.

Q5. Do you think we should continue to grant revalidation and fee payment extensions in limited circumstances such as those outlined above?

- Yes
- No
- Don't know

Please explain the reasons for your answer:

Q6. If there is anything else you would like to comment on in relation to whether and how we should use our powers under the rules after the emergency period ends, please do so here.

About you

If you are responding in this section, this is how we will use the data you provide.

Q1. Are you responding as an individual or on behalf of an organisation? (Select only one)

- Individual
- Organisation
- Other

If other, please give details:

Responding as an individual

Q2. Which of the following best describes you?:

- Nurse (including nurse SCPHN)
- Midwife (including midwife SCPHN)
- Nurse and midwife (including nurse and midwife SCPHN)
- Nursing associate
- Student of any of the above professions
- Retired from any of the above professions
- Other health and care professional
- Member of the public
- Representative of an advocacy group/organisation
- Educator
- Employer
- Researcher
- Prefer not to say
- Other

If other, please give details:

Q3. What is your country of residence? (Select one option only)

- England
- Northern Ireland
- Scotland
- Wales
- EEA/EU
- Outside of the EU/EEA
- Prefer not to say

Q4. Do you work in the same country where you live?

- Yes
- No
- Not applicable/Not working

Q4b. If no, please tell us which country you work in: (Select one option only)

- England
- Northern Ireland
- Scotland
- Wales
- EEA/EU
- Outside of the EU/EEA
- Prefer not to say

Responding as an organisation

Q2. Does your organisation officially represent the views of nurses, midwives or nursing associates and/or the public that share any of the following protected characteristics? (Select all that apply)

- Older (e.g. 65 years and over)
- Younger (e.g. under 18 years of age)
- Disabled (including mental health)
- Ethnic minorities
- Gender-based difference
- Lesbian, Gay and/or Bisexual
- Trans/gender diversity
- Pregnancy/maternity
- Religion or belief

Q3. Please select the options that best describe the type of organisation you are representing: (Select all that apply)

- Government department or public body
- Local authority
- Regulatory body
- Professional organisation or trade union
- Employer of nurses, midwives and/or nursing associates
- Agency for nurses, midwives and/or nursing associates
- Education provider

- Consumer or patient organisation
- Charity/voluntary sector
- Other, please give details:

Q4. Does your organisation represent/work in any of the countries/regions below: (Select all that apply)

- England
- Wales
- Scotland
- Northern Ireland
- UK wide
- EEA
- Outside EEA

Q5. Please tell us the name of your organisation:

Q6. Please tell us your name:

Q7. Please tell us your job title:

Q8. Would you be happy for your comments to be attributed to your organisation in reporting?

- Yes, I am happy for my comments to be attributed to my organisation.
- No, please keep my responses anonymous.
- Other

If other, please specify:

Diversity monitoring

Please complete this survey about your background.

We are committed to treating everyone fairly and meeting our legal responsibilities under the Equality Act 2010 and related legislation. We will use this information to better understand if we are engaging with a diverse and broad range of people. In this section we ask for information about your background. Specifically, we use this information when we analyse responses to make sure we understand the impact of our proposals on diverse groups. Although we will use this information in the analysis of the consultation response, we will not publish this information linked to your individual feedback.

Giving us this information is optional and will be anonymised in publication/reports.

Q1. What is your age?

- Age under 20
- Age between 21–30
- Age between 31–40
- Age between 41–50
- Age between 51–55
- Age between 56–60
- Age between 61–65
- Age between 66–70
- Age between 71–75
- Age above 75

- Prefer not to say

Q2. Do you have caring responsibilities? (Please select all that apply)

- None
- Primary carer of a child or children (under 18 years)
- Primary carer of disabled child or children
- Primary carer of disabled adult (18 years and over)
- Primary carer of adult (18 years and over)
- Primary carer of older person or people (65 years and over)
- Secondary carer
- Prefer not to say
- Other

If other, please specify:

The Equality Act 2010 defines a person as disabled if they have a physical or mental impairment, which has a substantial and long-term (i.e. has lasted or is expected to last at least 12 months) adverse effect on the person's ability to carry out normal day-to-day activities.

Q3. Do you have a disability?

- Yes
- No
- Prefer not to say

Q3b. If you answered yes to the question above - please tell us if any of the below apply to you:

- Blind or sight loss
- Deaf or hearing loss
- Mobility
- Manual dexterity
- Learning disability
- Mental health concern
- Speech impairment
- Cognitive disability
- Other impairment - e.g. epilepsy, cardiovascular conditions, asthma, cancer, facial disfigurement, sickle cell anaemia, or progressive conditions such as motor neurone disease
- Prefer not to say

If other, please specify below:

Q4. What is your ethnic group? (Please select only one option)

- White: British, English, Northern Irish, Scottish or Welsh
- White: Irish
- White: Gypsy or Irish traveller
- White: Any other white background
- Mixed or multiple ethnic groups: White and black Caribbean
- Mixed or multiple ethnic groups: White and black African
- Mixed or multiple ethnic groups: White and Asian
- Mixed or multiple ethnic groups: Any other mixed or multiple ethnic background
- Asian or Asian British: Indian

- Asian or Asian British: Pakistani
- Asian or Asian British: Bangladeshi
- Asian or Asian British: Chinese
- Asian or Asian British: Filipina/Filipino
- Asian or Asian British: Any other Asian background
- Black, African, Caribbean or black British: Caribbean
- Black, African, Caribbean or black British: African
- Black, African, Caribbean or black British: Any other black, African, or Caribbean background
- Other ethnic group: Arab
- Other ethnic group: Any other ethnic group
- Prefer not to say

Q5. What is your gender?

- A woman
- A man
- Other, or self-describe
- Prefer not to say

If other or self-describe, please specify:

Q6. Does your gender identity match your sex as registered at birth (or within 6 weeks)?

- Yes
- No
- Prefer not to say

Q7. How would you describe your national identity? (Please tick all that apply)

- British
- English
- Irish
- Northern Irish
- Scottish
- Welsh
- Other
- Prefer not to say

If other, please specify below:

Q8. What is your religion or belief?

- No religion
- Buddhist
- Christian
- Hindu
- Jewish
- Muslim
- Sikh
- Any other religion
- Prefer not to say

If any other religion, please describe:

Q9. Which of the following options best describes your sexual orientation?

- Bisexual
- Gay or lesbian
- Heterosexual or straight
- Prefer not to say
- Other

If other, please specify:

This completes the consultation. Please click on the 'Submit' button (or tick icon) to submit your responses.