

Nursing and Midwifery Council consultation on registration fees

Purpose of this consultation

- 1 The purpose of this consultation is to seek views on our proposal to increase the annual registration fee to £120 and whether or not, in principle, future fees should be linked to inflation.

Alternative formats or assistance

- 2 If you would like any information in an alternative format, or help with completing this survey, please email consultations@nmc-uk.org or telephone Angeline Burke on 020 7681 5878.

About the NMC

- 3 We are the statutory regulator for nursing and midwifery in the UK. We are required by parliament to safeguard the health and wellbeing of the public. We set standards of education, training, conduct and performance for nurses and midwives, and hold the **register** of those who have qualified and meet those standards. We provide guidance to help nurses and midwives keep their skills and knowledge up to date and uphold our professional standards. We have clear and transparent processes to investigate and address concerns about nurses and midwives who fall short of our standards.

Professional statutory regulation

- 4 Registration with the NMC is, in effect, a licence to practise and is compulsory for any nurse or midwife wishing to practise in the UK. It provides patients, employers and the public with assurance that a person is fully qualified, trained and capable of safe and effective practice and is someone worthy of public trust and confidence.
- 5 In common with doctors, dental nurses, solicitors, opticians, architects and other professionals, nurses and midwives pay an annual registration fee. It is currently amongst the lowest of the fees charged by healthcare regulators.

How we are funded

- 6 Under the Nursing and Midwifery Order 2001 (the order) our funds come primarily from the registration fees of nurses and midwives. The registration fee, currently set at £76 has remained unchanged since 2007. With a register of over 670,000 this provides us with a total annual income of approximately £53 million. Our income must cover all our regulatory activity including **quality assurance of education**, maintenance of the register, development of standards, **statutory**

supervision of midwives and the processing of **fitness to practise cases**. Together these are the core functions that we carry out to ensure the health and wellbeing of the public.

The challenges we face

- 7 We are facing a number of very serious challenges to our ability to protect the public and our ability to deliver, efficient, effective and economic regulation.

Fitness to practise

- 8 Along with the other UK healthcare regulators we have experienced a significant increase in our workload due to the soaring rate of fitness to practise **referrals**. Recent high profile failures of care may have encouraged the public, nurses, midwives and others to be more willing to challenge poor standards of care. Additionally, patients and the public are becoming increasingly aware of the existence of statutory regulation and its purpose. The concerns that they raise must be considered in a timely and efficient manner.
- 9 We have experienced an unprecedented 48 percent increase in fitness to practise referrals against nurses and midwives since 2009-2010. Cases have also become more complex. This has in turn led to significant increases both in the average length of time taken to conduct investigations and in the length of fitness to practise **hearings**. Currently there are approximately 4,500 cases at various stages in our fitness to practise system.

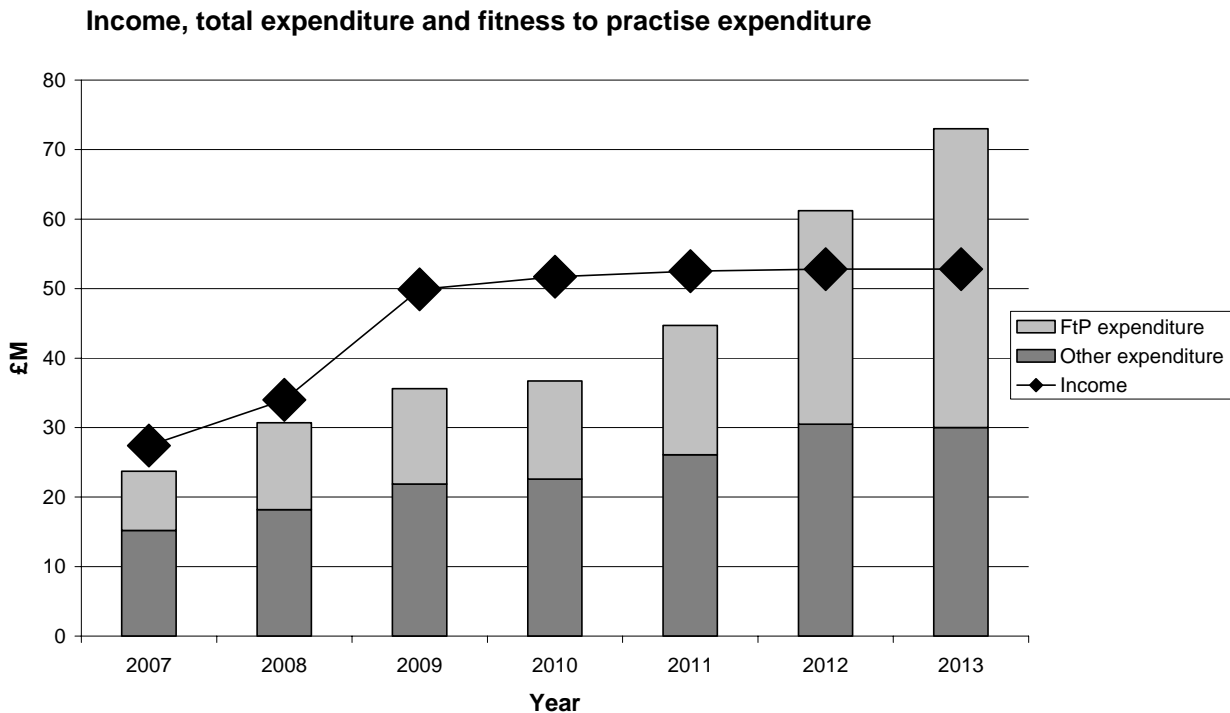
Inflation

- 10 Had we increased the annual registration fee in line with inflation it would now be £86 per year. We have absorbed inflationary pressures but we can no longer do this in light of the major increases in our workload. We will not be able to protect the public if we continue to try to do so.

Our current financial position

- 11 As stated above our total annual income is approximately £53 million. Our current expenditure exceeds this amount and we are having to spend money from **reserves**.
- 12 Direct expenditure on fitness to practise in 2011-2012 was £31 million, a 50 percent increase on the previous year. Total NMC expenditure was £61 million and total income was £53 million, creating a deficit of £8 million which was funded by our reserves.
- 13 To deal with our fitness to practise caseload in 2012-2013 we forecast that our expenditure will be £43 million. This, together with the costs of our other core regulatory and support functions will increase total expenditure to £73 million. To continue at this level of activity with our current income level is not sustainable. We would have no choice but to scale back our fitness to practise activity so that we could then live within our means. This would, however, mean that we would be failing in our duty to protect the public.

- 14 This is illustrated in the graph below, which shows actual expenditure and income for the last six years, together with our projection for 2012-2013, assuming our income stays at its current level.



- 15 In common with all public bodies we have a duty to ensure that our resources are allocated in the most appropriate and effective manner and that cost effectiveness is achieved in all areas of the business. It would, therefore, have been inappropriate to consider a rise in registration fees without also implementing a cost effectiveness strategy and efficiency programme across the organisation.
- 16 Our projections for future years take into account significant efficiency savings which we are working to deliver. These include cost savings of £8.5 million per year in fitness to practise, and annual savings of £4 million as a result of an organisational restructure. We have also brought in a pay freeze for all but the lowest paid members of our staff and we have stopped or reduced activity in a number of areas to allow us to focus on our core regulatory functions. Though significant, these savings will not bridge the funding gap.
- 17 In considering a rise in registration fees we are acutely aware of the difficult financial and economic situation that many nurses and midwives are currently experiencing. We also acknowledge the challenges of delivering care in the current climate. We are aware, therefore, that seeking to increase the registration fee at this point will, for some, be unpalatable. However, if we are to continue to protect the public our financial base must correctly reflect the resources needed to carry out these responsibilities.

About this consultation

- 18 Before varying any of the registration fees, we are required, under article 7(3) of the order, to consult with representatives of any group of persons we consider

appropriate. Article 7(2) of the order requires the registration fees to be set out in rules and, in accordance with article 47(3) of the order, we are similarly required to consult representatives of any group of persons who appear likely to be affected by any proposed changes to those rules.

- 19 In view of the challenges we face and the impact that these have on our ability to deliver our core statutory functions, the Council has agreed to consult on a proposal to increase the registration fee to £120 per year. We are also seeking views on whether or not, in principle, future fees should be linked to inflation.

Next steps

- 20 This consultation will run from Friday 1 June to noon on Friday 24 August 2012. Any responses received after this time will not be included in the analysis of the consultation responses.
- 21 Following the closing date, responses will be analysed by an independent research company and a report of the consultation will be produced. We will publish the findings and use these to inform our decision about setting a new fee. Once we have agreed the level of fee we will seek agreement from the Privy Council.
- 22 We anticipate that any new registration fees will come into effect on 1 January 2013.

Your response to this consultation

- 23 It is important that you read the following information before completing the survey. It may also be helpful for you to see our responses to frequently asked questions related to the proposed fee increase.

Questions

- 24 All questions are optional except for the question which asks whether you are responding as an individual or an organisation. Responses from individuals and organisations will be analysed separately, so it is important that we know in which capacity you are responding.
- 25 Where you are invited to comment, unless otherwise stated, there is a limit of approximately 300 words.

Further reading

- 26 Words that appear in the text in bold are explained in our glossary. This information is available on the consultations section of our website www.nmc-uk.org.

Submitting the survey

- 27 As this is an anonymous survey, it will not be possible to view or amend your response after you have submitted it unless you supply your contact details. This is because your contact details will be needed to identify your response. Please

note that the survey closes at noon on 24 August and that amendments can only be made up until then. Your contact details will not be used for any purpose other than allowing Alpha Research Ltd to locate your response.

- 28 If you would prefer not to submit your response using the online survey you may post or email it directly to Alpha Research Ltd at the following addresses:
- 28.1 Alpha Research Ltd, Oxford House, 112 High Street, Thame, Oxfordshire, OX9 3DZ.
- 28.2 **9649nmc@alpharesearch.co.uk**
- 29 It would help with the analysis if, when you respond, you follow the format for the online survey. Please also indicate whether you are responding as an individual or on behalf of an organisation.

The consultation

Current registration fee

- 30 If we do not raise the registration fee this will have significant implications for our ability to fulfil our statutory duty to protect the public. In order to maintain financial stability at our current total annual income level of £53 million we would have to scale back our fitness to practise activity. We would be forced to substantially reduce the number of fitness to practise hearings we hold. At this level we will never eliminate our historic fitness to practise cases, and the number of cases awaiting a hearing will continue to increase at an unacceptable rate. This would be unfair on those nurses and midwives who are the subject of allegations and patients, members of the public, and employers who have made allegations.
- 31 Maintaining our current level of income would mean that we would also have to scale back other regulatory activity and would not, for example, be able to deliver an appropriate model of revalidation. We would also have insufficient funds to support our information technology (IT) systems which are key to maintaining our register and supporting other regulatory functions.
- 32 In summary, if we maintain our current level of income we would be unable to fulfil our statutory duty to protect the public.

Proposed fee increase to £120

- 33 On the basis of our projections for the next three years we have concluded that a fee of £120 per year is necessary to allow us to protect the public whilst maintaining our financial stability. A schedule of proposed fees is attached.
- 34 Setting the fee level at £120 would enable us to deliver our fitness to practise and other regulatory activity to the required level. This would allow us to:
- 34.1 Meet the unpredictable demands of increasing fitness to practise referrals by providing an effective and efficient fitness to practise process.
- 34.2 Meet our fitness to practise key performance indicators.

- 34.3 Deliver an appropriate and cost-effective model of revalidation.
- 34.4 Invest in our IT systems at an appropriate level to ensure that they continue to be fit for purpose and are able to support the business need, including maintaining the register.
- 34.5 Meet our required available reserve levels by 2014-2015, and maintain these with reasonable cover for unforeseen events.

Tax relief

- 35 Registration fees are tax deductible for UK tax payers and may be claimed by nurses and midwives on their tax return or on application to their tax office after they have paid their fee to the NMC. Standard rate tax payers, therefore, benefit from a 20 percent discount in their renewal and retention fee.
- 36 This means that for those who could claim £24 in tax relief from their tax office the proposed new registration fee would in effect be reduced by £24 to £96 per year.
- 37 There are three different ways in which nurses and midwives can claim back tax relief on their registration fees:
 - 37.1 By providing details of the payment on their tax return.
 - 37.2 By writing to their tax office, providing their national insurance number and details of the payment.
 - 37.3 By obtaining form P358 from their local tax enquiry office and sending the completed form to their tax office.

Based on the above do you agree or disagree that the registration fee should be increased to £120?

- Agree Disagree Not sure Have no opinion

If you would like to give reasons for your answer you may do so here.

Approach for setting registration fees in the future

38 Looking forward we are considering whether it might be possible to use different models on which to determine any future fee levels. We are taking this opportunity to gauge whether or not there is, in principle, agreement with the idea of linking fee levels to inflation. We will, of course, consult fully on how this might be implemented should we decide to take this option forward.

In principle do you agree or disagree that the level of the registration fee should be linked to inflation?

Agree

Disagree

Not sure

Have no opinion

Q1 Are you responding as an individual or on behalf of a group or organisation?

- As an individual Go to Q2 On behalf of an organisation Go to Q4

Q2 Are you a...

(Tick all that apply)

- Registered nurse or midwife
 Nursing or midwifery student
 Member of the public, service user or carer
 Other (specify below)

Other:

Q3 Please tell us where you live.

- England Northern Ireland
 Scotland Wales
 Other (specify below)

Other:

Q4 Please tick ONE box which best describes the type of organisation you represent.

- Government department or public body
 Regulatory body
 Professional organisation or trades union
 NHS employer of nurses or midwives
 Independent sector employer of, or agency for, nurses or midwives
 Consumer or patient organisation
 Other (specify below)

Other:

Q5 Please give the name of your organisation.

Q6 Would you be happy for your comments in this consultation to be identified and attributed to your organisation in the reporting, or would you prefer that your response remains anonymous?

- Happy for comments to be attributed to my organisation
 Please keep my response anonymous

Q7 Please state where your organisation mainly operates.

- | | |
|---|--|
| <input type="checkbox"/> UK-wide | <input type="checkbox"/> England |
| <input type="checkbox"/> Northern Ireland | <input type="checkbox"/> Scotland |
| <input type="checkbox"/> Wales | <input type="checkbox"/> Other (specify below) |

Other:

Diversity monitoring questions

You may, if you wish, answer one or both of questions 1 and 2

Q1 Do you identify as:

A man A woman

Q2 Is your gender identity inconsistent with (different from) the sex you were assigned at birth?

Yes No

Q3 Please indicate your sexual orientation.

Bisexual Gay or lesbian Heterosexual Prefer not to answer

Q4 Please indicate your marital status.

Single Married Civil partnership

Q5 Do you have a disability?

Disability in this context means a 'physical or mental impairment which has a substantial and long term adverse effect on a person's ability to carry out normal day-to-day activities'.

Yes No Prefer not to answer

Q6 Please choose ONE section from (a) to (f) to indicate your ethnic group. Please tick the appropriate box in that section to indicate your background.

(a) White

British
 Irish
 Any other White background (please state below)

(b) Black or Black British

Caribbean
 African
 Any other Black background (please state below)

(c) Mixed group

White and Black Caribbean
 White and Black African

- White and Asian
- Any other Mixed background (please state below)

(d) Asian or Asian British

- Indian
- Pakistani
- Bangladeshi
- Any other Asian background (please state below)

(e) Chinese

- Chinese
- Any other Chinese background (please state below)

(f) Other

- Any other background (please state below)
- Prefer not to answer

Q7 Please indicate your age range.

- Under 20 20 - 29 30 - 39 40 – 49
- 50 – 59 60 – 65 66+ Prefer not to answer

Q8 I would describe my religious background/beliefs as.

- Buddhist Christian Hindu Jewish
- Muslim Sikh
- I have no religious beliefs
- Prefer not to answer
- Other (please state below)

Consultation monitoring questions

We would appreciate it if you would answer a few questions about your experience of this consultation.

Q1 How did you find out about this consultation?

- | | | | | | |
|----------------|--------------------------|---------------------------------------|--------------------------|------------|--------------------------|
| NMC website | <input type="checkbox"/> | RCM website | <input type="checkbox"/> | NMC event | <input type="checkbox"/> |
| RCN website | <input type="checkbox"/> | NMC newsletter | <input type="checkbox"/> | University | <input type="checkbox"/> |
| Email from NMC | <input type="checkbox"/> | Friend/colleague | <input type="checkbox"/> | RCM event | <input type="checkbox"/> |
| RCN event | <input type="checkbox"/> | social media (eg Facebook or Twitter) | <input type="checkbox"/> | | <input type="checkbox"/> |

Other (please state below)

Q2 How far do you agree or disagree that ...

- | | Strongly agree | Tend to agree | Neither agree nor disagree | Tend to disagree | Strongly disagree |
|--|--------------------------|--------------------------|----------------------------|--------------------------|--------------------------|
| You know what this consultation can and cannot influence? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| You have been provided with enough information on the subject? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| The consultation documents were easy to understand? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| It was easy to give your views? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Q3 How do you think this consultation could be improved?

Q4 Would you like to sign up to the NMC's email newsletter – a monthly update on the NMC, our publications and events? If so, please indicate which one and give your email address below.

- Communications newsletter – keep abreast of the latest news and events at the NMC
- Employers newsletter – for employers of nurses and midwives (including Human resources)
- Educators newsletter - for anyone with an interest in nursing and midwifery education
- Public newsletter – for the general public
- None of the above

Email address:

Thank you for taking the time to complete this survey