

NMC response to Health Education England consultation 'Facing the Facts, Shaping the Future'

Summary

In responding to Health Education England's 'Facing the fact, Shaping the future' consultation we have focused our response on a number of key areas which we believe are essential for ensuring effective workforce planning:

- 1.1 Ensuring clarity and accountability for workforce planning are achieved and that workforce strategies will be consistent and aligned across the UK;
- 1.2 Making sure that nurses and midwives continue to deliver safe and effective care in line with the NMC Code, including that nurses and midwives have a professional duty to act or speak out if quality and safety may be compromised;
- 1.3 That there is a reliable, national data set from across all health and care professions to drive evidence-based workforce planning;
- 1.4 How our new education Standards will ensure that the workforce of tomorrow have the right skills and knowledge to deliver care in a changing environment;
- 1.5 The importance of CPD and work-based learning by the current nursing and midwifery workforce, which will ensure a highly skilled and valued profession; and
- 1.6 How we are focussed on reviewing our approach to overseas registration to ensure it is straightforward and cost-effective, whilst maintaining robust controls to ensure public protection is maintained.

Introduction

1. We exist to protect the public by regulating nurses and midwives in the UK. We do this by setting standards of education, training, practice and behaviour so that nurses and midwives can deliver high quality healthcare throughout their careers.
2. We maintain a register of nurses and midwives who meet these standards, and we have clear and transparent processes to investigate nurses and midwives who fall short of our standards.

3. We welcome the opportunity to respond to this HEE consultation on a workforce strategy for England to 2027. We support the six principles outlined in the draft¹ strategy and look forward to these being embedded in workforce planning.
4. Although our role is regulation, we acknowledge the importance of working together to deliver the right workforce with the right skills and education to meet the challenges of the future. Here we outline the main issues for consideration from our professional regulatory perspective.

Context

5. Delivering the right workforce for the NHS is critical but complex and must take account of multiple factors. The workforce must be matched to patients' changing needs and is as much about skill-mix as numbers, about other staff as well as nurses and midwives and different care settings, not just hospitals.
6. This draft strategy is a welcome step towards a long-term workforce plan which embraces the healthcare professions. As the UK-wide regulator for the nursing and midwifery professions, we strongly believe it is vital that clarity and accountability for workforce planning are achieved and we seek assurance that workforce strategies will be consistent and aligned across the UK.
7. Workforce strategies need to support the ability of health professionals to work across non-traditional or professional boundaries. Our new Standards for education support this, through emphasis on person centred care and by encouraging greater exposure across care settings.
8. The workforce solutions of the past are no longer the solutions for the future. Society's health and care challenges are changing and so must the way we tackle them. It is well established that we have an aging population and we know that around 15 million people in England currently have a long-term condition.² We need a workforce skilled and flexible enough to respond to shifting demands and a population with complex care needs.

Issues for consideration

Professional responsibilities

9. The draft strategy recognises that nursing is one of the most trusted professions in the country. We must continue to ensure that nurses and midwives deliver safe and effective care in line with The Code (the professional standards that nurses

¹ Securing the supply of staff; Enabling a flexible and adaptable workforce through our investment in educating and training new and current staff, providing broad pathways for careers in the NHS; Widening participation in NHS jobs so that people from all backgrounds have the opportunity to contribute and benefit from public investment in our healthcare; Ensuring the NHS and other employers in the system are inclusive modern model employers; Ensuring that service, financial and workforce planning are intertwined, so that *every significant policy change has workforce implications thought through and tested

² <https://www.kingsfund.org.uk/projects/time-think-differently/trends-disease-and-disability-long-term-conditions-multi-morbidity>

and midwives must uphold in order to be registered to practise in the UK) and continue to be a widely trusted profession.³

10. Environmental factors like staffing levels can affect nurses' or midwives' ability to uphold the values of the Code. The Code says that:

You must put the interests of people using or needing nursing or midwifery services first. You must make their care and safety your main concern and make sure their dignity is preserved.

11. It also sets out that a nurse or midwife has a professional duty to act or speak out if quality and safety may be compromised:

You must raise and, if necessary, escalate any concerns you may have about patient or public safety, or the level of care people are receiving in your workplace or any other healthcare setting and use the channels available to you in line with our guidance and your local working practices.

Nurses and Midwives registered with the NMC

12. As of the 31 March 2017, there were 690,773 nurses and midwives on our register.⁴

13. In July 2017⁵, we published data which showed that for the first time there were more nurses and midwives leaving the register than joining it. Figures published in November 2017 show that trend continuing.⁶

14. The number of UK graduates leaving the profession increased by nine percent between July 2016 and July 2017, while the number joining remained steady. The number of nurses and midwives from the EU/EEA leaving the register increased by 67 percent, while the number joining the register from this cohort dropped dramatically by 89 percent. This has resulted in an overall reduction in the number of nurses and midwives registered to work in the UK.

15. Our data also reveals that around 200,000 nurses and midwives are over 51, suggesting around one third will be leaving the register over the next ten years.

16. We expect to publish new data in April.

17. We surveyed people who had left the register between June 2016 and May 2017. These former registrants were invited to indicate their top three reasons for

³ <https://www.nmc.org.uk/globalassets/sitedocuments/nmc-publications/nmc-code.pdf>

⁴ https://www.nmc.org.uk/globalassets/sitedocuments/annual_reports_and_accounts/edi/edi-report-2016-2017.pdf

⁵ <https://www.nmc.org.uk/news/news-and-updates/new-figures-show-an-increase-in-numbers-of-nurses-and-midwives-leaving-the-professions/>

⁶ <https://www.nmc.org.uk/news/news-and-updates/increasing-number-nurses-midwives-leaving-profession-major-challenges/>

leaving the register and we received 4,544 responses.⁷ Excluding retirement, the top reasons given for leaving included:

17.1 Working conditions, including issues such as staffing levels and workload - 44%;

17.2 A change in personal circumstances, such as ill health or caring responsibilities - 28%; and

17.3 A disillusionment with the quality of care provided to patients - 27%.

18. The HEE draft strategy will need to define how this type of data and insight will be used collectively across healthcare sectors to contribute to evidence-based workforce planning. Developing a national data set to assist workforce planning is something we fully support and reflects the call for nursing workforce data from the recent House of Commons Health Select Committee report.⁸ We will continue to share information which is of value to those leading this work.

Brexit

19. EEA-trained nurses and midwives and other health and care professionals form a key part of the current configuration of the UK health and care workforce and provide care in a variety of settings, including hospitals, care homes and primary care.

20. Our survey of individuals who had left the register received 247 responses from former registrants trained in the EEA. Their top three reasons for leaving the register were:

21.1 That they had left or were planning to leave the UK - 58%;

21.2 Brexit had encouraged them to consider working outside the UK – 32%; and

21.3 Working conditions, for example staffing levels, workload – 32%.

21. A successful workforce strategy for the future will have to take account of wider political challenges such as the UK's decision to leave the EU. To reduce the risk of the UK being exposed to a systemic shortage of nurses and midwives, we encourage the Government to consider how this could be addressed, including by expanding the domestically trained workforce and considering the impact of changes to student bursaries.⁹

22. In regard to our own registration and recognition functions we believe that the following are of paramount importance when the UK leaves the EU:

⁷ <https://www.nmc.org.uk/globalassets/sitedocuments/other-publications/nmc-register-2013-2017.pdf>

⁸ <https://publications.parliament.uk/pa/cm201719/cmselect/cmhealth/353/353.pdf>

⁹ <https://www.nmc.org.uk/globalassets/sitedocuments/consultations/nmc-responses/2017/mac-eea-workers-uk-labour-market.pdf>

- 23.1 We are able to achieve parity between our processes for registration of EEA and non-EEA trained nurses and midwives. This would mean that we would be able to assure the competence of EEA trained nurses and midwives before they entered the register, as well as requiring that applicants had undertaken recent practice as a nurse or midwife, as we do with non-EEA applicants; and
- 23.2 That where possible within legislation, the UK (and NMC) is still able to access, and share fitness to practise data with, other EU countries to maintain public protection. This will continue to be important if the UK remains a destination for large numbers of healthcare professionals.

Overseas registration policy review

23. Like those trained in the EEA, overseas nurses and midwives are a vital part of the UK health care workforce. Approximately 10% of those joining the register do so from outside the EU, with the majority of overseas registrants coming from the Philippines and India.
24. Our role is to protect the public and therefore, we must have processes in place that mitigate against the risk of individuals joining the register who are not fit to practise regardless of where nurses and midwives are trained
25. We are committed to ensuring that the process of registration is as straightforward as possible and cost-effective for the applicants, whilst at the same time maintaining robust controls to ensure public protection is maintained.
26. We are currently reviewing our overseas registration process to ensure we have a new process for overseas applicants to the nursing associate register when that comes into existence in early 2019; to ensure our overseas processes are aligned with the changes we will be introducing as we bring in new education Standards; and to ensure that the process is as efficient and cost effective as it can be without compromising patient safety,
27. We are a key gatekeeper for both UK and non-UK trained nurses and midwives. Wherever our registrants come from, it is our duty to ensure they have the right skills to deliver complex care which are demonstrable against our standards.

CPD and retention

28. As our data shows, the emphasis must no longer solely be on routes into professions, but also on retention. Recent reports by the Royal College of Nursing's and Royal College of Midwives highlight that health and care sectors are struggling to both recruit and retain nurses.^{10,11}
29. There is a huge opportunity to enhance the role of nursing and midwifery and ensure future generations are attracted to the profession in greater numbers. We know that a key part of ensuring workforce retention is continuing professional

¹⁰ <https://www.rcn.org.uk/professional-development/publications/pdf-006682>

¹¹ <https://www.rcm.org.uk/news-views-and-analysis/news/gathering-storm-threatens-maternity-services>

development. Not only does this ensure people have updated and evidence-based skills, but crucially that the profession feels valued. This in turn should encourage people to stay.

30. To ensure public safety, it is essential that we reverse the current trend of nurses and midwives choosing to leave the profession. The 2018 Health Committee report states that cuts to continuing professional development (CPD) are a major issue to professional development and we fully support the Committee's recommendation that funding allocations should be ring-fenced. We know that cuts to CPD are leaving nursing professionals feeling devalued.¹² Investing in CPD not only goes a way to reversing the trend of nurses and midwives leaving the profession but it will equip nurses with the right skills to keep patients safe. We are therefore heartened to see HEE acknowledge that more concerted efforts are needed to develop a 'comprehensive career framework' and we would welcome involvement in the further development of this work.
31. Our revalidation process was launched in April 2016 and 202,699 nurses and midwives completed revalidation in the first year across the four countries. Through revalidation, a nurse or midwife demonstrates continued ability to practise safely and effectively. Crucially, it encourages them to stay up-to-date with professional practice and develop new skills, alongside fostering a culture of reflection, continual improvement and sharing best practice.¹³ Evaluation of the first year of revalidation also found that the majority of registrants felt well supported by employers in terms of meeting their CPD requirements and we hope this support continues.¹⁴ The process and principles of revalidation have made a positive impact on the workforce and we would be happy to share further learning.
32. As with other professions, nursing and midwifery are no longer seen as static professions in which the same skills are demanded at the start and end of an individual's career. To retain a dynamic and committed workforce, development opportunities within the professions need to be clearly articulated so that the healthcare leaders of the future can be cultivated today.
33. We support different routes in to the profession and different types of learning. However, work-based learning (which is one form of CPD¹⁵) is reliant on the ability of practising nurses to be engaged in teaching while they are simultaneously providing care to patients.
34. Our new education Standards (as outlined in paragraphs 36-40 of our response), have a high ambition in relation to knowledge and practical skills, which will have a positive impact on service delivery in the future. However, this impact is dependent on the existing nursing and midwifery workforce having the relevant skills in order to help new learners become competent practitioners and

¹² <http://data.parliament.uk/writtenevidence/committeeevidence.svc/evidencedocument/health-and-social-care-committee/nursing-workforce/oral/73942.pdf>

¹³ <http://revalidation.nmc.org.uk/>

¹⁴ https://www.nmc.org.uk/globalassets/sitedocuments/annual_reports_and_accounts/revalidationreports/ipsos-mori-evaluation-report.pdf

¹⁵ <https://www.nmc.org.uk/globalassets/sitedocuments/revalidation/examples-of-cpd-activities-guidance-sheet.pdf>

knowledge-leaders in their chosen fields. Strategies to increase the capacity of the workforce are therefore reliant on the people currently in the system, who as our data tells us, are leaving.

35. A targeted strategy to develop the skills of existing registrants is therefore essential both to promote retention and to fulfil the objectives of CPD.

Education Standards

36. Nursing and midwifery education cannot stand still. It is our job to make sure the workforce of tomorrow have the right skills and knowledge needed to deliver care in a fast-changing landscape.
37. As stated earlier, healthcare is changing. There is a greater emphasis on nurses providing integrated care across different settings and working closely with other professionals. Nurses are caring for an increasingly diverse population with complex needs, and need to keep up with advances in technology.
38. That's why we're modernising the Standards for the education and training for nurses, so they're equipped with the skills and knowledge they need to practise now and in the future.
39. We know that newly qualified midwives have a challenge in terms of the mismatch between our Standards and service expectations. We're now working with midwives, mothers and their families to develop new proficiencies for registered midwives to make sure they are prepared for the challenges that will face them in their careers. New Standards are due to come in to force September 2020.
40. Collectively, we need to ensure nurses and midwives deliver safe and effective care and that we equip them to become leaders in clinical innovation and research excellence.¹⁶ It is important that positive initiatives, as outlined in the draft strategy, to address post-graduate career pathways must include programmes aimed at nurses and midwives.

Routes in to nursing

41. It is right that changing demands on our health and care services should give rise to new models of care and new roles in the delivery of care. Professional regulation needs to be responsive to such developments, with the flexibility to protect the public where public confidence demands that new roles should be regulated. Our role in regulating the new nursing associate profession demonstrates our commitment to this dynamic approach to regulation.
42. At the end of 2017, the Government consulted on changes to our legislation that we need to bring nursing associates into regulation. Once these changes have

¹⁶ <https://www.nmc.org.uk/globalassets/sitedocuments/other-publications/enabling-professionalism.pdf>

been approved by Parliament we will be ready to welcome the first nursing associates on to our register at the start of 2019.

43. Whilst becoming a nursing associate provides a progression route to then becoming a registered nurse (educated to degree level), it will also be a profession in itself. Crucially, nursing associates will support, not substitute, registered nurses. It is up to employers to look carefully at the skill mix needed to ensure the delivery of safe and effective care as well as supporting those candidates who want to become a registered nurse. While need is driving innovation in the delivery of nursing education, for example apprenticeship routes, it is vital that NMC Standards are fully met.
44. New routes in to nursing must not over-shadow efforts to retain and develop our current workforce.

Conclusion

45. It is evident that there are many factors to consider to ensure we have an effective workforce. In our response we have identified key areas of concern and also highlighted what we are doing as an organisation to ensure the current and future workforce practice safely.
46. Cuts to CPD funding has led to the nursing and midwifery workforce feeling devalued. Investing in CPD not only goes a way to reversing the trend of nurses and midwives leaving the profession, but it will also equip them with the right skills to keep patients safe and ensure they feel valued as professionals. Our current workforce is as important as the future workforce and we are reliant on those presently practicing to educate and inspire their newer colleagues.
47. In addition, there is a need for a more strategic approach to coordinating appropriate data to ensure workforce planning is more evidence-based and less reactive.
48. It is our role as a forward thinking regulator to ensure nurses and midwives have the skills and knowledgeable to practice safely and that the process of registration with us is as effective as possible. Our new education Standards will ensure integrated care across different settings for a population with changing needs. Similarly, our current review of the registration processes for all non-UK trained nurses and midwives will ensure that the process is straightforward and cost-effective, whilst at the same time maintaining public protection.
49. It is critical that clarity and accountability for workforce planning are achieved and that workforce strategies are consistent and aligned across the UK if we are to deliver a workforce that is fit for the future.