Increase in annual registration fees

Report of consultation findings

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Background and Objectives

The Nursing and Midwifery Council (NMC) is the UK regulator for two professions, nursing and midwifery. The primary purpose of the NMC is to safeguard the health and wellbeing of the public. It does this through maintaining a register of all nurses and midwives fit to practise in England, Wales, Scotland, Northern Ireland and the Islands and by setting standards for their education, training and conduct. The NMC provides guidance to help nurses and midwives keep their skills and knowledge up to date and uphold the standards of their professional code. It has processes to investigate and deal with nurses and midwives who fall short of the required standards.

Registration with the NMC is, in effect, a licence to practise and is compulsory for anyone wishing to practise as a nurse or midwife in the UK. It provides an assurance to patients, employers and the public that the person is fully qualified, trained and capable of safe and effective practice and is worthy of public trust and confidence. Nurses and midwives pay an annual retention fee and three yearly period renewal, in common with other healthcare professionals.

NMC funds come primarily from the registration fees from nurses and midwives. The income must cover all the NMC regulatory activity such as the quality assurance of nursing and midwifery education, the maintenance of the register, development of standards, statutory supervision of midwives and the processing of fitness to practise cases.

The expenditure on fitness to practise cases has risen by 50% between 2010-11 and 2011-12 due to a marked rise in the numbers of fitness to practise referrals. It is expected to rise again in 2012-13. Internal savings have been made as a result of organisational restructuring at the NMC, but have not bridged the funding gap.

An increase in the annual registration fee, from £76 to £120, is proposed by the NMC, to address the financial discrepancy and enable the NMC to fulfil its statutory duty to protect the public. The NMC argues that if fees are not increased to this level, then the numbers of fitness to practise hearings held would be significantly reduced and the number of cases awaiting hearing will increase unacceptably. Other regulatory activity would also be scaled back.
Consultation on registration fees

The NMC has a statutory duty to consult with any parties likely to be affected by changes to registration fees. An online survey was designed by the NMC for completion by interested parties, both individuals and organisations. This gauged levels of support for the proposed fee increase and for the principle of future increases to be made in line with inflation.

The survey was set up by Alpha Research and launched on the NMC website for 12 weeks, from 1st June 2012 until the 24th August 2012. In this time, 26,483 valid responses to the survey were received.

In addition, a pre-scripted letter against the proposed increase was signed by 333 people and returned to Alpha Research during the fieldwork period. This is discussed separately in the Findings chapter below.

In the chapters that follow, statistical summaries of the findings are included along with an analysis of comments made by respondents.

Full details of the research instruments used, participating respondents and approaches to analyses are appended.
Management Summary

The large response to this consultation compared to previous NMC consultations indicates the strong feeling regarding the proposed registration fee increase from £76 to £120. Amongst participants in the consultation, there was almost a consensus against the increase, with 96% of individuals and 97% of organisations opposing it. At least nine in ten from every subgroup analysed in the data (see Sample in the appendices for details of subgroups analysed) were against the increase.

There were only a handful of comments made in favour of the proposal. Instead, most took the opportunity to record why they rejected it. Most prominently, it was argued that registration fees should not rise, or should rise much less than proposed, in a climate where nurses and midwives are beset with job insecurity and overwork due to cutbacks, along with struggling to meet everyday costs of living due to inflation, pay freezes, rising pension costs, dearer fuel and transport and loss of benefits such as tax credits and unsocial hours payments.

Although it was accepted that other regulated professionals in the healthcare sector have higher registration fees, it was stressed that nurses and midwives are also one of the lowest paid groups. Furthermore, part-time workers and those on lower bands would be particularly affected by a blanket rise.

It was felt that there have been significant increases in the registration fee already in recent years and it has moved from being a one-off payment, to a triennial payment, to an annual payment. Although some did support a small increase, the proposed rise was seen as too steep. Half of individuals (49%) and closer to two thirds of organisations (64%) were against rises even in line with inflation. (By comparison, 1 in 3 individuals (33%) and 1 in 4 organisations (25%) were in favour of inflationary rises to the registration fee.)

The NMC was criticized for its financial management and the administration of fitness to practise. There was a view that registrants do not benefit from the payment of their registration fee, yet feel trapped because they cannot work without being registered. It was contentious for registrants who are fit to practise to have to pay for those who are not, or to fund the recent
Consultation on registration fees

surge in fitness to practise cases. More cost-effective management by the NMC in this area was desired as well as drives to improve standards of care and bring down the numbers of inappropriate referrals for minor misdemeanours.

There were calls for the NMC to make more efficiencies, for example to move to less expensive premises and reduce other overheads, like other public bodies are being forced to do. It was hoped that the NMC could rely less on registrants to rebalance a funding shortfall and instead seek more funding from central government, as well as perhaps from employers or from others working in the healthcare sector.
Findings

In this section, the proportions (percentages) of respondents indicated as agreeing, disagreeing or unsure about each proposal are based on all those expressing an opinion. Respondents who indicated that they had no opinion or who declined to respond to a particular question are excluded from the data for that question.

Organisational responses have been analysed separately from individual responses. Each organisational response has been counted singly within the organisational analysis.

Results are shown in the form of a ratio (e.g. 17 out of 20, or 17/20) and/or a percentage (e.g. 85%). The protocol used in this section is that the ratio only is shown for the sample sizes up to 20; the percentage only is shown for largest sample sizes (over 50); and both the ratio and the percentage are shown for samples of 21 to 49. Percentages and/or ratios are shown in brackets for individuals and then, after a comma, for organisations.
Survey responses

Proposed fee increase to £120

Participants in the consultation were asked if they agreed or disagreed that the registration fee should be increased to £120. Almost all respondents disagreed with this proposal and there was no significant difference in opinion between individuals and organisations. Of those who expressed an opinion, about 24 out of every 25 individuals (96%) and all except three organisations (97%) were against the proposal, compared to one in fifty individuals (2%) and one organisation (1%) who were in favour, and one in fifty individuals (2%) and two organisations who were not sure about it.

Do you agree or disagree that the registration fee should be increased to £120?

Organisations

- Not Sure: 2%
- Agree: 1%
- Disagree: 97%

Individuals

- Not Sure: 2%
- Agree: 2%
- Disagree: 96%
Amongst individuals, all subgroups clearly disagreed with the proposal, but registered nurses and midwives were significantly more likely to disagree (96%) than members of the public (including service users and carers) (92%), nursing and midwifery students (91%) and those not in any of these three groups (89%). About 1 in 50 registrants (2%) were in favour of the proposed increase, compared to about 1 in 25 nursing and midwifery students (4%), 1 in 17 members of the public (6%) and one in 13 of the other individual respondents (8%).

There was little difference by country of the UK, ranging from 95% against the proposal amongst those who lived in England to 97% against the proposal in Northern Ireland. Those living outside the UK were, however, significantly less likely than those in the UK to be against the increase (91%).

Amongst the 104 organisations who answered this question, one higher education institution was in favour of the proposed increase whilst one government department/public body and one independent sector employer of nurses and/or midwives were not sure about the proposal. The other 101 were against the proposed fee increase.

Respondents were given an opportunity to comment on their answer. There were very few comments made in support of the proposal, most commonly indicating an acceptance that the fee needs to increase (0.5% individuals, 0% organisations).

Nearly all comments were against the proposal and could be grouped under one of six main headers:

- Opposition to the proposed new fee
- Personal financial concerns
- NMC management and performance
- Fitness to practise
- Funding the NMC
- Wider nursing issues

These will be discussed in turn.
Opposition to the proposed new fee

When asked to explain why they were opposed to the proposed fee increase, some respondents stated merely, without further explanation, that the proposed registration fee increase was too high (21% of individuals commenting, 20% of organisations commenting); or that it was unfair, unreasonable or unjustifiable (14%, 24%) or that it was disgraceful or outrageous (6%, 16%).

Do not feel that an increase of this magnitude is justified, and it is unaffordable.
Registered nurse or midwife (Respondent 7135)

It’s outrageous, this increase is just too much.
Registered nurse or midwife (Respondent 13646)

It was noted that the proposed fee represented a 58% rise (5%, 10%). Some accepted that a rise may be necessary but stressed that an increase to £120 was too steep (7%, 5%) and/or that the fees should rise gradually rather than in a single leap (4% individuals, 5% organisations). There was some acceptance for the registration fee to rise in line with inflation (6%, 9%), but similar numbers thought that an inflationary rise would still be excessive without proportional rises in nursing and midwifery salaries (6%, 10%).

An increase of £44 on a current fee of £76 represents an increase of 57.8%. If kept in line with inflation fees would be £93 before tax relief.
Registered nurse or midwife (Respondent 5489)

The jump in fees is too great to start with. NMC has a duty to us to ensure that fees are appropriate but also meet the proposed expenditure levels. A smaller increase with an inflation linked increase would probably be better.
Registered nurse or midwife (Respondent 5464)

It is too much at once! Fees should be increased gradually. We are now paying more into pensions, working harder and we have a pay freeze. It is not affordable!
Registered nurse or midwife (Respondent 7074)

Around 1 in 25 individuals (4%) and 1 in 10 organisations (10%) argued that having to pay any registration fee was not easy to justify. Even so, it was observed (more so by organisations) that the registration fee used to be markedly less and only payable every three years, rather than annually as it is now (3% individuals, 12% organisations).
I feel this rise is totally inappropriate in the present climate. It is not true to say we have been protected from inflation, we were once changed every 5 years at £45 and now £76 per year. The RCN has wasted our money.
Professional organisation or trade union (Respondent 6089)

Personal financial concerns

The most prevalent of all reasons given by all participants in this consultation for opposing the proposed fee increase was that pay for nurses and midwives has not risen at all in the last two or three years. Around four in ten of both individuals (38%) and organisations (41%) comment that the proposed rise could not be justified at a time when pay freezes or cuts are being experienced by registrants. Indeed, it was observed that pay freezes are effectively a pay cut due to inflation and rising costs of living (9% individuals, 7% organisations).

Salaries are static not going in line with inflation. I personally have been downgraded with a loss of £500 monthly. I still have to pay bills and mortgage etc.
Registered nurse or midwife (Respondent 19268)

As a nurse on the top of band 5, I have not had a pay increase for 2 years and there are no plans for salary increases despite increased workloads due to staff shortages. The cost of living has increased significantly and pay does not reflect this. The extra amount would cause a strain on my budget, if I paid monthly by direct debit the sum wouldn’t feel as much of a financial burden.
Registered nurse or midwife (Respondent 20293)

The increase in fees comes at a time when wages are not rising and have not for the past number of years and everyone is finding their personal budgets tighter and tighter. This increase should be in line with current inflation rates. I really think we are being hit twice, it really hurts nurses.
Independent sector employer (Respondent 11707)

Respondents said that they were struggling financially in the current economic climate (14% individuals, 12% organisations) or had really noticed the rise in the cost of living (13%, 10%). There was a feeling that nurses and midwives are under a lot of financial pressure at present (9%),
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15%). Others simply stated that they could not afford the proposed increase (7%, 3%) or that finding the additional £44 would put a strain on their household budgets (7%, 10%).

We are being stretched and crushed from every angle. Our wage needs to be unfrozen and then the fee could be linked to inflation. Every price for every commodity we need has risen and hence we have a wage decrease and increase in outgoings. We need help to stay afloat and working in the NHS. If our wages stay frozen, then the NMC fees cannot go in line with inflation.

Registered nurse or midwife (Respondent 21980)

Personally I don’t see how I could afford this increase after being downgraded from a near top Band 6 to a bottom Band 5 due to reorganisation in the NHS Trust. I’m actually working, I lose 35% of my wages. Which literally means that living at the end of my career I end where I started. With all the increases on all levels of daily living (also parking your car at the hospital costs money) I think a lot of us have a rather hard time about downgrading, loss of income, freeze of wages. How can such an increase be justified? Personally I might give up nursing altogether.

Registered nurse or midwife (Respondent 24100)

Rising pension contributions were the most frequently mentioned concomitant financial burden that nurses and midwives are facing (12% individuals, 10% organisations), along with rises in fuel or transport costs (2%, 5%) and reductions in benefits such as tax credits and unsocial hours payments (1%, 5%). Organisations in particular also observed that nursing and midwifery jobs are less secure than they used to be (3% individuals, 12% organisations).

We have had no increase in our salaries, our pension payments have increased, our car park fees have increased and general living expenses. We are really struggling to keep our heads above water. There simply isn’t enough money to cover essential living expenses and despite working extra shifts, re-mortgaging homes and sending the kids out to sweep chimneys each month sees the overdrafts swelling. Would that we could demand an increase because our expenses had spiralled? Any increase in fees should be linked to increase in salaries.

Registered nurse or midwife (Respondent 14406)

The NMC is proposing a 58% fee increase at a time when workers in the health sector have sustained repeated yearly real term pay cuts from Government and are facing severe cuts to their wider terms and conditions. These include: massive reductions in on call payments, major changes to pensions, making people pay more, work longer and get less; two previous years of pay freezes; proposed introduction of performance-related pay; down-banding and deskilling of roles; reductions in sickness benefits; proposed cuts to annual leave entitlement; extensions of the working day, no pay enhancements on public holidays like the royal wedding and the Jubilee, cuts to petrol allowances and attacks on union facility time. Some Unite members are reporting pay cuts of up to a third of their income over the course of this Government.

Unite the Union (Respondent 26670)

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Nurses are not getting a good deal from the current trusts/government in this country. Our pay is being frozen by the trusts we work for, our overtime terms & conditions are being squeezed. Our shifts are being changed & we are rescheduling for our own jobs due to all the efficiency savings. Our pensionable age has increased & nurses are doing a good a job as is feasible possible with intolerable staffing levels at time & lots of pressure... this increase will have a huge impact on some staff & you may lose some valuable nurses to this. £120 is too much on top of higher costs of living, etc.

Group of NHS nurses and midwives (Respondent 6483)

Those in part-time work noted that the proposed blanket increase would have the most significant effect on those taking home the least pay (3%, 5%). It was also suggested that the fee could be proportional to salary, or tiered to pay band levels, or taken as monthly direct debit payments rather than a single annual payment.

I'm a single parent working part time. I'm unable to work full time because of a work related back injury. I'm finding it very hard to manage financially. I've not had a pay rise this year, why should you? Perhaps your increases should be linked to nurses' pay rises. Nurses pay rises rarely reflect true inflation costs.

Registered nurse or midwife (Respondent 13630)

NMC management and performance

Around one in five participants in the consultation who were against the proposed registration fee increase were critical of the performance of the NMC, saying that the organisation was not operating competently (5% of individuals, 19% of organisations commenting) or that its financial or business management in particular had been poor (5%, 14%).

Complete lack of confidence in that this £600 increase to bail out the NMC will not set a precedence that the NMC will not continue to be profligate with registrants' money. The NMC needs to get its house in order and do the job it was set up to do. Had the NMC done the job it was supposed to do there might not be in excess of £600 FFP cases in the system.

Ensure that nurses are equipped and fit to be on the register and ensure that a benchmark level of standards are maintained after registration; ensure that standards/guidelines/recommendations are set, updated and upheld. This Forum has a belief that the NMC... exists to serve itself, not the public and as a group of registrants we have lost confidence in the NMC as a regulator. In short it has failed to do its duty and does not deserve to be rewarded by being bailed out. If this was a company it would have to answer to its shareholders for its poor performance because, in effect, this is what registrants are unwitting and unwilling to pay in a process they feel has become insidious.

Professional Forum (Respondent 16511)

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The NMC is in a fortunate position – both now and historically – of having a fixed income. Unlike other organisations, this means it can have confidence in the level of income it will receive and should be able to plan activities in line with the available resources. Therefore there is no excuse for the financial strains the NMC now finds itself in.

The RCN notes that in its final report following a strategic review of the NMC, the Council for Healthcare Regulatory Excellence (CHRE) states that the NMC has long standing problems at “every level”. Specifically in relation to finance the CHRE report states: “The NMC has shown a collective lack of competence in failing to establish an appropriate link between the costs in delivering its planned activity, the key performance indicators it has committed to and the budget it has approved.”

Royal College of Nursing (Respondent 26475)

It was argued that registrants got little in return for their fee or would not see any benefit from paying more (8%, 19%). They felt trapped because they could not work without paying their fee (3%, 5%).

The NMC does practically nothing for the nurses and therefore the increase in the fees is laughable. The NMC needs to reduce the fee rather than increasing it. When it comes to defence or standing in for nurses the NMC rather supports the Government.

Professional Organisation or Trades Union (Respondent 21783)

There were calls for the NMC to work more cost effectively (10%, 7%), for example by moving to less expensive premises outside of central London, finding other ways to generate income, utilising its reserves or by reducing use of paper communications.

I would like to see evidence of NMC’s cost saving measures cutting waste etc before increase in fees. I have participated in a FET hearing and it certainly seemed there was room to reduce costs, changing train tickets hotel rooms etc length of time allocated to hear witnesses and general incompetence by the legal team employed by the NMC, do you have to have premises in prime London location when many firms such as BCC are moving out, in these times of austerity these need to be looked at before just hiking a compulsory fee by so much.

Registered nurse or midwife (Respondent 13480)

Individuals also suggested that the NMC should learn to work with less funds because other public bodies have had to (6%, 0%).

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Fitness to practise

Comments regarding fitness to practise (FtP) generally fell into two categories. First, there was a belief that funding for FtP administration should be coming not only from registrants. Secondly, there were concerns regarding the increasing volume of the FtP caseload and how it is managed.

Approximately 1 in 12 individuals (8%) and 1 in 20 organisations (5%) commenting were against the principle of those who are fit to practise funding those who are not fit to practise, whilst others did not agree that rising administration costs due to the increase in FtP cases should be passed on to registrants (3%, 3%). A very small number suggested that FtP costs should be recovered from employers if the registrant is not found to be unfit to practise (1%, 0%).

This is good nurses paying to regulate against bad practice to protect the public. I look after and protect the public every day in my job, why should I have to pay to do this. We have a state run NHS, the government should pay to regulate!!
Registered Nurse or Midwife (Respondent 6554)

It was argued that a strategy was needed to tackle the increase in FtP cases (3%, 8%), for example through more cost effective or efficient management of the process (3%, 5%) or through ensuring that employers manage minor misdemeanours internally (3%, 8%). Individuals who defined themselves as members of the public, service users or carers were more likely than others to make these points, as well as indicating concerns over the rise of FtP cases as perhaps an indicator of falling standards in the profession (12/31, 24%).

Having read the very comprehensive reasons behind the proposed increase I can understand the need to increase revenue, however it is a huge increase for your members to cope with .... It would perhaps be beneficial in looking at WHY there has been such a significant increase in claims. Although we are living in a growing "compensation culture", it cannot be denied that if health care settings weren't so hideously understaffed, nurses wouldn't be so overworked, stressed and under such enormous pressure and perhaps less mistakes/errors/neat mix-ups would occur. As a Staff Nurse who takes pride in my work and always strives to give the very best care I can, despite very challenging conditions I feel that we are not been adequately supported. It isn't enough for the NHS to offer support AFTER an event - more should be being done to STOP incidents occurring.
Registered nurse or midwife (Respondent 5910)
Consultation on registration fees

Conditions for nursing staff have become so difficult that maybe the reason for low practice could be a direct result that most nurses have far too much pressure put upon them and have no one who they may turn to without being judged or being disrespected by their managers. Nurses are increasingly becoming very concerned about the unsafe environment in which they work; most are extremely hard working, caring, professional people however they deserve to be listened to. The public served by the profession deserve a higher nurse/patient ratio, this would ensure a more realistic and safe standard of care. If staffing levels were more realistic, maybe the public would remain safer under the care of the nursing staff, the nurses would be less stressed and more engaged, the level of mal practice would possibly decline. It is necessary that the root cause is managed, (low staffing levels), reactive management will never be the way forward. In today’s climate of continuous cutbacks the reality is that as professionals it is impossible to meet all the demands expected of the profession, care is becoming increasingly more difficult to deliver therefore is putting the public at risk.

Member of the public/service user/carer (Respondent 966)

A number of incidents that are referred to fitness to practice hearings seem to be things which could have been dealt with in-house. Perhaps the NMC could spend more time supporting and advising nurse managers, so that they could deal with things in-house and avoid referral to fitness-to-practice hearings?

Member of the public/service user/carer (Respondent 874)

Funding the NMC

A number of respondents argued that the NMC should not have to rely so much on registration fees and should be looking to alternative sources or revenue. Most commonly, the primary duty of the NMC to protect the public was cited as a reason why more funding should come from the public purse via central government (7% individuals, 14% organisations commenting). Half of the professional organisations or trade unions recommended this (4/8).

Respondents to a UNISON survey felt overwhelmingly that the Government should step in and offer the NMC financial support. Many stated that registrants should not have to carry the burden of their regulator’s failings, and that if the Government can bail out banks they should also support the NMC.

UNISON
Other suggestions for sources of funding (all suggested by less than 5% of individuals or organisations) were employers such as NHS trusts; health care support workers; and from fines issued to registrants whose fitness to practise has been found to be impaired by the Conduct and Competence Committee.

Wider nursing issues

We have seen that consultation participants were keen to stress the financial pressures currently facing nurses and midwives (Personal financial concerns). The NMC consultation paper noted that registration fees for nurses and midwives are low compared to other regulated workers in the healthcare sector. However, some participants in the consultation argued that this fact could not justify increasing the registration fees, as nurses and midwives are also some of the lowest paid workers (5% individuals, 7% organisations commenting) and/or are not paid enough for the job that they do (4%, 5%).

Although I understand the remit of the organisation to protect the public and carry out fitness to practice referrals, you also provide guidance and protection to the profession. Yes, we do pay equivalent fees as other healthcare professionals but in the same point we are not paid in the same bracket as most of our learned colleagues, both in wages and pensions. I have no issues in increasing our fees in line with inflation if our wages are moving in an equivalent way, however this is not the case. I do believe the fitness to practice referrals will increase because an increased fiscal pressure is placed on the profession continues a lot of our good cohort of nurses will leave the profession.

Royal Edinburgh Hospital (AHS Lothian) (Respondent 3108)

With regards to paying lowest fees we are the lowest paid in the professions you mention. With current financial climate and not having a pay rise for two years and the cost of living increasing I believe that any increase at this time is not justified.

Registered nurse or midwife (Respondent 31817)

Some felt the proposed increase comes at a time when nurses and midwives are being pushed to the limit with high workloads due to lower staffing levels as a result of cutbacks (6%, 9%). More generally, it was stressed that pressures have been mounting on nurses and midwives in attempts
to reduce deficits (4%, 7%) and this move would further dent the morale of an already disillusioned workforce (3%, 5%).

We have had little to no wage increase and the cost of living is having a huge impact on our wage packets. The NMC show little to no interest in the impact cuts on staffing levels are having on nurses and seem to think that we are super humans. The mantra is that we are accountable for our own practice and therefore should pay for it. We feel totally disenfranchised and believe the government should fund it or it is their puppet.

Health Visiting Team (Respondent 15520)

Nurses are currently being squeezed from every possible angle, NHS trusts are looking at ways to down grade, the government is attacking our pensions and now our own 'governing body' is looking for its own way to get as much out of the profession as it can!!! Therefore NO our registration fee should remain where it is for the foreseeable future to allow the nursing profession some respite from the continued onslaught and treatment as an easy target!!! Maybe the NMC need to make some more economical choices e.g. locations and office spaces etc and like everyone else 'cut their cloth' rather than go for the easy option of increasing registration fees.

Registered nurse or midwife (Respondent 20185)

A significant minority suggested that they would leave the profession if the registration fee was increased to the extent proposed (5%, 5%).
Approach for setting registration fees in future

The NMC also asked for opinion regarding whether or not, in principle, fee levels should be linked to inflation. They stated that further, more detailed consultation would take place if it was decided to take this option forward.

Half of individuals (49%) and closer to two thirds of organisations (64%) were against this idea, of those who expressed an opinion. By comparison, 1 in 3 individuals (33%) and 1 in 4 organisations (25%) were in favour of inflationary rises to the registration fee.

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

The levels of agreement were similar for all types of individual, but there was a little (nonsignificant) variation between different types of organisation. Most likely to disagree with this proposal were NHS employers (33/46, 72%), a slightly higher proportion than amongst professional organisations or trade unions (10/16, 63%) or independent employers (14/22, 64%). Organisations operating UK-wide were also more likely to disagree (29/36, 81%) than those operating in England (25/46, 54%) or in Northern Ireland, Scotland or Wales (9/18, 50%).
Pre-scripted letter

Alpha Research also received 333 letters, where senders put their signature to the following text:

Proposed Increase in NMC Registration Fees

I am a Registered Nurse/Registered Midwife/Member of the public responding to the proposed increase in NMC Registration fees. I am responding as an individual.

I would like you to record my view, as part of the consultation that I do not support the proposed increase in fees because it will have a negative impact on nursing staff and their ability to go about their profession.

I believe that in making this proposal that NMC failed to take account that:

1. Registered Nurses are currently in a pay freeze which could last another two years according to the government, the impact to earnings will be deeply felt
2. Many nurses and midwives will be struggling with increased pension contributions deducted from those with earnings in excess of £26,550, from this April 2012
3. If nurses and midwives fail to pay their registration fees they are in effect declaring themselves unemployed
4. The impact such an increase would have on part time workers would be disproportionately felt, as it's a flat rate
5. Coupled with the pension proposals, older workers may decide to retire early

Further I am concerned that this proposal comes at a time when all around the UK, families are struggling to cope with increased costs and decreased or frozen earnings. Right across the public sector, bodies such as the NHS are having to cope with significant reductions in income. I therefore believe that it is unreasonable for the NMC to increase their income in this manner and at this level.

222 of these letters were from registrants. 16 were from members of the public. 95 letters did not identify the status of the sender.
Appendices

Method, response and analysis
Consultation monitoring questions
Participating Organisations
NMC Proposed Schedule of Fees
Consultation document
Glossary used in consultation
Method, response and analysis

Methodology of survey consultation

A survey was developed by the NMC, designed to be accessed by a wide range of audiences.

The survey was launched on 1st June 2012, online on the NMC website. It could be completed online, on screen, or respondents could download a .pdf version of the questionnaire which could be completed on paper.

The online survey was completely anonymous for individuals responding. Organisations, however, were invited to include their organisation name and asked if they were happy to be identified in the reporting.

Telephone and e-mail contact addresses were made available at NMC and Alpha Research for queries regarding the consultation.

The deadline for responses was 24th August 2012. No extensions were granted.

Responses were accepted in other formats, such as e-mailed completed questionnaires or responses that were submitted as discussion documents or papers rather than using the questionnaire. Email questionnaire responses were entered into the data with other questionnaires.
Sample

26373 individuals and 110 organisations participated in the consultation.

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<th>Individual response</th>
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<tr>
<td>Total</td>
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Table A1. Response breakdown by format

Some further responses took the form of a pre-scripted letter. 333 signed a pre-scripted letter, as discussed in the Findings section of this report (Pre-scripted letter). 50 of these came from Registered Nurses; 9 from Registered Midwives; 163 from respondents who gave an NMC PIN but no further information; 16 from members of the public; and 95 did not include any identification. The letter responses were not analysed as part of the survey, but have been discussed separately in the Pre-scripted letter section in the Findings chapter.

Other petitions have also been signed (but not sent to Alpha Research) and surveys have been undertaken regarding the fee increase. For example, the RCN and UNISON have run surveys of their own on this issue. Summary reports of the findings from these surveys have been sent to Alpha Research and the NMC. Organisational responses to questions in the NMC consultation have been included in our analysis, but feedback from organisations to questions not included within the NMC consultation, such as comments given by members regarding NMC registration fee rises in line with inflation, have not been included.

Response from organisations

110 (0.4%) of the responses to the survey came from organisations, spread across a number of sectors:
Table A2. Organisational response breakdown by employer

<table>
<thead>
<tr>
<th>Base: all organisations responding (109)</th>
<th>Response</th>
</tr>
</thead>
<tbody>
<tr>
<td>NHS employer of nurses/midwives</td>
<td>48 (44%)</td>
</tr>
<tr>
<td>Independent sector employer of nurses/midwives</td>
<td>22 (20%)</td>
</tr>
<tr>
<td>Professional organisation, student union or trade union</td>
<td>17 (16%)</td>
</tr>
<tr>
<td>Consumer/patient representative organisation</td>
<td>2 (2%)</td>
</tr>
<tr>
<td>Government department/public body</td>
<td>2 (2%)</td>
</tr>
<tr>
<td>Other</td>
<td>18 (17%)</td>
</tr>
</tbody>
</table>

Geographical response from organisations was broadly in line with the UK population split:

<table>
<thead>
<tr>
<th>Base: all organisations responding =104</th>
<th>Response</th>
</tr>
</thead>
<tbody>
<tr>
<td>England</td>
<td>49 (46%)</td>
</tr>
<tr>
<td>Scotland</td>
<td>9 (8%)</td>
</tr>
<tr>
<td>Wales</td>
<td>3 (3%)</td>
</tr>
<tr>
<td>Northern Ireland</td>
<td>6 (6%)</td>
</tr>
<tr>
<td>UK-wide organisations</td>
<td>37 (35%)</td>
</tr>
</tbody>
</table>

Table A3. Organisational response breakdown by country

Comparative analysis was carried out between different types of organisation (Government department/public body v. professional organisation or trades union v. NHS employer of nurses or midwives v. independent sector employer of nurses or midwives v. consumer or patient organisation v. other types of organisation) and by region of operation (UK-wide v. England v. Northern Ireland v. Scotland v. Wales outside the UK), but it should be noted that the numbers were sufficient to draw only tentative conclusions in the reporting.
Responses from individuals

26373 (99.6%) of the responses to the survey came from individuals. Demographic characteristics of individuals are recorded in the table below.

<table>
<thead>
<tr>
<th>Base = all individuals responding</th>
<th>Percentage (Base)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Female</td>
<td>82% (25358)</td>
</tr>
<tr>
<td>Male</td>
<td>18% (25358)</td>
</tr>
<tr>
<td>White British ethnic group</td>
<td>87% (23803)</td>
</tr>
<tr>
<td>Other ethnic group</td>
<td>13% (23803)</td>
</tr>
<tr>
<td>Without Disability</td>
<td>90% (23712)</td>
</tr>
<tr>
<td>With disability</td>
<td>4% (23712)</td>
</tr>
<tr>
<td>Heterosexual</td>
<td>95% (20383)</td>
</tr>
<tr>
<td>Under 50 years</td>
<td>66% (24765)</td>
</tr>
<tr>
<td>50+ years</td>
<td>34% (24765)</td>
</tr>
<tr>
<td>Christian</td>
<td>67% (21495)</td>
</tr>
<tr>
<td>Other religious background/ belief</td>
<td>5% (21495)</td>
</tr>
<tr>
<td>Have no religious beliefs</td>
<td>28% (21495)</td>
</tr>
</tbody>
</table>

Table A4. Individual response by demographics

Most were registered nurses or midwives:

<table>
<thead>
<tr>
<th>Base = all individuals responding (26290)</th>
<th>Response</th>
</tr>
</thead>
<tbody>
<tr>
<td>Registered nurse or midwife</td>
<td>96%</td>
</tr>
<tr>
<td>Nursing/ midwifery student</td>
<td>3%</td>
</tr>
<tr>
<td>User/ carer/ member of the public</td>
<td>2%</td>
</tr>
<tr>
<td>Other</td>
<td>1%</td>
</tr>
</tbody>
</table>

Table A5. Individual response breakdown by job role (Multiselect allowed)

These four groups were compared in the analysis and significant differences have been reported.

By country of work, a spread of response was received from across the UK:
Consultation on registration fees

<table>
<thead>
<tr>
<th></th>
<th>Response</th>
</tr>
</thead>
<tbody>
<tr>
<td>Base = all individuals responding (26295)</td>
<td></td>
</tr>
<tr>
<td>England</td>
<td>77%</td>
</tr>
<tr>
<td>Scotland</td>
<td>14%</td>
</tr>
<tr>
<td>Wales</td>
<td>5%</td>
</tr>
<tr>
<td>Northern Ireland</td>
<td>3%</td>
</tr>
<tr>
<td>Other</td>
<td>1%</td>
</tr>
</tbody>
</table>

Table A6. Individual response breakdown by country

This spread of response enabled comparison of those in different countries of the UK, as well as with those living outside the UK. Significant differences by country are noted in the report.

Analysis

Full data was recorded from the paper and email questionnaires and from the non-conforming, more discursive responses. This, along with all the online data was fully verified and analysed in the statistical program SNAP.

The headline figures for each question are reported throughout by individuals versus organisations.

Every question was optional – the respondent could skip past without answering them. Each question also had a 'have no opinion' option. Given that nearly all the questions regarded a straightforward choice between agree and disagree, leaving a question blank was deemed equivalent to 'have no opinion'.

Significance testing has therefore been limited to proportions of agreement versus disagreement. Results for the subgroups above have been highlighted in the report where there is a clear degree of statistically significant difference (99%) between categories and sufficient (25+) responses. In some instances, slightly less statistically significant (at the 95% level) have also been reported where it was of particular relevance.
The answers given to open-ended questions were defined into overall themes, each of which contained a number of categories of comment. Qualitative analysis is based on analysis of all points made, to indicate strength and diversity of feeling between and within emergent themes.

We analysed all organisational responses to Question 2 (the question inviting comments on the proposal to raise the registration fee to £120). For individuals, we analysed comments until we could be wholly confident that no new themes would arise that would represent the views of more than 3% of respondents. To begin with, every tenth individual response was coded, so that there would be no bias in the analysis due to when the survey was responded to. Ultimately, over one in seven responses were looked at and 2843 comments from individuals were analysed. The percentages indicated in the Findings section of the report are based on this base of 2843.

This report highlights the principal, but not all, arguments presented from these open-ended responses. For example, where more than 10% of organisations or individuals responding to a question have expressed the same point, this is consistently reported.

Quotes from verbatim data are included in the report to reflect more commonly held views (usually of at least 10% of individuals or organisations). Organisations were given the opportunity to opt out of being identified in quotes selected for the report, which is why some appear anonymously and some are attributed to named organisations.
Consultation Monitoring Questions

Both individuals and organisations were most likely to have heard about the consultation via the professional organisations the Royal College of Nursing (RCN) or the Royal College of Midwives (RCM), or from the NMC website or an email from the NMC. Friends or colleagues were also a common source.

<table>
<thead>
<tr>
<th></th>
<th>Individuals (base = all responses, 26352) %</th>
<th>Organisations (base = all responses, 104) %</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Multiple answers possible</td>
<td>Multiple answers possible</td>
</tr>
<tr>
<td>RCN/RCM</td>
<td>39</td>
<td>33</td>
</tr>
<tr>
<td>NMC website</td>
<td>22</td>
<td>36</td>
</tr>
<tr>
<td>NMC email</td>
<td>20</td>
<td>15</td>
</tr>
<tr>
<td>Friend or colleague</td>
<td>15</td>
<td>21</td>
</tr>
<tr>
<td>Social media</td>
<td>8</td>
<td>9</td>
</tr>
<tr>
<td>NMC newsletter</td>
<td>7</td>
<td>8</td>
</tr>
<tr>
<td>UNISON</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>University</td>
<td>1</td>
<td>4</td>
</tr>
<tr>
<td>NMC event</td>
<td>0.2</td>
<td>1</td>
</tr>
<tr>
<td>Other</td>
<td>5</td>
<td>10</td>
</tr>
</tbody>
</table>

*TABLE A9. Finding out about the consultation.*

Respondents were asked four questions to gauge how well the consultation achieved its aims:

<table>
<thead>
<tr>
<th></th>
<th>Individual respondents (Base = all responses, 25977) %</th>
<th>Organisational responses (Base = all responses, 100%)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Agree (strongly agree)</td>
<td>Disagree (strongly disagree)</td>
</tr>
<tr>
<td>Agreement with...</td>
<td></td>
<td></td>
</tr>
<tr>
<td>You know what this consultation can and cannot influence</td>
<td>62 (16)</td>
<td>11 (3)</td>
</tr>
<tr>
<td>You have been provided with enough information on the subject</td>
<td>76 (21)</td>
<td>11 (3)</td>
</tr>
<tr>
<td>The consultation documents were easy to understand</td>
<td>78 (20)</td>
<td>6 (1)</td>
</tr>
<tr>
<td>It was easy to give your views</td>
<td>83 (29)</td>
<td>7 (2)</td>
</tr>
</tbody>
</table>

*TABLE A10. Perceptions of the consultation*
Individuals were generally quite satisfied that the consultation met its aims, with a clear majority agreeing that it had met each of the four aims. Organisations were also clearly in agreement that the consultation had met its aims, although around one in six disagreed with you have been provided with enough information on the subject.

Respondents were given the opportunity to comment on how the consultation could be improved. About one in five individuals and two in five organisations took this opportunity. To be consistent with the coding of Q1, all comments from organisations were coded and one in seven individual comments. Comments made by more than 1 in 20 respondents were as follows:

- a suggestion to send emails to all registrants to publicise the consultation (17% individuals, 20% organisations commenting)
- an expectation that decisions have already been made by the NMC regarding the fee increase (12%, 18%)
- calls for better publicity of the survey (9%, 10%)
- disapproval/ misunderstanding of rationale for the demographic questions (7%, 0%)
- more information wanted on how NMC costs break down (7%, 3%)

Lastly, respondents were given the opportunity to sign up for various NMC email newsletters if they did not already receive it. Lists of those interested have been supplied to the NMC.
Participating Organisations

The following organisations identified themselves as participants in the main survey. If the organisation gave an acronym only, this is also shown below:

5 Boroughs Partnership Foundation Trust
ABMUHB
BCPFT
Bradford Royal Infirmary
Cartmel Grange Nursing Home
Choices Housing Association
CMFT
EHFT
ELHT
Forest Road District Nursing Team (BEHMHT)
GINH
Gloucestershire Hospital NHS Foundation Trust
Heatherwood and Weeham park hospital
Matchtech
MoD
NHS FIFE CHP
Nottinghamshire Healthcare Trust
RCM South Tees NHS Trust
Royal College of Midwives
Royal College of Nursing
Royal Edinburgh Hospital, NHS Lothian
SEPT
South Eastern Trust, Northern Ireland
Southern Area Hospice Services
Southern Trust
Sunfield Children’s Home
Surrey Community Health
The Belfast Health and Social Care Trust
The Royal London Hospital
The Scottish Nursing Guild
UH Bristol Foundation Trust Radiology nurses
UNISON
Unite the Union
VELOET Healthcare Limited
WLMHT
World Council for Enteralostomal Therapy UK (WCET.UK)
WPNA
NMC Consultation Documents

Nursing and Midwifery Council consultation on registration fees: Proposed schedule of fees

<table>
<thead>
<tr>
<th></th>
<th>Current fee</th>
<th>Proposed fee</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Initial registration</td>
<td>£76</td>
</tr>
<tr>
<td>2</td>
<td>Initial registration for overseas* applicants**</td>
<td>£109</td>
</tr>
<tr>
<td>3</td>
<td>Renewal of registration</td>
<td>£76</td>
</tr>
<tr>
<td>4</td>
<td>Readmission or restoration</td>
<td>£76</td>
</tr>
<tr>
<td>5</td>
<td>Retention of registration</td>
<td>£76</td>
</tr>
</tbody>
</table>

* By overseas we mean applicants who were not trained in the European Union or European Economic Area.

** This fee includes an amount of £33 to reflect the additional work involved in processing these overseas applications. It is proposed that this element of the fee will remain unchanged.
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.

About the NMC
2. 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
3. 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.

4. 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
5. 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
6. 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
7. 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.

8 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
9 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
10 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.

11 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.

12 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.

13 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.
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.

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.

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

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 these rules.

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**

19 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.

20 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.

21 We anticipate that any new registration fees will come into effect on 1 January 2013.

**Alternative formats or assistance**

22 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.

**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. [insert link]

**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 At points in this survey you are directed to further reading which provides background information to help you answer the questions. Words that appear in the text in bold are explained in our glossary. This information is also available on the consultations section of our website www.nmc-uk.org.
Finding your way around the survey
27 Please use the 'Back' and 'Next' buttons at the bottom of each page to move through the survey, rather than your internet browser's back and forward arrow buttons.

Printing the survey
28 The questions can be viewed or printed from here [link]

Sharing your response
29 It is only possible to share your response with colleagues before it has been submitted. When you 'save' your completed or partially completed response you will be sent an email link (see 'Saving your response') which you may then forward to colleagues, but please be aware that if you do this it would be possible for them to amend or submit your response.

Saving your response
30 The survey programme does not close automatically, so your answers will not be lost if you leave your computer unattended for a while. If you are unable to complete the survey in one sitting you can press 'Save' at any point. You will be asked for your email address and a link will be sent to this address within a few minutes. Please note that there is a possibility that the automatic message with the link may be intercepted by your junk or spam filter programme. If the message has not appeared in your inbox within a few minutes then check your junk email.

31 Do not save the page you are working on as a 'Favourite' in your browser window, as this will not save all your responses.

32 When you are prompted for your email address there is an option to 'Reset'. Please be assured that this only clears the email address box, not your responses to the survey.

Submitting the survey
33 When you have reached the end of the survey, you will be asked to 'Submit' your response, and to supply an email address. 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 email address at the point of submission. This is because your email address will be needed to identify your response. If you supply your email address upon submission and later wish to revisit your response, then you will need to contact Alpha Research at 9049nmc@alphearesearch.co.uk to ask for your response to be returned. Please note that the survey closes at noon on 24 August and that amendments can only be made up until then. Your email address will not be used for any purpose other than allowing Alpha Research Ltd to locate your response.

34 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:
34.1 Alpha Research Ltd, Oxford House, 112 High Street, Thame, Oxfordshire, OX9 3DZ.

34.2 9649nm@alpharesearch.co.uk

35 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

36 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.

37 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.

38 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

39 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.

40 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:

40.1 Meet the unpredictable demands of increasing fitness to practise referrals by providing an effective and efficient fitness to practise process.

40.2 Meet our fitness to practise key performance indicators.

40.3 Deliver an appropriate and cost-effective model of revalidation.
40.4 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.

40.5 Meet our required available reserve levels by 2014-2015, and maintain these with reasonable cover for unforeseen events.

**Tax relief**

41 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.

42 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.

43 There are three different ways in which nurses and midwives can claim back tax relief on their registration fees:

43.1 By providing details of the payment on their tax return.

43.2 By writing to their tax office, providing their national insurance number and details of the payment.

43.3 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

**Approach for setting registration fees in the future**

44 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 within 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.

- [ ] UK-wide
- [ ] England
- [ ] Northern Ireland
- [ ] Scotland
- [ ] Wales
- [ ] 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
- RCM website
- NMC event
- RCN website
- University
- Email from NMC
- Friend/colleague
- RCM event
- RCN event
- Social media (e.g. Facebook or Twitter)
- Other (please state below)

Q2 How far do you agree or disagree that …

<table>
<thead>
<tr>
<th>Strongly agree</th>
<th>Tend to agree</th>
<th>Neither</th>
<th>Tend to disagree</th>
<th>Strongly disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

You know what this consultation can and cannot influence?

You have been provided with enough information on the subject?

The consultation documents were Easy to understand?

It was easy to give your views?
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.
Nursing and Midwifery Council consultation on registration fees: Glossary of terms and explanations

**Fitness to practise** The NMC is required to consider allegations relating to the fitness to practise of nurses and midwives. The investigations that we consider fall into four broad categories: misconduct; lack of competence; character issues; and serious ill health. The outcomes of an investigation may vary from there being found with no case to answer, to sanctions being applied, to a nurse or midwife being struck off the register.

**Hearings** Panels of the Conduct and Competence Committee and Health Committee hold hearings to decide whether a nurse or midwife’s fitness to practise is impaired and, if so, to take appropriate action. At a hearing the parties are entitled to be present and represented, to make submissions, to give and call evidence, and to challenge the evidence called by the other party. The panel then makes decisions based on the evidence it has heard.

**Quality assurance of education** We quality assure all NMC approved programmes of education through robust processes of approval and annual monitoring. This means all programmes leading to registration or a mark on the register, and programmes of preparation for individuals supporting learning and assessment in practice. Quality assurance covers approval of new programmes, re-approval and modifications of existing programmes. We also monitor approved education institutions and their practice partners on an annual basis.

**Referrals** The word ‘referral’ is sometimes used as a general term to mean the initial complaint or allegation received by the NMC about a nurse or midwife who is believed to be putting the safety of patients or the public at risk. The word ‘referral’ is also used in the fitness to practise rules to mean the process of sending an allegation (or case) to a Practice Committee for consideration.

**Register** The NMC register is a public record of all nurses and midwives who have met our registration requirements and are therefore entitled to practise in the UK. In order to remain on the register, nurses and midwives must follow the standards and guidance we set which helps to ensure they practise safely and effectively.

**Reserves** These are the general funds on our balance sheet (excluding fixed assets) available for use at the trustees’ discretion in the running of the organisation.

**Statutory supervision of midwives** The NMC is required to set rules for the practice of midwifery and the Local Supervisory Authorities who are responsible for the function of statutory supervision of midwives. Statutory supervision of midwives supports protection of the public by promoting best practice, preventing poor practice and intervening in unacceptable practice, and is a mechanism that is independent of employment and employers.

**The order** The NMC is governed by the Nursing and Midwifery order (the order, statutory instrument 2002/253), as amended from time to time. The order requires us to produce various items of supporting documentation such as rules, standards, guidance, and advice.