

# Response to the consultation on return to practice

May 2019

## Background

This document details the evidence we have considered and the engagement we've undertaken to inform the development of new return to practice (RtP) standards.

The RtP standards set out how people remain on, or re-join our register, if they haven't been practising and can't meet the required number of practice hours for registration with the NMC.

Historically there was only one way in which individuals could re-join our register after a period of time away from practice. This was by successful completion of a course of study called a return to practice programme. Programmes are run by NMC approved universities and are generally 3–12 months in duration.

The Council's Strategy 2015–2020 sets out our ambition to be a dynamic forward looking regulator, regulating for the needs of the future by anticipating, shaping and responding to new expectations. We embarked on a major programme of change for education in 2016 to review and update all of our education standards.

The standards relating to return to practice programmes hadn't been updated since 2011 when they were included in the *Post registration education and practice handbook* (Prep 2011).

In 2019 we became responsible for regulation of nursing associates and we needed RtP standards that applied to all parts of our register.

## Evidence sources

When reviewing our standards we start by looking at our legislative framework, and we take legal advice on our remit. We then gather evidence on the subject to inform our preparation for engagement with stakeholders.

The NMC Research and Evidence team supported the work on return to practice by completing a literature review compiling a focused summary of evidence to help evaluate different options for RtP. The literature review was framed by the following research questions:

- To what extent is there is a **loss of skill/competence** of nurses and midwives who are not practising?
- What are the relative **strengths and weaknesses of using computer based testing** (CBT) to assess clinical competence?
- What are the relative **strengths and weaknesses of using objective structured clinical examinations** (OSCEs) to assess clinical competence?
- What **RtP arrangements** have been put into place by nursing and midwifery regulators **outside the UK**?

- Are other **UK healthcare regulators considering revising their approaches to RtP** and what changes are being explored?

The literature review consisted of keyword searches associated with each question. The Knowledge Network, an online portal hosted by NHS Education for Scotland, was used to search 12 million electronic information and learning resources in the health and social care domains. This crucially included a range of high quality journals and articles that have been published in nursing and midwifery. In the main, journal articles were relied upon to create a robust evidence base.

Having formulated an evidence base and prior to public consultation, the Standards team considered a number of options for RtP which included:

- alterations to the existing programmes
- potential use of the test of competence (ToC) that is used for overseas applicants to our register
- exploration of a form of self-declaration with submission of a portfolio for assessment, demonstrating for example a blend of supervised practice and evidence of continued professional development.

## **Stakeholder engagement**

We engaged with a wide range of stakeholders to gather their insight and views on the current requirements for readmission to our register and to explore other options. Our engagement was targeted to ensure we captured the views of organisations and individuals separately. We engaged with: nurses and midwives on our register, nurses and midwives not on our register, students, students on RtP programmes, educators, professional healthcare regulators, NHS and non-NHS employers, other health and social care professionals, interested organisations, commissioners and members of the public, across the four countries of the UK.

Our engagement included meetings and teleconferences with educators and with students on RtP programmes. We also hosted five webinars to disseminate information, to hear people's views and to explore alternative approaches to RtP. We used social media, Twitter chats and blogs and we set up a dedicated mailbox to communicate with interested parties to capture key themes that needed exploration. All of which helped us develop an informed framework and options for consultation.

As part of our consultation activity we carried out equality and diversity impact assessments (EQIA) which sought to ensure that our proposals did not disadvantage any group. We took the needs of Welsh speakers into account in all aspects of our stakeholder engagement and consultation, providing translation and producing copies of consultation documents in Welsh. We wanted Welsh speakers to participate in the consultation and to ensure equality of access for Welsh speakers for future RtP standards.

We undertook a comparative review of four other UK healthcare regulators' return to practice models: the General Medical Council (GMC), General Dental Council (GDC),

General Pharmaceutical Council (GPhC), and The Health and Care Professions Council (HCPC) and we found that the:

- NMC is unusual in requiring people to take an RtP programme for readmission
- GDC and GMC are more flexible, people return to practice faster and there are optional discrete courses provided by Deaneries
- GPhC and HCPC had a less prescriptive approach, suggesting a combination of self-study, attendance on courses and supervised practice.

We also carried out a comparative review of six international regulators. The six selected comparators were: Arizona (United States of America), Australia, British Columbia (Canada), New Zealand, Republic of Ireland, Singapore. The review found that the requirements in other countries are either completion of a refresher programme, passing a competence assessment or applying for a degree programme with recognition of prior learning and experience.

To assess the impact of change for RtP, both on our regulatory activities and for those that use our standards, we set up an internal task group with representation from across the organisation. The task group contributed to the progress of the review and cascaded information to interested parties within and outside the NMC.

## The data

We examined our registration [data](#)<sup>1</sup> which shows us the ebb and flow of people joining and leaving our register. Our annual [Revalidation reports](#)<sup>2</sup> are monitored for lapsing rates and to diagnose the causes of any difficulties for particular groups to ensure any issues arising for registrants are detected and can be addressed.

At the end of September 2018 there were 693,618 nurses and midwives registered to work in the UK – 3,880 more than at the end of September 2017. The proportion of people on our register who are aged 21–30 is slightly increasing year on year. The 56 and over group is increasing too, so the age profile of the register is becoming more polarised.

Some people actively lapse from our register. Commonly citing retirement, pressure at work, ill health and relocation as reasons for leaving our register. Others who don't provide a reason are classified as 'passive' lapsed. The average period of lapse before re-joining our register with RtP is currently seven years. Between 2012 and 2017, 6,380 people re-joined our register after completing an RtP programme.

We have studied our quality assurance (QA) data, particularly intelligence related to RtP from self-reporting by programme providers. Of the 76 Universities that responded 28 had no RtP programme running. Geographically, programmes are not evenly spread potentially causing difficulties with access to programmes. The number of midwifery programmes was very low and respondents reported difficulty for RtP students in securing practice learning opportunities. Of 1,828 students that started an RtP course

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<sup>1</sup> NMC Registrations data: <https://www.nmc.org.uk/about-us/reports-and-accounts/registration-statistics/>

<sup>2</sup> NMC Revalidation reports: <https://www.nmc.org.uk/about-us/reports-and-accounts/revalidation-reports/>

1,502 completed. Common reasons for leaving a course were pace of change in the NHS and the academic demands of the programme.

We've also looked at our fitness to practise (FtP) data and RtP in relation to the striking off and suspension of nurses and midwives to find out about the most common reasons for being suspended and struck off and to better understand the risks associated with returning to practice after having been struck off or suspended. The top three most frequently occurring allegations for both outcomes were – patient care, followed by prescribing and medicines management, and record keeping.

## **How we've used the evidence and engagement**

We carried out a risk analysis of the emerging options which were proposed in the consultation. We carefully considered the potential impact of changing our approach to RtP for differing groups that may seek to re-join the register. The groups we identified were:

- people who've not been practising and have lapsed from our register
- people who've been practising outside the UK and have lapsed from our register
- people who've been away from practice and may still want to remain on our register but don't have the required number of practice hours to renew by revalidation
- people who've been struck off from our register following a fitness to practice hearing and after five years have been allowed to by a fitness to practise panel to apply to re-join our register.

The evidence and engagement informed our framework for public consultation, our draft standards for RtP and three options for our future approach to RtP.

## **How we consulted**

The consultation was open from 24 September to 19 November 2018. We asked for views on what barriers exist to those that seek to return to practice, new draft standards for RtP programmes, and two new proposed approaches for people seeking readmission to our register: use of the NMC test of competence and use of self-declaration by submission of a portfolio for assessment.

We issued a press release at the start of the consultation and people were informed about the consultation via emails, newsletters and through our website.

We used social media channels to regularly promote the consultation and encourage participation.

We directly emailed approximately 1,800 people who had lapsed from our register to invite them to take part in the consultation. (We didn't email anyone who had lapsed more than 10 years ago.)

We hosted two webinars during the consultation which were open to anyone with an interest in RtP.

The RtP consultation was highlighted at external speaking events and audiences were encouraged to complete the survey. For example, RtP was on the agenda at the Health Education England (HEE) RtP summit on 1 October 2018 which was attended by over 100 delegates with an interest in RtP.

We received a total of 738 responses to the consultation. 611 individuals responded, 54 organisations responded and 73 individuals responded to the shorter consultation.

## **What the consultation told us**

The consultation responses were independently analysed by an external research agency, Alpha Research Ltd, to help us finalise our standards.

The consultation informed us about the barriers that currently exist for people considering re-joining our register. Family finance was highest on the list of concerns, cited by 58 percent of individuals and 52 percent of organisations. 52 percent of organisations and 39 percent of individuals identified lack of confidence as a barrier, problems in accessing university programmes and caring commitments followed closely. Individuals and organisations made suggestions for overcoming barriers such as: improving support from employers, the NMC, the NHS and allowing people to continue in paid employment whilst on an RtP programme.

Overall the consultation confirmed the need for more flexibility in the design and content of RtP programmes and for us to consider alternative approaches.

We asked for views on two alternative approaches in the consultation: use of the NMC test of competence (ToC) and self-declaration with submission of a portfolio for assessment for RtP.

There was support for use of self-declaration in some circumstances both from within the NMC and from the consultation, particularly for those who are coming up to revalidation yet are not able to meet the minimum practice hours: 58 percent of individuals and 31 percent of organisations agreed with use of self-declaration in these circumstances. For people who have been practising outside the UK: 56 percent of individuals and 40 percent of organisations supported the use of self-declaration and for those who have not been practising 42 percent of individuals and 17 percent of organisations agreed with self-declaration instead of an RtP programme.

While some smaller UK regulators use self-declaration with a portfolio for RtP, for a register of our size this option would be resource intensive.

Considering the evidence, the consultation responses and the required resources for self-declaration, from mid-2019 we will be allowing a short extension to complete any shortfall if other revalidation requirements can be met. We believe this approach, rather than accepting reduced hours and self-declaration, aligns with our revalidation requirements and more effectively ensures public protection.

There was some support for use of the NMC ToC as an alternative to completion of an RtP programme, with stronger support for those seeking to remain on the register: 73 percent of individuals and 63 percent of organisations agreed with this application. There was less support for use of the ToC for people who had not been practising: 51 percent of individuals and 25 percent of organisations agreed with its use in these circumstances. Exploring this proposal with stakeholders we learned that hesitation toward this approach is largely related to lack of opportunity for learning whilst in practice. A range of stakeholders think practice learning is important to increase skills and confidence for those returning to practice. There was significantly more support for the ToC when it was framed as an employer led 'earn and learn' option which potentially provides more holistic support than the traditional university programme, particularly for mature students who may have financial and caring commitments. We intend to offer the test of competence as an alternative to completion of an RtP programme and will be communicating the advantages of employer support with this option.

Overall respondents appeared to expect a more stringent approach to RtP for people being allowed to return to practice by a fitness to practice panel, having previously been struck off the register. Respondents were not supportive of this group being allowed to take a ToC to return to the register. When further explored, these views were mostly attributed to a lack of understanding of the two stage process of restoration, where individuals are 1) required to demonstrate remediation to an FtP panel on the issues related to the FtP case prior to being allowed to, 2) upskill in preparation for re-joining the register. Legal advice was clear that it would be unfair and discriminatory to limit options for this group as an FtP panel will have already addressed any concerns about suitability for the register.

The draft standards for return to practice programmes clearly articulated our expectations of future programmes and were well received in the consultation. In the draft we achieved our objectives of providing more flexibility for educators and learners and aligning with our standards for education and training published in May 2018. We no longer state a minimum length of programme, the standards allow recruitment of mixed cohorts of nurses, midwives, nursing associates and specialist community and public health nurses facilitating increased opportunities for inter professional learning and we emphasise that learning support is for the intended area of practice.

We believe the test of competence and the new standards for return to practice programmes provide us with appropriate assurance in an individual's ability to provide safe and effective care. Both pathways can be applied flexibly with or without 'earn and learn' employer support.

Case studies and supporting information on our website will help demonstrate the opportunities for individuals, educators and employers in the new RtP standards.

## **The new RtP standards**

As a result of the review the NMC has published:

- new return to practice standards which have an alternative option to the RtP programme; the two-part test of competence, the same test as is used by overseas applicants to our register, and

- new standards for return to practice programmes.

The new RtP standards give us assurance of safe and effective practice and for people who have had a career break, more flexible ways to remain on, and, re-join our register.

Our proposals for the new standards went through our internal governance processes and our Council used the evidence and findings of the consultation to inform its decision to approve new standards for return to practice and our future approach for RtP on 27 March 2019.

We're grateful to everyone who supported this review. Particular thanks go to those who participated in our stakeholder events and responded to the consultation.

**Professor Geraldine Walters**  
**Director of NMC Education and Standards**  
**May 2019**

## **About the NMC**

We're the independent regulator for nurses, midwives and nursing associates. We hold a register of all the 690,000 nurses, midwives and nursing associates who can practise in the UK.

Better and safer care for people is at the heart of what we do, supporting the healthcare professionals on our register to deliver the highest standards of care.

We make sure nurses, midwives and nursing associates have the skills they need to care for people safely, with integrity, expertise, respect and compassion, from the moment they step into their first job.

Learning does not stop the day nurses, midwives and nursing associates qualify. To promote safety and public trust, we require professionals to demonstrate throughout their career that they are committed to learning and developing to keep their skills up to date and improve as practitioners.

We want to encourage openness and learning among healthcare professions to improve care and keep the public safe. On the occasions when something goes wrong and people are at risk, we can step in to investigate and take action, giving patients and families a voice as we do so.