

Meeting of the Midwifery Committee

to be held between 10:00 and 13:00 followed by lunch on 22 February 2017
 in the Council Chamber, 23 Portland Place, London W1B 1PZ.

Agenda

Dr Anne Wright
 Chair of the Midwifery Committee

Jennifer Turner
 Secretary to the Committee

Preliminary items

1	Welcome from the Chair	M/17/01	10:00
2	Apologies for absence	M/17/02	
3	Declarations of interest	M/17/03	
4	Minutes of the last meeting	M/17/04	
	Chair		
5	Summary of actions	M/17/05	
	Secretary		

Matters for discussion

6	Midwifery regulation change	M/17/06	10:10
	Assistant Director, Strategy and Insight		
7	“New models of supervision”: Presentations from four countries’ representatives	M/17/07	
	<ul style="list-style-type: none"> – Ann Holmes Scotland – Jessica Read England – Karen Jewell Wales – Verena Wallace Northern Ireland 		
	(Presentations)		
8	Midwifery Panel update	M/17/08	11:30
	Chief Executive and Registrar		
	(Oral)		
9	Education strategic programme update	M/17/09	11:40
	Director, Education, Standards and Policy		

10 **Final sign off report from the Midwifery Committee** M/17/10 11:55
Chair / Secretary (Oral)

Matters for information

11 **Revalidation: Quarter 2 Report 2016-2017** M/17/11 12:10
Director, Registration and Revalidation

12 **Any other business** M/17/12
Chair

Meeting of the Midwifery Committee
Held at 10:00 on 26 October 2016
at 23 Portland Place, London W1B 1PZ

Minutes

Present

Members:

Dr Anne Wright	Chair of the Midwifery Committee
Pradeep Agrawal	Member
Angela Cunningham	Member
Dr Patricia Gillen	Member
Dr Tina Harris	Member
Farrah Pradhan	Member
Susanne Roff	Member
Lorna Tinsley	Member

NMC officers:

Jackie Smith	Chief Executive and Registrar (for item M/16/53)
Geraldine Walters	Director, Education, Standards and Policy
Sarah Page	Director, Fitness to Practise (for item M/16/49)
Clare Padley	Deputy Director, Education, Standards and Policy
Anne Trotter	Assistant Director, Education and Standards
Emma Westcott	Assistant Director, Strategy and Insight
Jennifer Turner	Governance and Committee Manager (Secretary)
Sara Kovach-Clark	Revalidation Transition Lead (for item M/16/52)

Observers:

Jess Read	LSAMO Forum
Louise Silverton	Royal College of Midwives
Verena Wallace	Department of Health, Northern Ireland
Prof Jacqueline Dunkley-Bent	NHS England
Margaret Walsh	LME, London South Bank University
Nicky Clark	LME Forum
Derek Pretty	NMC Council member (for M/16/49)

Secretary's note: Some items were discussed out of order. The minutes reflect the order of the agenda.

Minutes

M/16/44 Welcome from the Chair

1. The Chair welcomed members of the Committee, NMC staff and observers to the meeting, noting in particular a new member of the Midwifery Committee, Angela Cunningham. Angela was the Associate Nurse Director, Women & Children's Services at a Scottish trust. She was an experienced Head of Midwifery and clinical lead for the Scottish National Maternal and Child Health Improvement Collaborative.

M/16/45 Apologies

1. No apologies were received.

M/16/46 Declarations of Interest

1. In relation to M/16/52, Revalidation update, declarations of interest were recorded on behalf of all registrant members but not regarded as material.

M/16/47 Minutes of the previous meeting

1. An updated draft set of minutes of the meeting of the Committee held on 26 July 2016 was tabled for the Committee's consideration. The minutes were confirmed as a correct record.
2. An updated draft set of minutes of the confidential meeting of the Committee held on 26 July 2016 was tabled for the Committee's consideration. The minutes were confirmed as a correct record.

M/16/48 Summary of actions

1. The Committee noted the summary of actions. Verbal updates were provided on the following items:
 - a) M/16/23: Two NMC staff travelled to Madrid this week to discuss Annex V of EU Directive 2005/35/EC. Work was progressing on the directive, but it was currently focused on nursing.
 - b) M/15/48: It was understood that the Scottish maternity review would be published in December 2016.

M/16/49 Fitness to Practise legislative change

1. The Committee received a presentation on the proposed regulation changes affecting Fitness to Practise.

2. In March 2015, the NMC introduced the new role of case examiner, which was the first major change to the previous process. Case examiners could currently only close cases or refer them for adjudication before a panel. The proposed new legislation would allow case examiners to recommend undertakings, issue warnings or give advice to nurses and midwives. All of the new disposals would rely heavily on registrants engaging with the process.
3. Undertakings would be recommended when a registrant agrees that they were deficient in a particular area and undertakes to improve. If the registrant does not agree to the undertaking, the case would proceed to a hearing. The terms of undertakings would be specific and include a timeframe. The undertaking would be published against the registrant's name.
4. Warnings would be issued when a registrant was deemed not to present an ongoing risk. Issuing a warning would allow the NMC to publicly note the issue against the registrant's information although the case was closed. Warnings would be published against the registrant's name.
5. Advice would constitute private guidance given to a registrant where there had been a relatively minor breach of the code. Advice would not be published but would be retained on the registrant's history and could be used when assessing future allegations within three years.
6. In discussion, the following points were noted:
 - a) Cases involving midwives were examined by a registered midwife.
 - b) There was no reason that the legislative change should lead to an increase in referrals, as the threshold for regulatory action would remain unchanged. Local action should only be used in cases that do not meet the threshold both now and after the change. Nevertheless, the NMC would monitor the impact on midwifery referrals.
 - c) The communication on the new legislation must be clear about the threshold and the difference between public safety concerns and internal practice issues.
 - d) If a registrant had taken steps to rectify a problem or address a deficiency, this would be considered as part of the case examination process.
 - e) Concern was raised that the new process would not allow registrants to have the right of reply in front of a panel. However, the proposed changes would allow for earlier resolution of cases and would result in registrants avoiding a costly and stressful panel appearance. Registrants would definitely have an opportunity to put forward their version of events in electronic form rather than in

person.

- f) There would be a process of review if a registrant did not agree to the imposed action.
- g) In addition to the new powers, the following changes would be made as part of the legislative change. There would be a single Fitness to Practise Committee in place of a Conduct and Competence Committee and Health Committee. The NMC would no longer be required to hold hearings in the registrant's country of residence. Orders made by a panel won't need to be returned to a panel for changes or to be lifted. The court would be able to change interim orders to suspensions. Interim orders would be reviewed every six months, not three.
- h) The Employer Link Service was proving successful. Fitness to Practise had started coding cases in order to better understand who was referring registrants and on what grounds. This would provide intelligence to the Council and allow the NMC to provide feedback to employers if patterns were identified.
- i) The NMC FtP rules consultation commenced this week and would run for eight weeks. Members noted that nurses may not have appreciated that the current section 60 related to their regulation as well as midwifery. Members were assured that the NMC was publicising the consultation widely.
- j) Overall, the Committee considered the proposed changes to be a positive development which, it appeared, would make the case process more effective and efficient. Although there was further detail to develop, the Committee was satisfied that the NMC would be flexible and considerate towards registrants, and public protection would continue to shape the work.
- k) The transformation programme would improve the overall communication between the public and the NMC, including the path for members of the public to make referrals.
- l) The Committee expressed concern about the timing of the Council's decision in November, given that the findings of the Department's consultation had not been published. Although the majority of the responses had been shared, there was a risk that the Department's Section 60 conclusion could vary from current expectations. The Committee sought assurance that the NMC was planning for the possibility that the Section 60 could change as a result of the consultation.
- m) A summary of consultation responses in the public domain had been drafted internally which could be shared with the Committee.

- n) The Committee noted that the Chair may consider convening an extraordinary meeting to discuss the findings of the consultation.

Action:	Provide the Committee with a summary of the known responses to the Department of Health consultation on the proposed Section 60 changes.
For:	Secretary
By:	30 November 2016

M/16/50 Midwifery regulation change: Update paper

1. The Committee noted the update provided in the paper, and the attached risk register.
2. In discussion, the following points were made:
 - a) There was a consequential amendment to the Section 60 which related to the regulatory framework for midwives to supply certain drugs without a prescription. The new change proposed that a 'relevant prescriber' be included in the amended legislation. This additional change was progressing through the required Home Office legislation processes and through the Northern Ireland Parliament.
 - b) The number of midwife prescribers was very small and some who were qualified may have never exercised the ability to prescribe or prescribe in a different scope of practice, for example family planning.
 - c) Concern was raised about instability in the system during the transitional period. The Committee noted that it was important for the NMC and the four countries to be communicating a consistent message.
 - d) In relation to the risk register, the Committee asked for the risks to be reviewed in the light of the continued delay with publication of the Department's consultation response. The Committee suggested the risk rating should either be changed, or reference made to the 'direction of travel' increasing. The Committee suggested the legislative risk should be amended to detail two additional possibilities: continued delay, and significant departure from the currently anticipated changes.
 - e) There was a risk to the NMC's processes if the changed legislation was not in effect by 31 March 2017. The NMC were currently considering appropriate contingencies to address delays past that date.
 - f) The Committee did not agree that the planned mitigations for the operational risk resulted in the post mitigation rating being green. The inherent risk was thought to be higher than currently shown

(red, rather than amber) making the post mitigation rating amber, rather than green. The Committee agreed the risk register should be amended.

- g) The Committee was concerned about support and advocacy for service users. As this was not a regulatory matter, it had been included in the transition document reviewed by the Committee for the use of the four country groups overseeing the change. It was suggested that service user advocacy be discussed by the Midwifery Panel.
- h) The four country transitional document had been circulated and some comments received. The Assistant Director of Strategy and Insight would follow up outstanding responses, incorporate any appropriate changes to the document, and recirculate it as a final version to both the country representatives and the Committee members.

Action:	Follow up outstanding responses to the transitional document, incorporate any appropriate changes, and recirculate it as a final version to the country representatives and the Committee.
For:	Assistant Director, Strategy and Insight
By:	30 November 2016

Action:	Request that the Midwifery Panel discuss service user advocacy at a future meeting.
For:	Chief Executive / Secretary
By:	30 November 2016

M/16/51 Education strategic programme update

1. The Committee received a presentation on evidence gathering for the review of midwifery pre-registration standards. The Committee was asked to consider the information and provide feedback
2. The following feedback was provided:
 - a) The use of language in the new standards was important and should be chosen carefully. Midwives may disregard any standards which read as though they are only intended for nurses. For example, the use of terminology such as 'women and babies' was important for midwives, as opposed to 'patients' for nurses.
 - b) Where standards are the same for nurses and midwives, the language should be the same, or at least as similar as possible.
 - c) It would be useful to speak to recently qualified registrants (ie, within three years of initial training) who are the subject of FtP in an attempt to identify any particular issues or trends in current

education practices which may have led to them being referred.

- d) Ensuring a high and consistent quality of mentorship would be critical. Universities and practice placement partners were facing resource pressures that may have impacted in allocating sufficient time for supporting learning and assessment in practice.
- e) It would be useful for the concept of restorative clinical supervision to be considered as part of the evidence gathering exercise.
- f) The mental health and wellbeing of students and registrants should be considered as part of the new standards.
- g) Providers should be asked to demonstrate that students are gaining inter-professional knowledge and experience.
- h) The profession would benefit from students and new registrants being more resilient. The profession loses a lot of people who lack resilience.
- i) Midwives were reportedly lacking in research skills and experience, including understanding evidence-based principles.
- j) Midwives were not always confident about speaking to service users about preventative health. Public health was an important issue which should be addressed in the new standards.
- k) Changes to the pre-registration standards were expected to prompt questions about the most appropriate point of registration and the role of preceptorships. The NMC was gathering evidence on different models utilised by other professions. These issues would be considered in other workstreams within the education programme.
- l) The Committee heard that mentors and employers sometimes felt pressure to sign off students even when concerns existed. Strength of assessment should be a focus of the review.
- m) Although competent, the skills of student midwives were varied as was their level of confidence in their own skills. The reduction of unacceptable variability should be a further focus.
- n) The concept of continuous or lifelong education should be a strong feature of the new standards.
- o) Engagement with heads of midwifery was essential.
- p) The context and environment that student midwives were being placed in was crucial to their resilience in the profession.

- q) There was concern expressed that institutions may wish to take on more students than they had resources for. Perhaps student staff ratios should be considered.
- r) Lecturers should be required to retain a level of practise.
- s) The new standards should be written in an outcome-focused way.
- t) Members and observers were invited to provide any additional comments directly to the Assistant Director of Education and Standards by email.

M/16/52 Revalidation update

1. The Committee received a verbal presentation of the results from the second quarter of activity since revalidation was introduced.
2. In discussion, the following points were made:
 - a) The second quarter report would be published shortly.
 - b) The renewal rate of 94% was consistent with the historical continuation rate. There was no evidence to suggest that revalidation was leading to a higher attrition rate.
 - c) There was a slight increase in the number of dual registrants giving up the nursing portion of their registration and remaining as midwives.
 - d) The NMC would be undertaking qualitative interviews with lapsed registrants to determine whether the revalidation requirements were a factor in their decision to lapse.

M/16/53 Midwifery Panel update

1. The Committee received a verbal update on the recent activity of the Midwifery Panel.
2. In discussion, the Committee noted the following:
 - a) The Panel met on 13 October 2016.
 - b) Anne Wright, Chair of the Midwifery Committee, joined the panel and attended the October meeting. Anne spoke to the possible regulatory gaps that may be present if the Midwifery Committee ceased in the future.
 - c) The focus of the meeting was on the review of pre-registration standards for midwifery, including how the NMC would obtain the lay-perspective.

- d) The Council was having a discussed about the anticipated removal of the statutory Midwifery Committee at its November meeting. The Chief Executive expected that that the Midwifery Panel would play a role through the transition phase of the legislative change. It was ultimately for the Council to decide the methods for receiving midwifery advice in the future. Either way, the NMC was committed to securing the right midwifery engagement and expertise needed for effective regulation.
- e) The results of the Department of Health consultation on the Section 60 change may not be published much before the November Council meeting. Concern was raised about the Council making a decision about the Midwifery Committee without first being certain about the contents of the proposed legislation.

M/16/54**Midwifery Committee schedule of business 2016-2017**

1. The Committee noted the forward schedule of business and asked that the Quality Assurance and Local Supervising Authority Annual Report be added to the February agenda, along with an item on the four country implementation work.

M/16/55**Any Other Business**

1. The Quality Assurance of education and Local Supervising Authorities Annual Report was being finalised. The timing meant that the Midwifery Committee would not have the opportunity to review the report at a meeting. However, the draft report would be shared with members prior to it being presented to the Council for approval. Any actions arising from the report would be discussed at the next meeting in February.
2. The Chair asked members to sign and return their appraisals for 2015-2016.
3. There being no other business, the meeting was closed.

The date of the next meeting was 22 February 2017.

The meeting ended at 13:05.

Confirmed by the Committee as a correct record and signed by the Chair:

SIGNATURE: *DRAFT*

DATE: *DRAFT*

Midwifery Committee

Summary of actions

Action: For discussion.

Issue: Summarises the progress of actions agreed at previous meetings

Core regulatory function: Supporting functions.

Strategic priority: Strategic priority 4: An effective organisation.

Decision required: To note the progress on completing the actions agreed by the Midwifery Committee at previous meetings.

Annexes: There are no annexes attached to this paper.

Further information: If you require clarification about any point in the paper or would like further information please contact the author or the director named below.

Author: Jennifer Turner
Phone: 020 7681 5521
jennifer.turner@nmc-uk.org

Summary of the actions arising out of the Midwifery Committee meeting on 26 October 2016

Minute	Action	For	Due Date	Progress
M/16/49	Provide the Committee with a summary of the known responses to the Department of Health consultation on the proposed Section 60 changes.	Secretary	30 November 2016	Complete. An email was sent to all members on 9 November 2016 containing the known responses.
M16/50	Follow up outstanding responses to the transitional document, incorporate any appropriate changes, and recirculate it as a final version to the country representatives and the Committee.	Assistant Director, Strategy and Insight	30 November 2016	The final transitional document was recently sent to Committee members, but was not recirculated to the country representatives.
M/16/50	Request that the Midwifery Panel discuss service user advocacy at a future meeting.	Chief Executive / Secretary	30 November 2016	Complete. An email was sent to the Chief Executive's office and the Secretary of the Midwifery Panel on 4 November 2016 noting the Committee's request for this topic to be discussed at a future Midwifery Panel meeting.

Summary of the actions arising out of the Midwifery Committee meeting on 27 April 2016

Minute	Action	For	Due Date	Progress
M/16/23	Update the Committee on progress of work on Annex V of EU Directive 2005/35/EC.	Assistant Director, Strategy and Insight	22 February 2017	An update was sought from the Commission. The nursing annex is now unlikely to be updated before the latter part of 2018. There is no fixed timeframe for revisiting the midwifery annex.

Summary of the actions arising out of the Midwifery Committee meeting on 29 October 2015

Minute	Action	For	Due Date	Progress
M/15/48	Provide Midwifery Committee with an update on the maternity reviews in England and Scotland.	Assistant Director, Strategy and Insight	22 February 2017	The Scottish Maternity and Neonatal Review was published in January 2017. The review was chaired by Professor Jane Grant and involved Professor Mary Renfrew, who is now leading our review of the midwifery pre-registration standards. The report can be found at www.gov.scot/Resource/0051/00513175.pdf

Midwifery Committee

Midwifery regulation change

Action: For information.

Issue: This paper provides an update on progress with midwifery legislative change.

Core regulatory function: Fitness to Practise/Registrations/Education/Setting standards

Strategic priority: Strategic priority 1: Effective regulation

Decision required: None

Annexes: None

Further information: If you require clarification about any point in the paper or would like further information please contact the author or the director named below.

Author: Emma Westcott
Phone: 020 7681 5797
emma.westcott@nmc-uk.org

Director: Sarah Page
Phone: 020 7681 5864
sarah.page@nmc-uk.org

- Context:**
- 1 In January 2015 the Council accepted the recommendations of an independent review of midwifery regulation by the King's Fund and asked the government to legislate to amend our legislation. Following the election in May 2015, and responding to a further maternity review into failings at University Hospitals of Morecambe Bay NHS Foundation Trust, the Secretary of State said in a statement to the House of Commons that supervision would be removed from the NMC's statute and the additional tier of regulation applying to midwifery would be also be removed.
 - 2 The DH consultation on the proposed changes to our midwifery framework and improvements to our fitness to practise processes closed on 17 June 2016.
 - 3 The government published its response to the consultation in January 2017. As anticipated there were a high number of negative responses from midwives, while the PSA, PHSO and other regulators welcomed the changes.
 - 4 The government did not receive objections that it deemed necessitated a change of course and the Order was laid in January. There was a delay while a technical/legal matter was resolved and in response to a submission from the RCM, with whom we liaised in January to address any outstanding matters. Debates in both Houses are being timetabled in February 2017 with the intention that the Section 60 Order be submitted to Privy Council for sign off in early March 2017. This should allow the legislative change affecting midwifery to take effect from 31 March 2017. There is a different timetable for the fitness to practise provisions in the Order.

Discussion:

Sector developments

- 5 The four country midwifery change leads met on 15 November 2016 to assess progress with the new model of supervision and other aspects of the change.
- 6 We met with NHS England on 7 November to discuss plans for data transfer. NHSE will lead a programme of work on the LSA database which will see the relevant data 'repatriated' to the four countries of the UK. However, the LSAs hold a lot of data in digital and paper form outside the database so each country has further work to plan for archiving.

Operational readiness

- 7 *Fitness to practise* - The transition guidance we developed with the LSAMOs is in place and being used to shape case management and data handling during this transition period.
- 8 All audit work on midwifery registrants with current conditions of practice is ongoing and progressing well, with earlier reviews of

substantive and interim orders being scheduled prior to the end of March, where necessary.

- 9 Fitness to practise directorate staff have received or are receiving training to understand the impact of the legislative change on their work. The Employer Link Service is also fully prepared to interact with employers on the changes.
- 10 We are working with NHS England on formulating “standard queries” which will allow easy flow of disclosure of any LSA data post their database transfer date. The NMC will receive a data sharing agreement in due course.
- 11 *Registrations* – We wrote to all midwives in January 2017 to let them know that they should not expect the customary notification of intention to practise (ItP) forms which are normally sent out at the start of each year. In the event that the Section 60 does not clear its final stages before 31 March, there will be a contingency plan in place which will ensure that midwives whose ITPs would normally expire, will continue to show as effective to practise on the register.
- 12 *Education* – work is underway to make the minimal changes required to the pre-registration midwifery standards to remove references to statutory supervision.
- 13 Changes to QA activity regarding local supervising authorities are detailed in the education strategic programme update.

Communications and engagement

- 14 We wrote to all midwives in January 2017 to let them know that the Government had published its response to the consultation. We explained what this means for them as midwives, and directed them to a new dedicated page on our website for background and more information.
- 15 We also wrote tailored communications to LSAs, LSAMOs, SoMs and providers of PoSoM courses to direct them to the Government’s response to the consultation and thank them for their work so far in this transitional period.
- 16 We are working with the communications leads in each of the four countries to develop shared key messages and a resources page to signpost midwives to information about the new models of supervision in each of the four countries.
- 17 We wrote to all midwives again in February 2017 from the Senior Midwifery Adviser, Donna Ockenden, to share some reassuring messages about the legislation changes as well as about the indemnity arrangements for some independent midwives. We also included some positive messaging about our wider midwifery work,

including Donna's programme of midwife shadowing visits.

- 18 Last year we shared drafts of a document setting out the new regulatory framework for midwifery with the Committee. This will be published to support midwives when the legislation change takes effect.
 - 19 Our media and publications will be refreshed when the change takes effect to reflect the new legislative context.
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| Public protection implications: | 20 The change described in this paper is explicitly concerned with public protection. It is a consequence of three authoritative reviews into concerns about statutory midwifery supervision from a public protection and public confidence perspective. |
| Resource implications: | 21 The Section 60 Programme is resourced within the 2016-2017 budget. |
| Equality and diversity implications: | 22 An equality impact assessment of the midwifery legislation changes has been completed. |
| Stakeholder engagement: | 23 This is covered in the paper. |
| Risk implications: | 24 Midwifery legislative change is on the corporate risk register. |
| Legal implications: | 25 This paper is concerned with a process of legislative change and the consequential changes that follow for our regulatory framework. |

Midwifery Committee

Education strategic programme update

Action: For information

Issue: Provides an overview of all activity taking place in relation to our education strategic programme 2016-2020.

Core regulatory function: Education Standards

Strategic priority: Strategic priority 1: Effective regulation

Decision required: No decision is required. The Committee is asked to note the progress of activities falling under our education strategic programme.

Annexes: None

Further information: If you require clarification about any point in the paper or would like further information please contact the author or the director named below.

Author: Dawn Elliott
Phone: 020 7681 5307
dawn.elliott@nmc-uk.org

Director: Dr Geraldine Walters
Phone: 020 7681 5924
geraldine.walters@nmc-uk.org

- Context:**
- 1 In March 2016, the Council approved the education strategic programme 2016-2020. The programme consists of a number of key areas of change, including:
 - 1.1 The development of new standards of proficiency for the future graduate registered nurse.
 - 1.2 The development of new standards of proficiency for the future graduate registered midwife.
 - 1.3 A new education framework and associated programme requirements that underpin safe and effective learning, including updated arrangements for learning in practice.
 - 1.4 An independent review of our quality assurance (QA) function.
 - 1.5 A review of a number of other standards, including Standards of Proficiency for Nurse and Midwife Prescribers (SPNMP), and Standards for Medicines Management.
 - 2 Simultaneously, there is pending legislative change progressing in relation to statutory midwifery supervision.
 - 3 This paper provides an overview of all midwifery aspects of the education programme.

Discussion: **Standards of proficiency for the future graduate registered midwife**

- 4 We have reached the end of the early planning phase in this area, and are moving into commencing the standards development process. Work to date includes the development of an evidence base to progress the new standards, and early engagement with a number of stakeholders, including the Lead Midwives for Education Strategic Reference Group (LME SRG) and the Local Supervising Authority Midwifery Officer Strategic Reference Group (LSAMO SRG).
- 5 Professor Mary Renfrew has been appointed as the external senior lead for the development of the new standards of proficiency, and work with Professor Renfrew is now underway to plan the next steps in developing these new standards. A midwife subject matter expert will soon be appointed to support this work internally.

Development of a new education framework

- 6 Significant work has been undertaken in developing a new education framework. The framework has been developed using expert input from a number of educationalists, including midwifery.
- 7 We conducted a number of four country engagement events

throughout November and December, and will be undertaking further engagement across the four countries throughout February.

- 8 We have also commissioned independent user testing research, which will focus on the framework's usability from an end user perspective. This user testing is currently underway.
- 9 We intend to use the feedback from our ongoing engagement and the user testing to shape the final revisions of the education framework ahead of our planned consultation in early Summer 2017.

Independent review of our quality assurance (QA) function

- 10 Our independent review of QA is now in its final stages, with a final report and cost model due in February. The final report is expected to recommend a more proportionate, risk based approach which is 'right touch'. It will also include a focus on working more effectively from a cross regulatory perspective, including how improved data sharing can drive such improvements.

Review of Standards of Proficiency for Nurse and Midwife Prescribers (SPNMP) and Standards for Medicines Management (SMM)

- 11 Along with work on our wider education programme, we are also progressing work in relation to reviewing SPNMP and SMM.
- 12 In relation to prescribing, work is progressing under assumption that some elements of prescribing will need to move into the pre-registration nursing proficiency standards if we are to ensure that we are preparing nurses that are fit for the future. This option may also be explored in the development of our pre registration midwifery proficiencies. We are considering the potential adoption of the Royal Pharmaceutical Society's recently published Single Competency Framework for All Prescribers.
- 13 As part of our work in prescribing, we also intend to undertake a review of how this work impacts on midwives' exemptions.
- 14 In addition to changes in prescribing, we are exploring the potential for withdrawing Standards for Medicines Management (SMM). These standards are the last remaining wholly practice-focused standards and, as such, are out of step with 'right touch' regulation. The NMC is the only professional regulator who retains such standards.
- 15 Managing medicines is now covered in both pre-registration standards and the revised Code, and we are currently reviewing whether withdrawing these standards would leave any regulatory gaps. The NMC is aware that some registrants continue to rely on these standards to support their practice in this area.

- 16 Both prescribing and SMM are complex areas and it is important to achieve the right balance. Therefore we are testing these areas in more detail during our Spring engagement programme.

Transition arrangements for local supervising authority (LSA) quality assurance

- 17 In view of the pending legislative change to statutory supervision, we agreed to remove the requirement for operational quarterly quality monitoring reporting and scheduled monitoring visits as part of the QA delivery for the new LSA year which began from 1 April 2016.
- 18 Instead, we have adopted a risk based approach according to which LSA Midwifery Officers (LSAMO) report by exception, so they can focus on statutory reporting requirements and prepare for transition.
- 19 Until the changes to this legislation are confirmed we continue to monitor LSAs through annual and exceptional reporting and we have the discretion to undertake an extraordinary review if risks to statutory supervision and women and babies are present and not being locally managed. We are assured that the above changes will allow us to continue to meet our legislative requirements and maintain control of risk.
- 20 The additional safeguard of Employer Link Service and our strengthened collaboration with strategic LSA leads means that our adjusted QA framework will not impact upon our oversight of LSA risk during this transitional period. In light of the proposed changes, we will be holding our final LSAMO SRG meeting in March this year.
- 21 We continue to quality assure our midwifery education provision as part of our existing QA framework.

Quality Assurance of Local Supervising Authorities Annual Report 2015-2016

- 22 On 16 November 2016, the draft Quality Assurance of Local Supervising Authorities Annual Report 2015-2016 was provided to the Midwifery Committee members for review and comment.
- 23 The draft report was well received by the Committee.
- 24 A number of issues were raised for noting, including mentorships, preceptorships, and availability of practice placements. These important issues are being picked up as part of the education programme.

Public protection implications:

- 25 Our strategic programme of change in education is solely driven by the need to protect the public and to promote public confidence.

- Resource implications:** 26 The resource implications for this programme have been accounted for within our corporate planning processes.
- Equality and diversity implications:** 27 We are progressing with equality impact assessments for all work streams held within the education programme. Initial screening forms have been produced for each project and the next phase of this work will involve proactively engaging with those groups with protected characteristics to gain additional evidence.
- Stakeholder engagement:** 28 Stakeholder engagement for the programme is ongoing. We held a number of four country engagement events throughout late 2016, and we are holding a second round of engagement events commencing in February 2017. In addition we are progressing dedicated user testing. We intend to formally consult on the changes to the education framework, prescribing, and SMM during this summer.
- Risk implications:** 29 Key risks to the programme are particularly related to the timeframes for delivery, along with the need to be conscious of external changes including the pending legislative changes to midwifery supervision.
- Legal implications:** 30 The legal basis for the education and quality assurance function is set out in the NMC Nursing and Midwifery Order 2001, the education and registration rules and requirements on the education of nurses as part of EU directives.

REVALIDATION

Quarterly report

Year 1, Quarter 2 – July to September 2016



FOREWORD

I am delighted to introduce this second quarterly revalidation report from the NMC. While the first quarter of revalidation was an overwhelming success, we knew that the second quarter would be challenging. September saw the largest number of nurses and midwives due to go through the process in a single month, with over 51,000 due to revalidate.

I am pleased to say that figures for this period are extremely encouraging, with the majority of those due to revalidate doing so successfully. Once again, numbers are in line with our expectations and there has been no increase in nurses and midwives leaving the register as a result of revalidation.

All this means that over 110,000 nurses and midwives have now revalidated with the NMC.

Revalidation represents a significant change to the way nurses and midwives are regulated, so it's really pleasing to see so many within the profession embracing the new process. I continue to hear very positive feedback from nurses and midwives who have been through revalidation, as well as from employers who are seeing real value in the process.

While the first six months of revalidation have been extremely successful, we know that over the course of the next two and a half years, hundreds of thousands more nurses and midwives will be going through it for the first time. We will continue to make sure we support each and every one through the process.

Emma Broadbent

Director of Registration and Revalidation

CONTENTS

- 4 Introduction**
- 6 The big picture**
- 7 Revalidation summary table**
- 8 Number due to revalidate v number revalidating**
- 9 Revalidated by registration type (after revalidation)**
- 10 Number due to revalidate by country**
- 11 Total number revalidating**
- 12 Number revalidating (excluding those with exceptional circumstances)**
- 13 Revalidation through exceptional circumstances**
- 14 Lapsed registrations**



INTRODUCTION

Revalidation is the new process that all nurses and midwives in the UK need to follow to maintain their registration with the NMC.

Taking effect from April 2016, nurses and midwives are required to meet a range of requirements which help show that they are practising safely and effectively in line with the Code.

To make sure we monitor and continually improve revalidation, we have committed to reporting quarterly and annually on how the process is going. We understand there is strong interest in revalidation, and we are keen to ensure our processes are as transparent as possible.

In addition to quarterly reporting we will also produce an annual report which will provide more insight into areas such as scope of practice, reasons for lapsing, work setting, employment type, appraisals and verification. It will also give information on the numbers of nurses and midwives with protected characteristics going through revalidation.

In addition to the regular monitoring and reporting of revalidation data we have commissioned Ipsos MORI to conduct a wide-ranging evaluation of revalidation. As well as including information from regular data reports, it will also include an analysis of the experience of those undertaking revalidation, the impact of the individual requirements of revalidation and the overall impact of the programme.

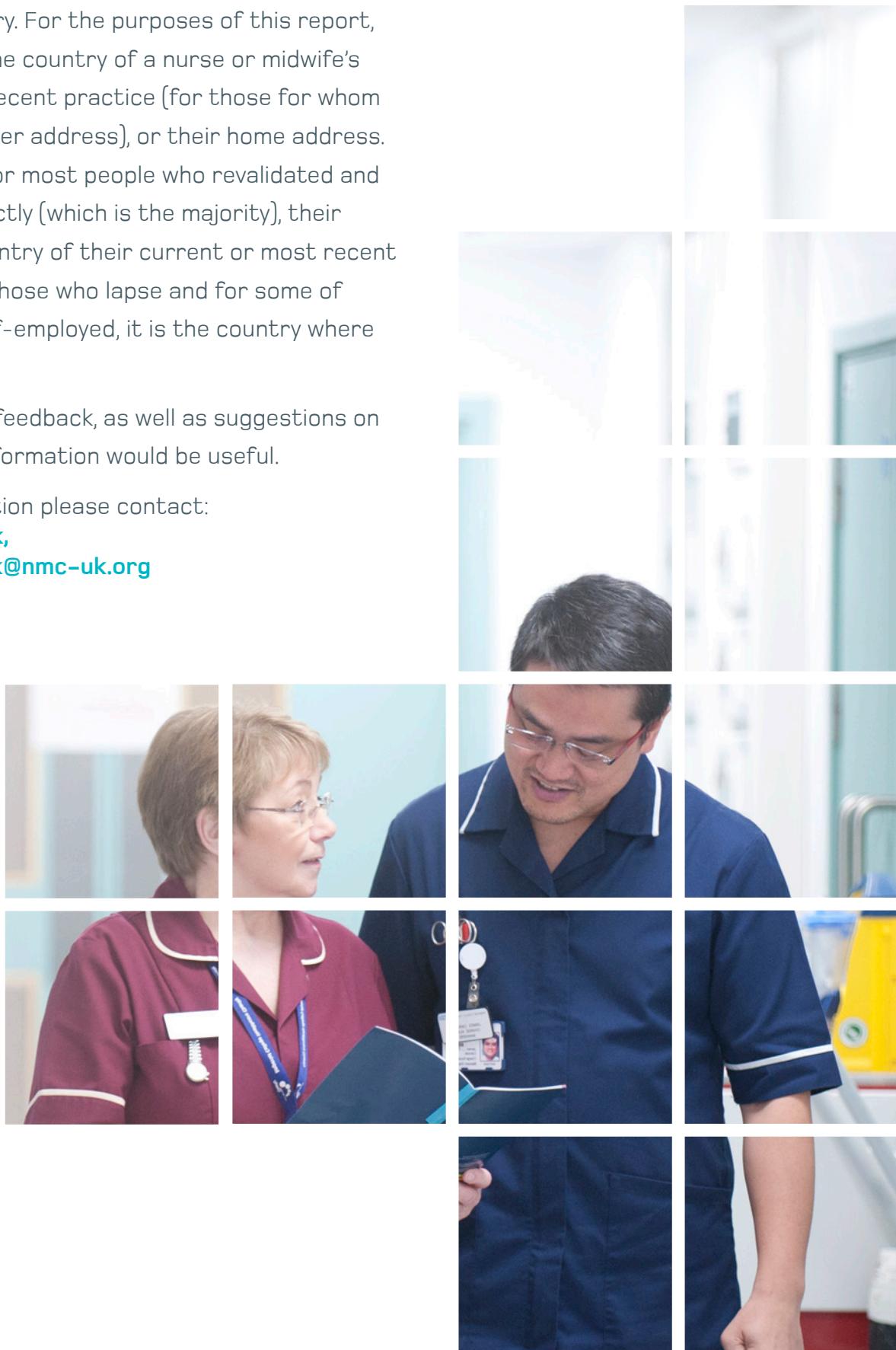


Data within this report is broken down by registration type and by country. For the purposes of this report, 'country' means the country of a nurse or midwife's current or most recent practice (for those for whom we have an employer address), or their home address. This means that for most people who revalidated and are employed directly (which is the majority), their country is the country of their current or most recent employment. For those who lapse and for some of those who are self-employed, it is the country where they live.

We welcome your feedback, as well as suggestions on what additional information would be useful.

For more information please contact:

Sara Kovach Clark,
sara.kovach-clark@nmc-uk.org



THE BIG PICTURE

JULY TO SEPTEMBER 2016

The second quarter of revalidation shows that the number of nurses and midwives revalidating is in line with our expectations and similar to the patterns of registration renewal we have seen over the last six years.

From July to September 2016:

Revalidation rates across the four countries of the UK were around **94%**.

Rates were the same for both nurses and midwives and there has been **no increase** in the proportion of nurses or midwives leaving the register.

75,513 nurses and midwives revalidated

The proportion of nurses and midwives revalidating by country was:

England	80%
Scotland	11%
Wales	5%
Northern Ireland	3%
From outside the UK	1%

The number of nurses and midwives not revalidating is in line with those not renewing in previous years at around **5%**.



Figure 1: Revalidation summary table

July to September 2016

This table summarises the number and percentage of nurses and midwives who revalidated with the NMC.

The proportion of nurses and midwives revalidating is line with what we would expect to see and is also in line with the same period in previous years.

Month	England	Scotland	Wales	Northern Ireland	Not practising in UK***	Total	
Jul 2016	Number due to revalidate*	12,560	1,120	685	473	423	15,261
	Number (percentage) who revalidated**	11,374 (90.6%)	993 (88.7%)	620 (90.5%)	431 (91.1%)	240 (56.7%)	13,658 (89.5%)
Aug 2016	Number due to revalidate	11,386	1,839	527	270	319	14,341
	Number (percentage) who revalidated	10,493 (92.2%)	1,732 (94.2%)	476 (90.3%)	252 (93.3%)	181 (56.7%)	13,134 (91.6%)
Sep 2016	Number due to revalidate	39,920	5,687	2,578	2,111	770	51,066
	Number (percentage) who revalidated	38,228 (95.8%)	5,453 (95.9%)	2,490 (96.6%)	2,022 (95.8%)	528 (68.6%)	48,721 (95.4%)
Total	Number due to revalidate	63,866	8,646	3,790	2,854	1,512	80,668
	Number (percentage) who revalidated	60,095 (94.1%)	8,178 (94.6%)	3,586 (94.6%)	2,705 (94.8%)	949 (62.8%)	75,513 (93.6%)

* Includes all nurses and midwives who were sent a formal notice to revalidate for July, August or September 2016.

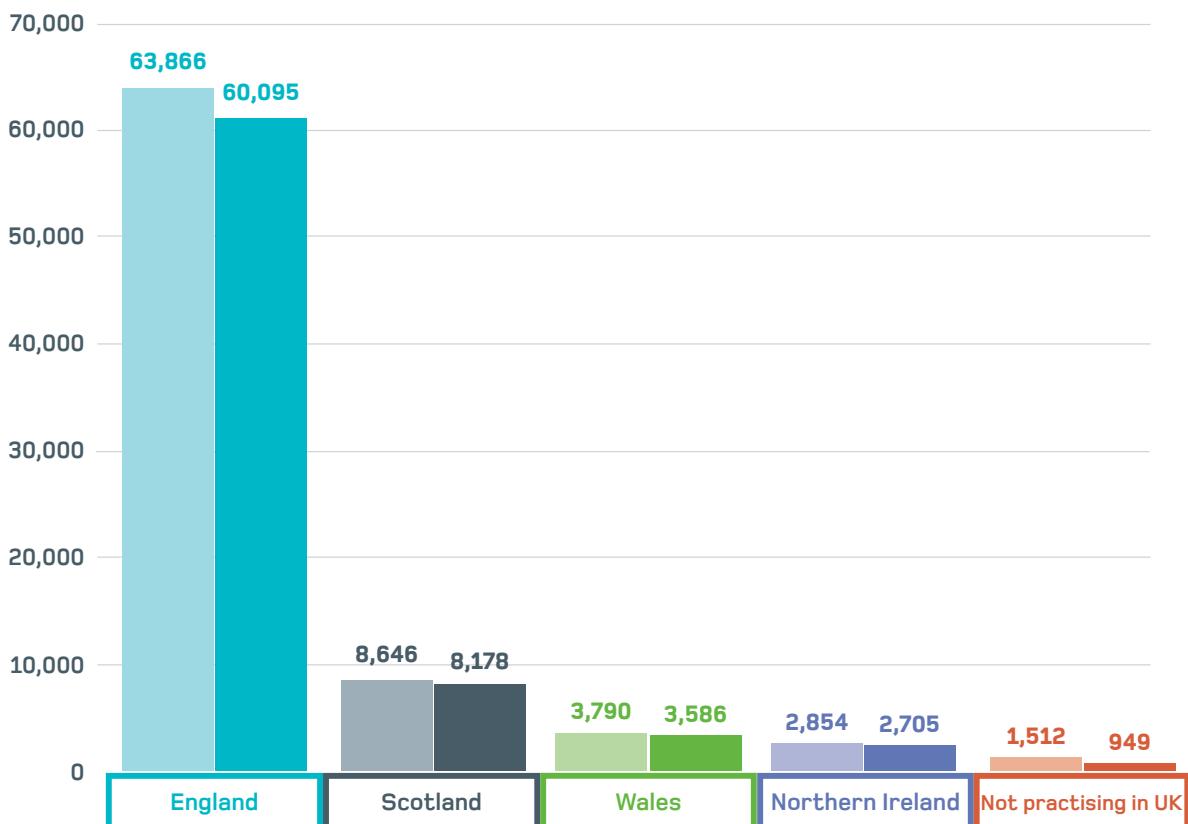
** Includes nurses and midwives who revalidated (Figure 5) including through the exceptional circumstances process (Figure 6).

This table does not include nurses and midwives who submitted a revalidation application but by the end of their renewal month had not had their revalidation application fully processed. Reasons for this may include that: they were going through the process of verification, had declared cautions and convictions, had declared a determination from another regulator, or were subject to FtP sanctions.

*** This includes nurses and midwives whose current or most recent practice (those for whom we have an employer address), or their home address is either in the EU/EEA or overseas (outside EU/EEA).

Figure 2: Number due to revalidate v number revalidating July to September 2016

This chart shows the number of nurses and midwives due to revalidate and the number who actually revalidated broken down by country. The proportion of nurses and midwives revalidating is line with what we would expect to see and also in line with the same period in previous years.

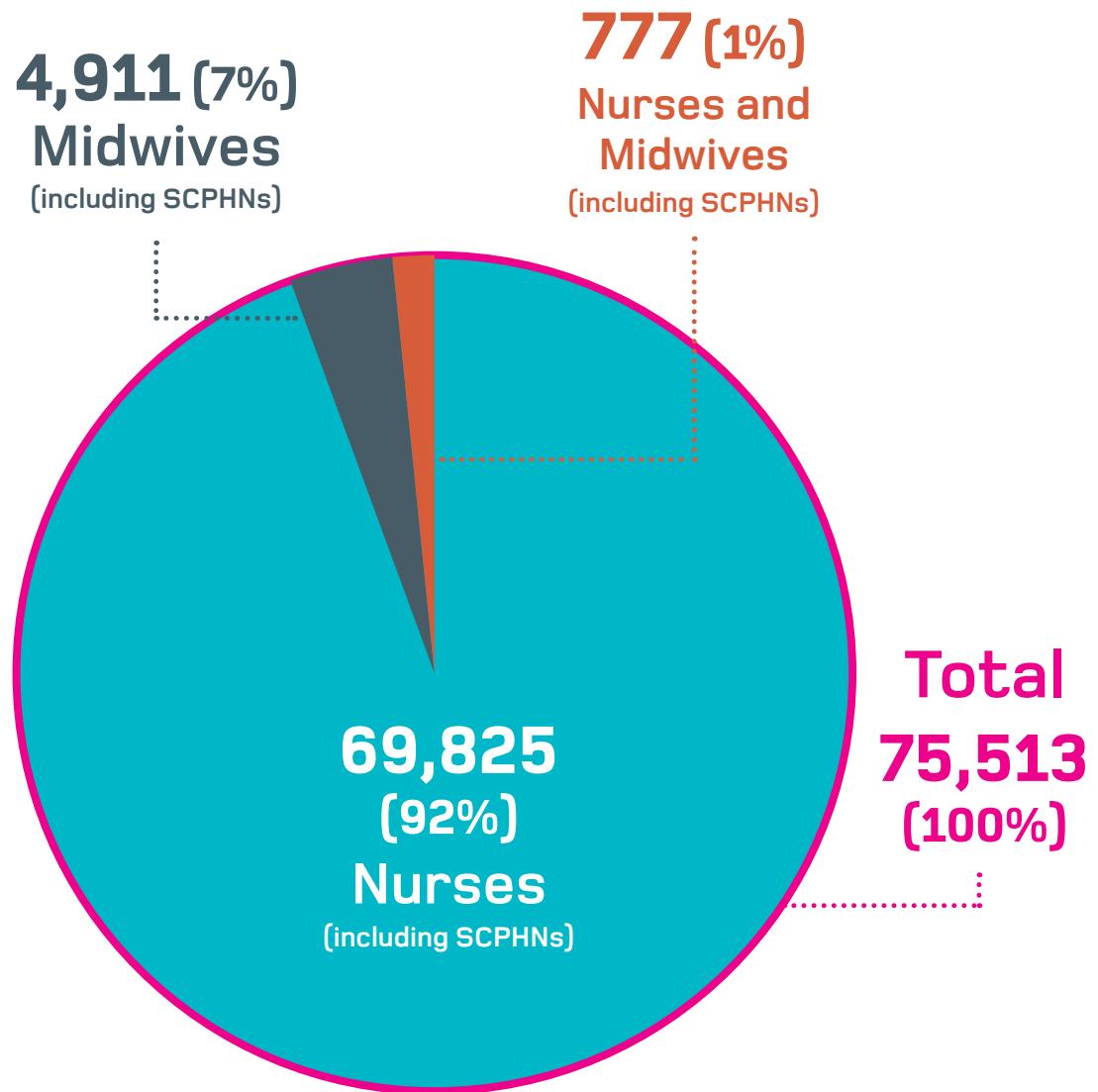


For each country, the light coloured bar represents those who were due to revalidate, and the dark coloured bar represents those who actually revalidated

Figure 3: Revalidated by registration* type (after revalidation) – July to September 2016

This chart shows the number and percentage of nurses and midwives who revalidated broken down by registration type after revalidation.

The proportion of nurses and midwives who have revalidated is in line with what we would expect to see.



- * This is a nurse or midwife's registration type **after** their registration is renewed, partially renewed or lapsed.
- ** A specialist community public health nurse (SCPHN) is a registered nurse or midwife who is also registered in the Specialist Community Public Health Nurses' part of the register.

Figure 4: Number due to revalidate* by country July to September 2016

This table shows the number of nurses and midwives due to revalidate broken down by country.

Registration type** before revalidation	England	Scotland	Wales	Northern Ireland	Not practising in UK***	Total
Nurse	56,065	7,856	3,365	2,553	1,370	71,209
Midwife	3,842	486	167	130	76	4,701
Nurse and Midwife	893	62	75	65	42	1,137
Nurse and SCPHN	2,840	222	167	103	22	3,354
Midwife and SCPHN	181	15	12	2	-	210
Nurse, Midwife and SCPHN	45	5	4	1	2	57
Total	63,866	8,646	3,790	2,854	1,512	80,668

* Includes all nurses and midwives who were sent a formal notice to revalidate for July, August or September 2016.

** This is a nurse or midwife's registration type **before** their registration is renewed, partially renewed or lapsed.

*** This includes nurses and midwives whose current or most recent practice (those for whom we have an employer address), or their home address is either in the EU/EEA or overseas (outside EU/EEA).

Figure 5: Total number revalidating July to September 2016

This table shows the number of nurses and midwives who revalidated with the NMC. It includes those who went through the standard revalidation process and those who completed our exceptional circumstances process.

The number of nurses and midwives revalidating is line with what we would expect to see and is in line with the same period in previous years. There is a small trend towards dual registrants choosing to lapse one registration. The majority lapsed their nursing registration to become midwives

Registration type* after revalidation	England	Scotland	Wales	Northern Ireland	Not practising in UK**	Total
Nurse	52,782	7,428	3,183	2,416	854	66,663
Midwife	3,843	480	177	151	54	4,705
Nurse and Midwife	599	32	54	35	23	743
Nurse and SCPHN	2,663	222	159	101	17	3,162
Midwife and SCPHN	177	15	12	2	-	206
Nurse, Midwife and SCPHN	31	1	1	-	1	34
Total	60,095	8,178	3,586	2,705	949	75,513

This table does not include nurses and midwives who submitted a revalidation application but by the end of their renewal month had not had their revalidation application fully processed. Reasons for this may include that; they were going through the process of verification, had declared cautions and convictions, had declared a determination from another regulator, or were subject to FtP sanctions.

* This is a nurse or midwife's registration type **after** their registration is renewed, partially renewed or lapsed.

** This includes nurses and midwives whose current or most recent practice (for those for whom we have an employer address), or their home address is either in the EU/EEA or overseas (outside EU/EEA).

Figure 6: Number revalidating (excluding those with exceptional circumstances) – July to September 2016

This table shows the number of nurses and midwives revalidating through the standard revalidation process. It excludes those who renewed their registration through our exceptional circumstances process.

Registration type * after revalidation	England	Scotland	Wales	Northern Ireland	Not practising in UK**	Total
Nurse	52,019	7,321	3,148	2,382	845	65,715
Midwife	3,793	477	176	151	54	4,651
Nurse and Midwife	592	32	54	35	23	736
Nurse and SCPHN	2,621	217	159	100	17	3,114
Midwife and SCPHN	170	14	12	2	-	198
Nurse, Midwife and SCPHN	31	1	1	-	1	34
Total	59,226	8,062	3,550	2,670	940	74,448

* This is a nurse or midwife's registration type **after** their registration is renewed, partially renewed or lapsed.

** This includes nurses and midwives whose current or most recent practice (those for whom we have an employer address), or their home address is either in the EU/EEA or overseas (outside EU/EEA).

This table does not include nurses and midwives who submitted a revalidation application but by the end of their renewal month had not had their revalidation application fully processed. Reasons for this may include that: they were going through the process of verification, had declared cautions and convictions, had declared a determination from another regulator, or were subject to FtP sanctions.

Figure 7: Revalidation through exceptional circumstances – July to September 2016

This table shows the number of nurses and midwives who revalidated using our exceptional circumstances process. This includes nurses and midwives who were unable to meet the standard revalidation requirements, for example due to maternity leave or long term illness.

Registration type * after revalidation	England	Scotland	Wales	Northern Ireland	Not practising in UK**	Total
Nurse	763	107	35	34	9	948
Midwife	50	3	1	-	-	54
Nurse and Midwife	7	-	-	-	-	7
Nurse and SCPHN	42	5	-	1	-	48
Midwife and SCPHN	7	1	-	-	-	8
Nurse, Midwife and SCPHN	-	-	-	-	-	-
Total	869	116	36	35	9	1,065

Nurses and midwives renewing their registration by completing our exceptional circumstances process are required to meet adjusted revalidation requirements. This included requirements on practice hours, continuing professional development (CPD), professional indemnity arrangement and a health and character declaration.

- * This is a nurse or midwife's registration type **after** their registration is renewed, partially renewed or lapsed.
- ** This includes nurses and midwives whose current or most recent practice (those for whom we have an employer address), or their home address is either in the EU/EEA or overseas (outside EU/EEA).

Figure 8: Lapsed registrations July to September 2016

This table shows the number of nurses and midwives who were due to revalidate but who allowed their registration to lapse. The table also shows whether those lapsing their registration actively told us that they no longer wanted to be our register.

Figures show that the number of nurses and midwives lapsing their registration in this period is in line with previous years.

Registration type* before renewal	Method of lapsing**	England	Scotland	Wales	Northern Ireland	Not practising in UK***	Total
Nurse	Elected to lapse	1,249	163	73	43	157	1,685
	Lapse	1,746	226	98	81	346	2,497
	Total	2,995	389	171	124	503	4,182
Midwife	Elected to lapse	79	6	2	4	5	96
	Lapse	80	14	2	1	18	115
	Total	159	20	4	5	23	211
Nurse and Midwife	Elected to lapse	21	1	3	-	6	31
	Lapse	20	1	-	-	8	29
	Total	41	2	3	-	14	60
Nurse and SCPHN	Elected to lapse	80	3	3	1	3	90
	Lapse	90	7	5	1	3	106
	Total	170	10	8	2	6	196
Midwife and SCPHN	Elected to lapse	-	1	-	-	-	1
	Lapse	5	-	-	-	-	5
	Total	5	1	-	-	-	6
Nurse, Midwife and SCPHN	Elected to lapse	1	-	-	-	-	1
	Lapse	1	-	-	-	1	2
	Total	2	-	-	-	1	3
Total – all registration types		3,372	422	186	131	547	4,658
		5.3%	4.9%	4.9%	4.6%	36%	5.8%

- * This is a nurse or midwife's registration type before their registration is renewed, partially renewed or lapsed
- ** Elected to lapse: informed us they were lapsing either through the NMC online system or a cease to practise form
Lapse: Did not submit a revalidation application. For example, anyone due to renew their registration on 31 July 2016 who took no action and whose registration subsequently lapsed on 1 August.
- *** This includes nurses and midwives whose current or most recent practice (those for whom we have an employer address), or their home address is either in the EU/EEA or overseas (outside EU/EEA)

23 Portland Place, London W1B 1PZ

T +44 20 7333 9333

www.nmc.org.uk

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